Northern Territory

DOMESTIC, FAMILY AND SEXUAL VIOLENCE WORKFORCE AND SECTOR DEVELOPMENT PLAN

Background Paper

NORTHERN TERRITORY GOVERNMENT

WE ACKNOWLEDGE THE SIGNIFICANT COMMITMENT, SKILLS, EXPERIENCE AND WISDOM THAT EXISTS AMONG THE TERRITORY'S DOMESTIC, FAMILY AND SEXUAL VIOLENCE (DFSV) WORKFORCE. THEIR WORK IS OF CORE VALUE TO OUR COMMUNITIES. THEY ARE DEDICATED TO PREVENTING DFSV, SUPPORTING VICTIM-SURVIVORS' SAFETY AND RECOVERY, ADVOCATING FOR STRONGER SYSTEM RESPONSES, AND WORKING TOWARDS ACCOUNTABILITY AND BEHAVIOUR CHANGE FOR PEOPLE WHO HAVE COMMITTED DFSV.

Aboriginal Acknowledgment

The Northern Territory Government respectfully acknowledges the First Nations people of this country and recognises their continuing connection to their lands, waters and communities. We pay our respects to the Aboriginal and Torres Strait Islander cultures, and to their leaders past, present and emerging. While this strategy uses the term 'Aboriginal', we respectfully acknowledge that Torres Strait Islander peoples are First Nations people living in the Territory. Therefore, strategies, services and outcomes relating to 'Aboriginal' Territorians should be read to include both Aboriginal and Torres Strait Islander Territorians.

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INTRODUCTION

Background

The Northern Territory (NT) Domestic, Family and Sexual Violence (DFSV) Workforce and Sector Development Plan (the Plan) was developed in 2020 to set out the goals and priority actions to strengthen and support the DFSV workforce and sector.

The Plan delivers on one of the key priorities of the Northern Territory's Domestic, Family and Sexual Violence Reduction Framework 2018-2028 Safe, respected and free from violence (the Framework) - to build a capable and responsive DFSV workforce and sector. This aligns with the National Plan to Reduce Violence against Women and their Children 2010-2022 which highlights, as one of the four foundations for change, the need to strengthen the DFSV workforce.

In developing the plan:

- Consultations were held and feedback was received from workers from universal, statutory and specialist services including from government agencies, non-government organisations and Aboriginal Community Controlled Organisations. This process gave depth to the issues and helped identify the positive work that is already being done, as well as the areas needing strengthening. A list of organisations that provided feedback is at Appendix 1. The quotes in this document come from feedback received through submissions and consultations.
- Desktop research on the current knowledge base in relation to DFSV workforce issues in the NT was undertaken and the sources are listed in the bibliography at Appendix 2.
- A training audit was completed to better understand the current DFSV training available, the training gaps, and the needs of the workforce. The audit results informed the priority actions developed under the Plan. The full results of the training audit are provided at Appendix 3.

This background paper sits alongside the Plan and provides, for each of the three focus areas of the Plan, a summary of the feedback received, results of desktop research, a scan of current initiatives, and the training audit results. A standalone copy of the Plan is available on the Territory Families, Housing and Communities website.

The development of the Plan was assisted by an Advisory Group as follows:

- Deborah Di Natale (Co-Chair), Northern Territory Council of Social Service (NTCOSS)
- Christine Foran (co-Chair) and Jane Lloyd, Territory Families, Housing and Communities
- Swetlana Jankowiak, Department of Education
- Jules Ngahere, Women's Health, Department of Health
- Dr Jen Dalima, Sexual Assault Referral Centre (SARC) Central Australia, Department of Health
- Sue Brownlee, Dawn House
- Lauren Hill, Domestic Violence & Sex Crimes Division, Northern Territory Police
- Daisy Burgoyne and Danielle Dyall, Aboriginal Medical Service Alliance NT (AMSANT)
- Jo Gamble, Katherine Women's Crisis Centre
- Maree Corbo, Tangentyere Council
- Pauline Hickey and Faith White, Central Australian Aboriginal Congress
- Annabel Pengilley, Domestic Violence Legal Service (DVLS)
- Anna Ryan, Central Australian Women's Legal Service (CAWLS)
- Larissa Ellis, Women's Safety Services of Central Australia (WoSSCA)
- Penny Drysdale, Department of the Attorney-General and Justice
- Hayley Tuttle and Tanya Blakemore, Clinical and Professional Practice Leadership Directorate, Territory Families, Housing and Communities
- Cindy Jarvis, Department of Chief Minister and Cabinet
- Rosanne Lague, NT Corrections
- Loren Days, Practice Leadership, Our Watch
- Yvette Park, Department of Local Government, Housing and Community Development.

Feedback on the initiative to develop a workforce and sector development plan was overwhelmingly positive. It was seen as a "much needed and welcome development" by the sector, and the Department of Territory Families, Housing and Communities was commended for its lead in this sector wide reform.

The Plan was seen as providing "a strong way forward and is the right balance between ambitious and realistic".

> ***This type of reform will bring great benefit to the general practice and overall delivery of services, providing crucial professional development to staff across the region. This will inevitably improve the quality of service and therapeutic response women and children receive.***

Terminology

To reflect feedback on preferred terminology, and in alignment with the Northern Territory Domestic and Family Violence Risk Assessment and Management Framework, the Plan uses the following terms:

Victim survivor: a person against whom DFSV has been perpetrated, including a child or young person. The term is often used to recognise a victim survivor's agency and individual capacity.

Person who commits/has committed DFSV: a person who uses domestic, family and/or sexual violence against another person, regardless of whether they have been convicted of a crime. It is important to recognise and support all opportunities for behavior change and healing. The term 'perpetrator' can be seen as defining the person by the abuse, suggesting a type of person rather than a type of behavior, and may prevent people from seeking help to end their violence.

The alternative terms 'victim' and 'perpetrator' may be used in quotes from submissions and feedback, in line with the original sources, as well as in the Training Audit.

This language may not apply to everyone and some workers may identify with or use different terms.

Who are the DFSV workforce and sector?

The DFSV workforce works across the spectrum of prevention, early intervention, intervention, recovery and healing responses, aimed at both victim survivors and people who have committed DFSV. The workforce includes workers from universal, statutory and specialist services. These terms are defined fully in the Plan.

While specialist DFSV services prevent and respond to DFSV as their core business, they are not always the entry point into the service system for victim survivors and people who have committed DFSV.

It is more likely that these people come into contact with a universal service before accessing a specialist or statutory service. Although DFSV is not their core business, these services may spend a significant proportion of their time responding to DFSV as part of their general service provision.

This means that these services form part of the broader DFSV service system and so their workers also need support to know how to identify DFSV and provide an appropriate initial response, as well as how to refer on to specialist services when required. They may also spend significant resources in working to prevent DFSV or to provide early intervention to minimise the trajectory. Without these foundational skills and supports, victim survivors and people who have committed DFSV may fall through the cracks.

Workers from universal services (such as health, education, housing, disability, counselling, settlement, family and youth support) are included because, while DFSV is not their core business, they are often the first to come into contact with both DFSV victim survivors and people who commit DFSV, as part of their service delivery.

Approximately 30 non-government organisations (NGOs) provide DFSV specialist services in prevention, intervention (including accommodation), men's behaviour change, and legal assistance across the NT. Almost half of these NGOs receive core funding from Territory Families, Housing and Communities, with the remainder funded through the Department of the Attorney General and Justice, the Department of Health, and the Australian Department of Social Services, and Attorney General's Department.

While a full audit of the DFSV specialist workforce has not been undertaken, it is estimated that there are approximately 300 workers employed by these services in full-time, part-time and casual capacities across the NT. In addition, Territory Families, Housing and Communities employs 52 full-time equivalent workers in the 13 Women's Safe Houses it operates.

FOCUS AREA 1: WORKFORCE CAPABILITY

CURRENT ACTIVITIES

The following current activities to strengthen workforce capability were identified:

- The development of training to accompany the Domestic Family Violence (DFV) Risk Assessment and Management Framework (RAMF) and the Common Risk Assessment Tool.
- AMSANT's workforce development unit focussing on trauma informed training.
- The integration of the Safe and Together practice model (a domestic and family violence informed approach to child protection) in the NT's child protection system, with training being made available to relevant non-government services.
- Territory Families, Housing and Communities currently funds DFV specialist services to provide community education in Darwin, Alice Springs and Tennant Creek. These programs are well-received and serve to enhance the skills and knowledge of specialist, statutory and universal workers across the DFSV sector; however, they have limited geographical reach and demand exceeds resourcing.
- Other government agencies also fund community legal educators and prevention and response educators, who work in the areas of DFSV. Of note is the Central Australian Women's Legal Service, which provides regular DFV training in the Central Australia and Barkly regions, as well as specialised training under the Health Justice Partnership for health professionals and social workers.
- Many agencies provide guidance and training for their own staff in DFSV – including NT Health (under the NT Health DFV Clinical Guidelines), NT Police, Territory Families, Housing and Communities, and NT Government online training in mandatory reporting and information sharing which is also available for non-government organisation staff.
- Two regional coordinator positions in Katherine and Tennant Creek have been established for two years to drive service improvement and coordination of the sector in these regions, which includes the coordination of professional development opportunities and the support of enhanced practice.
- Tangentyere Family Violence Prevention has developed practice standards for the men's behaviour change program in Central Australia.
- Every two years, Territory Families, Housing and Communities holds the Sharing and Strengthening our Practice conference which focusses on the workforce development needs of the sector. The first conference was held in 2019 and was received positively by the sector. In particular, conference attendees appreciated the focus on worker skills and safety, the centrality of Aboriginal voices and services, and the efforts to broaden and integrate the service sector. The next conference is scheduled for 2021.
- The NT Human Services Industry Plan has prioritised a skilled workforce and service quality for the broader community services sector in its vision. These align with the needs of the DFSV sector, which sits within this industry.
- The Northern Territory's Sexual Violence Prevention and Response Framework's Priority Actions includes the development of training for frontline workers to improve responses for children, young people and adults who experience sexual violence, as well as other relevant actions.
- Territory Families, Housing and Communities is developing a community of practice for DFSV prevention workers, through which practitioners can share learnings, projects and ideas.
- National training initiatives are available and being developed, including accredited training in recognising and responding to sexual violence, and training to General Practitioners to increase capacity and capability in DFV response. National Training includes DV-Alert programs available nationally.

WHAT DO WE KNOW FROM RESEARCH, THE DFSV TRAINING AUDIT AND CONSULTATION FEEDBACK?

The strengths of the NT DFSV workforce

One of the key strengths of the NT DFSV workforce was identified as long-term and local Aboriginal workers providing services to their local communities. The skills and knowledge of these workers, though often undervalued, are central to the service system.

While there are many challenges in remote service delivery, workers in remote communities are well known for their strong capacity to collaborate, build trusting relationships, and develop partnerships for better outcomes for vulnerable women and their children.

During consultation, the NT DFSV workforce was variously described as passionate, compassionate, capable, innovative, collaborative, adaptive, responsive to emerging needs, resourceful, dynamic, relentless, lifesaving and life-changing, specialised, and having a shared philosophical commitment to intersectionality, women's and children's rights, and human rights.

The impact workers make in both individual advocacy and leading systemic change, commonly with local solutions, was also recognised.

The small size of the workforce means that information can be shared easily and there is a commitment to working collaboratively. It also means that relationships are close and networks are strong – which results in sharing of training, resources, opportunities, and support.

Many DFSV workers are highly qualified, often in the fields of law, social work, sociology, or politics.

Others may have no formal qualifications, but many years of experience working in women's services and a strong theoretical grounding.

Specialist DFSV workers frequently have a history of being mentored and supported by more experienced staff, and are accustomed to working in a collegiate, non-hierarchical environment. Particularly in women-only services, there is a strong commitment to building women up – both clients and staff.

A high percentage of the workforce are likely to be 'survivor practitioners' who have experienced DFSV themselves as an adult or child. This lived experience brings strengths to the work and for many may be a motivating factor to enter the industry.

Need for coordinated, consistent training development and delivery

There is currently no consistent approach to workforce training, professional development and career progression in the DFSV specialist sector. Professional development is largely ad hoc and individualised, with no requirement for continuing professional development to maintain registration or accreditation. Access to training for most workers typically consists of brief, one-off programs and there is no quality assurance system. At present, multiple services offer training, with little quality assurance, and knowledge of training availability may be dependent on personal networks. Each organisation sets their own training standards leading to inconsistency.

There is currently no coherent or regular schedule available for DFSV training across the NT. The training audit found that the frequency and availability of DFSV training in the NT is mostly dependent on requests made, or as one-offs.

The need for consistent, accessible and continuous training for workers, and a centralised point from which that training development and delivery is organised, was a resounding feature of the consultations.

There was strong support for a centralised, systemic, accessible, quality-assured, consistent, coordinated, and sustainable training development and delivery model. [1]

Stakeholders supported a DFSV Resource Centre that develops, maintains and delivers evidence-based, locally-informed training and workforce development for an NT context. Possible functions of the Centre were suggested to include: coordinating the sharing of existing training opportunities between organisations (to streamline and amplify resources), develop communities of practice to share skills and knowledge, and ensure that regions have access to the same training as urban centres where possible (to add to consistency in service provision).

> *It is critical to have one place to go to when we are talking about an integrated system.*
>
> *A central reference point, such as an NT DFSV Resource Centre, would act as source of information that everyone would automatically turn to for guidance, information and resources and support strong, effective communication across the sector.*
>
> *Shared tools supported by shared training promotes shared language and collaboration – and a consistent service for clients.*
>
> *The training and delivery of those programs should be centralised to one organisation and remain consistent across all sectors. It should not be the case that multiple services are offering this training as this is where inconsistencies arise.*
>
> *This model will also create an authorising agency responsible for maintaining up to date, culturally appropriate, targeted training. A specialist agency responsible for this will in effect become knowledge holders that all sectors of the workforce can access for information, training, and accreditation consistent with a developed set of practice standards.*

The role of DFSV specialist community educator positions (currently funded in Darwin, Tennant Creek, Alice Springs) were seen as unique and important. However, demand outweighs the training that can be provided within current resources. It was suggested that additional positions are required, either within specialist services or within the DFSV Policy Unit in Government (as was previously the case) to oversee and deliver DFV fundamentals and RAMF training across regions.

Other barriers to training

In addition to the lack of a coordinated training calendar in the NT, the training audit identified other training barriers. These included lack of time and resources, distance to training venues and lack of accessible options through online and video conferencing.

Other barriers to training include organisations not deeming a worker's role as important, and training not being culturally appropriate.

Training required

There is no national or NT capability framework for the DFSV sector that outlines knowledge and skills benchmarks for workers, and so there are no agreed core competencies for the DFSV workforce.

In general, it was agreed that training should be relevant to the local area in which it was delivered, but not to the detriment of standards or the evidence base. It is preferable that training content is culturally relevant and designed specifically for the NT context, though also informed by national research and practice.

The training audit found that less than half (42 per cent) of the DFSV and DFSV related training currently delivered in the NT is specifically delivered in and for the NT, with 60 per cent of training being delivered by providers from outside of the NT.

1. In 2018, the NTCOSS DFV training survey report proposed an independent DFV resource unit. Models from other jurisdictions for coordinated training delivery for DFSV include the NSW Education Centre against Violence and the Victorian Domestic Violence Resource Centre, both of which coordinate the delivery of DFSV training, undertake research, and develop resources.

The audit also found that DFSV training delivered by NT providers tends to be general in nature (with some exceptions of some training tailored to specific localities and contexts), and mostly catered to the universal sector. Training that is too broad in its scope can be of limited helpfulness and use to specialist workers in the sector.

Training needs of specialist DFSV workers

- Foundational training which covers definition of DFV, prevalence, drivers, DFV dynamics, types of violence including coercive control, impacts on adults and children, drivers of DFV
- Practice skills, which include: culturally secure practice (noting that this needs to be locally relevant, with a preference that Aboriginal Cultural Security training is delivered by Aboriginal trainers), responding to disclosure, mandatory reporting, legal supports (DVOs), strengths based practice, responding to DFSV trauma, referral pathways, collaborative practice
- Understanding and managing vicarious trauma
- Intersectionality and working with diverse communities, including:
  - Culturally and Linguistically Diverse people, migrants and intersections with human trafficking, forced marriage, temporary migration
  - Aboriginal people
  - People with disability
  - People who identify as LGBTIQA+
  - Seniors
- Responding to sexual violence disclosures from adults and children – the Training Audit found much lower confidence levels in identifying and responding to sexual violence (compared to DFV) across all service types.
- Risk assessment and management, including safety planning and tech/cyber abuse and stalking, and how to use the RAMF and CRAT
- Information sharing
- Client advocacy within justice and child protection systems, including para legal skills specific to DFSV
- Responding to problem and harmful sexual behaviours in children
- Trauma-informed practice with a therapeutic focus on healing from current and intergenerational trauma led by Aboriginal people
- Avoiding collusive practice when working with people who have committed DFSV, supporting accountability and behaviour change.

> ***Collusion training and development is needed. Collusion is one of the hardest areas to identify in DFSV work. Touchpoints of the system for perpetrators would really benefit from consistent and ongoing training in this area. Implementing this for the justice system is a priority.***

- Working with clients with mental health issues who are also victim survivors of DFSV
- Induction training for new workers, especially for those new to the NT (e.g. how mandatory reporting works)
- Individual client work skills (including case management, case planning, information sharing, confidentiality)
- Systemic advocacy, stakeholder engagement, policy development and law reform
- Baseline understanding of Social and Emotional Wellbeing and Alcohol and Other Drug issues. While workers should not be expected to be specialists in these fields, a baseline understanding is important so issues can be identified and referrals made.
- Correctly identifying the person who has committed DFV and the person who is the victim survivor. [2]

The training audit found that the following topics were not currently available in the NT: DFV risk assessment, working with people who have committed DFV, identifying and responding to sexual violence, and working with Aboriginal victim survivors of DFSV.

2. The need for training for police, judges, magistrates and lawyers on DFV dynamics and the identification of the person who has committed DFV has also been raised through the 2018 NTCOSS survey, the SVPRF consultations, the Gender Equality Framework consultations, the Journey Mapping Report, and the Sharing and Strengthening Our Practice conference outcomes.

Respondents to the training audit indicated a far higher level of confidence with identifying and responding to DFV compared to identifying and responding to sexual violence. This was consistent across specialist, universal and statutory workers.

There are also areas of specialisation within the sector that require specific professional development, such as:

- working with children and young people
- working with people who have committed DFSV
- building the capability of the emerging prevention workforce, as well as implementing primary prevention into universal services in ways that are informed by relevant cultural practice.

Training needs of managers and leaders

- Governance (noting there are varying levels of skills and knowledge on Management Committees or Boards and differential degrees of orientation and information provided to new members about their roles and responsibilities)
- Monitoring (auditing) and evaluation
- Vicarious trauma and managing trauma exposed workforces, including skills to support workers with self-care and preventing burn out
- Human Resource and Industrial Relations
- How to provide effective and helpful supervision (including clinical supervision), debriefing and reflective practice (group and individual)
- Staff management, team building and development
- Skills in supporting staff who are victim survivors of DFSV themselves
- Development of funding and grant applications

Training needs of universal services

There was strong support for DFSV training for all community services workers so that DFSV is recognised and intervention can be arranged earlier. This training would also include referral processes from universal services to specialist services that can provide expert knowledge and interventions.

> *We need the same approach to DFV as we have with mental health. Previously it was only a doctor that would deal with mental health, and individuals were immediately referred to doctors. Now, we have all services from Human Resources to school teachers equipped to have basic conversations, and refer to specialist services.*
>
> *Training and support should be given to all community services workers to ensure that DV is recognised earlier, and intervention can be arranged earlier. If more professionals and volunteers were confident having conversations about domestic abuse and where to seek help, it would be easier to create practice standards because it wouldn't be the sole responsibility of DV workers to create the support system; it would be clear that all services deal with DV and support those clients, but specialist DV workers can provide specific knowledge and interventions.*

Universal services also play a key role in understanding and implementing primary prevention.

Trauma informed care is required as a foundational training need for universal and statutory workers, as well as for specialist workers.

Training for NT Police

A recurrent theme in the consultations and previous work in this area has been the need for enhanced training for NT Police, who are recognised as a critical support in the system. DFSV training for NT Police was considered a priority by stakeholders. Experiences of misidentification of the person most in need of protection, victim blaming and the dismissal of DFSV specialists' advice were reported. It was suggested that training for NT Police needs to be delivered in partnership with specialist DFSV services and trainers, and that trauma informed care should be the foundation for the training.

Police officers who responded to the training audit indicated a need for updated police recruit training to include DFSV training.

Challenges for professional development in remote communities

There are additional resource barriers for rural, regional and remote workers in accessing professional development opportunities, including travel, cost, language and availability. [3]

Training in culturally secure practice

> *Some current 'qualified' practitioners working within the sector are working with little to no lived experiences, no cultural understanding and using models that are developed from an evidence-based structure not relevant to Aboriginal communities and family structures. It would be good to see a structure of accountability of these workers towards an expert advisory group made up of people with these experiences.*
>
> *Cultural competency means different things in different locations. … Trauma-informed care and cultural safety training should be delivered and led by Aboriginal people as much as possible.*

The training needs of Aboriginal workers

Consultations indicated that local Aboriginal staff often do not get access to much needed training because of language and literacy barriers. Training needs to be delivered in language and interpreters should be engaged to deliver training for local staff. Where possible, training should be delivered by local Aboriginal Community Controlled Organisations, in partnership with DFSV specialists.

While stakeholders agreed that training content should be consistent (in terms of practice frameworks used), it also needs to be made relevant to the local community in which workers practice. In particular, there are specific issues faced by local Aboriginal workers who live and work in their communities, such as facilitating kinship relationships in service delivery.

Accreditation of training

Accredited training was seen as useful in formalising and reinforcing practices and procedures that have been developed over decades by specialist services. Accredited training also assists with staff retention and structured career progression within the profession, as it is portable and would enable workers to move within and between sectors more easily.

Some people felt that accredited training is seen as having more credibility in terms of meeting standards.

However, many concerns were raised about the process of achieving accreditation of training. It is a time-consuming and expensive process and has ongoing auditing requirements, requiring additional staff and resources for training providers.

Accredited training does not necessarily meet the needs of all workers in all contexts, nor is it always relevant. It was seen that quality of training did not necessarily follow an accredited status. Innovative examples were provided of organisations developing their own in-house staff training that is both locally relevant and accredited.

The training audit found that DFSV training that provides workers with accreditation is limited in the NT, and is mainly available to primary healthcare, allied health and legal professionals. Although some accredited training is available for free, costs for full qualifications or higher levels of accreditation can be very costly to the participant.

Training modes

Expansion of online training models (due to Covid-19 restrictions) has been welcomed by the sector, particularly those for whom training has not been as accessible due to geographical isolation. There has been a move to more one-on-one training, online webinars, and some training has been made free. Availability of interstate (and international) training opportunities has also opened up.

Despite this, consultations and the training audit found that face-to-face training is still the most preferred mode for both trainers and participants. It was also recognised that online training may be less accessible for those from culturally and linguistically diverse backgrounds due to English language difficulties, and creates barriers in skills based learning.

3. DV Fundamentals for Remote Women's Safe House Training – Pilot project report, A Richmond (NTCOSS), and Human Services Industry Plan

Some trainers have been impacted significantly by Covid-19 due to training being cancelled, requiring costly resources to adjust for the social distancing requirements (e.g. larger rooms), or needing to master new technologies.

When asked if the changes made to training will continue post the COVID-19 pandemic, some trainers indicated that they prefer and will revert back to face-to-face training, while others will continue with alternative online methods. Trainers felt they need more support and resources to continue with online training delivery. Stakeholders also indicated an interest in continuing online training and the additional accessibility that this can bring.

Other comments upon the structure and mode of training included:

- the need for both induction training and refresher courses (which can include sharing of updated research and practice)
- training in mixed groups (participants from multi-agencies rather than homogenous groups) were of greatest benefit in creating a common and shared DFSV understanding, increasing trust and encouraging collaboration across agencies
- courses and training may need to be made available to the whole community in some remote areas, providing the community as a whole with the knowledge and tools to respond to DFV as opposed to having certain persons taking possession of the knowledge and training.

Trainer requirements

It was generally agreed by consultation stakeholders and in the training audit that training should be delivered by people who are confident and comfortable with the material and the environment.

Trainers should have practice expertise in DFV, DFSV and sexual violence, (including knowledge of the dynamics of DFSV in the NT context), reform and system knowledge, including legislative and practice changes, and knowledge of the NT DFSV service system.

Trainers also need skills in working effectively in the remote context, should understand transgenerational trauma and be culturally competent.

It is acknowledged that locally grown trainers and content requires capacity and time. Training may be less relevant and effective when delivered by interstate trainers who do not have the context or cultural knowledge required. Interstate trainers need to be able to demonstrate their knowledge of these complexities. Done carefully, stakeholders considered it possible for the NT to benefit from interstate expertise that joins collaboratively with local expertise.

> ***I like the two tiers of training but would add a third which is for the trainers – a mentoring/ training process that allows them to continually develop their skills, stay abreast of latest research/evidence in the field and share information across areas of NT re-emerging issues.***

Sharing and Strengthening Our Practice (SSOP) Conference

The inaugural biennial SSOP conference was held in 2018 and was well received by the sector. There was overwhelming support for the continuation of the SSOP conference as a tool in building worker capability, networking, collaborative practice, and sector cohesion. The preference for future conferences was for practical workshops as well as keynote speakers.

Practice standards

While some workers may be guided by specific practice standards and codes of conduct depending on their professional qualifications[4] , there are no consistent practice or service standards in the NT DFSV specialist sector (or nationally).

This was recognised by stakeholders as a priority area for development. There was strong support for the development of practice standards (accompanied by service standards, discussed in key focus area 2) for DFSV specialist services in the NT.

> *The support you receive is entirely dependent on where you live and who supports you. Standards will go towards consistent quality of service provision.*
>
> *Often victims and perpetrators are left in a position where they need to "shop" around for a service that suits their needs, circumstances and cultural background. They are often not receiving a consistent service. This inconsistency is particularly disconcerting for members of remote communities and those who are not as well adapted to dealing with non-Aboriginal formats, meaning often they fall through the cracks. As a consequence these members of the community find it difficult to engage in programs and services, and find it confusing when a consistent message and framework is not provided. It also often leads to victims and offenders unnecessarily having multiple services involved with them, whereas a consistent framework may help to eliminate the over burden of services on individuals (and where that over burden also often leads to further disengagement).*

Stakeholders considered it essential that development of practice and service standards occurs using a collaborative and service driven methodology, informed by workers' own practice experiences, services users and the broader evidence base.

Standards need to be consistent so that service users understand what is expected of them and what they can expect. Since a lot of victim survivors move around, consistency and communication are key.

Stakeholders emphasised that it is crucial that the standards value the cultural knowledge and expertise of local Aboriginal workers alongside western professional practice knowledge and employment practices. The standards could support the progression of Aboriginal workers into leadership positions in recognition of this expertise even if they do not attain formal qualifications.

While it was acknowledged that practice standards should be evidence-based and universal, they also need to be adaptable and relevant to different areas (urban and remote) and should not compromise place-based principles.

Stakeholders indicated that practice standards must be specific to the NT context, covering intergenerational trauma, poverty, rural and remote service delivery, and culturally safe practice. An understanding and acknowledgement of the origins of much of the violence in Aboriginal communities as a consequence of the history of colonisation and oppression is an important basis for any service delivery model that aims to reduce the impact of this violence.

Implementation of practice standards may include a consideration of:

- support for services to implement practice standards.
- training for workers in practice standards so they know what is expected of them in service delivery.
- quality assurance tools can be used for an ongoing process of self-assessment and reflection by workers and services.
- implementation must be simple and non-onerous for services. There was a concern that this could create extra reporting requirements.

4. For example, AASW has a Family Violence Capability Framework 2018 and an accreditation system

- services will need additional resources and time to transition to a code of practice.
- the role of government in ensuring compliance with practice standards, including in the design of the funding agreements, must be made clear – will they be compulsory and who will they apply to?
- a consideration of how practice standards would be monitored and by whom.

Minimum staff qualifications

There are no mandatory qualifications for practice in the specialist sector, either nationally or in the Northern Territory. [5]

Qualification levels in the sector vary from no formal qualification to Certificate III, tertiary graduate and post graduate qualifications in law, social work, health, community development, psychology, and education. [6] Many workers who have multiple years of experience delivering services in their community have no professional qualification. While their roles are critical to service effectiveness, especially in remote communities, their specialist skills and networks are often unrecognised.

Some stakeholders consulted felt that mandatory qualifications would encourage ongoing training and resources to be created, because working in the sector would be viewed as a genuine career path. Establishing qualification standards would also enable services to implement a uniform approach to staff recruitment and retention including remuneration. It would also facilitate capability benchmarking for those currently working within or interested in entering the sector.

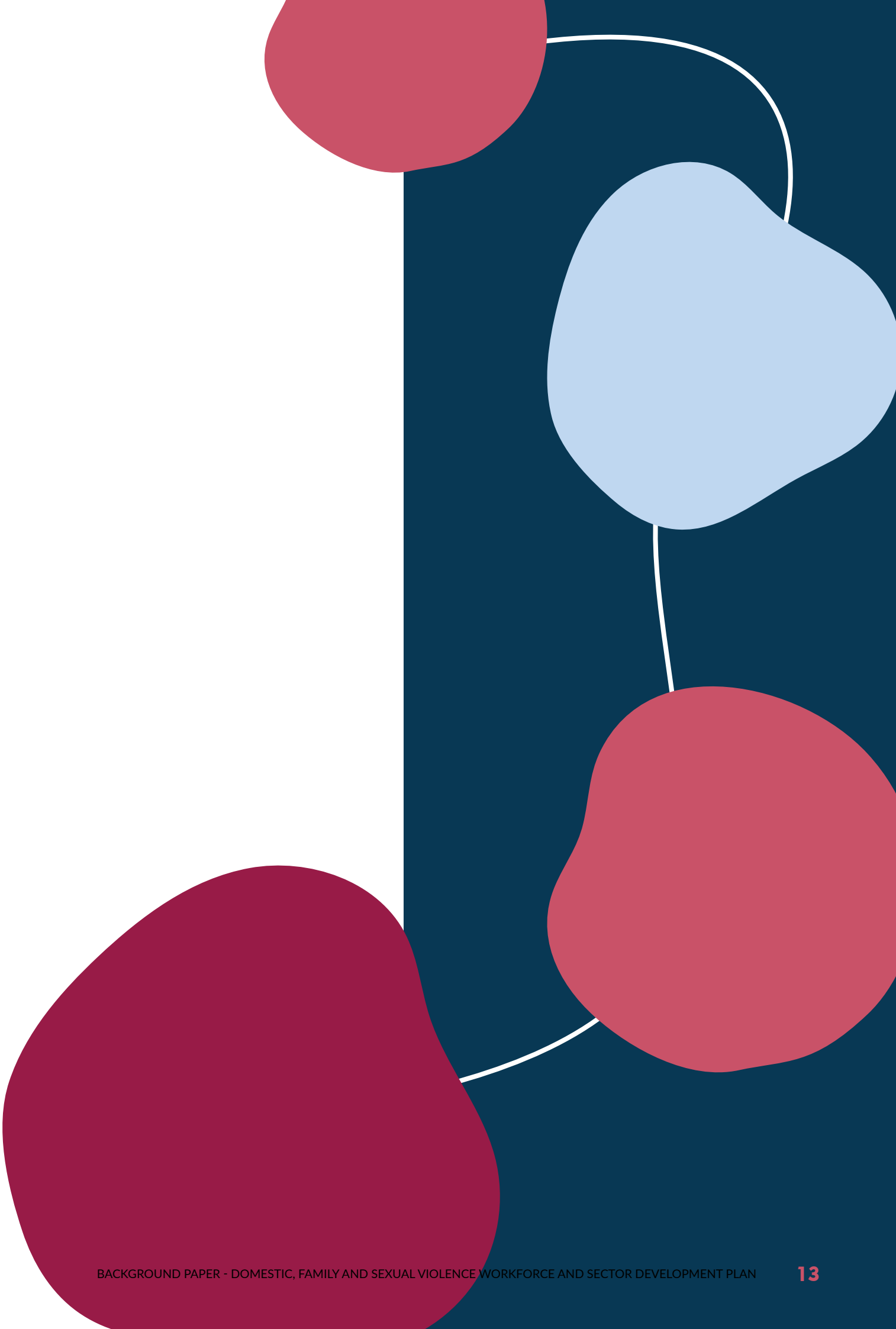
The area of DFV has been absorbed over time by organisations as "something that we do" amongst many other services. However, to create effective change and have any chance of reducing the impact and recidivism of DFV it's essential that DFV become a key service delivery area. The enforcement of mandatory specialist qualifications is a first step towards enforcing the area as a standalone specialisation that requires its own rules, processes and procedures to be delivered by organisations. So clients feel confident that the person they are receiving services from is qualified and competent.

Others felt that mandatory qualifications could deter competent and skilled workers, and noted that the Social Community Home Care and Disability Services Industry (SCHADS) Award recognises both qualifications and experience. Many community frontline workers, particularly those in remote areas or from diverse backgrounds, may not have a degree or access to the resources or facilities to obtain one.

Any moves towards mandatory qualifications would need to recognise the additional resources and time required for transition. Remote workers would require access to streamlined, quality and cost-effective online courses. All workers would require study leave provisions and services would require support for backfill opportunities for those undertaking further study.

The transient nature of employment across the Northern Territory will mean that recruiting staff with higher qualifications (or the ability to commit to further training) is likely to prove difficult. Family violence services are already finding it challenging to recruit well-trained staff.

5. This is a complex issue and is covered in depth in the Victorian Royal Commission into Family Violence - pp 64-65
6. National Survey of Workers in the DFSV Sectors (2018) p 179



FOCUS AREA 2: ORGANISATIONAL CAPABILITY OF SPECIALIST SERVICES

CURRENT ACTIVITIES

The following current activities that support the organisational capability of specialist services were identified:

- The introduction by the NT Government of five year funding agreements to increase sustainability and reduce reporting complexity for non-government services.
- The NT Human Services Industry Plan has prioritised governance, strong and sustainable organisations, a skilled workforce (including cultural safety, attraction and retention) and service quality in its vision. These align with the needs of the DFSV sector, which is included in the human services industry.
- Territory Families, Housing and Communities has undertaken and is planning further DFV specialist service and system reviews, including an evaluation of interventions for people who commit DFSV. Recommendations from DFV service reviews have included improvements to organisational governance capacity and mentoring arrangements.
- Territory Families, Housing and Communities has funded specialist service grants for practice supervision and practice management.
- Worker wellbeing and safety is one of the core components of the DFV RAMF and is included in RAMF training modules.

WHAT DO WE KNOW FROM RESEARCH, THE TRAINING AUDIT AND CONSULTATION FEEDBACK?

Governance

Stakeholders emphasised the central role that strong and good governance plays in contributing to organisational capability. Organisational leaders, managers, and boards who understand and comply with policies, procedures, standards, contractual requirements, and appropriate industrial conditions, were seen as pivotal in creating positive and safe organisational cultures. Stakeholders also stated that governance and staff profiles should be representative, reflecting the diversity of the communities in which and for which the service works.

Many DFV specialist services originated from small grassroots organisations and have developed into large organisations with more formal governance and management structures, more professionalised workforces and funding to provide contracted services from a range of government and other bodies. [7]

Worker wellbeing, health and safety

The health, safety and wellbeing of workers in the sector was an issue raised repeatedly in consultations, and is central to discussion of organisational capability and staff retention.

> *We see ... workers in this sector who are frequently new to their careers or new to the Territory. They are often unprepared for the pressures they experience in their work and limited in their abilities to care for themselves while doing this challenging work.*
>
> *[There is] high staff turnover where professionals come to NT for short periods of time to gain experience, often very "new" to the sector, who require a lot support but also ongoing training to manage staff turnover.*

Physical safety is an issue in the DFSV sector, particularly for those working in refuges, safe houses and providing outreach services. Clear and understood safety policies and procedures, as well as security infrastructure (cameras, screens, emergency response notices), and resourcing for safe work practices (such as two staff on together) assist in worker safety.

The particular risks for workers who live and work in their own remote communities were raised. In these circumstances, staff may know both the victim survivor and the person who has committed DFSV which can have immediate and long term implications for worker wellbeing and safety.

While worker wellbeing is directly related to the issues of vicarious trauma responses and supervision, it is also linked with the access to organisational conditions. These include flexible work, appropriate leave, a supportive workplace culture, cultural safety practises, celebrating achievements, and access to professional development.

7. Putt, Holder and O'Leary p30

Vicarious trauma responses

One of the key issues faced by specialist organisations is the occupational health and safety needs of their workers. Vicarious trauma is a known occupational risk of exposure to traumatic material. Management responses are essential.

While some specialist services have vicarious trauma management policies and practices in place, these are not required by funding bodies, and are not standardised.

It was reported by some stakeholders that there is a lack of expertise within senior management and human resources to understand vicarious trauma and the associated psychological injuries that can occur for workers. Time and resources are so tight that service delivery is often prioritised over employee wellbeing. Managers and leaders need education about managing trauma-exposed workforces.

A theme arising in the training audit was the inappropriate responsibility placed by some organisations on the individual worker to manage their own vicarious trauma responses through 'self-care', without any organisational response.

Stakeholders emphasised that vicarious trauma responses must be systemic and based on the developing evidence about what works in managing vicarious trauma. Support is required for frontline services to develop comprehensive policies and procedures that relate to worker health, wellbeing and safety, and to access appropriate training.

The training audit found that a majority of managers (70 per cent) indicated that they have not received vicarious trauma training, and 60 per cent of managers also reported that their staff have not received vicarious trauma training.

While the majority of managers responding to the audit indicated that their organisations have policies and processes in place to recognise and respond to vicarious trauma, the average confidence rating of the effectiveness of these policies and processes was 5.4 out of 10.

Vicarious trauma is particularly an issue in services where support for staff, including supervision, critical reflection and debriefing, are not part of the organisational culture. [8]

Notably, 41 per cent of respondents to the training audit reported that they had not received training in vicarious trauma with those in universal services being less likely to have received this training than those from specialist and statutory services. When the same question is asked of managers however, 70 per cent reported that they had not received training in vicarious trauma responses.

Supervision

Effective supervision of DFSV practice is essential to a capable and supported workforce. The National Survey of Workers in the DFSV Sectors (2018) identified access to regular, quality supervision and worker wellbeing (including prevention of burnout and responding to vicarious trauma) as important themes, and found that the quality, availability of and approaches to supervision varies across the sector.

Leadership training is required to provide clinical supervision to respond to vicarious trauma and stress. Supervision should be mandated and built into system reform at all levels – including ensuring supervision is funded as part of contractual models, building supervision skills, and including supervision requirements in practice standards and grant agreements.

Stakeholders said that current funding for Territory Families, Housing and Communities specialist services to provide staff supervision is a welcome move; however, it is not currently ongoing funding and a sustainable approach is needed.

Workers in remote areas usually have more limited access to supervision. It is often provided virtually and is heavily dependent on telecommunications. Risks to the workforce increase when internet access is limited or non-existent.

Respondents advised that internal supervision, when delivered without skills and frameworks, can be unsafe. Some services reported having effective staff activity programs that promote wellbeing and inclusion, such as in-house yoga, team lunches and morning teas, dog friendly workplaces, and a culture of celebrating achievements.

The models used for clients should also be applied in managing staff and staff relationships – trauma informed, strengths based, woman centred given the majority of these services are provided by women for women.

8. From Victorian Royal Commission (p24), and Journey Mapping Report

Balance and workloads

Overwork, and underfunding is common, especially as services try to provide help for as many clients as possible to meet the demand whilst trying to manage funders' expectations, by stretching resources thin and in what has become a competitive funding environment.

Manageable caseloads are an intrinsic component of worker safety. Caseloads are impacted by situations where victim survivors and their children require long term assistance, and where there are families with many dependent children.

Survivor Practitioners

As raised in Focus Area 1, given the high prevalence of DFV across the community, it is inevitable that the workforce includes 'survivor practitioners'; workers who have experienced DFSV themselves as an adult or child, or are currently experiencing it.

This lived experience brings strengths to the work and for many may be a motivating factor to enter the industry. It also underscores the need for additional workplace supports (such as paid leave and safety planning) for staff who may be currently experiencing DFSV, and an understanding of the particular vicarious trauma impacts on those with lived experience.

Specialist service CEOs

The particular challenges faced by leaders of specialist services were raised during consultations. These roles are complex and require a combination of organisational management skills and practice expertise. The role can be high pressure and isolating and there are not clear support structures in place.

Stakeholders identified a lack of succession planning especially at senior levels was a cause of concern, with many senior managers unable to take leave due to no relief options available.

Who replaces them [CEOs] when they are sick or need a break?

Stakeholders identified that partnerships at the CEO level between specialist services could assist in providing support, collaboration, shared knowledge and relief.

Specialist organisations in the NT are primarily funded by Territory Families, Housing and Communities, the Department of Attorney General and Justice, the Department of Health and the Commonwealth Attorney General's Department and Department of Social Services. Each has their own funding cycles, reporting processes, KPIs, output requirements and outcome standards. Many organisations receive funding from more than one source, which increases the complexity of reporting and contract management.

Recruitment, professional development and retention

There has been a significant and rapid rise in demand for DFSV services in recent years which has outstripped capacity and placed services under stress.[9] National research indicates that the specialist DFSV service sector experiences challenges in recruiting and retaining staff because of a limited pool of suitable applicants, insecurity of employment (due to short-term funding), low remuneration, and limited career development opportunities. These issues would be compounded in the NT due to the remote areas in which many services are located.

Historically, employment in the specialist service sector has not been seen as valued or high status, and career pathways, remuneration and employment conditions have not always reflected the complexity and skill inherent in the work.

It was felt by stakeholders that a cultural shift is required in the way DFV workers are viewed - professionalising of the workforce should enforce the importance of the work and filter into lifelong career development. To meet increasing demand for DFSV services in the NT, it is critical that the sector is seen as an attractive employment choice.

Insecurity is a factor, with many casual workers and many positions available for only short-term contracts.

9. Ibid p 30

Recruitment was identified as major issues for the sector in the NTCOSS 2019 Workforce Survey, with half of all vacant positions remaining unfilled for 2 to 6 months, and a quarter for 6 months to 1 year.

The NT Human Services Industry Plan identified workforce supply as a common challenge across the community services sector and government. Government funding is increasing investment in violence prevention and response to people who have committed DFSV; however, there is a shortage of workers with expertise in these areas.

It was reported that police need more female officers to be able to respond to concerns, particularly in relation to underreporting of sexual violence in remote communities with only male officers available.

There is a need to develop robust recruitment, retention, succession planning, mentoring, and leadership cultivation strategies.

Opportunities for cross-sector secondments, building linkages between more experienced services and newer services and mentoring the development of clinical practice, have been identified. Much of the learning in this industry happens on the job. It was also felt that while mentoring and secondments were valuable, they are also time consuming and require dedicated resources.

Funding contracts rarely include requirements for professional development of staff or quarantined funds, as well as resourcing staff backfill while other staff are at training. The lack of accommodation is also a significant issue for staff recruitment and retention in remote areas.

The link between retention and effective support of staff wellbeing was acknowledged. In the NTCOSS 2019 Workforce Survey, the main reason for employees indicating they were considering leaving their role was deterioration of social and emotional wellbeing due to work related stress and poor management practices.

We know that retention rates are so much better when vicarious trauma management programs are in place. Imagine how much better they could be if we also had robust Aboriginal and Torres Strait Islander worker support programs too. Supervision, vicarious trauma management and supports are critical to a culture from which quality services will emerge.

Valuing and growing Aboriginal employment in the sector

Given the over-representation of Aboriginal women and children as DFSV victim survivors in the NT, some respondents felt that the DFSV workforce is best driven by Aboriginal-led organisations.

It was proposed that local Aboriginal workers are the positive response to difficulties recruiting and retaining in remote areas and regional towns, rather than bringing staff in from interstate to fill roles, usually temporarily. These long term workers do not plan to leave the area and see the job as a 'job for life', but have not always had the opportunity to develop their skills.

The best way to create succession, employer stability and culturally appropriate services in remote areas is to employ, train and support local community members.

The Plan should also include increasing, skilling up and valuing Aboriginal participation both as specialised and support workers – overspecialisation using a mainstream model may marginalise and devalue Aboriginal support workers.

The complex cultural knowledge and skills Aboriginal workers bring to the job are not always valued or recognised. For example, workers in remote safe houses typically fulfil multiple roles as client support workers, community educators, and brokers for visitors to the community. Local Aboriginal workers have intimate knowledge of clans, culture, context, challenges, and speak and understand multiple languages.

Consultations raised the need for a commitment to local community workforce development and increased Aboriginal employment, supported by mentors in the workplace (similar to Aboriginal Health Workers and Education workers), internship pathways through education programs and other community programs to promote an uptake of employment within the sector.

It was also identified as necessary to acknowledge and respond to the significant cultural and social challenges faced by Aboriginal staff working in their own communities. They are often working with clients with whom they also have family relationships and social obligations. The divide between personal and professional is very complex, and can place extra pressure on workers who have kinship responsibilities.

Many communities also value the presence of workers who do not come from the community and do not have kinship responsibilities, or who may provide an authorising presence in responding to the violence.

Service standards

The need for consistent service and practice standards has been raised in Focus Area 1. While some specialist services have their own service standards these are not required by funding bodies, nor are they consistent across the specialist sector.

Stakeholders indicated that service standards should be developed in partnership with specialist services, and include the voices of clients.

It is recommended that service and practice standards be developed together, with practice standards focussing on client delivery models, and service standards focussed on organisational responsibilities.

Service standards could guide leaders in:

- access to professional development
- access to quality supervision
- opportunities to build collaborative relationships with other services
- the creation of safe and culturally secure work environments [10] [11]
- support of worker safety and wellbeing, including explicit vicarious trauma responses
- strong governance
- Aboriginal employment strategies
- valuing the cultural and contextual knowledge and expertise of local Aboriginal workers alongside western professional disciplines/qualifications
- evaluation systems (including effective mechanisms for learning from the lived experience of clients)
- sound supervision frameworks
- a culture of reflective practice
- commitment to an integrated service system, including clear referral pathways and support for collaborative case management
- support for staff who are experiencing DFSV.

Stakeholders advised that effective implementation of practice standards would require adequate resourcing, and articulation through policies, procedures, contractual requirements, and appropriate industrial conditions.

This could include quarantined amounts or proportions for supervision, professional development, ongoing quality assurance practices, vicarious trauma management programs and Aboriginal workers' support programs.

Stakeholders also advised that funding and funding proposals need to include adequate funding to achieve this and not simply focus on client service delivery outcomes.

Funding security

Funding security was identified as a significant issue impacting the sector, as was the capacity to meet growing demand. The benefit of the commitment to five year funding contracts was recognised in consultations.

> ***Security of funding means that you are no longer chasing your tail for money but can spend time on these issues.***

"When demand outstrips the capacity to supply services, organisations can rationalise services by altering eligibility criteria or limiting the scope and creativity of their programs. This can focus on reacting to crises … rather than the underlying or structural issues." [12]

10. See Territory Families' Aboriginal Cultural Security Framework

11. Through legal obligations such as the Fair Work Act, occupational health and safety laws, and funding contracts

12. NTCOSS Workforce Survey 2019

FOCUS AREA 3: DEVELOPMENT OF THE SPECIALIST DFSV SECTOR

CURRENT ACTIVITIES

The following current activities that support the development of the specialist DFSV sector were identified:

- There are a range of strong and positive initiatives such as sector networks (including a new network of remote specialist services), the DFSV conference held every two years, the Family Safety Framework, the DFSV Cross Agency Working Group, the regional DFSV coordinator positions in Katherine and Tennant Creek, and the specialist DFV Alice Springs Local Court.
- DFV information sharing legislation and practice guidance commenced in 2019 to support collaborative risk assessment and management.
- DFV network coordinators play a key role as a coordinator and primary contact within the DFV sector. Territory Families, Housing and Communities funds coordinators in Alice Springs and Darwin, and provides secretariat support for Local Reference Groups in Katherine and Tennant Creek.
- The Family Safety Framework provides a structured and integrated approach to multi-agency risk management in six locations.
- Sector collaboration is built into the DFSV Reduction Framework's reform and governance arrangements through the DFSV Cross Agency Working Group (CAWG) which oversights implementation of the Framework. The CAWG includes representatives from key government agencies, non-government specialist services, networks, and Aboriginal and community sector peak bodies. Regular e-updates and the CAWG communique are provided to the sector and stakeholders.
- Territory Families, Housing and Communities convenes a DFV specialist service CEO Forum to share information and coordinate responses.
- Shared strategic practices and policies are being introduced across the service sector, including the Sexual Violence Prevention and Response Framework, DFV information sharing guidelines and the RAMF.
- Territory Families, Housing and Communities holds the Sharing and Strengthening our Practice conference every two years which focusses on the workforce development needs of the sector.
- Territory Families, Housing and Communities is establishing a DFSV website to support practice improvements across the sector and within government, including relevant information for services, workers, victim survivors and the general public (an action under Action Plan 1 (3.4(b)).
- Territory Families, Housing and Communities is developing a primary prevention community of practice to bring workers together in this emerging field for training, support and development.
- Regional DFSV coordinator positions have been established in Katherine and Tennant Creek to drive service improvement and coordination of the sector in these regions, including coordinating professional development opportunities and supporting enhanced practice.
- A specialist approach to domestic violence has been introduced at the Alice Springs Local Court in collaboration with stakeholders. This will strengthen cross-agency responses for DFV victim survivors and defendants who have matters before the Courts.

WHAT DO WE KNOW FROM RESEARCH, THE TRAINING AUDIT AND CONSULTATION FEEDBACK?

DFSV Networks

Stakeholders emphasised that a strong and connected sector provides support for individual workers and smaller organisations, particularly those who are isolated within their organisations or located in remote areas.

The existing service networks are highly valued, and considered by stakeholders consulted as playing a central role in an integrated service system. While each network operates differently, the benefits of coming together include practice sharing, learning from each other, systemic advocacy, sharing resources and support, as well as building referral pathways and opportunities for collaborative case management were recognised.

While DFV and DFSV networks exist in cities and major regional centres, in many places there are no networks, and there is no NT-wide network.

Remote workers could be supported to come into regional centres to connect with others, or regional networks could be established using platforms such as Zoom to participate in network meetings.

Staff engagement in networks relies on their value being understood and supported by management and funding contracts. It was reported that some services do not support staff attendance at sector events or network meetings, or support the concept but are unable to release staff due to the pressure of delivering services. Participation is almost always undertaken on top of core roles, including service management.

A network for DFSV trainers was proposed during consultations to facilitate mentoring and skill development, as well as staying abreast of latest research/evidence in the field and sharing information.

Collaborative practice and integrated service delivery

A strong sector is one that has a culture of collaboration, innovation, learning and accountability across the service system. [13]

Both formal and informal collaboration already exists across the system, including interagency networks, the Family Safety Framework, CAWG, service partnerships and MOUs, referral protocols, and shared resources.

However, collaboration can still be dependent on goodwill, longevity in the service or sector, and personal relationships and networks. Service collaboration can also be hampered by constraints of contract and funding arrangements.

Integrated service delivery and ongoing collaboration requires leadership, sustainable resourcing, support to release staff from frontline roles, and often culture shifts within organisations towards collaborative practice. Services are rarely explicitly or adequately funded for this activity. [14]

13. Australia's National Research Organisation for Women's Safety. (2020). Working across sectors to meet the needs of clients experiencing domestic and family violence (ANROWS Insights, 05/2020). Sydney: ANROWS

14. "Building advocacy skills at the individual, organisational and industry level is needed in order to influence the Territory's economic and social agenda for better human services industry outcome." HSIP p 15.

A culture of collaboration is also built through sustainable, resourced and organised communities of practice. Opportunities to critically review and reflect on practice may exist in individual specialist DFSV organisations; however, stakeholders indicated that there was not always a sector-wide approach.

Collaborative work is grounded in services understanding each other's roles and establishing strong working relationships to enable joint case management, effective referrals and sharing of information.

Integrated service delivery can help DFSV to be identified early, improve practice responses, and reduce secondary (systems-created) trauma, through limiting the need for victim survivors to repeatedly recount their story. It also minimises service duplication.

Integrated service delivery both supports and is supported by consistent practice frameworks. An effective integrated service system is underpinned by a consistent understanding of DFSV and shared practice tools to enable a consistent response to clients. The Government's initiatives in introducing consistent practice models (such as the Framework, the RAMF, the Sexual Violence Prevention and Response Framework (SVPRF), and DFV information sharing guidelines) were seen by stakeholders as positive foundations of an integrated service system. Stakeholders identified the importance of resourcing sector-wide approaches to the implementation of these key reforms.

The specialist sector is not homogenous, and includes prevention services, DFV accommodation services, DFV therapeutic services, DFV legal services, sexual violence services, and men's behaviour change services. It is important to strengthen linkages between these diverse parts of the sector.

Connections between larger resourced urban specialist services and smaller remote specialist services could be explored to enhance service quality, build staff capacity, build cultural competency in urban services, and provide support. This may include strengthening expertise through mentoring and secondments.

Links between services for victim survivors and services for those who have committed DFSV

There were concerns that workers who work with men, particularly Aboriginal male workers, were not more involved in the development of the Plan.

> *The most important and pressing issue which needs to be addressed for Aboriginal men before any other actions is taken is the violence they have experienced as children and young people and how that impacts on their behaviour.*
>
> *There still remains a service relationship gap between men's services and the rest of the sector. Partly because of this gap there still remains little recorded local best practice models for men's behaviour change. Trust that there are males working in the sector that are experts in the space. Give space for specialised discussions to happen and practices built.*

Prevention

It was considered important that primary prevention and the prevention workforce is clearly within the scope of the Plan. Embedding prevention across the core elements of the Plan (e.g. the goals, purpose and defining scope) will help ensure this focus is not lost.

Systemic advocacy and sector consultation

It is recognised that policy development benefits from expert input from the sector, and from those with lived experience. There are currently no specifically funded DFSV services that focus solely on community and stakeholder engagement, policy development, law reform, or systemic advocacy.

There was support by stakeholders for systemic advocacy functions to be included within contracts, alongside direct client service delivery.

Advocacy in practice often equates to responding to consultation – there is little time or capacity for service providers to take the lead in advocating about issues that impact on them or their client group. Consultations, while important, place additional burdens on service providers.

While the Framework's reforms have been welcomed by the sector, the pace and scale of reform means increased demand for input to policy development, attending consultations, advocating and representing on key bodies. [15]

There are no established principles for consultation and stakeholders identified that these would assist in improved systemic advocacy. Principles could include meeting in person on key reforms, transparent consultation processes, minimum notice and feedback periods, and closing consultation loops with summaries and outcomes.

While it was recognised that the Domestic and Family Violence Network and the Central Australian Family Violence and Sexual Assault Network undertake advocacy on behalf of the sector, there was some support for an NT-wide peak body for DFSV specialist services. It was seen that a peak could enable systemic advocacy and promote transparency and accountability in policy development by government. A peak could act as a communicator between services and the Government.

There was also concern expressed that the sector in the NT is not large enough for a stand-alone peak, and an alternative proposal of a DFSV policy officer position auspiced within another peak or organisation was proposed. The position would require adequate funding to visit remotely located services.

If a peak body were established, it would need to be representative of the whole of the NT and not be Darwin urban centric.

15. This issue was raised in the NTCOSS Report and through the 2019 CAWG Review

OVERVIEW OF NORTHERN TERRITORY DFSV SERVICE SYSTEM

Specialist DFSV services/projects

Victim survivor focus:
Dawn House, YWCA, NPY, DAIWS, TCWR, KWCC, Catherine Booth, CCNT, Tangentyere, WoSSCA, One Tree, Galiwinku Women's Space, Barkly Council, Crisis Accomm Gove, WARC, Mabunji, TFHC WSHs, Safe at Home

Perpetrator focus:
Tangentyere, CCNT MBC, No More, MOARS, DIMS, Corrections, NTLAC REALS, NAAJA, Kungas

Specialist legal:
CAAFLU, DVLS, NAAFLS, CAWLS, TEWLS

Prevention:
Tangentyere, NAPCAN, NO MORE

Sexual Assault:
SARC, Ruby Gaea, NTWWC, Police, CP

Aboriginal Controlled Community Orgs

Aboriginal Medical Services

Aboriginal Legal Services

Aboriginal Corporations

Justice/Advocacy

Women's:
NTWWC, TEWLS, KWILS, CAWLS, NTADC

General:
DCLS, NTLAC,NAAJA

DFSV: CAAFLU, DVLS, NAAFLS

Courts

Police

Corrections

Victims of Crime

Crime Victims Services Unit

Witness Assistance

DPP

Universal/generalist services

Multicultural and refugee services

Family/community support services

Disability services

Seniors/Aged care

Defence services

LGBTIQ+ services

Counselling/ mediation services

Public and private health including mental health, AOD

Education

Youth services

Employment

Centrelink

Local councils, sport and rec

Statutory services

Courts, Judiciary

Police

Mental health

Child Protection

Youth Justice

Corrections

National Advocacy, Research and Policy

ERA, AWAVA, Our Watch, ANROWS, NFVPLS

Peaks

NTCOSS, NT Shelter, AMSANT, APONT, MCSCA, MCNT, NTMHC, Public Health Network, AADANT, NDS

Networks

Katherine LRG, TC LRG, DFVN, CAFVSAN, Family Law Pathways, Interagencies (eg CHAIN), CLE, SAND

Governance

NNPG, CAWG, C&FSC

FEEDBACK ON IMPLEMENTATION AND RESOURCING OF THE PLAN

Resourcing and implementation

The successful implementation of any plan hinges on adequate funding and resourcing. Stakeholders identified that the Plan needs to be clear on what the resourcing is from government and the commitment to following through with actions.

> *Identifying the actual cost of developing the Workforce and Sector Development Plan and how this will be resourced is of crucial importance to ensuring its successful implementation, confirming that any such development does not come at the cost of service providers, or from within existing budgets.*

A suggestion was made for a working group of government, specialist sector and specialist training representatives to steer the development of resources, training and accreditation pathways for sector workers.

Evaluation

The Plan needs to include an outcome evaluation component, and audit measures for training (availability, uptake and accessibility).

Valuing lived experience

It is important that implementation activities are informed by the lived experience of victim survivors and of people who have committed DFSV.

In particular, the voices of the Aboriginal and Torres Strait Islander participants of the first 'Sharing and Strengthening our Practice 2019 Conference' are important to remember, in particular their reminder to "Listen. Trust. Act". The Plan's implementation should include close consultation with community groups and individuals, not just organisations and representatives.

> *The bureaucracy of organisations, both government and non-government, can often overshadow the voice of the people living in the communities, experiencing the violence, perpetrating the violence, hence we would recommend incorporating into the plan a method of obtaining these voices, directly, unobstructed or skewed by external influences.*

OTHER ISSUES

Since the focus of the Plan is on workforce and the sector, the scope of consultation did not extend to an examination of current service models or expansion of service delivery options. However, there were several important points raised during the consultation process on these issues:

- DFSV experts could work in police stations and alongside police.
- Parenting programs (tailored to an NT context) are needed to support trauma management for parents and their children.
- We need gender responsive policy and intersectional understandings of DFSV.
- A smoother legal pathway for people who have committed DFSV and for their families (often including the victim survivors) is required. Legal services do not always have direct links with appropriate referral services, and clients may not have confidence in the services prescribed to them by the Courts, or there may be no appropriate service located in a client's remote location.

> *The housing crisis has such an impact on DFV rates. Often local staff are disempowered to engage with conversations regarding community safety or assist with safety plans. They know that the housing issues will continue to be a concern, and the client will return to the shelter after another violent attack, because they have no choice but to return to the home of a perpetrator even after leaving. DFV is the largest driver of homelessness for women; collaboration with homelessness services is critical.*

- Services for those who have committed DFSV need to be significantly expanded, and accessing these services must be made socially acceptable and encouraged. We need services that support positive behaviour change but also provide accountability.
- There is also a need for more 'through-care' and other healing programs for men, which focus on supporting them to understand non-violent ways to be in intimate relationships.

> *{We should be] ... moving away from the common assertion that DFV is always due to men exerting power over women to an approach that also recognises the social determinants of male violence and the need for an approach based on support and healing, including in primary prevention programs which have a healing component.*

- Sex workers experience stigma and discrimination, especially from first responders. Training is needed to address this stigma, particularly for counselling services which can be the first point of contact for people.
- Stigma and discrimination against sex workers increases barriers to disclosing DFSV. It would be useful to have a checklist of the reporting process steps – including police, medical, forensic - and advice about not removing clothes. Peer support is an effective model for this, and peers could be trained in using rape kits.
- Service mapping across the continuum of services is a good way to identify gaps, referral points, pressure points, and collaboration opportunities.

APPENDIX 1: ORGANISATIONS THAT CONTRIBUTED THROUGH THE CONSULTATIONS

- Aboriginal Medical Services Alliance of the Northern Territory
- Central Australian Aboriginal Congress
- Central Australian Family Violence and Sexual Assault Network
- Central Australian Women's Legal Service
- Dawn House Inc
- Defence Community Organisation
- Department of the Chief Minister and Cabinet
- Desmond Campbell
- Domestic and Family Violence Network, Darwin
- Domestic Violence Legal Service
- Jackie Burke Psychology and Consulting
- Katherine Women's Crisis Centre
- Local Reference Group, Katherine
- Local Reference Group, Tennant Creek
- National Association for Prevention of Child Abuse and Neglect
- North Australian Aboriginal Justice Association
- Northern Territory Correctional Services
- Northern Territory Council of Social Service
- Northern Territory Department of Education
- Northern Territory Department of Health
- Northern Territory Department of the Attorney-General and Justice
- Northern Territory Legal Aid Commission
- Northern Territory Police
- Northern Territory Working Women's Centre
- Northern Territory Anti-Discrimination Commission
- One Tree Community Services
- Our Watch
- Sex Workers' Outreach Project
- Sexual Assault Referral Centre
- Territory Families Housing and Communities (Gender Equality and Violence Reduction, Education and Training Unit, Clinical and Professional Practice Directorate, Housing Policy)
- Tangentyere Council Aboriginal Corporation
- The Salvation Army
- Women's Safety Services of Central Australia
- YWCA Australia

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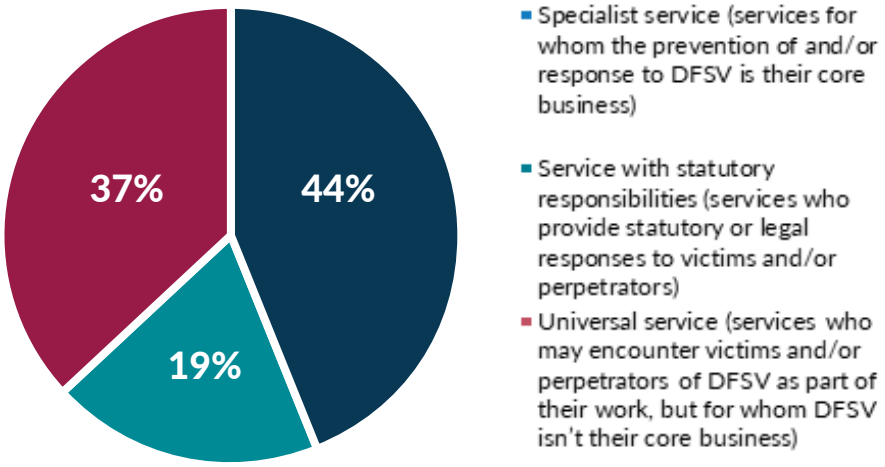
APPENDIX 3: DFSV WORKFORCE TRAINING AUDIT

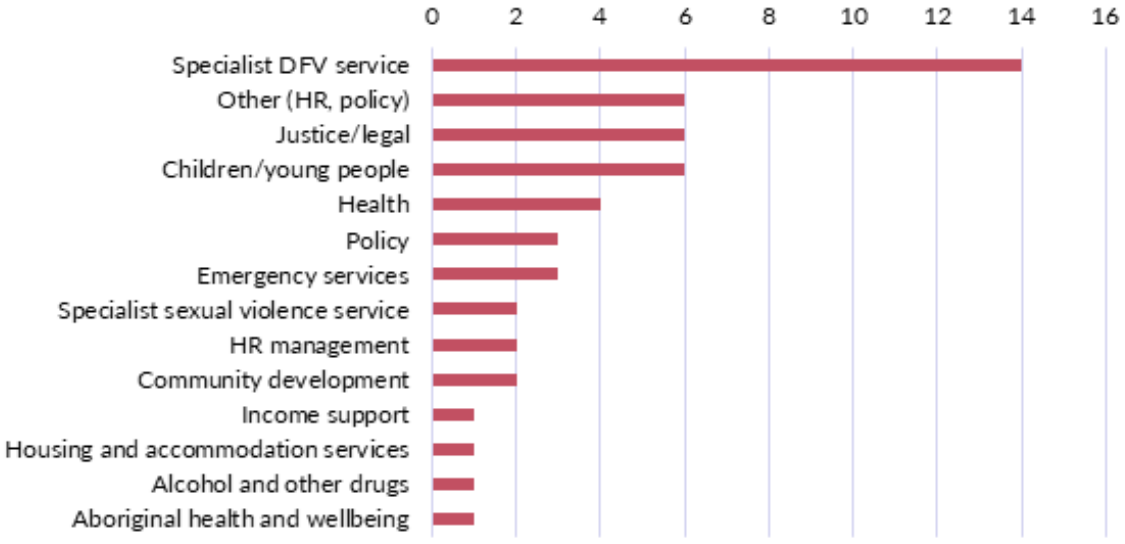
Respondents

- Forty eight respondents completed the survey, 44 per cent of whom work for a specialist service, 38 per cent for a universal service and 19 per cent for a service with statutory responsibilities.
- Almost all respondents (88 per cent) have formal qualifications (degree, diploma or certificate).
- The majority of respondents work in Darwin, in specialist domestic and family violence services (30 per cent), followed by justice/legal (13 per cent), and children and young people (11 per cent). Other main areas of work include: Aboriginal health and wellbeing, alcohol and other drugs, community development, emergency services, health, housing, specialist sexual violence services, income support, public policy, and human resources management.

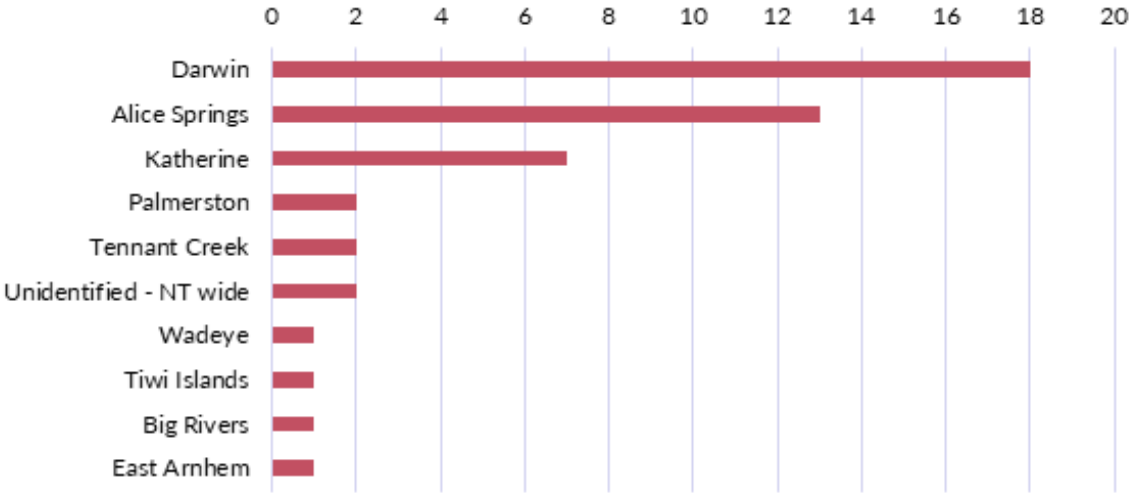
What type of service do you work for?



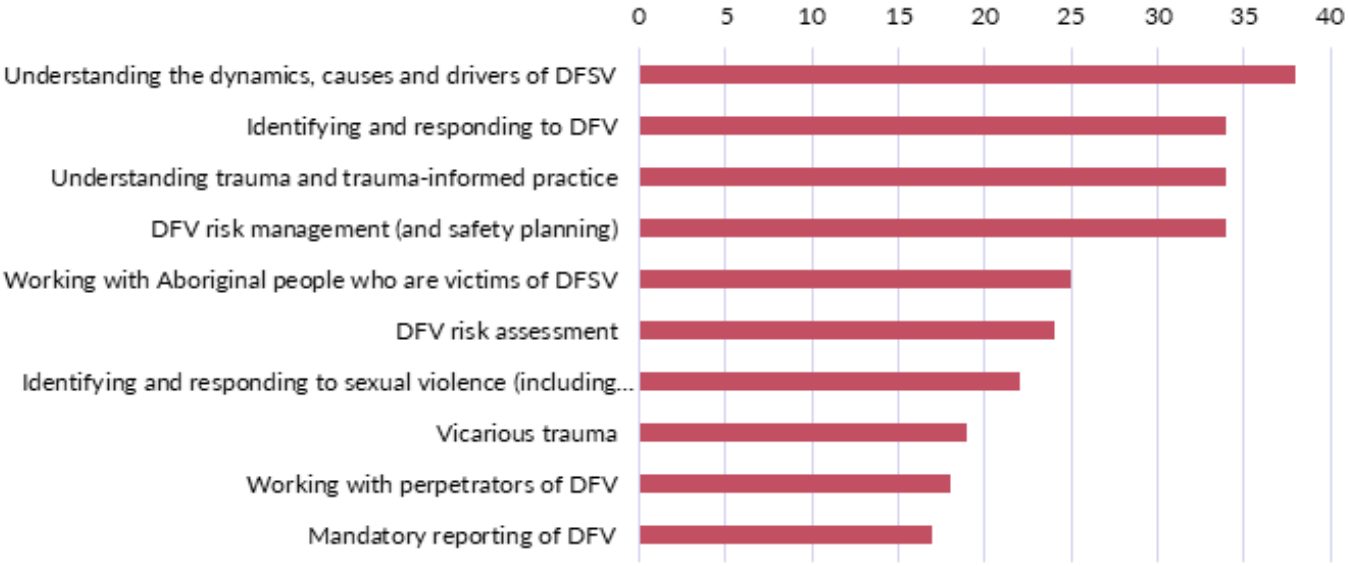
What is your main area of work?



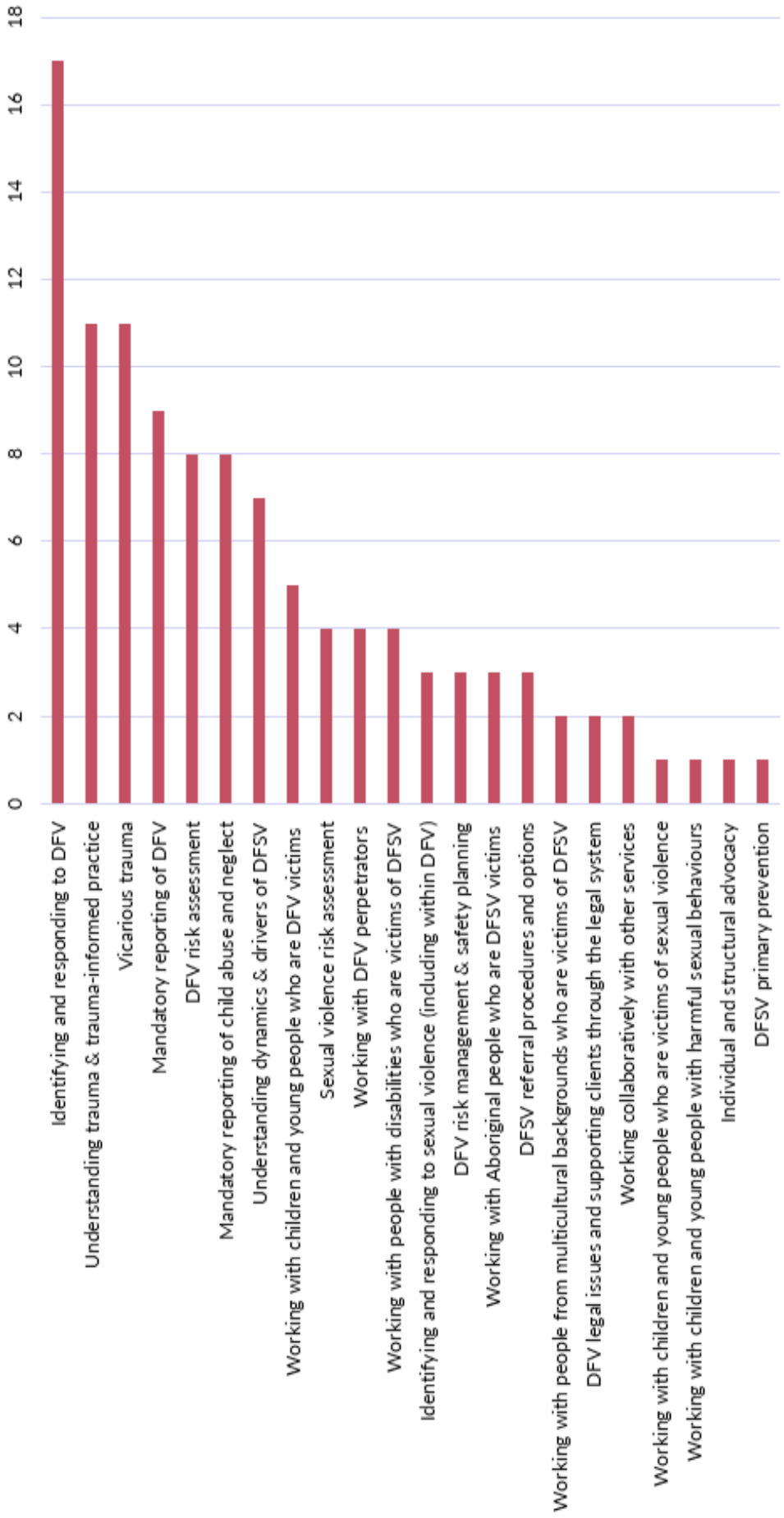
Where is your work location?



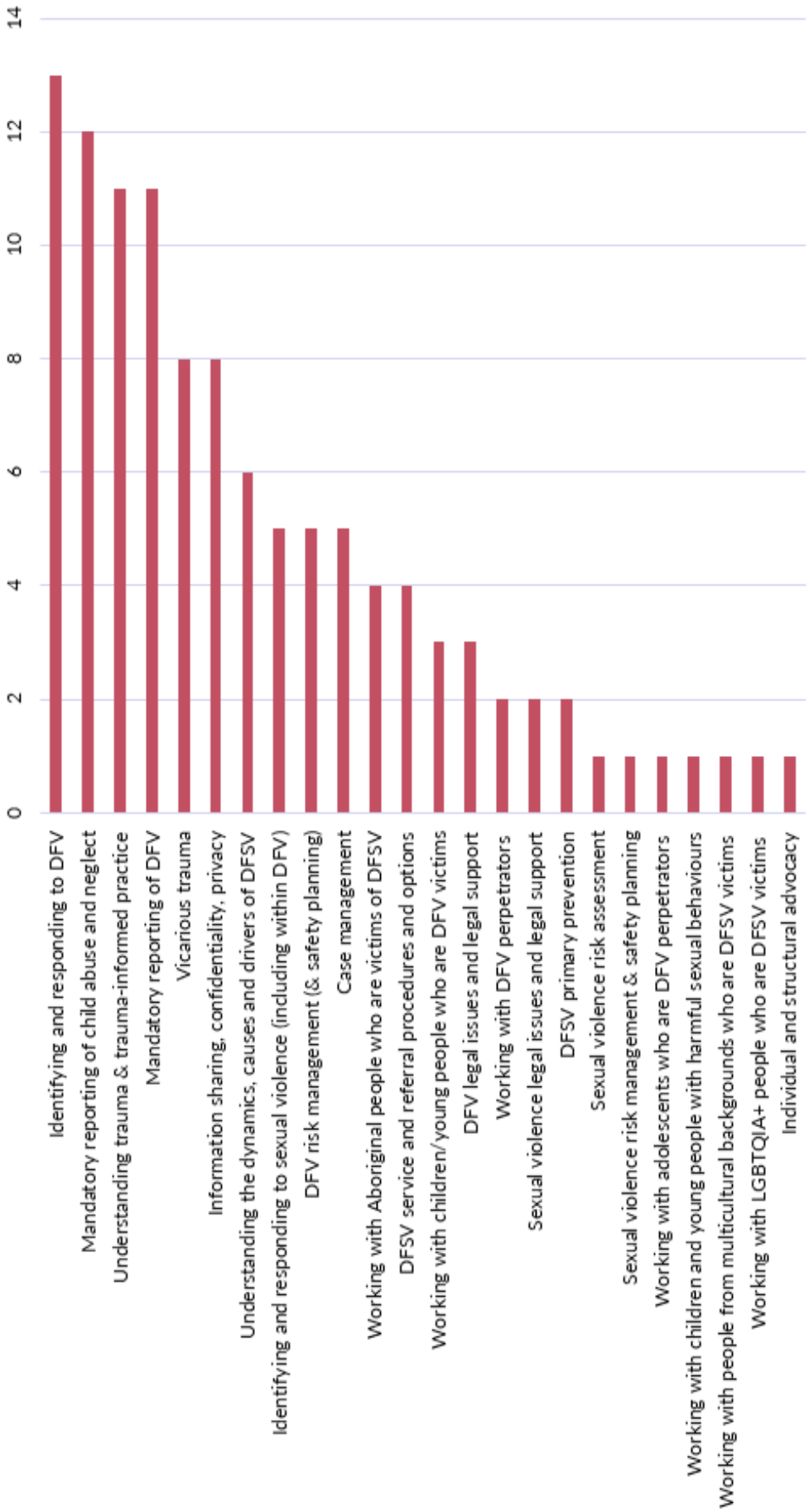
Top 10 training topics that are essential for workers to respond to DFSV?



What DFSV training have you completed in the last 12 months?



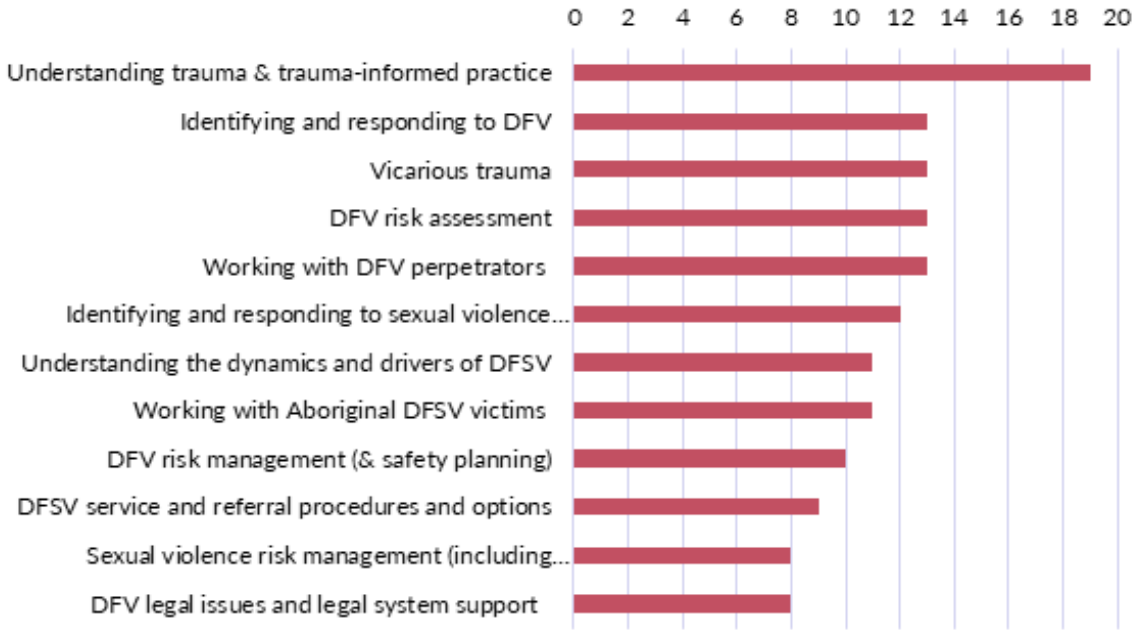
What DFSV training is available to you?



The following topics were identified as not being currently available:

- domestic and family violence risk assessment
- working with perpetrators of sexual violence
- working with children and young people who are victims of sexual violence
- working with people with disabilities who are victims of DFSV
- working collaboratively with other services.

Priority training needs



Top five priority training needs identified by service type:

SPECIALIST

1. DFV risk assessment
2. Working with perpetrators of DFV
3. Working with people from multicultural backgrounds who are victims of DFSV
4. Understanding trauma, complex trauma, intergenerational trauma and trauma-informed practice
5. Identifying and responding to DFV

UNIVERSAL

1. DFV risk assessment
2. DFSV services and referral procedures
3. Understanding trauma, complex trauma, intergenerational trauma and trauma-informed practice
4. Identifying and responding to DFV
5. Working with perpetrators of DFV and identifying and responding to sexual violence (equal 5th)

STATUTORY

1. Working with LGBTQIA+ people who are victims of DFSV
2. Identifying and responding to sexual violence
3. DFV risk assessment
4. DFSV service and referral procedures and options
5. DFV risk management and safety planning, and DFSV services and referral procedures (equal 5th)

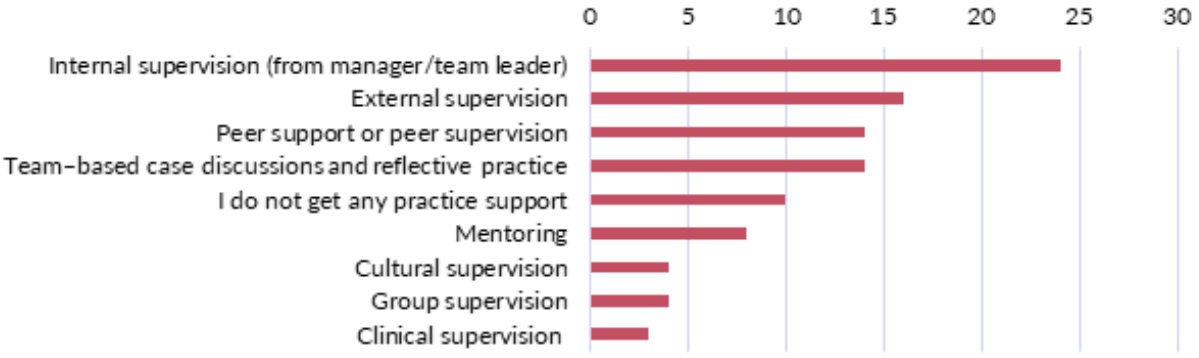
Confidence ratings

On average, respondents indicated that they were more confident in identifying and responding to domestic and family violence compared to identifying and responding to sexual violence. This was consistent across all service types.

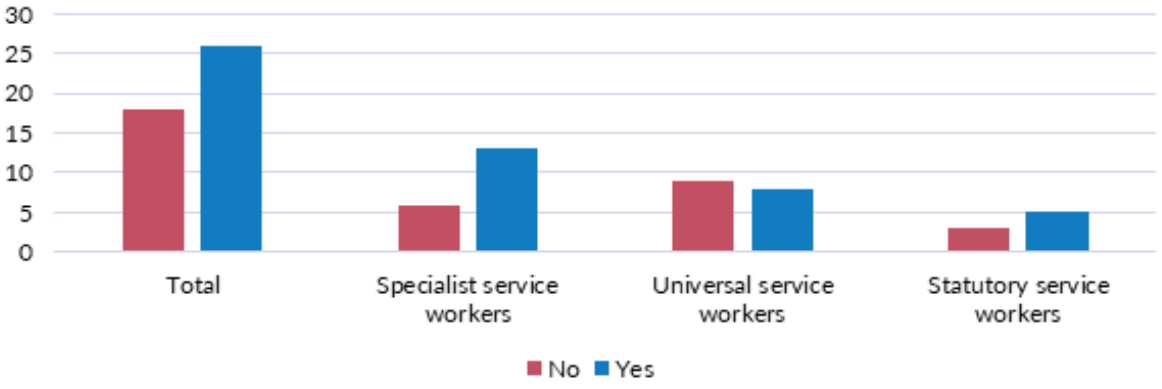
Average confidence ratings by respondent type

	All	*Specialist*	*Universal*	*Statutory*
Identifying domestic and family violence	8	8.9	7.5	7.4
Responding to domestic and family violence	7.8	7.4	7.8	6.3
Identifying sexual violence	6.2	6.8	5.2	6.9
Responding to sexual violence	6.2	6.7	5.5	6.2

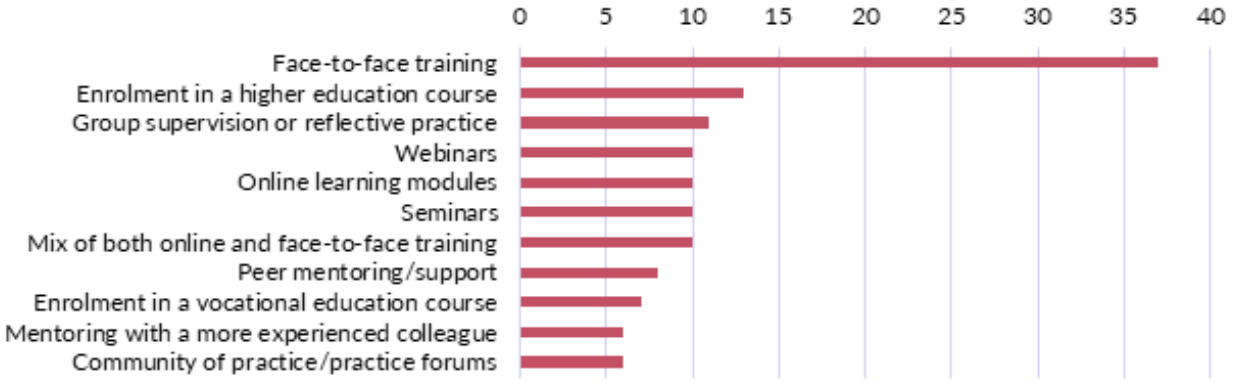
What forms of practice support do you have access to?



Have you received training in vicarious trauma?

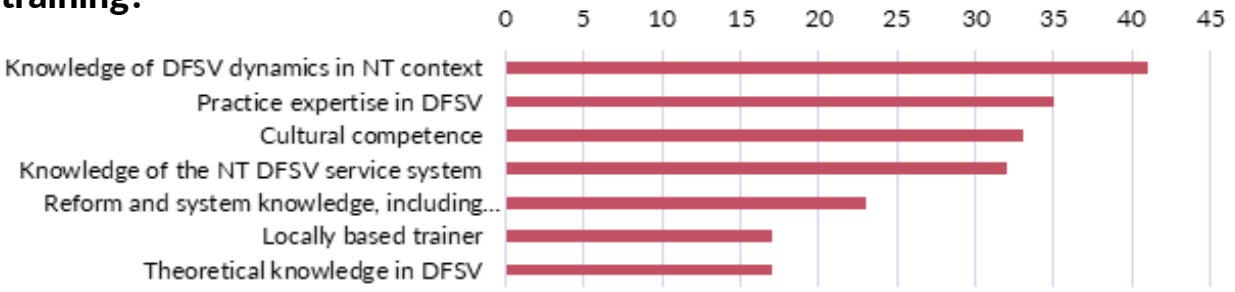


Most preferred mode of training and development



Barriers in accessing DFSV training

What skills/ knowledge are important and required for trainers to deliver DFSV training?

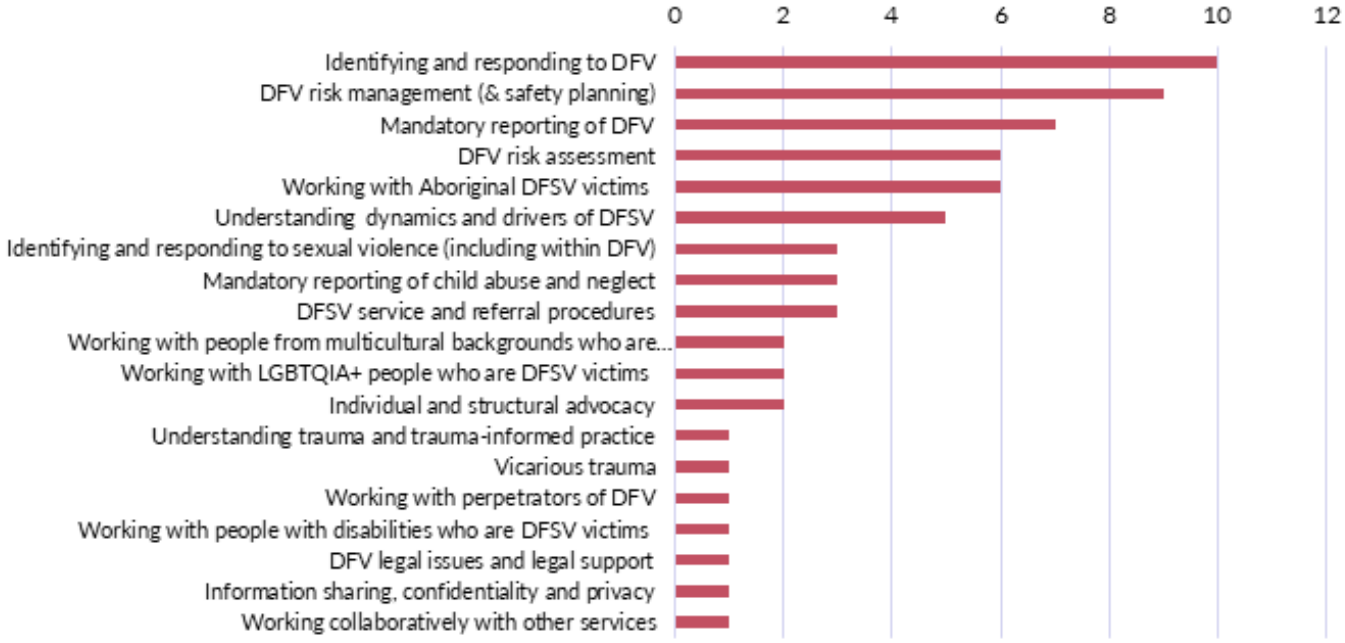


Questions answered by trainers

What mode do you usually use to deliver training?

Do you have formal qualifications?

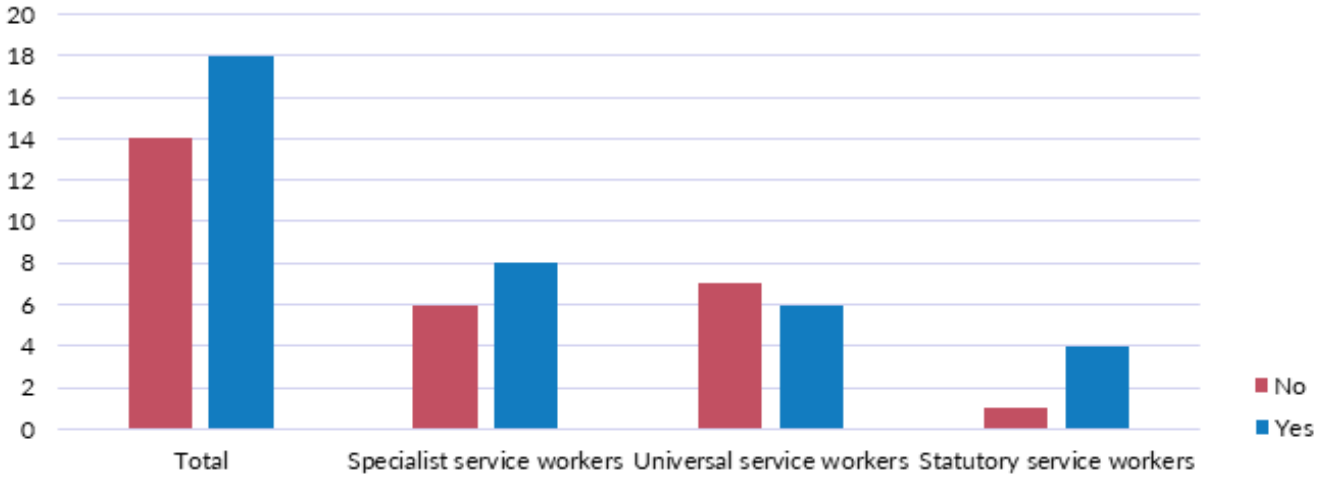
What training do you deliver?



Questions answered by managers

What training do you need as managers?

Does your organisation have policies and processes in place to recognise and respond to vicarious trauma?



How confident are you that these policies and processess are effective in recognising and responding to vicarious trauma in your organisation?

	Have you received vicarious trauma training?	*Have your staff received vicarious trauma training?*
YES	6	8
NO	14	12

SURVEY QUESTIONS

1. **What type of service do you work for? (please only select one item from the below).**
   - ☐ Specialist service (services for whom the prevention of and/or response to DFSV is their core business)
   - ☐ Service with statutory responsibilities (services who provide statutory or legal responses to victims and/or perpetrators)
   - ☐ Universal service (services who may encounter victims and/or perpetrators of DFSV as part of their work, but for whom DFSV isn't their core business)

2. **What is your main area of work?**
   - ☐ Aboriginal health and wellbeing
   - ☐ Alcohol and other drugs
   - ☐ Children/young people
   - ☐ Community development
   - ☐ Disability
   - ☐ Education
   - ☐ Emergency services
   - ☐ Family support services
   - ☐ Health
   - ☐ Housing and accommodation services
   - ☐ Immigration
   - ☐ Justice/legal
   - ☐ Mental health
   - ☐ Multicultural support
   - ☐ Specialist domestic and family violence service
   - ☐ Specialist sexual violence service
   - ☐ Other (please specify)

3. **What is your role in your organisation?**
   - ☐ Caseworker
   - ☐ Counsellor
   - ☐ Community educator
   - ☐ Manager (main decision-making)
   - ☐ Manager (program/process)
   - ☐ Project worker
   - ☐ Outreach Worker
   - ☐ Social worker
   - ☐ Team leader
   - ☐ CEO
   - ☐ Board member
   - ☐ Solicitor
   - ☐ Other (please specify)

4. **Where is your work location based?**

5. **Do you have formal training and/or qualifications that relate to you performing your job? If yes, please specify.**

6. **What training do you think is essential to enable a worker in your sector to appropriately identify and respond to DFSV in the Northern Territory? (please pick up to 10 items from the list below).**

- ☐ Identifying and responding to DFV
- ☐ Identifying and responding to sexual violence (including sexual violence that occurs within and outside of the context of DFV)
- ☐ Understanding the dynamics, causes and drivers of DFSV
- ☐ Understanding trauma, complex trauma, intergenerational trauma and trauma-informed practice
- ☐ Vicarious trauma
- ☐ DFV risk assessment
- ☐ DFV risk management (including safety planning)
- ☐ Sexual violence risk assessment
- ☐ Sexual violence risk management (including safety planning)
- ☐ Working with perpetrators of DFV
- ☐ Working with perpetrators of sexual violence
- ☐ Working with children and young people who are victims of DFV
- ☐ Working with adolescents who are perpetrators of DFV
- ☐ Working with children and young people who are victims of sexual violence
- ☐ Working with children and young people with harmful sexual behaviours
- ☐ Working with people with disabilities who are victims of DFSV
- ☐ Working with people from multicultural backgrounds who are victims of DFSV
- ☐ Working with Aboriginal people who are victims of DFSV
- ☐ Working with LGBTQIA+ people who are victims of DFSV
- ☐ Mandatory reporting of child abuse and neglect
- ☐ DFV legal issues and supporting clients through the legal system
- ☐ Sexual violence legal issues and supporting clients through the legal system
- ☐ Information sharing with other services including confidentiality and privacy
- ☐ Mandatory reporting of DFV
- ☐ DFSV service and referral procedures and options
- ☐ Working collaboratively with other services
- ☐ Individual and structural advocacy
- ☐ DFSV primary prevention
- ☐ Case management
- ☐ Other (please specify)

7. **What was the most useful DFSV related training you have done to assist you in your job and why?**

8. **What was the least useful DFSV related training and what would have made it better/ more effective?**

9. **What DFSV training have you completed in the past 12 months? (List repeated from Qu 6)**

10. **What DFSV training is available to you? (List repeated from Qu 6)**

11. **How confident do you feel in identifying domestic and family violence? (0 not confident at all - 10 highly confident)**

12. **How confident do you feel in responding to domestic and family violence? (0 not confident at all - 10 highly confident)**

13. **How confident do you feel in identifying sexual violence? (0 not confident at all - 10 highly confident)**

14. **How confident do you feel in responding to sexual violence? (0 not confident at all - 10 highly confident)**

15. **List your top five training needs (List repeated from Qu 6)**

16. **Have you received training in how to identify and manage your own vicarious trauma?**

    No. Why not?

    Yes. If yes, has it been useful in helping you identify and manage vicarious trauma?

17. What practice support do you currently have access to?

- ☐ Mentoring
- ☐ Peer support or peer supervision
- ☐ Internal supervision (from a manager or team leader)
- ☐ External supervision
- ☐ Clinical supervision (focuses on enhancing professional practice skills and competence)
- ☐ Team–based case discussions and reflective practice
- ☐ Cultural supervision
- ☐ Group supervision
- ☐ I do not get any practice support
- ☐ Other (please specify)

18. List your top three most preferred modes of training/support.

- ☐ Face-to-face training
- ☐ Webinars
- ☐ Online learning modules
- ☐ Enrolment in a higher education course
- ☐ Enrolment in a vocational education course
- ☐ Seminars
- ☐ Mix of both online and face-to-face training
- ☐ Mentoring with a more experienced colleague
- ☐ Group supervision or reflective practice
- ☐ Peer mentoring/support
- ☐ Community of practice/practice forums
- ☐ Other (please specify)

19. What are some of the barriers you face in accessing DFSV training? (rank each of the following from 1 (greatest barrier) to 9 (least concerning barrier))

- ☐ Lack of time
- ☐ Cost
- ☐ Lack of suitable options
- ☐ Inability for organisation to provide backfill for my role while I am on training
- ☐ Lack of employer support
- ☐ Distance to training venue/lack of online options
- ☐ Unconvinced of benefits from training
- ☐ Relevant training not available
- ☐ Not Applicable: I have good access to training

20. Are there any other barriers you face in accessing DFSV training?

21. Do you have any other comments/ suggestions about DFSV training in the Northern Territory?

If you deliver DFSV training, continue onto question 22.

If you are a Manager of staff, continue onto question 30.

If you are neither of the above, you do not need to complete the questions below. Thank you.

FOR TRAINERS

22. What are the top five skills/knowledge you think are important and/or required for trainers to deliver effective DFSV training (select up to 5 items)

- ☐ Locally based trainer
- ☐ Knowledge of the dynamics of DFSV in the Northern Territory context
- ☐ Cultural competence
- ☐ Practice expertise in DFSV
- ☐ Theoretical knowledge in DFSV
- ☐ Reform and system knowledge, including legislative and practice changes
- ☐ Knowledge of the Northern Territory DFSV service system
- ☐ Other: (enter text)

23. What training do you deliver? (List repeated from Qu 6)

24. How often do you deliver your training?

25. What mode/s do you usually deliver your training through?

- ☐ Face-to-face training
- ☐ Webinars
- ☐ Online learning modules
- ☐ Delivery in a formal education course (higher education/vocational)
- ☐ Seminars
- ☐ Mix of both online and face-to-face training
- ☐ Other (please specify)

26. Do you have formal qualifications? Yes/ No. If yes, what are your qualifications? and how long have you been delivering DFSV-related training?

27. Have you had to change the way you deliver training due to COVID-19? If yes, how so?

28. If you have had to change the way you deliver training due to COVID-19, do you think you will continue to deliver your training in this way as specified above following the pandemic? Why or why not?

29. As a trainer of DFSV training, is there anything else you would like us to know?

FOR MANAGERS

30. What training do you think managers need to support and advise DFSV workers?

- ☐ Clinical supervision, debriefing and reflective practice (group and individual)
- ☐ Staff management, team building and development
- ☐ Skills to support workers to manage vicarious trauma
- ☐ Skills to support workers with self-care and preventing burn out
- ☐ Practice expertise in DFSV
- ☐ Reform and system knowledge, including legislative and practice changes
- ☐ Skills in supporting a workplace that is culturally secure for workers form diverse backgrounds (including Aboriginal workers, workers with disabilities, and workers from multicultural backgrounds)
- ☐ Interagency communication and collaboration
- ☐ Advocacy and supporting systems change
- ☐ Skills in supporting staff who are victims of DFSV themselves

31. Is this training available to you in the Northern Territory?

32. Is there any other training you think managers need to support and advise DFSV workers and is this training available to you in the Northern Territory?

33. What training from the below list do you think your staff need to respond to DFSV appropriately?
(List repeated from Qu 6)

34. Is this training available to them in the Northern Territory?

35. What are the main reasons that your staff may not be able to receive DFSV training?

- ☐ Lack of time
- ☐ Cost
- ☐ Lack of suitable relevant training courses
- ☐ Inability for organisation to provide backfill for my role while I am on training
- ☐ Lack of employer support
- ☐ Distance to training venue/lack of online options
- ☐ Unconvinced of benefits from training
- ☐ Relevant training not available
- ☐ Other (please specify)

36. Does your organisation have policies and processes in place to recognise and respond to vicarious trauma? Yes/No

37. How confident are you that these policies and processes in place are effective in recognising and responding to vicarious trauma in your organisation?

38. Have you received vicarious trauma training (particularly those designed for managers)? If yes, has it been useful in helping you recognising and responding? If no, why not?

39. Have your staff received vicarious trauma training? If yes, has it been useful in helping them recognising and responding? If no, why not?

APPENDIX 4: INDEX OF ACRONYMS

AADANT	The Association of Alcohol and other Drug Agencies of the Northern Territory
AMSANT	Aboriginal Medical Services Alliance of the Northern Territory
ANROWS	Australia's National Research Organisation for Women's Safety
AOD	Alcohol & Other Drugs
AP1	Northern Territory Domestic, Family and Sexual Violence Action Plan 1 (under the DFSV Framework): Changing Attitudes, Intervening Earlier and Responding Better (2018-2021)
AP2	Northern Territory Domestic, Family and Sexual Violence Action Plan 2 (under the DFSV Framework): under development in 2021 for operation 2022-2025
APONT	Aboriginal Peak Organisations Northern Territory
AWAVA	Australian Women Against Violence Alliance
C&FSC	Children and Family Standing Committee
CAAFLU	Central Australian Aboriginal Family Legal Unit
CAFVSAN	Central Australian Family Violence and Sexual Assault Network
CALD	Culturally and Linguistically Diverse
CAWG	Northern Territory Domestic, Family and Sexual Violence Cross Agency Working Group
CAWLS	Central Australian Women's Legal Service
CCNT	CatholicCare Northern Territory
CEO	Chief Executive Officer
CHAIN	Community Help and Information Network
CLE	Community Legal Education
CP	Child Protection
CRAT	Common Risk Assessment Tool
DAIWS	Darwin Aboriginal and Torres Strait Islander Women's Shelter Indigenous Corporation
DIMS	Darwin Indigenous Men's Service
DCLS	Darwin Community Legal Service
DVLS	Domestic Violence Legal Service
DFSV	Domestic, Family and Sexual Violence
DFSV Framework	The Northern Territory's Domestic, Family & Sexual Violence Reduction Framework 2018-2028: Safe, respected and free from violence
DFV	Domestic and family violence
DFVN	Darwin Family Violence Network
DPP	Director of Public Prosecutions
DV	Domestic violence
DVO	Domestic Violence Order
FSF	Northern Territory Family Safety Framework
HSIP	Northern Territory Human Services Industry Plan
ISE	Information Sharing Entity under the Northern Territory Domestic and Family Violence Information Sharing Scheme
KPI	Key Performance Indicators
KWILS	Katherine Women's Information and Legal Service
KWCC	Katherine Women's Crisis Centre
LGBTIQ+	Lesbian, Gay, Bisexual, Transgender, Intersex, Queer, Plus i.e. other emerging identities in relation to sex, gender and sexuality diversity such as asexual, gender-fluid, non-binary, pansexual
LRG	Local Reference Group
MBC	Men's Behaviour Change
MCNT	Multicultural Council of the NT
MOARS	Men's Outreach and Referral Service
MOU	Memorandum of Understanding
MCSCA	Multicultural Community Services of Central Australia
NAAFLS	North Australian Aboriginal Family Legal Service
NAAJA	North Australian Aboriginal Justice Agency
NAPCAN	National Association for the Prevention of Child Abuse and Neglect
NDS	National Disability Services
NGO	Non-government organisation

NPY	Ngaanyatjarra Pitjantatjara Yankunytjatjara Women's Council
NFVPLS	National Family Violence Prevention Legal Services
NNPG	Northern Territory Government and the NGO Partnership Group
NT	Northern Territory
NTADC	Northern Territory Anti-Discrimination Commission
NTCOSS	Northern Territory Council of Social Service
NTLAC	Northern Territory Legal Aid Commission
NTG	Northern Territory Government
NTMHC	Northern Territory Mental Health Coalition
NTWWC	Northern Territory Working Women's Centre
RAMF	Northern Territory Domestic and Family Violence Risk Assessment and Management Framework
REALS	Respondent Early Assistance Legal Service
SAND	Sexual Assault Network Darwin
SARC	Sexual Assault Referral Centre
SCHADS	Social, Community, Home Care and Disability Services Industry Award
SSOP	Sharing and Strengthening Our Practice Conference
SVPRF	Northern Territory Sexual Violence Prevention and Response Framework 2020-2028
TEWLS	Top End Women's Legal Service
TFHC	Department of Territory Families, Housing and Communities
TC	Tennant Creek
TCWR	Tennant Creek Women's Refuge
WARC	West Arnhem Regional Council
WSH	Women's Safe House
WoSSCA	Women's Safety Services of Central Australia
WSDP	Northern Territory Domestic, Family and Sexual Violence Workforce and Sector Development Plan, published 2021


NORTHERN
TERRITORY
GOVERNMENT