

2011 Menzies Oration

Address by Her Honour the Honourable Sally Thomas AM

Administrator of the Northern Territory

“Health, Crime and Unsung Heroes”

Darwin Entertainment Centre, 9 November 2011

- Professor Simon Maddocks, Chairman, Menzies School of Health Research,
- Members of the Board

Distinguished guests, ladies and gentlemen I wish to begin by acknowledging the Larrakia people and their ancestors, traditional owners of these lands.

Tonight I am speaking about health, crime and unsung heroes. For over 30 years I lived and worked in the Northern Territory as a magistrate, and then as a Judge. I learnt how often criminal offending could be related to a health issue. It is why the work conducted at Menzies School of Health Research is so important, not just for the health of an individual but for the whole community.

Such a high proportion of our prison population are Aboriginal people. It is their health that is vitally important not just for their own good but for all of us. My unsung heroes are the many Aboriginal women with whom I have had contact throughout the Northern Territory. I am not referring to the Aboriginal women who have achieved in the wider community but to those who have been so strong and so committed to the health, education and well being of their own communities and whose actions of courage would never be known outside their own sphere.

I am going to start with a lady who was not an Aboriginal but who in the early and mid part of last century was a great champion of Aboriginal rights. I speak of Olive Pink. Olive Pink was educated as an Anthropologist and Botanist. She lived the latter part of her life in Alice Springs on a grant of land on the banks of the Todd River now known as the Olive Pink Botanical Gardens.

Olive Pink championed the cause of Aboriginal people at a time when it was not fashionable to do so. She was regarded by many as an eccentric and nuisance. She was respected by others for her intellect. She communicated regularly with people such as Nugget Coombs and Sir Paul Hasluck. When I first came to the Northern Territory stories abounded about Olive Pink who had died just a few years earlier at the age of 91.

On one occasion Olive Pink sought entrance to the gaol in Alice Springs. She wanted to bring in some of the food she knew the Aboriginal people craved. She was denied entry. Not to be thwarted Olive Pink pushed aside the Chief Prison Officer and entered the gaol to distribute her goods. She was subsequently charged with whatever offence one is charged with when you push over the Chief Prison Officer. The case against her came to Court. Olive Pink was fined for her offence. She refused to pay. This meant she would be arrested and imprisoned for non payment of the fine. On the last day the fine was to be

paid, an anonymous donor paid the fine into Court. Rumour had it that the Chief Prison Officer paid the fine rather than face the prospect of having Olive Pink as an inmate.

I think maybe I was lucky that I was not a Magistrate during the time Olive Pink was alive. Apparently she made a regular habit of coming to Court. She would sit up the back and yell out her displeasure if she felt the magistrate had not treated an Aboriginal person fairly.

My first aboriginal unsung heroes were a group of Aboriginal women who came to see me when I was sitting as a Magistrate in Groote Eylandt. The women were concerned because their children were not attending school. They told me their children were just running wild and not receiving any form of education in either culture. They felt they had no support anywhere, and without that, their children did as they liked. We discussed various options and what actions may be open to them.

That was many years ago and I felt for those women who could see education was vital for their children's future. Imagine my delight when I saw that recently in the Smart Schools Awards Angurugu School on Groote Eylandt won a significant prize. No doubt far too late for the women I spoke to who were trying to do something for their children but it is from these sorts of efforts by Aboriginal women in their communities that big changes can occur.

Now Menzies School of Health Research are working in conjunction with the Northern Territory Department of Education and Training with the Northern Territory's twenty growth towns to help boost education opportunities in remote communities.ⁱ Researchers are helping schools, communities, service providers and other stakeholders develop frameworks to encourage school community planning, support ongoing processors of whole school reform and establish systems to enable monitoring of education outcomes.

Menzies is renowned world wide for the Research into health aspects affecting aboriginal people. The areas I intend to touch on are the problems associated with ear infections, hearing defects, cognitive impairment from substance abuse, Foetal Alcohol Spectrum Disorders and the effects of alcohol and drug abuse.

I have no expertise in any of these areas of research but what I do know from sitting as a Magistrate, then as a Judge for many years is that each of those health issues has a significant part to play in the commission of crimes. I acknowledge that mental health issues are also very relevant in the commission of offences but that is a huge topic too big to include in my talk tonight.

Anyone who has spent time on the Tiwi Islands will have seen children including young babies suffering from severely infected ears. I am informed that ear disease is caused by exposure to respiratory bacteria. Most often experienced by children living in over crowded conditions exposed to respiratory infection.

Researchers at Menzies School of Health are conducting important trials to prevent and manage the high rate of middle ear infection among Aboriginal children. In 2010 Menzies provided additional training to clinics and support for appropriate diagnosis and management of middle ear infection in Aboriginal children and are researching appropriate treatment.ⁱⁱ

In May 2009 Menzies published an article on the 'PneuMum' project seeking to reduce infant ear disease through a pneumococcal vaccination passed from mother to child. The article records that two out of every three Indigenous Australian children suffer from chronic ear infections and ear disease, which lead to impaired hearing and deafness in Indigenous children and adults. *"On a global scale an overwhelming 20% of Australian Indigenous children in the Northern Territory are currently suffering from ear disease, the highest in comparison to any other Indigenous counterparts"*ⁱⁱⁱ. So why are the efforts of these Researchers so important when we consider the causes of Crime?

I shall give the example of one offender, I will call him James. When he came to the Supreme Court James was a young Indigenous man about 20 years of age. James had contracted an ear infection within a few weeks of his birth. Eventually this developed into a severe hearing impairment. James could not hear properly as a child so he avoided going to school. By the age of 20 he had little education and limited skills. He had as he was growing up, been provided with hearing aids. However he could never get them to work properly. The other kids teased him if he wore them. James threw the hearing aids away. Being profoundly deaf made him feel very isolated. He became increasingly frustrated and angry. He had no meaningful employment. He commenced committing some minor offences. His loneliness, frustration, boredom and anger continued until one day he committed a really serious assault on a person in the community, whom he perceived to be taunting him. James maybe an extreme example of the problem but there are others suffering varying degrees of hearing impairment who come before the courts. If the James' of the future are able to benefit from the research into prevention, treatment and

management of ear infections carried out at Menzies then this will also be of great benefit to the whole community.

Abuse and misuse of alcohol and drugs is a very big factor in the commission of a majority of offences and of course not just in the Aboriginal community. Many years ago when I sat as a Magistrate on Bathurst Island, or Nguiu as it is now called, I was the Coroner conducting an inquest into the death of two young children.

Two Aboriginal women with their children took a small motor boat across the Apsley Strait from Bathurst Island to Melville Island to attend a ceremony. They came back to the boat later that day to return home. The Apsley Strait is the stretch of water between the two Islands. At certain tides it is a very forceful body of water which can flow very quickly between the two islands. Just as the women and children were about to push off from the shore, a group of three or four very drunken men forced their way onto the boat and insisted on being taken across the Strait.

It was only a small motor boat, not in very good condition. It was weighed down by too many people. Half way across the Strait the inevitable happened. The boat capsized. The drunken adults swam for the shore and safety. The mothers were left trying to save their children. They managed to hold up two of the children and make their way safely to shore. Sadly two of the children were swept away in the Strait, their bodies were located a few days later.

At the conclusion of the evidence called at the inquest the mothers of the deceased children stood up in court and asked to speak. They spoke eloquently about their distress. The whole community had come to listen to the inquest. These women spoke about their concerns as to the effects of alcohol in their community. They referred to the people who had been drunk and caused the boating accident. They expressed their desire to have drinking in their community properly controlled.

I think of them as unsung heroes because although the community at Bathurst was a matriarchal society, it was nevertheless difficult for women of their standing in the community to be so voluble and to express the concerns felt by many Aboriginal women in many Aboriginal communities, about the effects of alcohol and the devastation it was to their people.

These and so many Aboriginal women throughout the Northern Territory are making a stand and speaking out against the effects of abuse of alcohol. They are my unsung heroes. Gradually I know things for them will improve and they will win out.

The Menzies School of Health Research are doing a great amount of work relevant to the problem of drug and alcohol abuse in Indigenous communities. In addition to impacting on physical and psychological health, harmful levels of alcohol use contributes to social harm, interpersonal violence, homicide, suicide and self-inflicted harm. The abuse of alcohol is a factor in well over 90% of the criminal offences that come before the

courts in the Northern Territory. Judges and Magistrates continually reiterate in their sentencing judgements that the abuse of alcohol provides no excuse for offending.

I am going to mention three of the projects that Menzies are currently undertaking that have very practical applications in combating drug and alcohol abuse. The first is called *“Brain Recovery Research - This project investigates brain function patterns in substance abusers during periods of abstinence and identifies psychosocial factors that affect relapse post treatment. Recovery was observed in alcohol abusers within six weeks of abstinence; however petrol sniffers showed residual impairments even after twelve months of abstinence. The study found that cognitive and psychological problems and drug availability were key risk factors in causing relapse after treatment. The results highlight the importance of detecting, managing and monitoring cognitive and psychological problems during treatment. The information gained has been developed into educational resources and used to inform clinical practice”*.^{iv}

The second project is titled *“Screening and Treatment of Alcohol Related Trauma Brief Interventions Trial - This two year project will introduce screening and brief interventions for high risk drinkers admitted to hospital with facial traumas. This research aims to determine whether at-risk drinkers treated for alcohol related facial trauma experience improved health outcomes following culturally adapted brief interventions. The results of this project will guide hospital management of substance misuse in high risk Indigenous youth and young adults”*.^v

The third project is titled *“Best Practice in Early Intervention, Assessment and Treatment of Depression and Substance Misuse - This project aims to improve wellbeing in remote communities by strengthening pathways to care and support people at risk of depression and substance misuse. They are testing the Australian Integrated Mental Health Initiative low intensity motivational intervention to help people deal with their worries and bad feelings. Menzies are developing best practice pathways to care for the two communities involved in the project, at the same time as testing the*

intervention using experimental research methods. As communication is such an important issue in remote communities, Australian Integrated Mental Health Initiative team developed a talking poster that explains this depression project. The poster is embedded with voice recordings that play at the press of a button. The talking poster was presented at the 2010 Creating Futures conference in Cairns”.^{vi}

I will touch on what is called Foetal Alcohol Spectrum Disorders which is an umbrella term for Alcohol Related Birth Defects, Alcohol Related Neurodevelopment Disorders, and Foetal Alcohol Syndrome. This refers to the effects on the child when women drink alcohol during pregnancy. Menzies are working on a number of projects to obtain an accurate picture of Foetal Alcohol Spectrum Disorders in Australia. How to prevent it, how to diagnose it, how to deal with it, and what can be done for children who have the disorder.

There are studies conducted in North America which found that on any given day in 2008/2009 youths with Foetal Alcohol Spectrum Disorder were nineteen times more likely to be in prison than youths without such a disorder^{vii}. This disorder is clearly factor in the commission of offending. This aspect of the work at Menzies clearly has important consequences.

I am going to conclude with my final story about “Unsung Heroes” It starts from a jury trial I presided over just a short time before my retirement as a Judge. A young Aboriginal woman about eighteen years of age and carrying a baby in her arms stepped into the witness box to give evidence. She gave evidence that she and her husband lived at a Town Camp in Alice Springs. On this particular night they had a party, a majority of the participants were very drunk, including her husband. The young woman was dancing on the front veranda of their house. Her husband told her to stop dancing. She ignored him and continued. In a drunken fury he ran towards her jumped high in the air and kicked her in the jaw. The pain was excruciating and immediate. The young woman

walked inside to sit down and nurse her jaw. A number of other witnesses gave evidence to what had occurred. One of the participants at the party went to a nearby house and summonsed an elder Aboriginal lady to the victim's house. This Aboriginal lady also gave evidence. She saw the young girl was in pain and called an ambulance. She realised the husband was still angry and agitated. She told him he was to accompany her back to her house and wait there until the Police arrived. This he did. The Police were called and arrested the husband.

His wife had a severely broken jaw and was hospitalised later that night. Her jaw was wired and she suffered the pain and inconvenience that follows from such an injury.

After a short time in custody the husband had been granted bail. When the matter came to trial the husband pleaded not guilty to a charge of causing his wife grievous bodily harm. He also gave evidence at the trial. He denied he had inflicted the injury and gave his version of what he says occurred. The jury obviously did not believe him. The jury returned a verdict of guilty.

Following his conviction and prior to sentence being passed the young wife asked as she is entitled to do, make a Victim Impact Statement. She returned to the witness box. She gave evidence that what her husband had done to her was a very wrong thing. That he should never do it again. She asked that the court ensured that he undertake an alcohol rehabilitation course. She stated that she wanted him to live with her as her husband and *“help grow up our baby”*.

I felt great admiration for this young woman. I am aware how difficult it is for young Aboriginal women particularly those with a limited education who have lived all their life in the one community, to come to court, to give evidence against their husband. Yet she did this. She did not resile from the fact that he had done the wrong thing.

She also showed remarkable compassion toward her husband. She did not dwell on the injury she had suffered or seek further recrimination. She accepted he would have to spend some time in gaol. She recognised he needed help to address his alcohol problem. She also acknowledged his continuing value to her as a husband and father.

I also felt great admiration for the older Aboriginal lady who had been summonsed to help. She obviously had the respect of the party goers even in their very drunken state. I am not sure I would have entered a house with drunken participants to rescue someone. Yet she did this and then recognising the husband maybe a continuing threat took him out of the situation and back to her house.

This woman thought nothing of her actions. I suspect she has been called upon many times when a crisis has erupted. Yet her name will never be known and it is unlikely her actions will ever be rewarded. I know there are other such women in communities throughout the Northern Territory. They are my unsung heroes.

ⁱ Menzies Annual Report 2010, page 12

ⁱⁱ Menzies Annual Report 2010, page 10

ⁱⁱⁱ Article, "*PneuMum project seeking to reduce infant ear disease*", Menzies School of Health Research

^{iv} Menzies Annual Report 2010, page 16

^v Ibid

^{vi} Ibid

^{vii} Canadian Journal of Public Health, September/October 2011, page 339