

**Trends in child maltreatment in the Northern Territory,
using child protection reports and hospital admissions,
1999 to 2010**

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Abstract

Through more than a decade there has been ongoing national attention on the vulnerability of Aboriginal children to maltreatment. The concerns have been highlighted through coronial investigations, government inquiries and media attention. Central to these concerns has been the particular focus on sexual abuse of children in the Northern Territory (NT) highlighted through the *Little Children are Sacred* report released in 2007 and the subsequent intervention by the Australian Government. Associated with this attention there has been rapid increase in reports of suspected child maltreatment which has challenged the capacity of child protection services.

This thesis explores changes in the number and characteristics of reports of child maltreatment in the NT, from 1999 to 2010, in the context of continuing public attention. The thesis used two sources of information – child protection activity and hospital admissions. From child protection activity data, annual rates of notifications for Aboriginal children increased by an average of 21% per year (Incidence rate ratio (IRR) 1.21, 95%CI: 1.19-1.24) compared with a more modest increase among non-Aboriginal children of 10% per year (IRR 1.10, 95% CI: 1.07-1.14). The major changes for Aboriginal children were not in reports of sexual and physical abuse but increased reports of emotional abuse and neglect. The leading sources of the increased reports were from police, reporting children exposed to violence, and health professionals reporting neglect. In other settings increases in reports have been associated with more reports of the same children and a decline in the proportion of reports which were substantiated. However in this study, parallel to increased notifications for Aboriginal children, there were increases in both the number of children being reported and the number of substantiated cases.

The analysis of hospital admissions, for conditions associated with child maltreatment, provided a second source of information for validating and explaining changes in child maltreatment reports. Hospital admissions are less dependent, than child protection data, on changes in policy and service access and have the additional benefit of being well documented and systematically recorded using an international coding system. The results for admissions were in contrast to the trends reported from child protection data. While the results confirmed the much higher risk of child maltreatment among Aboriginal than non-Aboriginal children, there was only weak evidence for a change in incidence through time (IRR 1.03, 95%CI: 1.00-1.07 and 1.04, 95%CI: 0.96-1.11, respectively).

The separate analysis of child protection and admissions data is important in understanding changes in child maltreatment reports and strengthens the interpretation that increases in child protection reports were largely the result of increased surveillance activity, changes in policy and reporting practice, and improved service access and not an increase in underlying incidence of child maltreatment. The study also demonstrates the value of hospital admission data for informing the rational planning of child protection policy and services. After more than a decade of continuous attention, in particular for NT Aboriginal children, we are now better informed of the extent and nature of child maltreatment. Services to protect vulnerable children will need to continue to expand in both scale and scope. This expansion must not only meet the needs of children at immediate risk of danger but also the children with less immediate, but arguably as important, risks associated with neglect and emotional abuse.

Declaration

This work contains no material which has been accepted for any other degree or diploma in any university or other tertiary institution and, to the best of my knowledge and belief, contains no material previously published or written by another person, except where due reference has been made in the text. In addition, I certify that no part of this work will, in the future, be used for submission for any other degree or diploma in any university or other tertiary institution without the prior approval of the University of Adelaide.

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- Guthridge SL, Ryan P, Condon JR, Bromfield LM, Moss JR, Lynch JW. Trends in reports of child maltreatment in the Northern Territory, 1999-2010 *Med J Aust* 2012; 197(11):637- 641
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Finally, administrative data collections are built "brick by brick", over many years, by the professionals and administrators who contribute each parcel of information that accumulate into the extensive repositories that are now so valued by researchers. Each data collection used for this study was maintained by the respective data custodians who have provided me with their practical knowledge and their support through approvals, preparation and release of the research datasets. The child protection dataset has particular sensitivity and required protracted negotiation and multiple approvals before release. I thank those many people; data custodians, professionals and administrators who have contributed to the development, preparation and provision of the information used for this study.

Glossary

Definitions, legislation and reporting practices related to child protection in Australia

- *Child maltreatment* refers to non-accidental behaviour towards a child, outside the norms of conduct, which entails a risk of physical or emotional harm. Behaviour may be intentional or unintentional and includes acts of omission (*neglect*) or commission (*abuse*). Child maltreatment is commonly separated into four types; *neglect*, *physical abuse*, *sexual abuse* (including sexual exploitation) and *emotional abuse*. Neglect refers to failure to provide for a child's basic needs including food, shelter, medical treatment and supervision. Emotional abuse includes witnessing family violence.¹
- There is some variation between Australian jurisdictions in child protection legislation and related reporting practices.^{1,2} Northern Territory (NT) legislation recognises that a child is in need of care and protection if the child has suffered or is likely to suffer harm or exploitation. In the NT, all adults are mandated to report any child that they suspect, on reasonable grounds, has been or is likely to be maltreated. These reports are recorded by the NT child protection agency as "notifications" and then reviewed. If the notification is consistent with maltreatment, it is referred for investigation. One possible outcome of an investigation is the substantiation that there is reasonable cause to believe that a child has been or is likely to be harmed.²