

Mapping of current investment and activity to prevent and respond to domestic, family and sexual violence in the Northern Territory

A report prepared by the Northern Territory Domestic, Family and Sexual Violence Interagency Coordination and Reform Office



Acronyms	Full form
ABS	Australian Bureau of Statistics
ACCO	Aboriginal Community Controlled Organisation
AGD	Department of the Attorney-General and Justice
AJA	Aboriginal Justice Agreement
AMSANT	Aboriginal Medical Services Alliance of the Northern Territory
ANROWS	Australia's National Research Organisation for Women's Safety
AOD	Alcohol and Other Drugs
AP1	Action Plan 1
CART	Child and Adolescent Response Team (NT Health)
CAT	Child Abuse Taskforce
CALD	Culturally and Linguistically Diverse
CAWG	Cross Agency Working Group
CIT	Central Intake Team (TFHC)
CJSRU	Criminal Justice Statistics and Resources Unit (AGD)
CRAT	Common Risk Assessment Tool
CWSP	Child Wellbeing and Safety Partnership (formerly MACCST)
CVSU	Crime Victims Services Unit (AGD)
DFV	Domestic and Family Violence (includes sexual violence that occurs within the DFV context)
DFV Act	Domestic and Family Violence Act NT 2007
DFSV	Domestic, Family and Sexual Violence
DFSV-ICRO	Domestic, Family and Sexual Violence – Interagency Co-ordination and Reform Office
DFSV Framework	Northern Territory Domestic, Family and Sexual Violence Reduction Framework: 2018-2028
DOE	Department of Education
DPP	Office of the Director of Public Prosecutions
First National Plan	National Plan to Reduce Violence against Women and their Children: 2010-2022
FSF	Family Safety Framework
HPE	Health and Physical Education
ISE	Information Sharing Entity
KPI	Key Performance Indicator
LGBTIQ+	Lesbian, Gay, Bisexual, Trans, Intersex and Queer/Questioning
MACCST	Multi Agency Community and Child Safety Team
MBCP	Men's Behaviour Change Program
MOU	Memorandum of Understanding
National Plan	National Plan to End Violence against Women and Children: 2022-2032
NCAS	National Community Attitudes Survey
NGO	Non-Government Organisation
NHHA	National Housing and Homelessness Agreement
NLAP	National Legal Assistance Partnership
NQF	National Quality Framework (Education)
NT	Northern Territory
NTCS	Northern Territory Correctional Services (AGD)
NTCOSS	Northern Territory Council of Social Service
NTLAC	Northern Territory Legal Aid Commission
NTPS	Northern Territory Public Service
NT PFES	Northern Territory Police Fire and Emergency Services
NTRAI	Northern Territory Remote Aboriginal Investment
NTSEL	Northern Territory Social and Emotional Learning
NTV	No To Violence
ODFSVR	Office of Domestic, Family and Sexual Violence Reduction (TFHC)

OGED	Office of Gender Equity and Diversity (TFHC)
OTJ	On the job
PSS	Personal Safety Survey
RAMF	Risk Assessment Management Framework
RDH	Royal Darwin Hospital
RRE	Respectful Relationships Education
SARC	Sexual Assault Referral Centre
SFNT	Solicitor for the Northern Territory (AGD)
SHS	Specialised Homelessness Services
SVPRF	Northern Territory Sexual Violence Prevention and Response Framework
TFHC	Department of Territory Families, Housing and Communities
WAS	Witness Assistance Service (AGD)
WSDP	Northern Territory Domestic, Family and Sexual Violence Workforce and Sector Development Plan

Terminology

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

Victim survivor: a person against whom domestic, family and/or sexual violence (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 behaviour 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 behaviour, and may prevent people from seeking help to end their violence. The alternative terms 'victim' and 'perpetrator' (or 'offender') may be used in quotes from feedback, in line with the original sources, or aligned with individual agency use.

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Executive Summary

Domestic, family and sexual violence (DFSV) is a serious, prevalent and life-threatening problem that crosses all ages, cultural, ethnic and socio-economic backgrounds.

DFSV is not inevitable or intractable. It is preventable. Critical to our efforts to prevent, respond to and reduce the impacts of DFSV in the Northern Territory (NT) is our ability to objectively reflect. We must review where we have come from, how we are currently responding, identify where there are clear systemic gaps, and, working together, informed by the evidence, propose reform opportunities.

The appointment of the Hon Kate Worden MLA in April 2022 as the NT's first Minister for the Prevention of Domestic, Family and Sexual Violence marked a significant strengthening of the whole-of-government inter-agency response to DFSV in the NT. This was followed by the decision to establish a 12-month DFSV Inter-Agency Coordination and Reform Office (DFSV-ICRO) to review and reform the coordination of DFSV activity across the NT.

The DFSV-ICRO was directed to map and assess the NT's existing DFSV governance, investment and efforts, with a view to identify gaps and opportunities for inclusion in an evidence-based whole-of-government 2022-23 budget submission for DFSV prevention and response, to support Action Plan 2 under the DFSV Framework.

This Mapping Report is the outcome of this process, and provides an examination of demand for services; an overview of the NT Government's investment in DFSV; a summary of agencies' collective and individual roles and activities in relation to DFSV; and the identified gaps, priority needs and future directions.

It is important to note that, while informed by the data gathered through agencies, the analysis of particular gaps and identification of opportunities is that of the DFSV-ICRO, and not of the individual agency, and represents a point in time review.

Understanding the prevalence of DFSV to support an understanding of demand

Part B of the Report provides comprehensive data on the prevalence of DFSV in the NT. As a proxy measure for demand, this provides a useful starting point in understanding the level of response required for specialist DFSV services in the NT. The data provides a clear picture of need, by highlighting the facts¹:

- that the NT has the highest rates of DFV-related assault, sexual assault and DFV-related homicide in Australia, noting that reported data is likely to under-estimate prevalence rates
- that DFSV in the NT is particularly severe, noting the high rate of homicides and injuries
- that the NT's DFSV rates and numbers are increasing year on year
- that Aboriginal women make up the majority of victim survivors
- that the vast majority of people who are committing DFSV are men
- that the largest number of reported DFSV offences are in the combined remote areas of the NT ("NT Balance"), followed by Alice Springs and Darwin
- that the highest rates of reported DFSV are seen in Tennant Creek, Katherine and Alice Springs.

This data indicates an ongoing and increasing need for DFSV services in the NT.

¹ For all sources see Part B of the Mapping Report

DFSV service, funding and initiatives mapping

Part C of the Mapping Report outlines the existing DFSV activity in the NT, as a measure of service supply and coverage, across whole of government and individual agency initiatives. For each agency, the report summarises the agency role in relation to DFSV; the agency's direct investment and activity under the 4 key domains (primary prevention, early intervention and accountability, response recovery and healing, systemic enablers and reform); and the DFSV-ICRO identified gaps, priority needs and future directions under the domains.

The DFSV-ICRO mapping process estimates that the NT Government allocated approximately \$38 million towards ongoing direct DFSV prevention and response activities in 2022-23. Funding is currently heavily weighted to meeting the needs of DFSV victim survivors when they are in crisis, with prevention, early intervention and accountability, and systemic enablers and reform receiving more limited funding.

In addition to dedicated investment mapped in this report, there are also significant cost and resourcing implications for NT Government agencies which respond to DFSV as part of their core functions and service delivery. Preliminary work by the DFSV-ICRO into calculating the actual cost of DFSV to the NT estimates costs at over \$450 million in 2020-21. This figure could be close to \$600 million if it included an estimated account of groups underrepresented in available prevalence data (although given significant data limitations, this estimate should only be considered illustrative of the potential additional costs).

Summary of opportunities

Part D of the Mapping Report provides an overview of the key reform proposals identified by the DFSV-ICRO. The DFSV-ICRO proposals involve a focus on actions in three key areas:

Increasing our efforts in prevention, and early intervention and accountability, to build community understanding of DFSV and shift attitudes and behaviours, with a particular focus on people who are committing violence.

In order to prevent DFSV, we need to stop it before it starts, and prevent it escalating once it has emerged. A refocussing of attention is needed towards activities that aim to educate community members about safe, healthy and respectful relationships from their earliest years, encourage bystander action against DFSV, and support Aboriginal community led solutions. In alignment with Closing the Gap, Aboriginal people must be central to the design and implementation of any DFSV policies, programs and reforms that impact on Aboriginal communities and peoples.

Secondly, we know that stopping DFSV is not possible without sustained interventions with people who are using violence. While the evidence base for Men's Behaviour Change Programs is still emerging, they are recognised nationally as an important component in the DFSV service system. Significant expansion is required in programs in both prison and community settings, as an essential component of the implementation of the NT Government's sentencing reforms. It is critical that this expansion is undertaken according to consistent and evidence based standards.

Maintaining and improving responses for victim survivors to reduce the impacts of DFSV and keep pace with growing demand.

The high (and growing) rates of DFSV in the NT mean that investment in response and recovery must be maintained. Increases in prevention intervention are likely to result in additional demand on crisis responses, as earlier identification and anti-violence messaging enable increased disclosures. Reducing the impacts of DFSV requires a strong response system that prioritises safety, respect, compassion and support for victim survivors, including children.

Supporting a coordinated response that steers reform.

Preventing, responding to and reducing DFSV is a responsibility that is shared across all government agencies, non-government organisations, and the community, and requires cross agency and cross community responses.

The challenge for Government in rolling out new and discrete interventions is to ensure that ultimately they operate in combination as part of one system. Without a dedicated system wide focus, there is risk of reinforcing existing system fragmentation, and of undermining recent progress and investment made.

A coordinated response to DFSV is essential because of the serious risks of DFSV, which may be exacerbated by a siloed approach. Working together as part of one joined up system is the most important thing that Government can do to reform the response to DFSV, and underpins good practice responses to DFSV across Australia and internationally. A continued whole-of-government coordination mechanism must wrap around all other activities, and lead consistent and evidence-based DFSV policy and practice. A coordinated approach is critical to the success of all other proposed reforms.

It is important to emphasise that reducing DFSV requires long-term, sustained and collaborative efforts. There are no quick fixes. Change is generational and requires ongoing commitment, investment and monitoring. While it may seem counter-intuitive, demand for services and reporting of DFSV is expected to *increase* in the medium term as a result of improved responses and prevention efforts.

Primary prevention activity opportunities include:

- education and prevention activities in schools, workplaces and communities
- Aboriginal-led prevention activities
- a healthy and respectful relationship public campaign.

Early intervention and accountability opportunities include:

- improved responses to children and young people who have used or experience violence
- expanded programs for people who commit DFSV, under a consistent and evidence based framework.

Response, recovery and healing opportunities include:

- improved victim survivor centred responses that aim to reduce the impacts of DFSV on victim survivors, including trauma, in particular when interacting with police, health and justice. This includes co-responder models with police, strengthened specialist approaches in local courts, and DFSV-informed interventions in health settings.
- Therapeutic responses to children and young people who are DFSV victim survivors.
- Responses to address homelessness and the lack of medium and long-term accommodation for victim survivors.

Systemic Reform and enablers opportunities include:

- Establishing an ongoing sustainable DFSV whole-of-government coordination mechanism to lead consistent and evidence-based DFSV policy and practice. The ongoing mechanism would support strong governance and Aboriginal-led responses to violence in Aboriginal communities. It would oversee improvements to the existing and significant planks of our integrated service system, including:
 - Strengthening the FSF

- Implementing a more systemic DFV Death Review so that lessons are learned and changes are made and monitored through a proactive, cross-agency, systems-based response.
- Improved and ongoing implementation of RAMF by all agencies, including the development of a police-specific tool to enable effective risk identification, assessment and management.
- Review and further development of the RAMF
- Strengthening the CAWG which plays a valued and essential role in overseeing DFSV reforms and providing a true cross-agency and cross-sector avenue for strategic policy and program improvement and robust accountability
- developing the evidence base under a shared monitoring and evaluation framework across all initiatives, and overseeing system performance, policy development and implementation.

PART A: PURPOSE AND SCOPE OF THE MAPPING REPORT

1. The DFSV-ICRO

This Mapping Report has been prepared by the Domestic, Family and Sexual Violence Interagency Coordination and Reform Office (DFSV-ICRO), as directed by the NT Government.

In April 2022, the NT Government appointed the Hon Kate Worden MLA as the NT's first Minister for Prevention of Domestic, Family and Sexual Violence. This marked a significant strengthening of the whole-of-government inter-agency response to DFV in the NT.

In July 2022, the NT Government established DFSV-ICRO for 12 months to coordinate work across the key government agencies to further develop the government's approach to DFSV prevention and response, and to emphasise the requirement for cross agency responsibility and alignment. The DFSV-ICRO was established within the Reform Management Office, reporting to Minister Worden, through the Children and Families Standing Committee.

The composition of the DFSV-ICRO, comprising a senior officer from each of the 5 key human service agencies, recognised that preventing and responding to DFSV is a responsibility that is shared across all government agencies, in partnership with NGOs and the community.

The DFSV-ICRO aimed to ensure that DFSV activities undertaken by each agency as part of their normal functions are fully aligned and underpinned by a shared understanding of DFSV and a common policy framework that is evidence based and represents best practice. In this way, the DFSV-ICRO supports agencies to work as one in our efforts to prevent and respond to DFSV.

The work of the DFSV-ICRO is aligned with the existing NT DFSV policy framework and the [National Plan to End Violence against Women and Children 2022-2032](#).

DFSV-ICRO was charged with the following deliverables:

1. Assess and map existing DFSV governance, investment and efforts
2. Develop a clear logical framework to guide efforts to address DFSV
3. Develop and implement a monitoring and evaluation framework
4. Align efforts to address DFSV with complementary national and NT strategies, including Closing the Gap
5. Develop a whole-of-government budget submission for DFSV prevention and response for the 2022-23 budget, to support Action Plan 2 under the DFSV Framework
6. Develop options for ongoing governance and coordination of DFSV reform post 30 June 2023
7. Establish an Aboriginal advisory mechanism on DFSV, in response to the strong call for a greater role for Aboriginal people, communities and organisations in DFSV governance, policy and program design and implementation.

1.1 The DFSV Framework

The [Northern Territory Domestic, Family and Sexual Violence Reduction Framework 2018-2028: Safe, Respected and Free from Violence](#) (the DFSV Framework) articulates a shared vision and commitment for a future where Territorians are safe, respected and free from violence wherever they choose to live, work, learn and play. Seven core principles underlie the DFSV Framework and its activity. An outcomes focus drives all activity under the DFSV Framework. Five key outcomes were set under the Framework. The DFSV Framework activity is organised under 4 key domains that reflect the public health approach to DFSV, and are aligned to the organising principles in the [National Plan to End Violence against Women and Children 2022-2032](#).

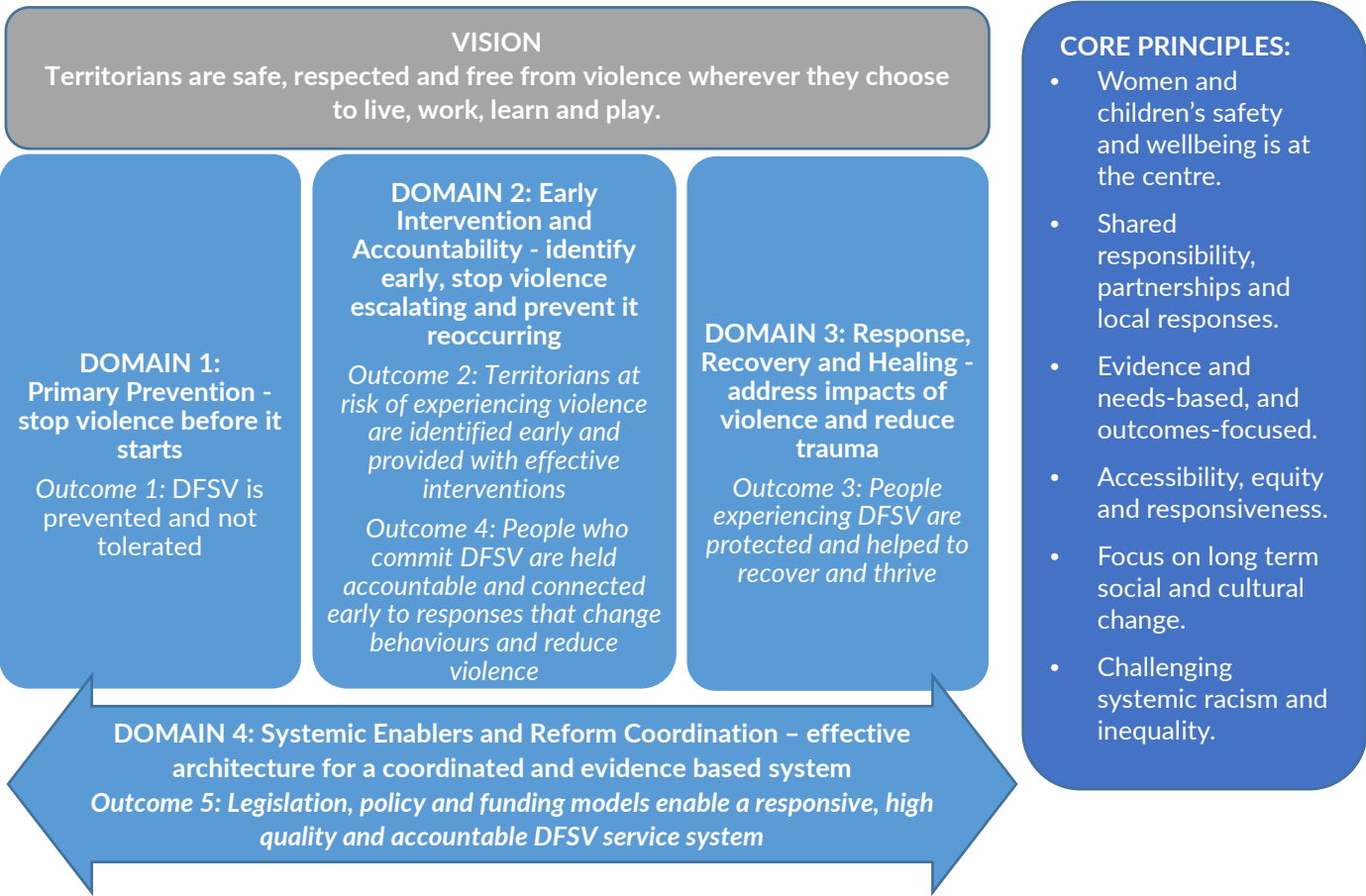


Figure 1 DFSV Framework, outcomes, principles and domains

2. Purpose and scope of the Mapping Report

2.1 Methodological approach

The DFSV-ICRO was charged with assessing and mapping existing DFSV governance, investment and efforts in the NT. This mapping process was undertaken from August to December 2022.

The process consisted of 3 key activities which included:

- A preliminary understanding of current demand through available primary and secondary data. While the task did not extend to demand mapping, the DFSV-ICRO undertook some

preliminary analysis of demand using available DFSV data, to develop an understanding of the need for services across the NT. For the purposes of this exercise, DFSV-ICRO sought data on police incidents as proxy measures of demand, and included Australian Bureau of Statistics (ABS) data and the National Coronial Information System (NCIS) (deaths reported to a coroner). There are limitations to these measures as discussed at 2.3 below.

- Understanding current supply through available primary and secondary data. Each DFSV-ICRO agency representative worked within their agency's specific governance and consultation structures to gather relevant data on funded services, programs and initiatives, including the funding provided. In addition, data was sourced from the Australian government to include national DFSV investment in the NT. These initiatives were grouped into the 4 domains under the DFSV Framework outlined in Figure 1. The data relating to service provision was cleansed based on a number of variables to maintain the scope of the project. For example, generalist programs were excluded from the analysis because it was not readily apparent how much of the funding was related to addressing DFSV compared with other social services.
- Reporting on findings at key points throughout the process to internal government agency committees, sector briefings, and through the DFSV Cross Agency Working Group.

2.2 Data from other information sources

Alongside the mapping process, the DFSV-ICRO also drew on data collected via consultations with agencies and organisations involved in providing DFSV services, and previous reports. The purpose of these consultations was to provide a more in depth understanding of the strengths and weaknesses of the current service system, test assumptions, and to identify areas of improvement.

The DFSV-ICRO was mindful of the numerous consultation and investigation processes that have been undertaken recently with stakeholders, at a time when services are under great pressure. The DFSV-ICRO acknowledges and appreciates the time, resources and effort put into participation in these consultation processes by sector members. These consultation processes and reports are listed below, and the outcomes of consultations and investigations are summarised at Appendix 1.

2.2.1 2019 Journey Mapping Project

The *Journey Mapping Workshop Report: Exploring the Voices and Experiences of Victim Survivors in the NT Justice System* (Journey Mapping Project) documents a 2018-19 project which used a human centred design process to understand DFSV victim survivors' lived experience of the NT justice system.²

Using insights from interviews with victim survivors, and justice leaders from NT Police, corrections, legal services, and courts, it discussed systemic reform opportunities, with a focus on victims' experiences and their needs in any planned reform. The report identified that the justice system could be improved to be more joined up in its approach, and to place victim survivor safety and wellbeing at the centre of system design. Many of the issues canvassed were further examined in the *Review of Legislation and the Justice Response to DFV in the Northern Territory* undertaken by the Department of the Attorney-General and Justice in 2022.

2.2.2 2021 Action Plan 2 consultation

From July to November 2021, the Office of Domestic, Family and Sexual Violence Reduction (ODFSVR) in the Department of Territory Families, Housing and Communities (TFHC) conducted a

² Richmond, A. (2019), *Journey Mapping Workshop Report: Exploring the Voices and Experiences of Victim-Survivors of Domestic and Family Violence in NT Justice System*, Prepared for the Domestic Violence Justice Reform Network and published by Dawn House, February 2019

broad consultation on the gaps and opportunities for reform to be included in Action Plan 2 under the DFSV Framework. This included feedback on the outcomes to date under Action Plan 1.

The process included 70 NGOs, Aboriginal Community Controlled Organisations (ACCOs), peaks, and government agencies participating through a series of Have Your Say submissions, consultation meetings, network presentations, and the DFSV Cross Agency Working Group (CAWG) workshops.

The consultation was undertaken in partnership with NTCOSS, and the outcomes are summarised in the [NTCOSS Action Plan 2 Non-Government Organisation Consultation Report 2021](#).

2.2.3 DFV Justice Review

Action Plan 1 included an initiative to be led by AGD to ‘Review and reform the DFV Act so that it provides a sound, responsive and accountable foundation for the service system.’

On 22 August 2022, AGD released [the 2022 Review of Legislation and the Justice Response to Domestic and Family Violence in the Northern Territory](#) that identified a raft of reform proposals in relation to DFV. Consultation briefings were held with over 360 stakeholders, and 48 submissions were received.

The paper acknowledged that legislative reform in isolation will not reduce DFV and that non-legislative systemic reforms are also required. In addition to numerous legislative reforms, the paper identified 26 systemic reform proposals to improve the justice response to DFV. These systemic reform proposals were identified as components of a co-ordinated inter-agency reform agenda with the stated expectation that priority proposals will be considered and further developed as part of DFSV-ICRO’s work.

The paper and the subsequent consultation on these proposals has provided valuable data for the DFSV-ICRO about stakeholder views on how to improve the justice response to DFV. The systems reforms proposed and the consultation outcomes have been carefully considered as part of the mapping process.

2.2.4 2022 DFSV-ICRO Theory of Change Workshops

The DFSV-ICRO worked with NTCOSS and Dr Chay Brown (Boobook Consultancy) to undertake consultations to inform the mapping project (to assist in identifying gaps and priorities from a broad stakeholder perspective) and the development of a theory of change model to underpin the monitoring and evaluation plan for the DFSV framework. The workshop process engaged the specialist DFSV sector, as well as justice, health, education and other community services.

Nine workshops were held from August to October 2022, involving over 300 people, participating in-person in Darwin and Alice Springs, and online. The workshops comprised diverse stakeholders, including specialist DFSV services, children and young people’s services, law and justice, ACCOs, health, housing, and remote services.

2.2.5 Other data

The DFSV-ICRO has also been informed by the established DFSV evidence base, including:

- Statistical information from NT Crime Statistics and ABS
- Our Watch – Change the Story, Changing the Picture and Counting on Change
- Australia’s National Research Organisation for Women’s Safety (ANROWS) reports
- [Australian Institute of Health and Welfare \(AIHW\) 2019, Family, domestic and sexual violence in Australia: continuing the national story, Canberra.](#)

- [The House of Representatives Standing Committee on Social Policy and Legal Affairs Inquiry into family, domestic and sexual violence](#)
- [Respect@Work: Sexual Harassment National Inquiry Report \(2020\)](#); [A Roadmap for Respect \(2021\)](#) and the Australian Human Rights Commission's [Change the Course: National Report on Sexual Assault and Sexual Harassment at the Australian Universities \(2017\)](#)
- [Wiyi Yani U Thangani \(Women's Voices\): Securing Our Rights Securing Our Future Report \(2020\)](#)
- NT DFSV Coronial Inquest Reports, including: Inquest into the death of Roberta Judy Curry [2022] NTLC 010; Inquest into the death of HD (name suppressed) [2021] NTLC 029; Inquest into the deaths of Fionica Yarranganlagi James, Keturah Cheralyn Mamarika and Layla Leering [2020] NTLC 022; Inquest into the deaths of Wendy Murphy and Natalie McCormack [2016] NTLC 024; Inquest into the death of Anne Chantell Millar [2005] NTMC 056; Inquest into the death of Jodie Palipuaminni [2006] NTMC 083; Inquest into the death of Roselle Nelson [2004] NTMC 088
- Review of Prison Programs – Draft report by Prof. Harry Blagg –unpublished report commissioned by AGD.

2.3 Limitations

- While the Report provides a starting point for Government to consider where there may be gaps in services and to prioritise future areas for investment, due to significant data limitations, it has not been possible to provide a definitive picture of the current service delivery system, nor a complete analysis of the level of demand across the NT.
- While generalist services are excluded from the scope of the mapping process, the DFSV-ICRO acknowledges that, in addition to DFSV-dedicated investment mapped in this report, there are also significant cost and resourcing implications for NT Government agencies which respond to DFSV as part of their core functions and service delivery. This investment is challenging to quantify and due to the lack of consistent financial and attributional data, is unable to be examined fully in this report, however indicative costings have been developed by the DFSV-ICRO and summarised at section 5.4.
- There were limitations to the usefulness and comparability of the data provided by agencies. This included incomplete data; program level funding not reconciling with the service provider level funding; and substantial differences in the way that activities were recorded.
- It should be noted that no attempt has been made to validate the funding data provided by agencies. While a review of the data for completeness and consistency has been undertaken the analysis has relied upon the accuracy of information supplied. In addition, no attempt has been made to reconcile total agency third party funding to financial statements.
- Commonwealth data was available publicly through the [GrantConnect](#) system. This data is limited by user search terms and inconsistent activity grouping across agencies, as well as limited information on the scope of each activity. Limited reconciliation data was provided by the agencies. This is an area where further work is required to increase the visibility of Commonwealth funding to NT services, and align the funding purposes across grant streams to ensure greater consistency and coordination.
- Data from the consultation with government and nongovernment providers on current gaps and opportunities must also be cautiously interpreted due to the sample size and the self-selection methodology. Due to these limitations, the process was used as a starting point for the DFSV-ICRO to undertake further analysis to identify service and system gaps, system effectiveness and areas for improvement.
- There is no precise measure of the level of demand for DFSV services and there is a lack of consistent, reliable and comparable data on the incidence of DFSV. Overall, the data is expected to understate the level of demand due to significant underreporting. Caution also needs to be

exercised in interpreting the data as increases in reports of DFSV can occur in response to increasing community awareness raising activities.

- The scope of the mapping did not include an assessment of individual performance or funding needs of particular organisations but rather to paint a picture of where and how services are operating as part of a service system and their funding levels.
- NT Health data has not been included in the analysis as comprehensive data in relation to DFSV-related presentations at hospital is not available. Caution should therefore be taken when interpreting this report as representative of all DFSV expenditure.
- Data included in the report represents a point in time of collection. Since this time there will have been changes to service offerings, funding levels and new initiatives that are not able to be included.

These limitations must be taken into account in any interpretation of the Report's findings and caution exercised.

PART B: UNDERSTANDING THE PREVALENCE OF DFSV TO SUPPORT AN UNDERSTANDING OF DEMAND

Part B of the Mapping Report provides an overview and analysis of the available data to help us get a picture of the level of demand for DFSV services, initiatives and investment in the NT.

There is no accepted or common method for estimating the demand for DFSV services. However, in order to consider gaps as part of the mapping process, the DFSV-ICRO did some preliminary analysis of DFSV prevalence across the NT using available data, as a proxy measure for demand. The limitations of this approach are outlined above.

3. Defining domestic, family and sexual violence

The model definition of DFV is behaviour by a person towards a current or former partner or a family member that: is physically or sexually abusive; is emotionally or psychologically abusive; is economically abusive; is threatening; is coercive, or in any other way controls or dominates the family member and causes that family member to feel fear for the safety or wellbeing of that family member or another person.³

In addition, behaviour that causes a child to hear, witness or be otherwise exposed to DFV constitutes DFV against the child. This is because it is inherently abusive and harmful for a child to be exposed to an adult family member using violence against another family member.

An important feature of DFV is that it is usually a *pattern* of abuse (both physical and non-physical) over time in which a person aims to control and dominate an intimate partner, ex-partner or family member. This control and dominance is central to understanding what DFV is, and how to address it. The power and dominance contributes to keeping people trapped in violent relationships. This is referred to as coercive control.

Sexual violence refers to sexual activity that happens where consent is not freely given or obtained, is withdrawn, or the person is unable to consent due to their age or other factors. It occurs any time a person is forced, coerced or manipulated into any sexual activity. Such activity can be sexualised touching, sexual abuse, sexual assault, rape, sexual harassment or intimidation, and forced or coerced watching or engaging in pornography. This includes child sexual abuse. Sexual violence can be non-physical and include unwanted sexualised comments, intrusive sexualised questions or harassment of a sexual nature.

Sexual violence occurs both within a DFV context (that is, between intimate partners and between family members) or outside of a DFV context (that is, between acquaintances, strangers, friends, work colleagues and within institutions such as schools, religious or sporting bodies, and aged care homes).

³ This definition is set out in section 5 of the *Family Violence Protection Act 2008* (Vic), and has recently been adopted as a model definition of family violence by the Law Council of Australia. While it differs from the definition of domestic violence in the NT's *Domestic and Family Violence Act 2007*, the DFSV-ICRO is aware that the DFV Legislative Review has proposed the legislative definition in the NT be modernised along the lines of the model definition.

The majority of sexual violence occurs within the DFV context⁴ and co-occurs with other forms of DFV. It may be used as a tactic of DFV and is part of a pattern of coercive control.⁵

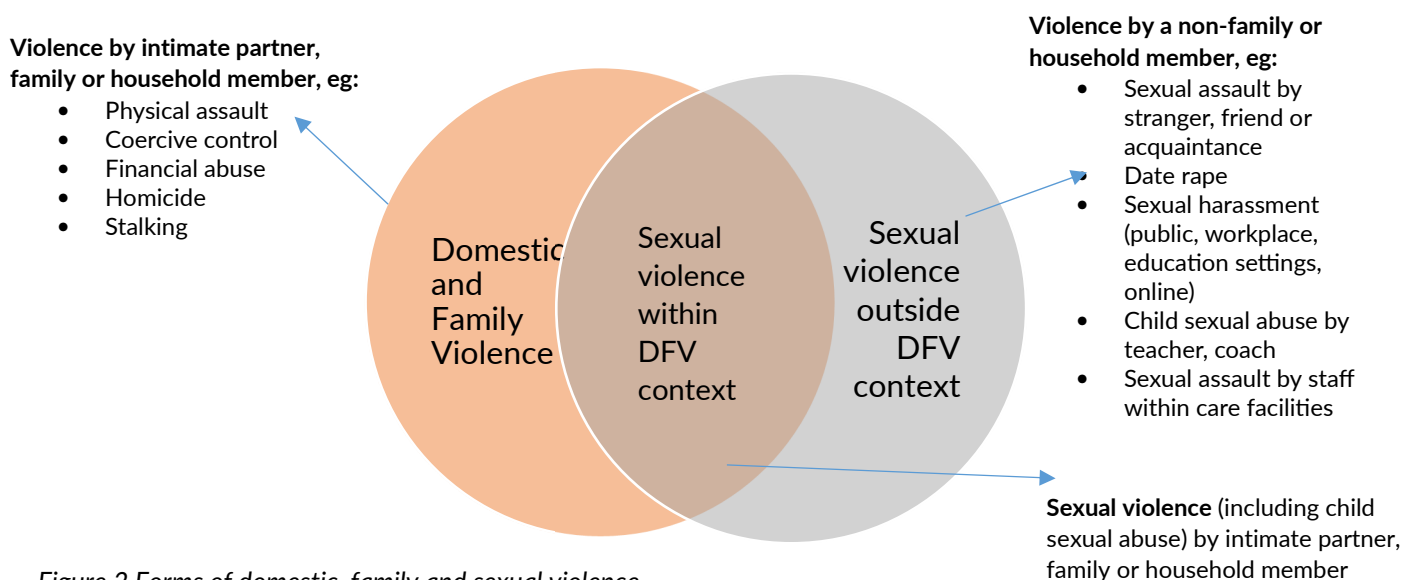


Figure 2 Forms of domestic, family and sexual violence

4. Prevalence of DFSV in the NT

The NT has the disproportionately high rates of reported DFSV, with assault and homicide rates the highest in Australia. Data in this report has been sourced via:

Dataset	Description	Latest available
ABS Crime Victimization, Australia	Data on crime victimisation for the selected crimes, including crime not reported to or detected by police. Broken down to NT level, age, sex and Aboriginal status.	Annual. Latest is 2021-22 (released February 2023)
ABS Recorded Crime - Victims	Data for selected crimes reported to and recorded by police agencies in a calendar year. Broken down to NT level. Includes DFV statistics.	Annual. Latest is 2021 (released July 2022). 2022 dataset due June 2023.
ABS Recorded Crime - Offenders	Statistics about offenders proceeded against by police including state, age, sex, Indigenous status and most serious offence. Includes DFV statistics.	Annual. Latest is 2021-22 (released February 2023)
ABS Criminal Courts, Australia	National statistics about defendants dealt with by criminal courts including state, demographic, offence, outcome and sentence information. Includes DFV experimental statistics.	Annual. Latest is 2021-22 (released March 2023)

⁴ ABS Personal Safety Survey (2016). In the most recent incident of sexual assault: the perpetrator was a known person in 87% of incidents; an intimate partner in 52% of incidents; a boyfriend or date in 18% of incidents, and a stranger in 13% of incidents. Australian Institute of Health and Welfare 2019. Family, domestic and sexual violence in Australia: continuing the national story 2019. Cat. no. FDV 3. Canberra: AIHW.

⁵ <https://tfhc.nt.gov.au/data/assets/pdf/file/0004/816961/sexual-violence-response-framework-2020-2028.pdf>

Dataset	Description	Latest available
ABS Prisoners in Australia	National information on prisoners in custody at 30 June, including demographic information, imprisonment rates, most serious offence, state.	Annual. Latest is 2022 (released February 2023).
ABS Personal Safety Survey	National survey of men and women aged 18 and over about the nature and extent of different forms of violence experienced since the age of 15, including physical and sexual assault, family and domestic violence, economic and emotional abuse, stalking, sexual harassment, and childhood abuse. Broken down by state.	Conducted every 4 years since 2005. Latest is 2021, results released progressively from March 2023.
ANROWS' National Community Attitudes Survey (NCAS)	Large-scale survey that measures Australians' understanding and attitudes regarding gender equality and violence against women. Funded by the Australian Government Department of Social Services under the National Plan.	Every 4 years. Latest is 2021, released May 2023 (not all datasets released).
NT Crime Statistics	Prepared by AGD Criminal Justice Research and Statistics Unit. Data from the Police Real-time On-line Management Information System (PROMIS). Includes DFV-related assaults, alcohol involvement, sexual assault. Broken down to region.	Monthly. Latest is 31 May 2023.

Figure 3 DFSV Data sources

4.1 NT DFV-related assaults and homicide rates compared nationally

The most recent ABS data (2021) reports that⁶:

- The DFV-related homicide rate in the NT is 7 times higher than the national average
- The DFV-related assault rate in the NT is 3 times higher than the national average⁷
- The DFV-related assault rate in the NT increased by 27% between 2019 and 2020, and 12% between 2020 and 2021⁷
- The sexual assault rate in the NT is 1⁷ times higher than the national average⁷

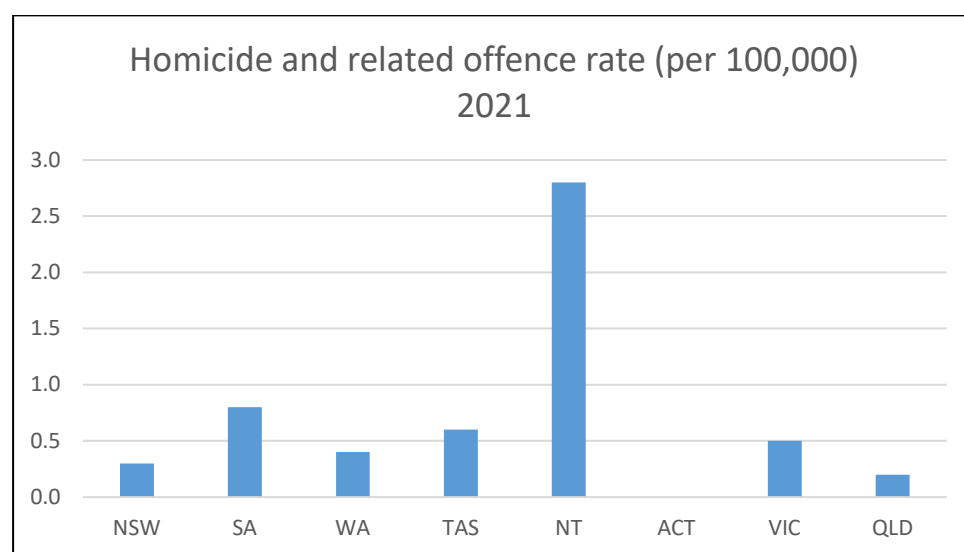


Figure 4 Homicide rate 2021 (ABS)

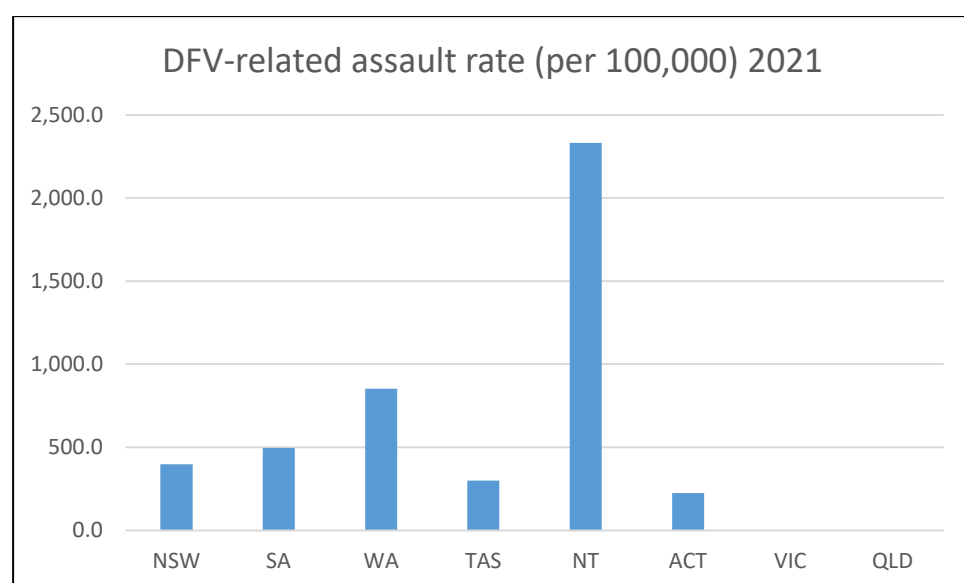


Figure 5 DFV-related assault rate 2021 (ABS)

⁶ [Recorded Crime - Victims, 2021 | Australian Bureau of Statistics \(abs.gov.au\)](#) (released on 28 July 2022)

⁷ Assault data is not published for Victoria or Queensland. As a result, DFV-related assault data is not available for these states or at the national level; a national average of the available states has been calculated.

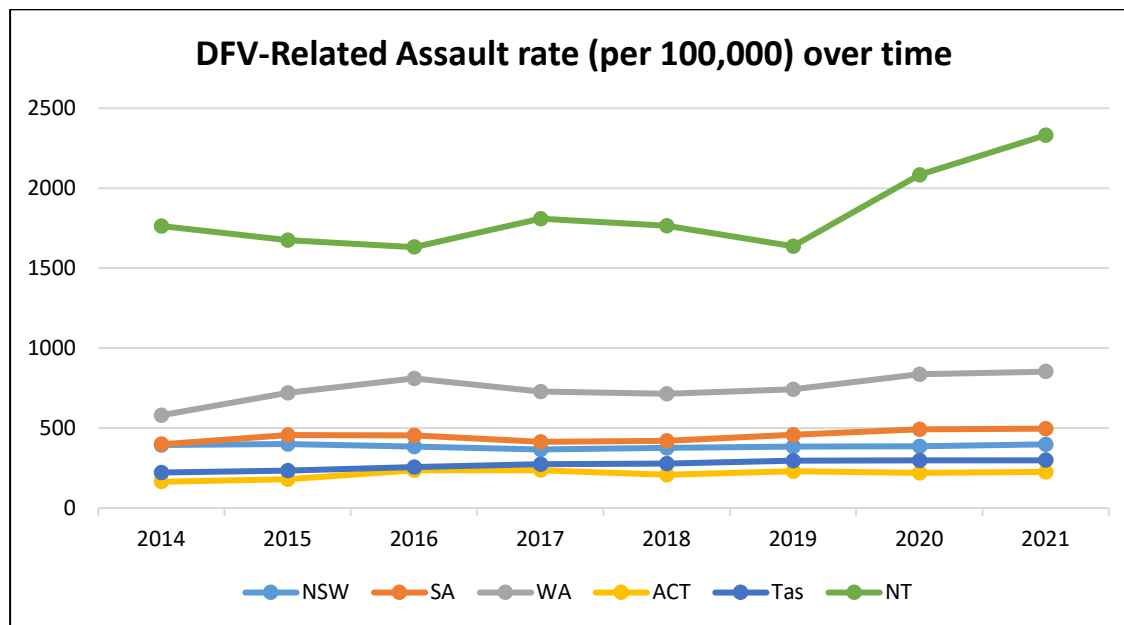


Figure 6 DFV-related assault rate 2014-2021 (ABS)

4.2 DFSV victims and victim survivors

DFSV disproportionately affects women. In 2021:

- in every state and territory, the rate of DFV-related assault for women was between 1.7 and 2.8 times higher than the rate for men, with the exception of the NT, where the rate for women was 3.7 times higher.
- the homicide rate for women in the NT was 5.8 times higher than the rate for men.
- 78% of all DFV-related assault victim survivors in the NT were female
- 100% of all sexual assault victim survivors in the NT were female
- 100% of all DFV-related homicide victims in the NT were female
- The most recent statistics from the 2021-22 ABS Public Safety Survey (PSS) show that, since the age of 15 years, the percentage of women in the NT who had experienced physical violence, and the percentage who had experienced sexual violence was, respectively 37 and 27 per cent. This is higher than in any other state or territory.⁸

⁸ ABS PSS 2023

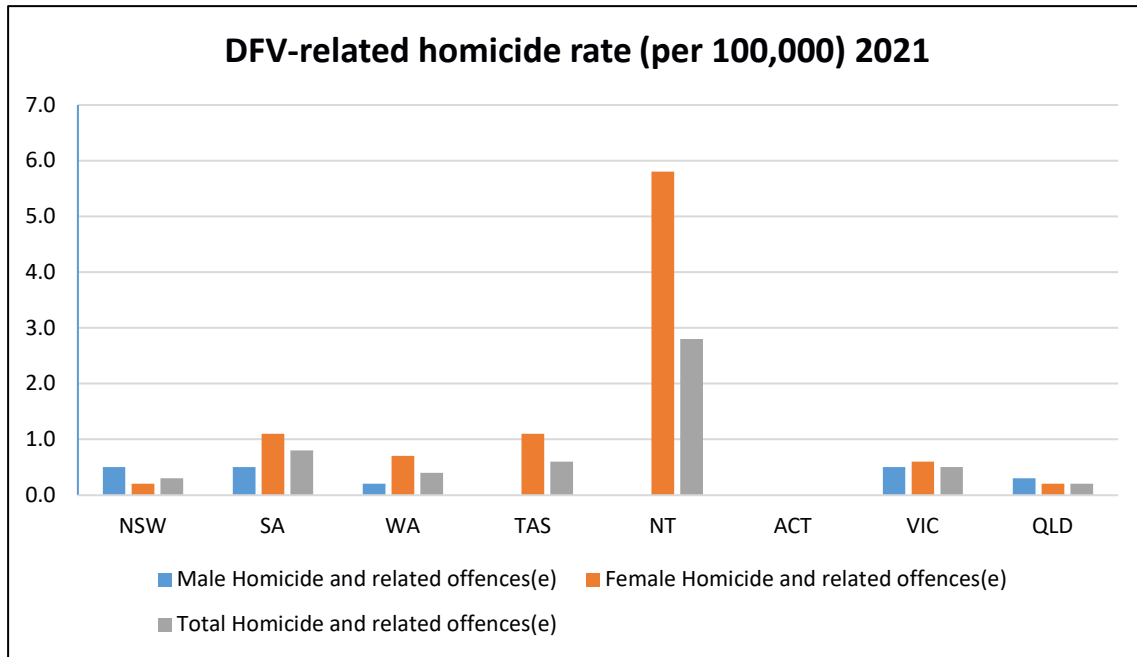


Figure 7 DFV-related homicide rate 2021- ABS (state and territory comparison)

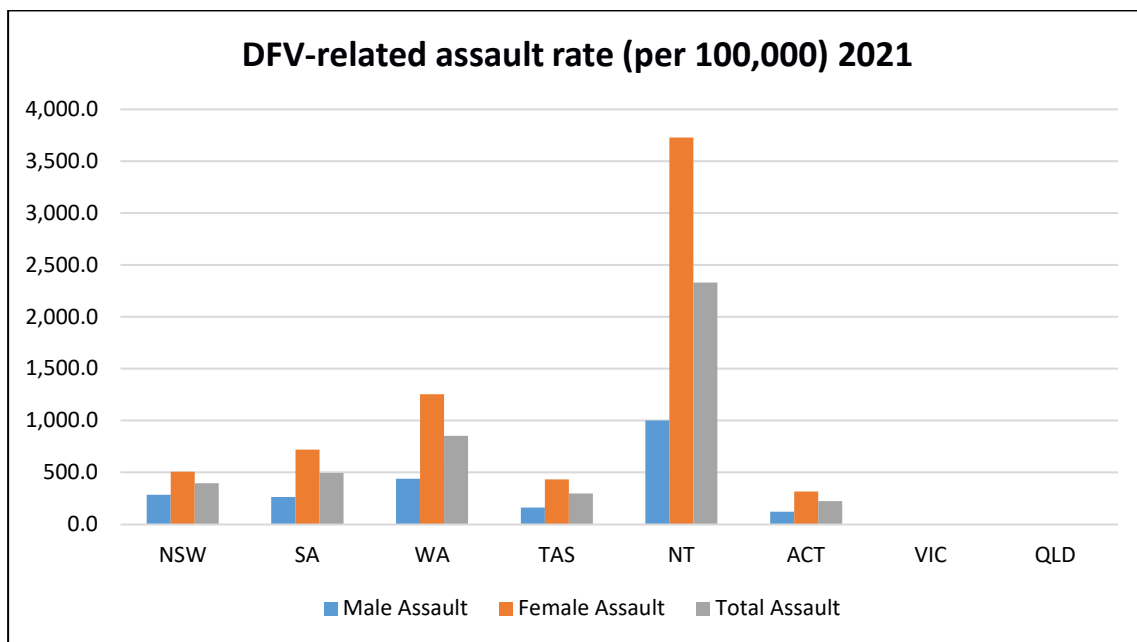


Figure 8 DFV-related assault rate 2021 - ABS (state and territory comparison)

Aboriginal men and women are over represented in the victimisation statistics of reported DFV-related crimes in the NT. In 2021:

- 70% of all DFV-related assault victim survivors recorded in the NT were Aboriginal
- 100% of the homicide victims recorded in the NT were Aboriginal.

Aboriginal women in the NT make up the majority of victim survivors of DFV-related assault and homicide in the NT. In 2021:

- 88% of all DFV-related assault victims in the NT were Aboriginal women

- 100% of the homicide victims recorded in the NT in 2021 were Aboriginal women.
- Since August 2000 and as at June 2023, there have been 173 DFV-related homicides in the NT. The 173 DFV-related homicides includes 103 women, 94 of whom were Aboriginal, and 75 of whom were killed by a current or former partner.⁹

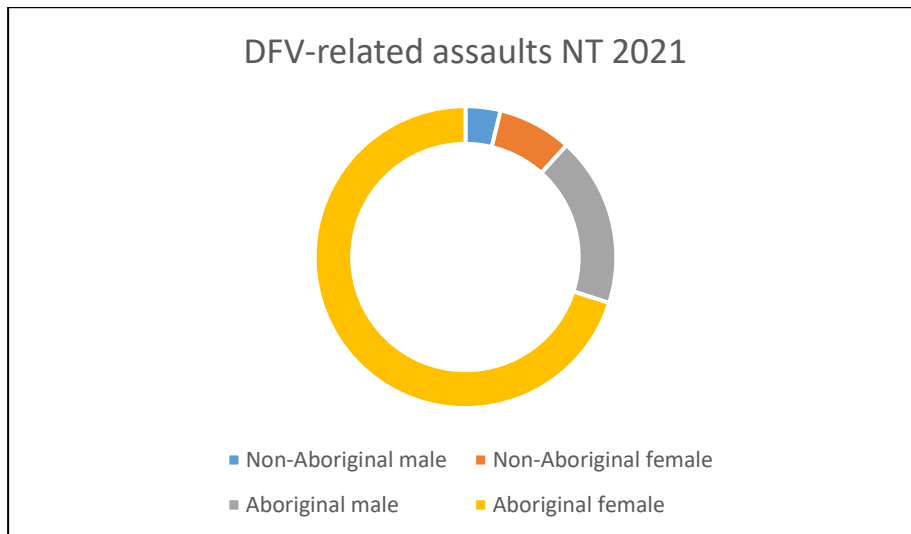


Figure 9 DFV-related assaults NT 2021 ABS, by sex and Aboriginal status

4.3 Under-reporting of DFSV

The evidence shows that DFSV is significantly under-reported, meaning that the statistics we have from police reports only represent the tip of the iceberg. The ABS Personal Safety Survey data shows that a large proportion of men and women that experienced current or previous partner violence never contacted police.¹⁰

- An estimated 97% of men who experienced current partner violence and 76% of men who experienced previous partner violence never contacted the police.
- An estimated 82% of women who experienced current partner violence and 65% of women who experienced previous partner violence never contacted the police.

4.4 DFSV statistics broken into NT regions

While the NT has a small population, there are significant differences to the reported numbers and rates of DFSV incidents when they are examined across the NT's regions.¹¹ Breaking the data down at this level shows the extremely high rates of DFSV in regional communities.

⁹ Personal communication with the Territory Coroner's Officer 12 July 2023. Note these figures do not include deaths considered by the Coroner in which there was DFV in the circumstances leading up to the death but it was not identified as being a cause of the death (for example, where there was DFV in the lead up to a person's death but a victim either took their own life or there was insufficient evidence to determine the cause of the injury that led to the death). This includes all open and closed cases.

¹⁰ [Personal Safety, Australia, 2016 | Australian Bureau of Statistics \(abs.gov.au\)](https://www.abs.gov.au). A state/territory breakdown is not available. Note that the 2021 PSS data is being released in stages, with this component not yet released.

¹¹ NT Crime Statistics are published monthly. The data available for this report covers the period from 1 April 2022 to 31 March 2023, extracted from PROMIS on 1 May 2023. Note that the NT has a small population and certain offences show strong seasonal impacts. Therefore, the crime statistics can fluctuate considerably between months, particularly at a regional level. These fluctuations should not, of themselves, be interpreted as changing trends in

There were a total of 7,401 DFV-related assaults and sexual assault offences recorded in the NT in the 12 months ending 31 March 2023, over 20 offences recorded per day. This is an increase of 51% from the 4,901 incidents recorded in 2018, or an increase of around 10% per annum each year for the last 5 years.

On a per capita basis, the area in the latest data with the highest rate of recorded DFV-related assaults was Tennant Creek with 7,946 recorded assaults per 100,000 people, almost 3 times the NT rate overall. Katherine and Alice Springs are each 2.4 times higher than the NT rate.

Tennant Creek also had the highest rate of recorded sexual assault offences, at 539 recorded offences per 100,000 people, 2.6 times the NT rate overall. Alice Springs was almost twice the NT rate, and Katherine 1.6 times the NT rate.

In the twelve months between April 2022 and March 2023 there were 6,890 DFV-related assaults recorded across the NT, with the majority recorded in NT Balance¹², followed by Alice Springs and Darwin. The rate per 100,000 population identifies Tennant Creek, Katherine and Alice Springs as having the highest rates.

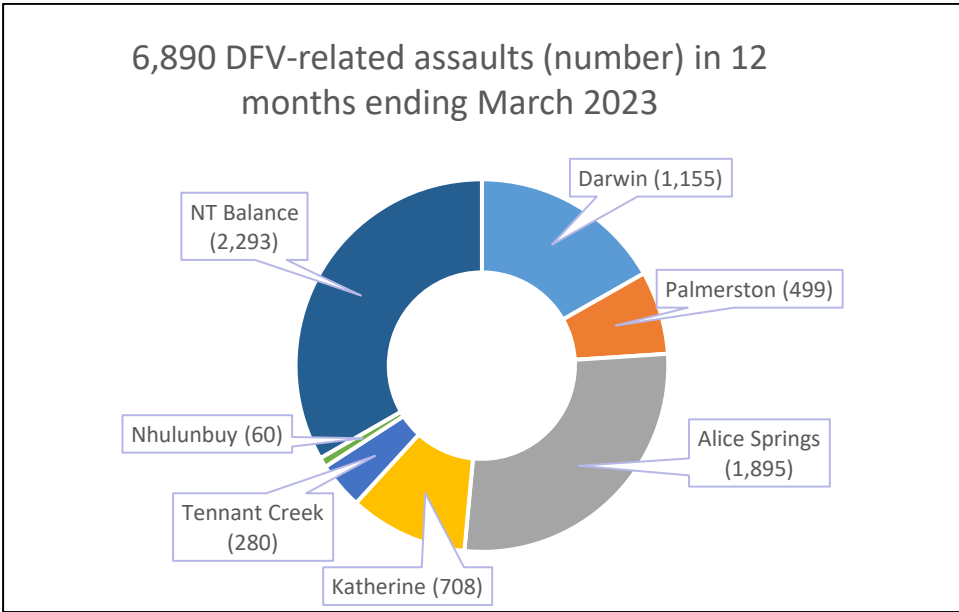


Figure 10 DFV-related assaults 22-23 (NT Crime Statistics) by region

crime. The crime statistics are also subject to influence from changes in legislation, public behaviour in reporting crime and Police operations. Care should be used in attributing annual changes to a particular cause.

The data is organised by the following geographical areas: Darwin (35% of the population); Palmerston (13% of the population); Alice Springs (12% of the population); Katherine (5% of the population); Tennant Creek (2% of the population); NT Balance, which consists of all the areas outside the defined urban centres, including urban fringes, rural areas near the main centres and small remote communities (32% of the population).

¹² NT Balance consists of all the areas outside the defined urban centres, including urban fringes, rural areas near the main centres and small remote communities, comprising 32% of the population

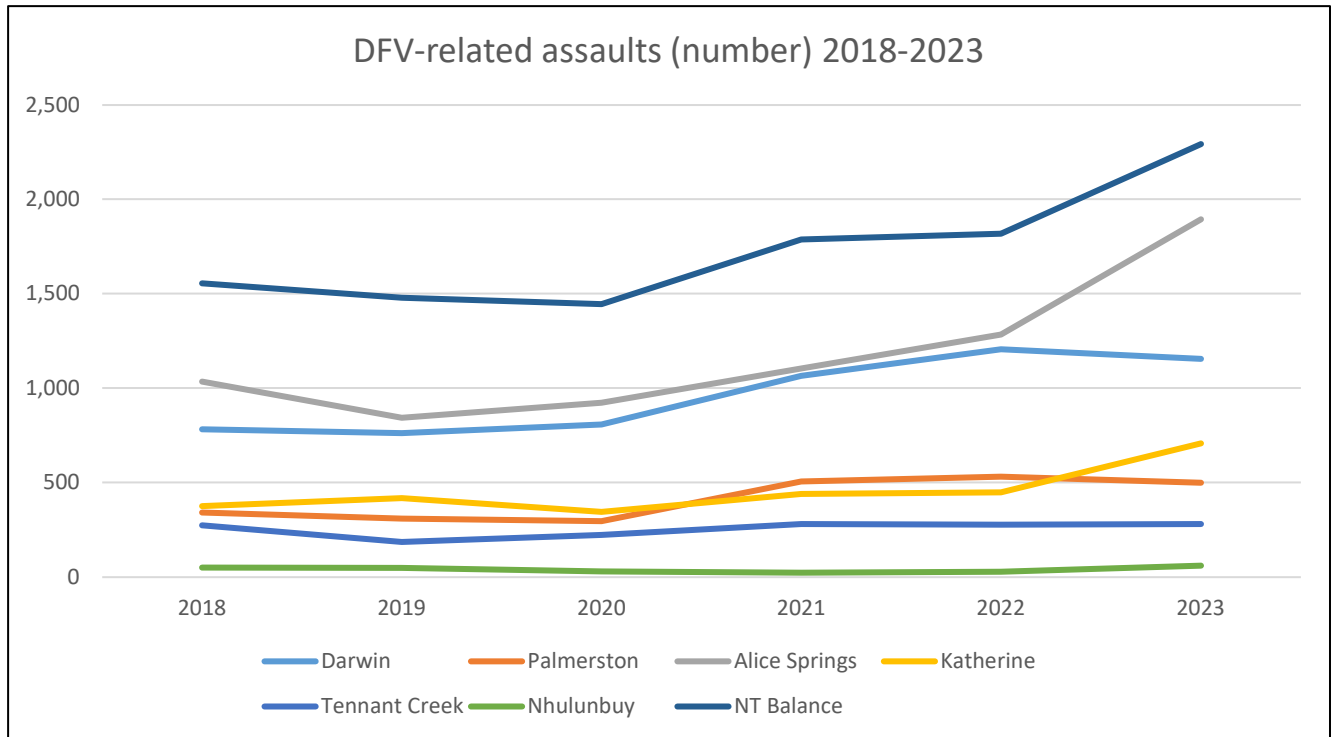


Figure 11 DFV-related assaults 2018-2023 (NT Crime Statistics) by region

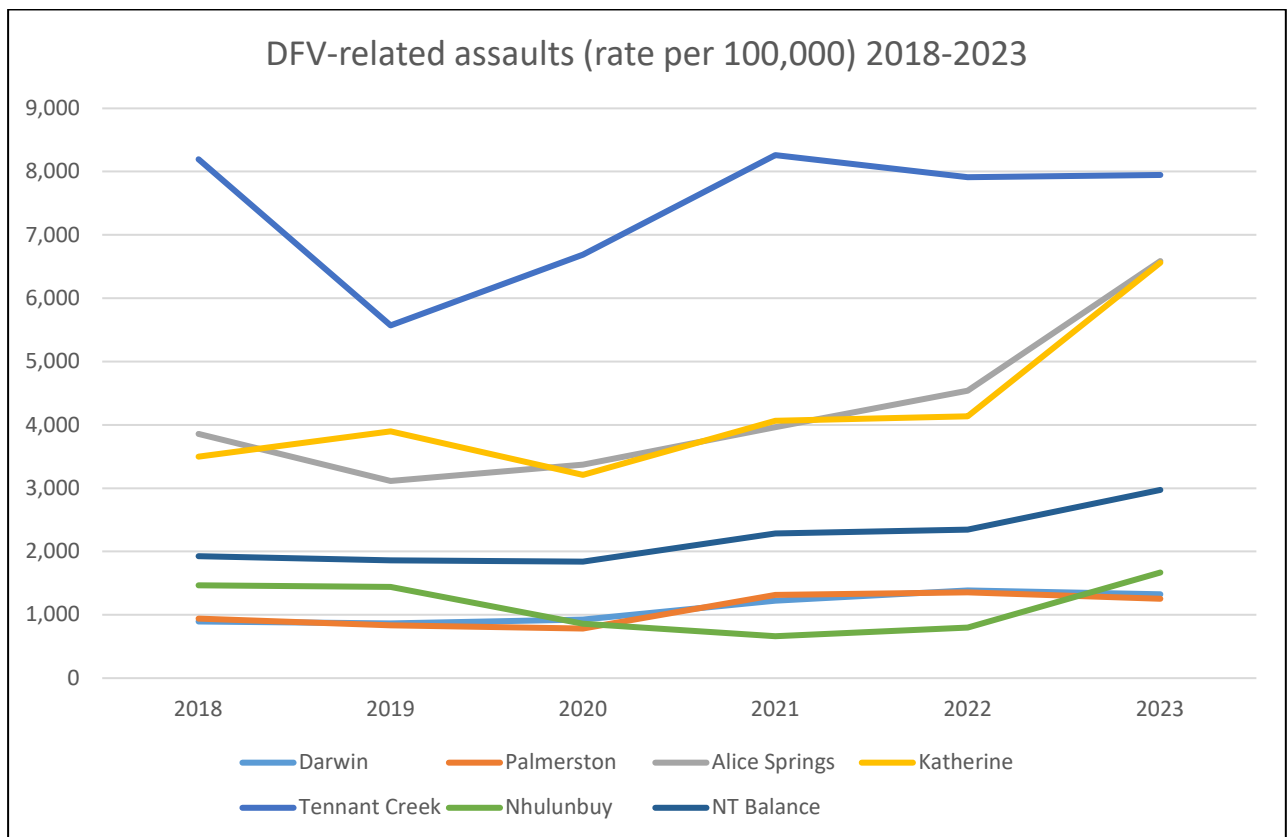


Figure 12 DFV-related assaults (rate) 2018-2023 (NT Crime Statistics) by region

While alcohol is not a cause of DFV,¹³ there is a strong correlation between harmful alcohol use and the frequency and severity of DFV.

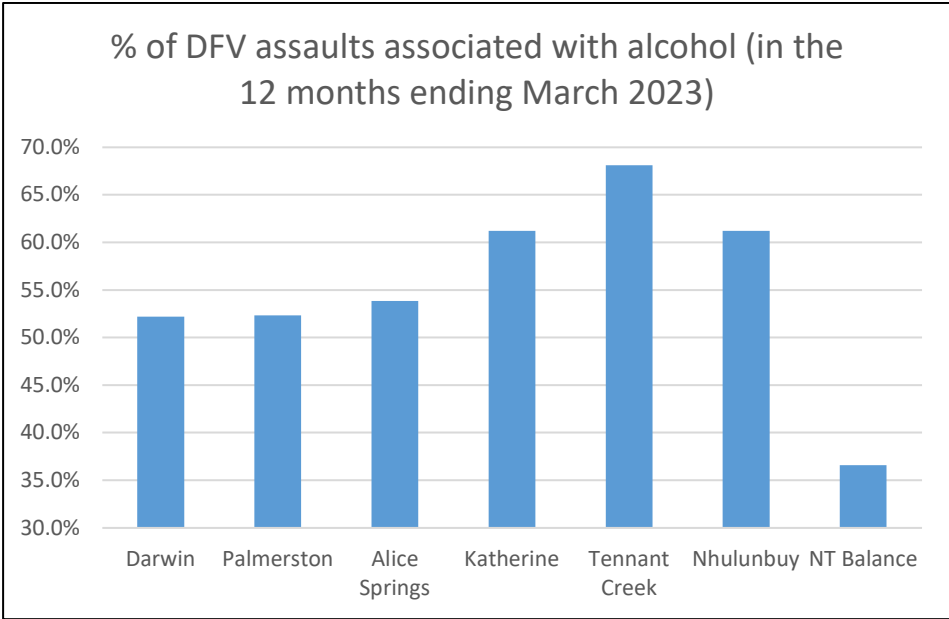


Figure 13 DFV-related assaults associated with alcohol 2022-2023 (NT Crime Statistics) by region

The table below shows the number of DVO applications and DFV-related criminal matters in locations across the NT.

NT DVO Applications and DFV Criminal Matters in the Local Court 2020-21 ¹⁴		
Location	No. of DVO Applications	DFV-related criminal matters
Darwin	1,401	1,106
Alice Springs	948	962
Katherine	472	
Tennant Creek	388	1,342
Other	1,071	
Total	4,280	3,410

Figure 14 DVO applications and DFV criminal matters in the Local Court, 2020-21

In the twelve months between April 2022 and March 2023 there were 511 sexual assault offences¹⁵ recorded across the NT. While the majority of offences were recorded in Darwin and Alice Springs, the rate per 100,000 population identifies NT Balance, Nhulunbuy and Tennant Creek as having the highest rates.

¹³ OurWatch Change the Picture, Change the Story

¹⁴ Data extracted from IJIS July 2021 by AGD's Criminal Justice Research and Statistics Unit.

¹⁵ This includes sexual assault, defined as 'Physical contact or intended contact of a sexual nature where the victim does not give consent, gives consent as a result of intimidation or deception, or consent is proscribed. Includes rape (actual, intended and attempted) and incest). Also includes and non-assaultive sexual assault, defined as 'Offences of a sexual nature that do not involve physical contact or intended contact, and where the victim does not give consent, gives consent as a result of intimidation or deception, or consent is proscribed. Includes child pornography, voyeurism and wilful exposure.

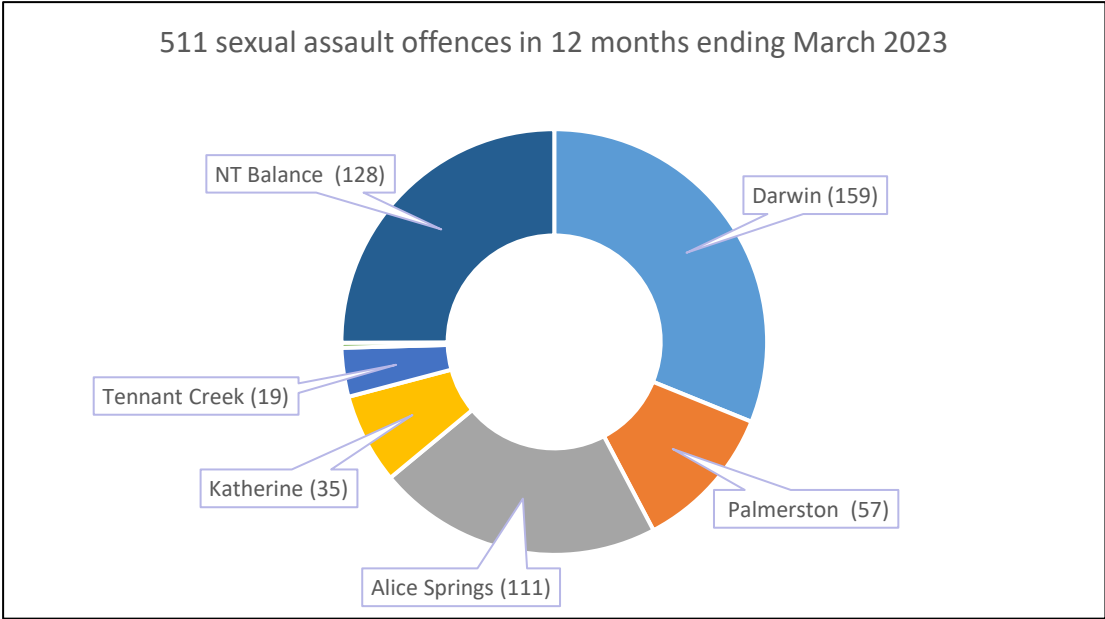


Figure 15 Sexual assault offences 22-23 (NT Crime Statistics) by region

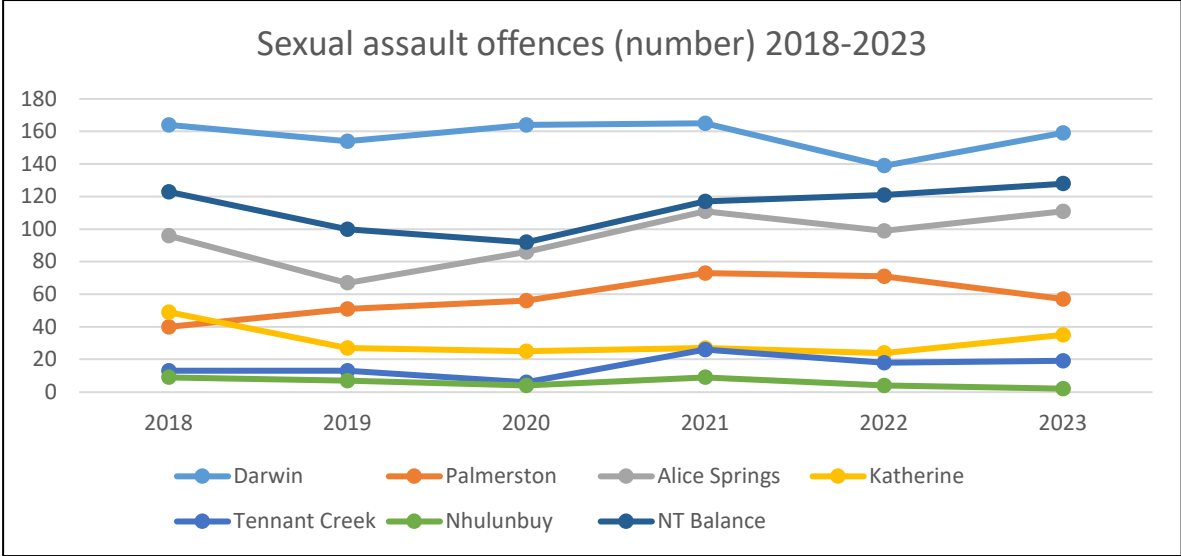


Figure 16 Sexual assault offences 2018-2023 (NT Crime Statistics) by region

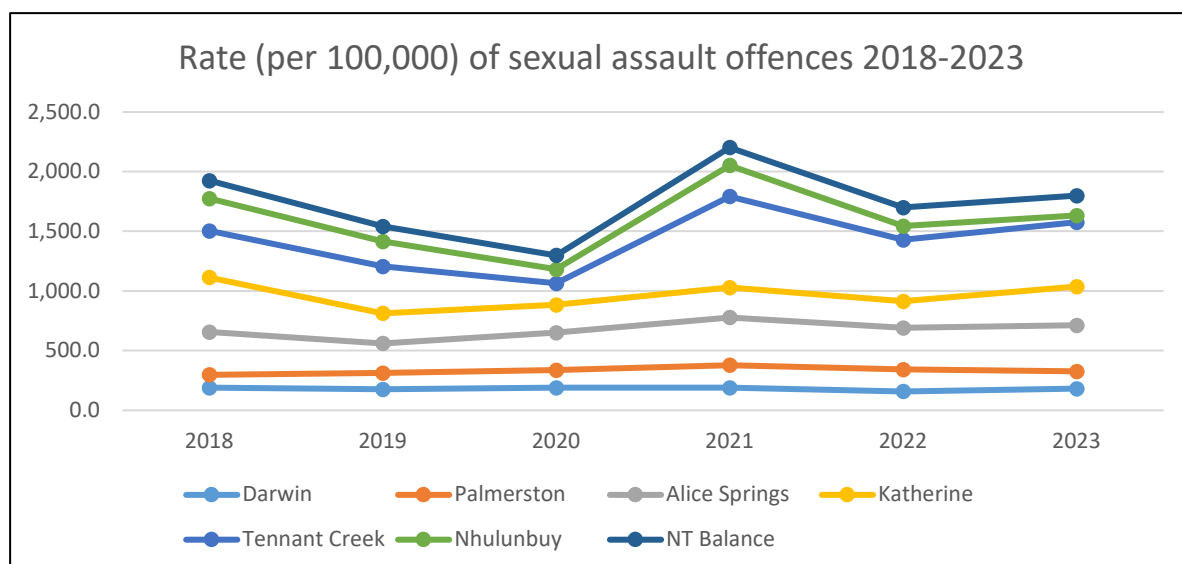


Figure 17 Sexual assault offences rate 2018-2023 (NT Crime Statistics) by region

4.5 People who have committed DFSV

There is limited data on DFSV perpetration, both across Australia and in the NT, and most of this comes from data related to the legal system (including police statistics, court data and prison data). This data is limited as it only represents those people who have used violence and come to the attention of the justice system, which is likely to be a small proportion of the population of people who have committed DFSV.¹⁶

The evidence, however, is clear that nearly all victim survivors (male and female) of violence generally, and DFSV in particular, experience violence from a male perpetrator (95% of male victims and 94% of female victims).¹⁷

In the NT, data released by the ABS in March 2023 as part of the experimental DFSV data collection¹⁸ collates information about defendants who were finalised in the criminal jurisdictions of the Higher (Supreme and District/County Courts), Magistrates' and Children's Courts across Australia's states and territories, during 21-2022.

¹⁶ [Who uses domestic, family, and sexual violence, how, and why? \(qut.edu.au\)](http://qut.edu.au)

¹⁷ 23. Diemer, K., ABS Personal Safety Survey: Additional analysis on relationship and sex of perpetrator. 2015, University of Melbourne: Melbourne.

¹⁸ ABS Recorded Crime – Offenders, 2021–22, released 9 February 2023. Available from: [Recorded Crime - Offenders, 2021-22 financial year | Australian Bureau of Statistics \(abs.gov.au\)](https://www.abs.gov.au/Recorded-Crime-Offenders-2021-22). The ABS notes that the data is experimental, with further assessment required to ensure comparability and quality of the data. Caution should be exercised when using the data and making comparisons across states and territories.

	# offenders proceeded against by police for at least one DFV-related offence in 2021–22	Proportion of all recorded offenders in jurisdiction	Offender rate per 100,000 persons	% offenders male
Australia	81,873	22%	362	80%
NSW	31008	23%	436	76%
Victoria	17169	23%	298	82%
Queensland	17412	21%	377	81%
South Australia	4401	18%	274	84%
Western Australia	6930	20%	287	81%
Tasmania	1471	19%	289	79%
Northern Territory	2919	34%	1364	81%
ACT	565	24%	142	83%

Figure 18 Offenders proceeded against by police for DFV-related offences

DFV has a high rate of repeat offending. Data shows 77% of defendants found guilty of a DFV-related offence have a prior violent offence and 72% have a prior DFV offence.¹⁹

The misidentification of female domestic violence victim survivors as perpetrators is a disturbing emerging issue both nationally and in the NT. Research undertaken by ANROWS²⁰ in Queensland indicated that:

- Almost half (44%) of all cases of female DFV-related deaths from 2015 to 2017 in Queensland were of women who had previously been identified as a respondent to a domestic violence order.
- The deceased person had been recorded as both a respondent and an aggrieved party in domestic violence orders in nearly all of the DFV-related deaths of Aboriginal people.

The research showed that the failure to appropriately identify the primary domestic abuser disproportionately impacts Aboriginal women, who are also more likely to encounter structural racism in their interactions with the criminal legal system. Aboriginal women are overrepresented as respondents/ defendants on domestic violence orders and in the breach of these orders.

5. Assessing demand

The data in this section on the prevalence of DFSV, as a proxy measure for demand, provides a useful starting point in understanding the level of response required for specialist DFSV services in the NT. The DFSV-ICRO had limited time, resources and data to undertake this activity, and the mapping would benefit from further exploration. This could include an understanding of broader data sources, a geographical breakdown of demand highlighting comparative prevalence rates, and an analysis of known prevalence rates aligned against available service mapping, funding and service availability.

¹⁹ Data from 2019/20 provided by AGD Research and Statistics Unit. Extracted from IJIS on 31 July 2020.

²⁰ Nancarrow, H., et al., Accurately Identifying the “Person Most in Need of Protection” in Domestic and Family Violence Law. 2020, Australia’s National Research Organisation for Women’s Safety: Sydney

The data provides a clear picture of need, by highlighting the facts:

- that the NT has the highest rates of DFV-related assault, sexual assault and DFV-related homicide in Australia (noting that the reported data is likely to underestimate the actual prevalence rates)
- that DFSV in the NT is particularly severe, noting the high rate of homicides and injuries
- that the NT's DFSV rates and numbers are increasing year on year
- that Aboriginal women in make up the majority of victim survivors of DFV-related assault and homicide in the NT
- that the vast majority of people who are using DFSV are men
- that the largest numbers of reported DFSV offences are in NT Balance, which consists of all the areas outside the defined urban centres, including urban fringes, rural areas near the main centres and small remote communities, comprising 32% of the population, followed by Alice Springs and Darwin
- that the highest rates of reported DFSV are seen in Tennant Creek, Katherine and Alice Springs.

This data indicates an ongoing and increasing need for DFSV services in the NT.

PART C: DFSV SERVICE, FUNDING AND INITIATIVES MAPPING

Part C of the Mapping Report outlines the existing DFSV activity in the NT, as a measure of service supply and coverage. The Report provides an overview of the foundational activity under Action Plan 1, the whole of government DFSV activity, and the agency specific initiatives and responsibilities. For the whole of government initiatives, as well as for each individual agency, the Report provides:

- An overview of the existing activity and investment organised under the 4 domains
- An analysis of the gaps, opportunities and future directions organised under the 4 domains

For the reasons outlined in the methodology chapter, the DFSV-ICRO made the decision to limit the scope of investment scan to:

- funding provided in 2022-23, and that is, or is anticipated to be, ongoing, or for a longer period than 12 months
- to specialist DFSV services, programs and initiatives
- provided by the key NT government and/or Commonwealth agencies (services funded through other funding sources (such as philanthropic) were not within scope).

The DFSV-ICRO encountered the following barriers to calculating a comprehensive DFSV investment picture for the NT Government:

- Agencies have different approaches to the cost of service provision. For example, some clearly include 'back of house' support while others do not.
- Most agencies do not identify within their budgets, or report on, the allocation of funding for DFSV-specific purposes.
- The NT Government Budget process²¹ does not include DFSV expenditure information as a whole of government responsibility. Under output budgeting processes, responsibility for particular output areas (and their performance measures) is devolved to individual portfolio ministers and departments. A department's budget is made up of the funding allocated to each of its outputs. The DFSV output is reported within the TFHC budget, as the lead agency for DFSV prevention, response and reduction. This means that there is little to no DFSV specific reporting (on either funding allocation or performance measures) within other agencies' budgets.
- Most importantly, whilst the NT Government provides and funds services to people who experience and/or commit DFSV across many portfolios, there is no agreed and consistent methodology for capturing this data. Each agency has unique data collection systems and methodologies. Some do not inquire into the presence of DFSV; others may inquire but have no mechanism for recording DFSV in their data collection system; and others may inquire and record but have systems which do not allow the mining of that data.

The DFSV-ICRO acknowledges that the mapping does not include generalist services which support significant numbers of clients who may also be DFSV victim survivors or people using DFSV. These include general health, homelessness, police, corrections and child protection services. A service is considered generalist if it is not solely provided to people experiencing or using DFSV but rather is offered to the broader community, a number of whom are experiencing or using DFSV. Generalist programs were excluded from the analysis because, without attribution data, it is not readily apparent how much of the funding was related to addressing DFSV compared with other social services. However, an effort has been made to include these costs in the overall DFSV economic burden analysis at section 5.4.

²¹ Budget Paper 3, p 155

6. Overall DFSV investment by the NT Government

Reducing DFSV is a key commitment of the NT Government, and is a shared responsibility requiring a whole of government response. All agencies work together as part of key whole of government initiatives in relation to preventing and responding to DFSV. In addition, each agency has been tasked with specific actions under Action Plan 1, to contribute to the overarching DFSV reform agenda within their sphere of influence and responsibility.

Each government agency fulfils their responsibilities in accordance with their specific roles in relation to DFSV, and through delivery of agency core business.



Figure 19 Agency DFSV responsibilities and shared responsibilities

6.1 Overall DFSV funding

As part of the DFSV mapping task, the DFSV-ICRO made efforts to gather data on all DFSV-specific investment by the NT government, by each DFSV-ICRO agency representative working within their agency's specific structures to gather relevant data, as well as enquiries to the NT Department of Treasury and Finance. The delivery of multiple and varied services by departments, funded through various mechanisms and based on differing funding methodologies, complicates the analysis of the

total level of funding available for DFSV services and distribution of that funding. The DFSV-ICRO was unable to analyse the distribution of funding across regions based on information provided.

Based on the data provided, the DFSV-ICRO calculated that the NT Government invested a total of approximately **\$38 million** on specialist DFSV services and programs in 2022-23.

The table below shows how the \$38 million is allocated between agencies. The majority of the funded programs are administered through TFHC, accounting for approximately 50% of all such funding.

Agency	\$ (million)	%
TFHC	19.3 ²²	51
NT Health	7.4	20
DOE	0	0
NT Police	9.02	24
AGD	2.05	5
TOTAL	37.77	100

Figure 20 Current DFSV investment by the NT Government in DFSV, by agency

Detail on the allocation of these funds to particular initiatives is provided in the individual agency chapters of this report.

6.2 Intervention points

Funding is currently heavily weighted to meeting the needs of DFSV victim survivors when they are in crisis (aligned with the 3rd domain: Response and Recovery), while prevention, early intervention and accountability, and systemic enablers and reform receive more limited funding, and there are very few initiatives targeted exclusively to people who are using violence. This is not an unexpected finding, as government investment in DFSV services is generally focussed on the post-crisis response.

Domain	\$ (million)	%
Primary Prevention	3	8
Early Intervention and Accountability	5.5	15
Response, Recovery and Healing	27.67	73
System enablers and reform	1.6	4
TOTAL	37.77	100

Figure 21 Current DFSV investment by the NT Government in DFSV, by domain

	Primary Prevention	Early Intervention and Accountability	Response, Recovery and Healing	Systemic Enablers and Reform	TOTAL
TFHC	3	3.3	11.4	1.6	19.3
DoE	0	0	0	0	0
NT Health	0	1.4	6	0	7.4
NT Police	0	0	9.02	0	9.02
AGD	0	0.8	1.25	0	2.05
TOTAL	3	5.5	27.67	1.6	37.77

Figure 22 Current DFSV investment by the NT Government in DFSV, by agency and domain

²² The variation in the \$19.3 million figure calculated by the DFSV-ICRO for TFHC DFSV funding and the \$54.143 million in the 2022 Budget Paper No. 3 is due to the DFSV-ICRO's exclusion of one off funding, Australian government funding, and back end administration.

6.3 Areas for future consideration

The Mapping Report represents an effort for the first time to comprehensively identify the level of funding and the distribution of services related to DFSV across the NT. The process has been limited by the level and consistency of information obtainable from NT Government agencies and has relied primarily on the funding analyses provided for dedicated programs delivered by each agency.

The data provided above indicates that most of the funding is skewed towards post-crisis support with roughly 73% of current investment directed to response and recovery services. Future investments should seek to increase resourcing at the front end in early intervention and accountability, and primary prevention, without compromising the need to maintain sufficient resourcing to meet demand for crisis responses. Increased investment in prevention, and early intervention and accountability initiatives is critical to reducing these costs in the long term.

The extremely high levels of DFSV in regional and remote communities also suggests that tailored responses will need to continue to be developed to address this need.

With better access to data broken down on a regional level, an exercise to align funding to demand could be undertaken in order to understand the relative difference between funding allocated to regions across the NT and the actual demand for services in those locations. An index, or gap score, could be developed as a relative measure of demand over supply, to compare funding provided per recorded incident relative to other regions. This would not be considered a measure of absolute need, as it does not take into account the full range of services and funding available including funding for court, police, child protection and health services. As such, the results would need to be interpreted with caution.

It is clear that information about costs and expenditure across Government on DFSV is limited, and ongoing identification of NT Government expenditure on DFSV (both direct and indirect) is required. It would be of benefit to funding attribution, data collection and performance reporting to develop a way to collect and extract DFSV data across agencies, services, programs and areas. This would require systems and staff who are able to flag the presence of DFSV across the databases of agencies and services that assist people who experience and commit DFSV. Comprehensive implementation of the NT DFV Risk Assessment and Management Framework (RAMF) screening processes across agencies, accompanied by training, support and data systems could go a long way to fill this data gap. Consideration should be given to enhancing and aligning data collection and recording systems across agencies to improve the availability of data on the costs of DFSV more broadly across the system.

6.4 What does DFSV cost the NT?

In addition to dedicated investment mapped in this report, there are also significant cost and resourcing implications for NT Government agencies which respond to DFSV as part of their core functions and service delivery. This investment is challenging to quantify and due to the lack of consistent financial and attributional data, is unable to be examined fully in this report.

The DFSV direct expenditure figure of \$37.77 million a year does not capture the broader justice, health and human services costs of DFSV to the NT, let alone the substantial costs borne by victim survivors, and thus does not represent total DFSV expenditure.

This is especially the case for those services that are generalist (rather than specifically directed at DFSV victim survivors, people who have committed DFSV, or for DFSV prevention activity). It is well understood that these broader services – such as the courts, police, hospitals, child protection, corrections – bear a heavy burden of responding to DFSV. Examples of these DFSV response activities which are not captured in DFSV-direct expenditure include:

- Police costs (beyond the funding for DFSV specialist units) such as attending incidents and processing police-initiated Domestic Violence Orders (DVOs), and undertaking criminal investigations and prosecutions.
- Court, prosecution, and legal service costs associated with legal proceedings related to DFSV (including DVO applications, DFSV-related child protection matters, DFSV-related criminal offences, criminal matters arising from DVO breaches, the support of witnesses and victims, the Coroners' Office, the Crime Victims Services Unit).
- The costs of NT Correctional Services to incarcerate DFSV offenders or supervise and monitor offenders in the community.
- Child protection costs of responding to DFSV such as investigations, out-of-home care and Family Support Services that offer early intervention for families, to the extent that these services are relevant to children affected by DFSV.
- Health costs of responding to DFSV such as victim survivor presentations and admissions to hospital with injuries; maternal and child health services, mental health services and alcohol and other drug services provided to victim survivors (and people who have committed DFSV). In addition, there is a significant health toll on first responders.

Nationally, the economic cost of violence against women (who are victim survivors of the overwhelming majority of DFSV cases) has been estimated to be at least \$21.7 billion in 2015-16 by PWC (cited by KPMG).²³ In another study, the lifetime costs of all violence against women for a 10-year cohort of victims was estimated to be approximately \$362 billion in 2014-15.²⁴

According to the 2016 KPMG study, the estimated cost of violence against women in the NT was at least \$228 million in 2015-16. This estimate was derived from total national costs, and accounted for the prevalence of violence against women in the NT relative to the rest of Australia. This total likely underestimates the underlying cost of service provision in the NT, which are generally higher than national estimates.

For example, based on our estimates, the DFSV-related costs of NT courts, police and corrections system alone could add as much as \$175.3 million to the estimated costs of violence in 2015-16. Additionally, other service areas are likely to further add to the estimated cost of violence against women in the NT.

KPMG also estimated the additional economic cost on groups underrepresented in available prevalence data (Aboriginal and Torres Strait Islander people, pregnant women, disabled people, the homeless). The NT's share of this estimate could add \$131.4 million to the cost of violence against women and their children in 2015-16. However, this estimate has significant limitations and is illustrative of the potential additional costs.

Conservatively, this suggest the total cost of violence against women in the NT could be at least around \$403.3 million in 2015-16 (\$534.7 million if the additional cost of underrepresented groups were to be added). Just taking into account inflation over this period, this could be as much as \$457.2 million in 2020-21 dollars (representing 1.75 of gross state product in the NT). The cost could be about \$606.1 million (representing 2.32% of gross state product) if it also included the estimated account of groups underrepresented in available prevalence data.²⁵

The DFSV-ICRO has prepared an occasional paper on this matter (provided at Appendix 2).

²³ KPMG 2016, The cost of violence against women and their children in Australia: Final Detailed Report, Sydney

²⁴ PWC 2015, A high price to pay: The economic case for preventing violence against women, Melbourne.

²⁵ This estimate has used a top down and bottom up approach using the best available data on the prevalence and costs of DFSV across a number of service areas. The estimates should be taken as indicative of the economic cost of DFSV. For full details see Appendix 2.

7. Whole of government DFSV activity

7.1 Mapping of direct DFSV activity and investment across whole of government initiatives

Preventing and responding to DFSV is a responsibility that is shared across all government agencies, non-government organisations, and the community, and requires cross agency and cross community responses.

While TFHC is the lead agency for DFSV reform, there are joint DFSV responsibilities that sit across all of the key government agencies that are implemented collaboratively as part of an integrated system. As well as individual agency responsibilities for DFSV, each agency contributes to the implementation of whole-of-government DFSV responsibilities. These responsibilities support an integrated service system and enable agencies, while having their own clear roles and responsibilities, to effectively work together so that people get the help they need. Integrated service systems lead to:

- an increased focus on victim survivor safety
- reduction in secondary (systems-created) trauma, through limiting the need for victim survivors to repeatedly recount their story
- increased visibility and accountability of people who commit DFV
- more cohesive, consensus-based responses to risk
- increased cost-effectiveness.

The key components of the whole of government responsibilities are:

- Shared strategic policies – such as the DFSV Framework, the SVPRF, and the WSDP.
- DFSV Framework governance through the DFSV Cross Agency Working Group.
- Implementation of a shared practice framework in identifying, assessing and managing risk through the RAMF. The RAMF outlines common expectations in assessing, responding to and managing risk, so that they are recognised as shared responsibilities across the service system. Victim survivors of DFV may enter the service system at a number of different points. It is important that they receive a consistent message and service from the different places they approach for help. This consistency will help identify, assess and manage DFV risk as early as possible.
- Implementation of the DFV Information Sharing Scheme.
- Participation in formal interagency risk assessment and management – such as the Family Safety Framework (FSF) which provides an action-based integrated service response from multiple agencies for those experiencing DFV who are at high risk of serious injury or death

The NT government undertakes these actions in close partnership with community, the DFSV specialist sector, and ACCOs.

7.1.1 Inter-agency DFSV reform governance – DFSV Cross Agency Working Group (CAWG)

The DFSV CAWG has been operating since 2018 and brings together government, service peaks, Aboriginal peaks and DFSV specialist networks. The CAWG advises on the implementation of the DFSV Framework and action plans, and drives collaboration, engagement, and information sharing.

The purpose of the CAWG is to:

- develop and promote a shared understanding of DFSV across the NT, in line with the Framework;
- maintain effective engagement and information sharing between all CAWG members and the services, agencies and groups they represent; and
- support integrated and collaborative DFSV policy development and implementation, and DFSV service delivery, with a clear understanding of the different roles and responsibilities of each agency, and of government and non-government organisations.

The CAWG reports to the Children and Families Standing Committee, comprising all of the CEOs of the human services agencies.

The CAWG has played a valued and essential role in overseeing and engaging on the reforms under Action Plan 1, and has been the locus for cross agency and cross sector strategic discussions to ferry the reforms forward. A review of the CAWG undertaken in 2019-2020 found that:

- The CAWG is collegiate and well-functioning, comprised of members with strong understanding and experience. *“It’s a significant group with huge history, experience, intellectual capital”*
- The networking opportunities afforded by the CAWG are valued and foster collaborations outside the work of the CAWG.
- The CAWG has been effective in sharing information, improving interagency coordination, and moving away from a siloed approach to work. *“There are few opportunities for government to come together and work together and we end up working separately so it’s important to keep this going.”*
- Having NGOs, including ACCOs, as members was valued, although it was felt that discussions were dominated by government and more opportunities should be provided for NGO representatives to contribute. The need for representation needs to be balanced with size and functionality.

7.1.2 Whole of government reform coordination - ODFSVR

The ODFSVR was established in 2017 and provides policy advice and leadership across government and to the Minister for DFSV Prevention, in order to prevent and respond to DFSV. The ODFSVR is responsible for overseeing the implementation of the DFSV Framework and its Action Plans, in conjunction with the CAWG, for whom the ODFSVR is Secretariat.

The ODFSVR is located within TFHC Families Programs division, with a budget of approximately \$700,000 (2022-23). The ODFSVR organisational structure consists of 5 full time staff: a Director, Manager, 2 Senior Policy Officers and a Policy Officer. In 2021-22, the ODFSVR also included a Principal Policy Advisor.

Prior to an organisational restructure within TFHC in 2021, the ODFSVR was situated in the same team as the Office of Gender Equity and Diversity (OGED), which provides policy advice across government and directly to the Minister for Equality and Inclusion in relation to gender equality, gender diversity and inclusion in the NT.

The work of the ODFSVR is guided by the DFSV Framework 2018-2028. The ODFSVR is responsible for overseeing the implementation of actions under the Framework, in conjunction with the CAWG. The ODFSVR has led the foundational actions implemented under AP1.

The functions of the ODFSVR include:

- coordinate and provide strategic policy advice on implementation of the DFSV Framework (and associated strategic policies)
- implement and report on NT commitments under the National Plan to End Violence against Women and their Children (and associated strategic policies, including Closing the Gap (and NTG

Implementation Plan Target 13) and Respect@Work report on sexual harassment and implementation²⁶)

- represent the NT on National Plan Jurisdictional Working Group and Senior Officials groups
- support Ministerial engagement in the Women and Women's Safety Ministers' Council
- represent the NT on OurWatch and ANROWS
- provide secretariat for CAWG
- policy lead and implementation for the Family Safety Framework, including establishing strengthening mechanisms and a new FSF portal
- policy lead and implementation for the DFV Information Sharing Scheme
- policy lead and implementation for the NT DFV RAMF, including training
- implement and monitor progress under AP1, including implementation lead for TFHC actions
- manage and coordinate effective consultation with advisory bodies and stakeholders to guide the implementation of the DFSV Framework
- manage evaluations, including of the Men's Behaviour Change Programs
- central management of and reporting on DFSV grant programs
 - Safe, Respected and Free from Violence Prevention Grants
 - Domestic and Family Violence specialist services (including Men's Behaviour Change)
 - DFSV Infrastructure funding
 - National Partnership Agreements on DFSV
 - Early intervention pilot project
 - NO MORE prevention program
 - DFSV Partnership grants
 - Grants under the Sexual Violence Prevention and Response Framework
- Support and strengthen the DFSV workforce and sector
 - NTCOSS DFSV Project
 - OurWatch Primary Prevention Officer NT
 - Engagement with DFSV networks
 - Prevention Community of Practice
 - Sharing and Strengthening our Practice workforce conference
 - establishment of the DFSV Resource Centre
 - NTCOSS implementation of RAMF training delivery

The ODFSVR continues to manage the tasks listed above in implementing the reform plan under Action Plan 1, while the DFSV-ICRO worked to lay out a roadmap for the next phase of reform.

7.1.3 Family Safety Framework (FSF)

The FSF is a cross agency risk management mechanism, adapted from the South Australian model and introduced in the NT (Alice Springs) in 2012, expanding to Darwin, Katherine, Tennant Creek, Nhulunbuy, and Yuendumu in 2015.

The purpose of the FSF is to increase the safety of victim survivors identified through the Common Risk Assessment Tool (CRAT) as being at serious risk of DFV related harm or death. This is achieved through sharing information and collaborating on risk management actions to improve safety. It is important to note that the FSF only reviews serious risk cases, and does not review all DV matters.

²⁶ AHRC (2020) Respect@Work: National Inquiry into Sexual Harassment in Australian Workplaces

Pivotal to the FSF is the Family Safety Meeting, held fortnightly at a local level, and including participating service providers from government agencies and NGOs. The [FSF Guidelines](#) outline the roles and responsibilities of each member and the operations of the FSF. The FSF is operated in alignment with the [RAMF](#) and the [Information Sharing Scheme](#) under Chapter 5A of the *DFV Act 2007*.

NT Police and TFHC are the lead agencies of the FSF, under a joint Memorandum of Understanding (MOU) until 30 June 2024. NT Police leads the operational implementation of the FSF and chair the fortnightly meetings in each region. TFHC is the policy lead and provides funding to the NT Police to employ 4 Administration and Intelligence Officers to support operation of the FSF.

The Administration and Intelligence Officers work in the DFSV investigation areas of Alice Springs, Tennant Creek, Katherine and Darwin. They coordinate all administrative requirements including receiving all referrals; collating an intelligence profile of the referred case; preparing for each meeting; completing minutes; and preparing quarterly data to TFHC for analysis and reporting purposes.

Designated FSF members are TFHC, DoE, NT Health, and AGD (represented by NT Correctional Services). Relevant NGOs in each region are also FSF members and are essential to an effective FSF response, and include women’s shelters, counselling and outreach, and women’s legal services. All NT Government agencies and NGOs who are members of the FSF also have responsibilities under the FSF Guidelines, but are not signatories to the MOU.

Under the MOU, TFHC are responsible for:

- Monitoring and updating FSF Guidelines to support effectiveness, currency and common understanding of the operation and processes of the FSF;
- Maintaining the [RAMF](#) including the [CRAT](#);
- Coordinating RAMF training and ensure training is available to government and NGOs in each of the FSF locations, with places prioritised for FSF members;
- Coordinating implementation of recommendations to improve the FSF, including those arising from biannual meetings with NT Police.

Under the MOU, NT Police are responsible for:

- Coordinating all FSF Chairs through a forum to discuss issues, trends and opportunities in the operation of the FSF;
- Providing quarterly data reports and a biannual report to TFHC in order to contribute to the continuous quality improvement of the FSF.

Both parties are jointly responsible for:

- Engaging annually with all members to review operation of the FSF and identify issues and areas for modification or improvement;
- Meeting biannually to discuss trends, issues and required improvements.

The table below shows agency attendance data for FSF meetings for 1 July – 30 September 2022.

NTG	Number of FSF Meetings	NT Attendance	Health Attendance	DOE Attendance	AGD Attendance	TFHC Attendance
Darwin	7	5	5	5	6	7
Katherine	7	1	5	5	3	5
Tennant Creek	7	7	2	2	4	6
Alice Springs	7	4	0	0	4	7
Yuendumu	5	3	3	3	5	5

Figure 23 Agency attendance at FSF meetings, 1 July - 30 September 2022. Note data not available for Nhulunbuy

7.1.4 RAMF and the DFV Information Sharing Scheme

TFHC has responsibility for Chapter 5A under the DFV Act, which creates the DFV Information Sharing Scheme, as well as the RAMF.

The DFV Information Sharing Scheme commenced in 2019 and aims to remove barriers to enable Information Sharing Entities (ISEs) prescribed under the DFV Act, to share relevant information if it is necessary to assess, lessen or prevent a serious threat to a person's life, health, safety or welfare because of DFV. TFHC developed the Information Sharing Scheme, including tools, templates, and training and orientation materials to support implementation. TFHC manages the process by which any organisation providing a DFV-related service can apply to become an ISE. Chapter 5A of the DFV Act will undergo statutory review by the Office of the Information Commissioner at 2 years and 5 years of operation. The 2-year review is expected to be delivered in 2023.

The development and implementation of the RAMF, including the CRAT, was required under AP1, and also under Chapter 5A (s124Q) of the DFV Act, as a foundational component of the Information Sharing Scheme. The RAMF was developed by TFHC, in collaboration with Australian National Research Organisation for Women's Safety (ANROWS) and Jackie Burke Psychology and Consulting, and released in 2020, with a Ministerial launch in 2021.

The fundamental purpose of the RAMF is to provide a consistent, evidence-based way to identify, assess, respond to, and manage the risk of DFV in order to increase the safety of DFV victim survivors, and increase the accountability of people who commit DFV. Prior to the RAMF, there was no consistent practice framework, which meant that victim survivors received inconsistent and responses, there was less visibility for people committing DFV, and workers did not have consistent practice tools to support their work. The RAMF represents a significant DFV service system reform as it sets this consistent standard across all parts of the service system, including specialist services, statutory services, and universal services.

The DFV Justice review stated that "The RAMF is such an important part of the response to DFV because it creates a shared way of understanding and responding to DFV...The other reason the RAMF is important, it is that it is evidence-based. It contains a list of high risk factors for serious harm and death in DFV situations that has been informed by research and Coroner's findings."²⁷

In addition to practice tools and guidance, the RAMF includes foundational information about DFSV to enhance a common understanding across the service system. It also sets out all the elements of an integrated system. The RAMF underscores all efforts to improve our risk responses by supporting an effective workforce with the necessary knowledge, skills and support, aligned with the WSDP.

The RAMF recognises that DFSV is not an issue for our clients only, but is very much an issue for our staff. Supporting staff who are victim survivors of DFV, and responding to staff who have committed DFV is a key organisational responsibility.

The development of the RAMF included the development of the Common Risk Assessment Tool (CRAT) for the NT. Prior to its development, a Risk Assessment Tool (RAT) was in place for referrals to the FSF. The RAT was a standalone tool with one function only - to identify whether a referral to the FSF was required (between 2012 and 2021). It was generally only used where there were concerns at the level of serious risk of harm or death to the victim-survivor. This had two limitations - victim survivors who may not have met that threshold received no assessment (that is, there was no standardised risk assessment tool), and there was no other risk management response except for an FSF referral. Training on use of this referral form was limited, and there was no practice framework that accompanied the tool.

²⁷ AGD [2022 Review of Legislation and the Justice Response to Domestic and Family Violence in the Northern Territory](#)

The CRAT, by contrast, is a component of a holistic DFV risk assessment and management framework which provides practice guidance in relation to DFV identification (screening), assessment, management. It is supported by training, enables assessment of all levels of risk, and no longer uses the language low, medium and high risk, as these labels have practice implications in responding to (or normalising) what is seen as ‘lesser’ risk. Instead the levels are: at risk, elevated risk and serious risk. The CRAT provides direction as to the next steps after a risk assessment is completed (ie risk management steps), and is clear that all risk levels require a risk management response, not just those at serious risk, and that risk management responses are many and varied and are not limited to an FSF referral. The CRAT was developed to reflect evidence nationally and for the NT, in alignment with the ANROWS National Risk Assessment Principles.

7.1.4.1 RAMF – agency implementation progress

Under section 124R of the DFV Act, all ISEs must ensure that their policies, procedures, practice guidance and tools relevant to the sharing of information align with the RAMF.

All government agencies are ISEs along with any other person or entity that provides a domestic violence related services, and is prescribed by regulation. While non ISEs are not legally obliged to align with the RAMF, they are encouraged to due to the benefits for workers, clients, and an integrated service system. A comprehensive [organisational implementation guide](#) supports this ongoing improvement process for all organisations.

A key component of RAMF implementation was the development and delivery of training to support appropriate usage of the RAMF across the entire service sector. In 2021, ODFSVR developed training, and partnered with NTCOSS on delivery across the NT. In 2022-23 NTCOSS received funding of \$192,660 to manage the training rollout, and it is understood that funding is ongoing. This partnership has been a successful model enabling strong community and sector engagement.

One of the purposes of the RAMF is to foster inter-agency collaboration through shared practice so that services work in an integrated way to achieve better outcomes for victim survivors and greater visibility for people who have committed DFV. The RAMF also creates shared expectations of good practice in DFV response. This is why RAMF training is intentionally designed for mixed groups from all parts of the service system.

Since training commenced in February 2021, 67 workshops have been held in Alice Springs, Darwin, Tennant Creek, Katherine, Nhulunbuy and Ti Tree, and over 1000 people have participated in the training.

Workshop location	Total workshops
Darwin	23
Alice Springs	20
Tennant Creek	7
Katherine	8
Nhulunbuy	8
Ti Tree	1
Total	67

Figure 24 RAMF workshop locations, since commencement to May 2023

Participant agency	Number	Percentage
TFHC	117	29%
NTPFES	74	18%
NT Health	64	16%
Department of Education	56	14%
AGD	82	20%
DCMC	2	0%
Unknown	11 ²⁸	2%
Total NTG	405	40%
NGO	386	39%
ACCO	206	21%
Other	6	1%
Total	1003	100%

Figure 25 RAMF Training attendance, since commencement to May 2023

Participant feedback demonstrates that individual learning objectives for each workshop were achieved to a high standard. Overall, there was a 97% satisfaction rate with the workshop. As a result of the training:

- 97% of participants understood more about the RAMF and how to use it in their work;
- 97% of participants felt more ready and able to screen for DFV;
- 98% of participants felt more ready and able to identify evidence based DFV risk factors and assess risk using the CRAT;
- 96% of participants felt more ready and able to respond to the immediate safety needs of DFV victim survivors;
- 98% of participants felt more ready and able to respond to the comprehensive safety needs of DFV victim survivors;
- 94% of participants increased their understanding of the importance of worker safety and wellbeing in DFV responses;
- 95% of participants had the opportunity to extend their networks in order to work in a more collaborative way;
- 97% of participants rated the trainers' presentation skills as excellent or good; and
- 98% of participants found the training to be relevant or very relevant to their needs.

Implementation goes beyond training, however, and includes:

- adopting RAMF tools, policies, principles and guidance in internal policies and procedures, including those relevant to staff who may be victim survivors and/or people who have committed DFV;
- mandating training;
- developing or strengthening relationships and collaborations with relevant local services; and
- engaging in multi-agency formal and informal partnerships for the purposes of collaborative risk assessment and management, information sharing, secondary consultations and referrals.

While some of these areas are well advanced in agencies, there are further opportunities for more significant alignment.

²⁸ The registration system was improved in 2022 to enable agency details to be captured.

7.1.5 Child Abuse Taskforce (CAT)

The Child Abuse Taskforce (CAT) is a multi-agency response to serious and complex incidents of alleged criminal acts committed upon a child. Agencies, under the direction of a protocol and local area agreements, ensure victim survivors and clients are provided with every opportunity to receive the level of support they require. CAT teams are established in Darwin (Northern) and in Alice Springs (Southern). Participating agencies include TFHC, the NT Police, Australian Federal Police, Health and the DOE. Other agencies and NGOs may be invited to assist in developing and implementing a response. CAT may investigate matters referred through a range of sources. However, the TFHC Central Intake Team (CIT) is the key body which makes referrals to CAT.

7.1.6 Child Wellbeing and Safety Partnership

In 2021, Multi Agency Community and Child Safety Teams (MACCST) were formed in response to two Coronial Inquests (2020) into the deaths of 6 Aboriginal young people from remote communities.²⁹ The Inquests found that multiple services were working with the same children and families, but were not collaborating to develop cohesive multi-agency responses.

MACCST were established as locally led decision making forums to deliver timely, coordinated, action based, early intervention responses to respond to the safety of children, families and communities.

The MACCST has undergone a review and the new model - Child Wellbeing and Safety Partnerships (CWSP) - is currently being implemented. TFHC is the lead agency for the CSWP, which is a collaborative, place-based partnership between ACCOs, Aboriginal community leaders, NGO services and government agencies to plan for the wellbeing and safety of children and families, through sharing information and coordinated service delivery.

While the CWSP is not a dedicated response to DFSV, the CWSP acknowledges the importance of supporting those who are experiencing DFSV. In the absence of a FSF in the community a child or family member who is experiencing DFSV can be referred to the CWSP for support, following an assessment of serious risk through the CRAT. Adults do not need to have children of their own to be referred. Adult victim survivors must consent to the referral.

In December 2020, the NT Coroner recommended that the CWSP be legislated. This is being progressed in amendments to the *Care and Protection of Children Act 2007* in 2023.

7.2 Gaps, Priority Needs and Future Directions

7.2.1 Inter-agency DFSV reform governance

DFSV is one of the most complex and intractable problems confronting the NT Government and the NT community. There are, unfortunately, no 'quick fixes' or singular solutions. There is also no single, stand-alone system that can take responsibility alone for effectively preventing and responding to DFSV. Instead, a multitude of overlapping systems, involving a broad range of government and non-government agencies working together in a coordinated manner, are required.

If these overlapping systems are not underpinned by strong governance arrangements that support consistent and aligned approaches, DFSV reforms may be ineffective or even harmful.

²⁹ Inquest into the deaths of Fionica Yarranganlagi James, Keturah Cheralyn Mamarika and Layla Leering [2020] NTLC 022 and Inquest into the deaths of Master W, Miss B and Master JK [2020] NTLC 020

There is now a new opportunity to review the CAWG in the light of proposed DFSV reforms, to ensure effective governance of the DFSV prevention and response reforms proposed. This could include considering appropriate membership, structure, role, reporting, monitoring and communication.

The DFSV-ICRO reforms represent an opportunity for the CAWG to truly reflect the richness and complexity of DFSV prevention and response in the NT. This could be achieved through strengthening the engagement between the CAWG and other NT based boards and committees such as the

- DFSV Aboriginal Advisory Board;
- Aboriginal Justice Agreement Governance Committee and working groups; and
- Tripartite Forum.

Greater rigour and direction is required so that the CAWG can deliver on its responsibility to monitor implementation of the DFSV Framework actions, and report to the Children and Families Standing Committee.

The DFSV-ICRO proposes that a review and reset of DFSV governance occur in preparation for implementation of Action Plan 2, following the outcome of the internal review of AP1. This should include a review of the CAWG Terms of Reference, purpose, accountability and reporting lines, membership, secretariat and resourcing.

7.2.2 Whole of government reform coordination

One of the tasks allocated to the DFSV-ICRO was to develop options for ongoing coordination of DFSV reform post 30 June 2023.

Every Australian and international domestic, family and sexual violence (DFSV) reform strategy is unanimous on a foundational principle: that a joined-up, multi-agency, consistent response is required to enable DFSV reform. This conclusion has been reached in each major national and international report produced in relation to the systemic prevention of and response to DFSV.³⁰

An integrated response is foundational for several reasons. Firstly, it reflects the fact that responding to DFSV brings people, children and families into contact with multiple parts of the service system, including DFSV services, police, justice, housing, children and family services, child protection, and health. These all have responsibility for individual parts of the DFSV system, because DFSV is a complex social problem that simultaneously impacts individuals, families, communities and societies. It cannot be addressed by one individual, family, community, agency, service, government tier, or sector in isolation.

If these multiple systems are working in a fragmented way, if there is no clear 'system owner', no central point of accountability, and no underpinning governance arrangements, DFSV reforms are unlikely to be effective, and the human and economic costs of DFSV will continue to escalate. Service users, policy makers, and government representatives have expressed frustration with an often dislocated and fragmented system with disparate governance, policies and consultative arrangements running parallel and, occasionally, at cross-purposes.

Further, an integrated response is crucial because of the serious risks of DFSV – if problems are siloed, risk relevant information may be fractured across organisations, under different legislative frameworks and service systems. At best, this may result in unnecessary complexity, confusion, duplication, service gaps or inconsistent practices. At worst, the consequences can include serious harm or death.

³⁰ Including the Victorian Royal Commission, to the Queensland inquiry, Australian Law Reform Commission (2010), National Plan to End Violence against Women and Children, NT DFSV Framework

The ultimate goal of a coordinated approach is the safety and recovery of victim survivors, so they get consistent, standardised, timely and effective responses from agencies working together. This is also predicated upon a shared responsibility for the visibility of and accountability for people who have committed violence.

A properly resourced, whole of government coordinated mechanism will achieve jointly outcomes that could not be achieved by organisations or agencies acting separately.

The evidence³¹ shows that effective, sustainable and coordinated approaches to DFSV reform share the following key elements:

Element	Explanation	What might this look like in practice?
Shared understanding of DFSV, and a shared strategic direction	<p>A shared understanding of what DFSV is, and the agreed goals for reform, underpinned by shared principles and practice approaches, enables diverse services, sectors, levels of government and administrations to work together, communicate, and share information.</p> <p>This also promotes consistency between legislative and policy reforms, processes, programs, funding, and other response and prevention efforts.</p> <p>A shared understanding of DFSV supports a shared vision for reform, and informs the agreed goals and actions that operationalise those reforms in practice.</p> <p>A shared understanding and plan may be enforced through communications, training, and effective policy congruence mechanisms.</p>	<p>A shared cross-agency strategic policy</p> <p>A shared practice framework</p>
Leadership	<p>Leadership includes a demonstrated and long term commitment to reform by ministers, agency heads and senior managers.</p> <p>DFSV should not be treated as a party political issue. Strong bipartisan leadership is required at the political level to steer and protect long term investment and reforms across election cycles. This is especially important because DFSV reform requires generational change.</p> <p>Leadership at the agency level is required so that DFSV is considered core government policy that cuts across several portfolios, and is a central consideration in policy-making and investment decisions.</p>	<p>A bi-partisan agreement to reform.</p> <p>A cross portfolio approach within parliament.</p> <p>A cross agency approach within government.</p> <p>A dedicated ministerial portfolio.</p>
Continuous improvement	<p>DFSV responses benefit from robust research and evidence gathering, and a commitment to reflective continuous improvement.</p> <p>The evidence base for DFSV reform is a fast growing area, with new research being released and applied across the globe. A reflective and flexible approach leads to policy and legislative reforms, innovative programs, and improvements for victim survivors.</p> <p>Monitoring of change is critical, guided by a shared and clear evaluation framework. Evaluation requires effective, cross sector data collection so that implementation progress can be properly assessed against measureable objectives.</p>	<p>A shared monitoring and evaluation plan with agreed and consistent data sets.</p>

³¹ Royal Commission (VIC), Australia’s National Research Organisation for Women’s Safety Limited (ANROWS) (2016). *Meta-evaluation of existing interagency partnerships, collaboration, coordination and/or integrated interventions: Key findings and future directions*, Queensland inquiry, Australian Law Reform Commission (2010), National Plan to End Violence against Women and Children

Element	Explanation	What might this look like in practice?
Transparency and accountability	A transparent monitoring and reporting approach supports accountability for implementation and funding. This provides opportunities for shared expertise, shared resourcing, collegial scrutiny and accountability, which also supports systems of continuous improvement and innovation. Transparency of progress enables stronger partnerships built on trust and shared principles.	Regular and public reporting Shared data
Long term commitment	Prevention and reducing the impacts of DFSV requires consistency, sustainability and continuity of leadership, policy settings and investment so that the reform agenda is recognised as long term and cuts across any one political party, agency or individual Minister. Policies, funding, and coordination mechanisms must be long term and sustainable. This is especially important because DFSV reform involves generational change.	Long term policy framework and sustainable funding
A recognised policy reform coordination mechanism, including system oversight, with aligned regional responses at the local level.	Coordination, collaboration and congruence across multiple jurisdictions, agencies, sectors and settings is at the heart of the coordinated response. This work should be based on subject matter expertise, and buy in from all parties. Linking governance at the local level with a centrally coordinated monitoring group enables coordination, collaboration and congruence across and within jurisdictions, sectors and settings.	A centrally managed cross agency reform implementation mechanism, with local reform implementation groups
Lived experience at the centre	We must centre the voices and experiences of victim survivors in service and system design—the very people the entire governance system is intended to serve.	A victim survivor advisory group
Common risk assessment and management processes	A shared and evidence based approach to risk management supports safety improvements for victim survivors and greater accountability of people who have committed DFSV. This shared practice requires consistency across specialist, universal and statutory services, and across government and non-government, to create a true web of accountability and safety.	A shared practice framework that underpins service delivery Multi agency risk management teams Information sharing protocols
Clear governance, authorising environment	Robust cross agency governance is required so that reforms may progress with authority, accountability and shared responsibility, and actions are implemented in a consistent manner.	High level governance body
Stakeholder engagement, advice and partnerships	Sustained, meaningful, formal and informal cross agency partnerships at governance and practice levels, including strong engagement and collaboration with the sector, to support a robust and consistent system. Joint ownership and oversight of the system and reforms will build joint responsibility and a spirit of partnership and shared strategic directions.	Cross agency and sector advisory groups Meaningful stakeholder consultation and participation mechanisms

Element	Explanation	What might this look like in practice?
Adequate resourcing	Needs based investment enables practitioners and policy makers to focus resources on delivering and reporting on the success of reforms. Long term commitments also support outcomes rather than output evaluation processes.	Ongoing and needs-based funding
Workforce and sector development	All DFSV prevention and response relies on a capable, effective, and safe workforce, who work for sustainable services that lead good practice, and form a strong and integrated sector. A strong, supported and capable DFSV workforce and sector will enable greater safety for victim-survivors, stronger accountability for people who commit DFSV, and more effort to prevent violence before it occurs.	Training for workers, effective recruitment and retention systems, sustainable services, strong sector supports, such as a peak body.

Figure 26 Components of an integrated approach

7.2.2.1 Learnings from the ODFSVR and the DFSV-ICRO

The DFSV-ICRO was established within the Reform Management Office, and consisted of five senior officers seconded from each of the key human services agencies (NT Police, NT Health, Department of Education and Attorney General and Justice) and led by a Director from TFHC. Officers were selected by their agencies according to a job description developed by the DFSV-ICRO. Each agency was expected to provide their officer with an agency executive sponsor, and an internal agency consultation mechanism, to support their work.

In analysing the strengths and weaknesses of the DFSV reform coordination models trialled in the NT, the following elements are highlighted as critical for the success of the new coordination mechanism:

- **Cross agency engagement.** Officers within the mechanism must have DFSV and strategic policy expertise. Internal agency executive sponsorship arrangements must be formally committed to and regularly bring together the executive sponsors to create an authorising environment, and enable clear communication and consistent processes. This is especially important where agencies are developing DFSV strategies in isolation and early engagement is critical to avoid fragmentation and policy incongruence.
- **High level cross agency governance.** This exists through the Children and Families Standing Committee.
- **Alignment with existing DFSV mechanisms.** While the ODFSVR focussed on implementation of existing reforms, and the DFSV-ICRO focussed on development of future reform strategies, these activities were performed in collaboration, achieved by the Director spanning both units. Moving forward, the amalgamation of the units would ensure consistency, continuity and efficiencies. The existing responsibilities of the ODFSVR would be absorbed by the new unit.
- **A stand-alone unit.** The mechanism needs both a level of authority and independence from any one agency to have true cross agency engagement.
- **A clear scope.** During the 10 months to date of DFSV-ICRO operations, it has repeatedly been called upon by multiple government leaders and agencies, as well as by the specialist sector, to assist in providing solutions to DFSV, in addition to the tasks set by Cabinet. This rapid collective ownership of the concept and value of a central, specialist team is evidence of the need to continue to fill the gap in our coordinated response to DFSV. However, the experience of the ODFSVR is important to learn from. While the core function and rationale for the ODFSVR was to lead whole-of-government policy and reform for DFSV, in reality the work of the ODFSVR over the past 2 to 3 years has been dominated by grants management processes, including Australian Government funding, which involves significant planning, co-design, administration of grants rounds, and contract management of providers, with no additional management resources. This has compromised efforts to focus on policy development and to deliver on critical and identified commitments under AP1 as well as other emerging policy issues. A terms of

reference or charter is recommended, to emphasise that the core role is strategic policy direction and coordination.

- **Specialisation.** DFSV policy, especially in the NT context, is a complex area that requires specialist skills and experience. Generic policy approaches are not sufficient. Subject matter expertise within the unit is required to link the ever growing evidence base with practice, policy development and implementation. In addition, specialist skills in the areas of communications, engagement, data and evaluation are required to support the unit.
- **Dedicated, ongoing and needs-based resources.** Fluctuations in funding, and short term funding decisions, divert attention away from steady implementation and continuous improvement. This is equally the case in government agencies as it is in on the ground service delivery. Short term, one off, “innovative” funding models have been consistently criticised by the sector as short sighted, and difficult to meaningfully implement. Equally, a sustainable policy coordination mechanism will be more successful if it can dedicate its time to reform implementation and measuring change, rather than to resource survival.

7.2.2.2 Proposed model

The NT Government has made a genuine commitment to a whole-of-government approach to stop DFSV, support victim survivors and hold people who have committed DFSV accountable. The first generation of reforms include the establishment of the integrated safety architecture (such as the DFSV Policy Framework, the RAMF, the Cross Agency Working Group, the Family Safety Framework). The establishment of a DFSV ministerial portfolio and the DFSV-ICRO, and the direction to make a joint budget submission, are all hallmarks of a true cross-agency and coordinated approach and are significant steps forward.

In order to protect, sustain and grow these achievements, ongoing coordination is required.

The model proposed would provide strong oversight and support effective and coordinated strategies that bring together government and non-government agencies, including the police, justice system, education and health, housing and community services to address DFSV.

A sustainable, inter-agency DFSV policy lead unit should be a whole-of-government structure to oversee system performance, policy development and implementation.

The proposed model, when measured against the key elements of a coordinated approach above, meets all the relevant criteria. It also responds to the learnings from the ODFSVR and DFSV-ICRO experiences over the past decade.

DFSV Interagency Coordination and Reform Office

Role and functions

Leads the whole of government development, implementation and coordination of NT Government DFSV strategic reforms to improve the prevention of and response to DFSV, under *Safe, Respected and Free from Violence 2018-2028*, and associated policy frameworks.*

Works towards cross agency and regional alignment of DFSV activity.**

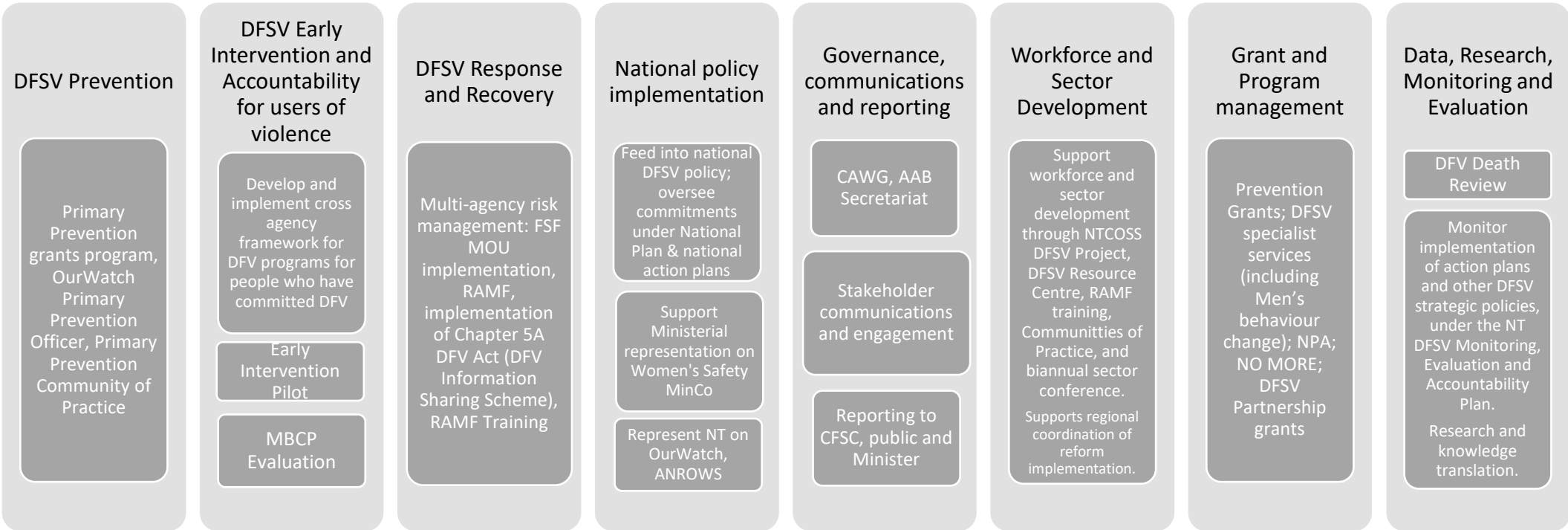
Supports and provides strategic advice to the Minister for the Prevention of DFSV.

Is a stand-alone unit separate to the operational functions of TFHC.

Absorbs the functions of the current ODFSVR to ensure continuity.

Advised by a Cross Agency Working Group that includes government and non-government representatives.

Works in partnership with Australian government, other state and territory governments, DFSV specialist services, ACCOs, peaks, business and community groups to progress policy and initiatives that prevent and respond to DFSV.



*Including Action Plan 1, Action Plan 2, the Sexual Violence Prevention and Response Framework, Workforce and Sector Development Plan and Respect@Work,

**Including under the Aboriginal Justice Agreement, Sentencing Reform, Gender Equality Statement of Commitment, NT Closing the Gap Implementation Plan.

Figure 27 DFSV ICRO Functions

7.2.2.3 Proposed Functions

The ICRO includes the existing ODFSVR resources and responsibilities, to ensure a coordinated, specialist and efficient approach.

The existing responsibilities of the ODFSVR would be absorbed by the ICRO, in addition to the new responsibilities under Action Plan 2. These new areas may include:

- overseeing review, implementation and further development of the RAMF practice framework and the Family Safety Framework (in partnership with NT Police)
- exploring DFSV-responsive policy audit processes, such as DFSV impact statements for Cabinet proposals, or reports on the DFSV-related risks and opportunities within each ministerial portfolio
- providing secretariat functions for the newly established Aboriginal Advisory Board.
- establishing a Domestic and Family Violence Death Review function.
- implementing Monitoring and Evaluation processes and working on data improvements to measure progress against the Framework outcomes.
- Overseeing agency management of their actions under Action Plan 2, including ensuring monitoring, evaluation, funding accountability.
- Leading the co-design process for the framework for programs for people in the NT who have committed DFV.
- Continuing to support policy alignment across agencies so that DFSV reforms are implemented in a consistent and congruent approach. This includes alignment of approaches under the NT Aboriginal Justice Agreement, the NT Government's Sentencing Reform Legislation; Northern Territory Gender Equality Statement of Commitment; 10-Year Generational Strategy for Children and Families in the Northern Territory and the Everyone Together: Aboriginal Affairs Strategy 2019–2029.

Decision making should remain at the level of the Children and Family Standing Committee, to which the mechanism would report quarterly and as required.

The CAWG, pending review, would continue as the key oversight and advisory mechanism for the implementation of Action Plans, engaging sector and government agencies. The agency representatives on the CAWG should be at minimum director level and have oversight of delivery of their actions, data collection and reporting under Action Plans 1 and 2.

In addition, an Executive Sponsor inter departmental committee is proposed, to enable regular monitoring of agency action progress, strategic oversight and ensure effective risk management, accountability, collaboration and coordination across the reform.

The ICRO mechanism should produce an annual report to the Minister to be published online, including through a visual report card.

Consideration should be given to opportunities to re-join or more closely align the work of the Office of Gender Equity and Diversity with the new mechanism, given the evidence base of gender inequality as a core driver of DFSV.³²

³² DFSV and gender equity came together as policy areas within the NT Government from August 2016 to June 2021, to make up the combined Office of Gender Equality and Violence Reduction (OGEVR). OGEVR was a structural representation of the evidence based practice and policy responses required to prevent and respond to gender inequality and DFSV. OGEVR was disbanded on 1 July 2021 when the ODFSVR moved to the Families Program division of TFHC. OGED and ODFSVR retain a close working relationship, have shared stakeholder groups,

7.2.3 DFV Death Review

The implementation of a DFV Death Review Process in the NT was an initiative in AP1 under the *NT's Domestic, Family and Sexual Violence Reduction Framework 2018-2028*.

The current investment is limited to a part time research position in the NT Coroner's office to provide support to the Coroner in relation to DFV-related Inquests and to contribute to the National database on DFV related homicides.

Unlike other jurisdictions, the process in the NT does not provide a framework or the necessary resources to facilitate cross-agency experts to jointly develop a co-ordinated systemic response to DFV-related issues identified by the Coroner.

The DFV Justice Review proposed that the NT DFV Death Review Process be expanded to enable a more dynamic, proactive, cross-agency, systems-based response rather than agencies considering the Coroner's recommendations largely in isolation. It supported a multi-agency approach to learning from DFV-related deaths to prevent future deaths and ensure continuous improvement of the NT's response to DFV. The proposal for a systems-driven DFV Death Review process in the NT was strongly supported in the submissions to the DFV Justice Review process.

Most jurisdictions have some form of death review process in place, and jurisdictions work together to regularly report on DFV related homicides.

A systemic death review process would:

- identify deaths that occur in a DFV context;
- assist the Coroner in relation to DFV related matters being considered by the Coroner;
- provide a group of independent experts that the coroner can draw on in considering his or her findings, and particularly to inform recommendations for change (especially where there are cross agency implications);
- undertake independent research, investigations and case reviews of deaths that occur in a DFV context (either individually or as a group of cases with common features);
- source additional information to inform case reviews;
- identify fatality risk factors to inform risk assessment frameworks and for other purposes;
- develop recommendations for systems change across agencies and non-government agencies (including legislation, policies, practices and services and inform the NT's DFV RAMF);
- monitor the progress and uptake of recommendations; and
- report to the public and parliament on its work and recommendations.

The DFSV-ICRO supports the creation of a systemic death review process.

7.2.4 FSF

The FSF was reviewed in 2017 and all recommendations from that review were completed, including the development of contemporary FSF Guidelines; development of the RAMF; adoption of the CRAT; and provision of RAMF training across the NT.

have reallocated OGEVR funding, tasks and responsibilities to each Office, and have a shared commitment to challenging and changing the social and cultural attitudes, values and structures that underpin DFSV.

Under the FSF MOU, each year the operations of FSF are reviewed collaboratively by NT Police and TFHC, in engagement with all members. The most recent process was undertaken in November 2022. The process determined that the FSF was a critical and successful initiative, requiring strengthening to continue to meet its aims. The review identified some gaps in monitoring, reporting and improvement processes, as well as in cross agency participation and engagement.

Due to resource pressures in both agencies, data collection and review processes have not been occurring in a regular and systematic manner. For similar reasons, the annual review process has not occurred in a formal way since 2017, and biannual meetings between TFHC and NT Police have occurred sporadically with little structure. This limits the ability to track the 'impact' of the FSF as a mechanism for improving safety for victim survivors.

Participation in the FSF meetings by some agencies and in some regions is sporadic. This lack of engagement has implications for the workings of the FSF and its ability to conduct adequate risk assessments and provide appropriate responses to those persons referred to the FSF. It is anticipated this may improve with increased numbers of staff being training in RAMF, clarity about the function of the FSF meetings and improved communication regarding agency role in the prevention and reduction of DFSV. Agencies have raised concerns about the resourcing required for meaningful participation, and it is noted that there is no additional resourcing for agency preparation and participation.

A series of recommendations arising from these findings were presented to and accepted by the CAWG, and are being implemented jointly by ODFSVR and NT Police. The recommendations include:

- TFHC and NT Police recommit to their responsibilities under the MOU and FSF Guidelines, including reinvestigate ongoing data collection and analysis.
- TFHC and NT Police recommit to the responsibility to engage annually with all members to review operation of the FSF and identify issues and areas for modification or improvement.
- Update the MOU (which expires on 30 June 2024) to include other NTG agencies. This will provide greater clarity of other agencies' roles and increase accountability and buy in from agencies. Explore whether NGOs should be included in the updated MOU.
- Improve induction processes for new members and proxies on the FSF, including consideration of a training module (possibly online) for FSF members.
- Explore the use of a secure, centralised IT system to support risk assessment, referral and risk management processes of the FSF, as well as meeting administration, like the FSF Portal that is used in South Australia.

The DFSV-ICRO concur with the need to improve accountability, reporting, monitoring and continuous improvement of the FSF as a key element of the safety and interagency architecture of the NT's DFSV response system. The implementation of the recommendations is supported and, given the cross government nature of the FSF, must be undertaken with a whole of government coordination lens. In addition, the following areas require additional action:

- Consider dedicated administrative support for the Nhulunbuy FSF.
- Consider increased capacity for existing administrative support in recognition of the importance of their record keeping and reporting roles. NT Police consider that increasing the level to AO4 will support this requirement.
- Consider an FSF Coordinator position within NT Police to provide a single coordination mechanism and manage the responsibilities under the MOU in an accountable, consistent and efficient manner.
- Consider establishment of an FSF in Wadeye.

The DFV Justice Review recommended (at systemic reform recommendation 24) that the DFSV-ICRO consider strengthening the FSF.

The DFSV-ICRO notes that discussions have commenced with South Australia on their digital tool for FSF meetings and record keeping and supports further exploration of this tool to improve consistency and accountability. Such a tool would support improved reporting, and would also strengthen the engagement, participation and accountability of all government agency FSF members.

7.2.5 RAMF and Information Sharing

7.2.5.1 Implementation governance and accountability

The DFSV-ICRO appreciates that implementing the RAMF requires significant system reform and culture change which requires a number of years and effort at all levels of the service system. The process of aligning to the RAMF is different for each agency and service, recognising the complexity of the service system and the variable starting points and stages of DFV practice development across services. Flexibility and an awareness of the time needed for culture change and system reform is required, so that services and agencies can align in the manner they deem to be most appropriate.

Increasing agency participation in RAMF Training is identified by most agencies as a priority. This includes those who attend FSF meetings, for whom RAMF Training is mandatory.

However, it is important to recognise that proper organisational implementation of the RAMF is not just about increasing training participation, although this is a very important component. Implementation may include:

- organisational audits of policies, procedures, processes and training relevant to DFV and the incorporation of or alignment to RAMF. This includes policies and processes relevant to staff who may be victim survivors and/or people who have committed DFV;
- mandating training for appropriate staff;
- developing or strengthening relationships and collaborations with relevant local DFV services;
- whole of government contractual requirements for all service providers funded by the NT Government to align with the RAMF;
- engaging in multi-agency formal and informal partnerships for the purposes of risk assessment and management, information sharing, secondary consultations and referrals, and collaborative practice; and
- explicit alignment with other intersecting policy and operational frameworks, including Safe and Together, and Signs of Safety.

The DFSV-ICRO sees opportunities for stronger implementation of the DFV Information Sharing Scheme and the RAMF in all government agencies, noting the additional legislative requirement for ISEs under s124R.

Implementation would be assisted by an accountability process, such as annual agency reporting, similar to the process that takes place in Victoria where Family Violence Multi-Agency Risk Assessment and Management prescribed agencies report through their Minister to Parliament on implementation progress annually. It would be suitable and informative for this process to occur through the Children and Families Standing Committee to encourage visibility and alignment across agencies, as well as identify opportunities for cross agency collaboration and resource alignment.

Reporting could be made against the existing [organisational implementation guide and checklist](#) as a useful tool to support agency accountability.

The DFSV-ICRO also proposes consideration of a short training module aimed at managers, boards and organisational leaders, including senior executives in government agencies that provides support on organisational understanding and implementation.

7.2.5.2 Police frontline screening tool

The role of police in undertaking DFV risk assessment is a critical linchpin in any integrated system. Tools to effectively identify and manage the risk of DFV in a consistent, objective and evidence based way are central to this role. The RAMF and CRAT, as a standard risk assessment tool and framework, contribute to consistency of response, good practice response and an integrated service system.

NT Police utilise the CRAT in order to make referrals to the FSF. However, the CRAT is considered too lengthy and complex for use by many frontline police attending a DFV incident, and not suitable for frontline police operational purposes.

The DFSV-ICRO supports the development of a police-specific risk assessment screening or triage tool, aligned with the RAMF and CRAT, but appropriate to the operational requirements of frontline police.³³ This will also assist frontline police to accurately identify the person most in need of protection. The tool should be of minimal administrative burden, compatible with policing systems and be recognised within instructions and processes. It is essential that the tool is aligned with the practice framework used by the rest of the service system in the NT. This is similar to initiatives that have been developed in other jurisdictions.

7.2.5.3 Information Sharing Scheme modifications

It has been noted that the current legislative requirement that ISEs be prescribed in regulation means there is many months delay between when an application by a NGO is submitted, and when they are prescribed as an ISE. As recommended in the DFV Justice Review, the DFSV-ICRO supports publishing ISEs in the Gazette rather than prescribing them in regulation as preferable. The current review of Chapter 5A of the DFV Act being undertaken by the Office of the Information Commissioner, is considering this issue in response to stakeholder feedback.

Since the introduction of the DFV information sharing scheme in 2019, 13 NGOs providing DFV services have been prescribed as Information Sharing Entities (ISEs), joining the 6 government agencies, and non-government schools, who are prescribed ISEs by statute. The DFSV ICRO supports the Scheme as a critical component of our safety mechanisms, and proposes further attention and resources are dedicated to working with NGO partners to join the Scheme.

7.2.5.4 RAMF Review and Expansion

New evidence on risk factors and best practice in service responses is continually emerging, particularly following coronial and other inquiries into deaths due to DFV. Commitments to review and expand have been made in the RAMF itself, which states that, as a living document, the RAMF will be developed in phases and reviewed and adjusted in line with the emerging evidence and practice, including testing in the field.³⁴

³³ Similar recommendations have been made by the NT Coroner in the 2021 inquest into the unexpected death of HD, and by the DFV Justice Review.

³⁴ NT DFV RAMF, p 13

The RAMF outlines that Phase 1 of RAMF development involved the development of the current RAMF, including the CRAT, practice tools and guides. Phase 2 has been flagged to focus on developing additional guidance and tools for priority groups:

- Children and young people as victim survivors in their own right;
- Young people who use DFV;
- People who commit DFV.

In addition upon release there was a commitment that the RAMF would be reviewed 2 years after introduction, to include how the RAMF works with victim survivors and people who commit DFV in remote Aboriginal communities. It is important that the review and expansion work is undertaken as a priority to continue the positive outcomes that have been achieved to date.

7.2.5.5 RAMF Training

Identified gaps in relation to RAMF training include ongoing content review and updating, and meeting the demand for training. The DFSV-ICRO recognises that ODFSVR has been working in close partnership with NTCOSS on increasing training opportunities and responding to continuous content improvements and updates.

ODFSVR advises that the development of the training is iterative, with modifications made to respond to ongoing participant feedback. Based on suggestions, the following changes have already been made over the 2 years of delivery:

- The volume of training content has been reviewed and shortened, with additional time allocated to activities, and an earlier starting time.
- An introductory RAMF video has been developed to streamline the orientation time in the workshop, and the video is available publicly on the TFHC website.
- Places have been quarantined for FSF members to ensure they are able to attend, as it is compulsory training for all FSF members.
- The original 2 workshop model (where one workshop was for specialist services and one for universal services) has been replaced from 2023 with a combined model, covering all relevant responsibilities in a more integrated structure. This is especially valuable for regional and remote areas, in recognition of the small numbers of specialist workers and limited referral pathways in these areas.
- Additional workshops have been planned overall, particularly to meet the demand in Darwin and Alice Springs, while maintaining regular availability in Katherine, Tennant Creek, and Nhulunbuy.
- Delivery of training in remote communities has commenced, along with a project to develop additional training resources and approaches for workshops held in remote communities.

7.2.6 Child Wellbeing and Safety Partnership

The DFSV-ICRO notes that the CWSPs were formed in response to a recommendation by the Coroner following two inquests into the deaths of children in remote NT communities, including the deaths of 3 young women.³⁵ The circumstances in the lead up to the young women's deaths revealed DFSV, trauma and coercive control.

³⁵ *Inquest into the deaths of Fionica Yarranganlagi James, Keturah Cheralyn Mamarika and Layla Leering* [2020] NTLC 022.

The CWSP represents a significant opportunity to support DFSV policy and practice alignment to improve outcomes for children and families. Many of the children referred to the CWSP will have experienced DFSV (including being exposed to DFSV) perpetrated against themselves, their mothers, or other family members. Many of the families referred to CWSP are likely to have both victim survivors and people who have committed DFSV within the family unit. There are opportunities to implement the RAMF to support the CWSP in DFV risk identification and management practice.

Many remote communities have a CWSP but not an FSF. In these communities, protocols could guide the CWSP in responding to referrals of women who are DFV victim survivors, whether or not they are accompanied by children.

Some communities have both a CWSP and an FSF. In those communities, protocols could guide the intersection between the 2 groups, including referrals, and consistent approaches.

Alignment between the CWSP and the DFSV Framework and RAMF will support a more integrated system and better outcomes for DFSV victim survivors who are children. This could include:

- Community-led inclusion of specialist DFSV services as members.
- Consideration of the DFV Justice Review Systemic Recommendation 25: that TFHC, in collaboration with DFSV-ICRO, give consideration to developing CWSP guidelines on how to deal with children exposed to, and affected by DFV, and their families, that is aligned with the RAMF. The guidelines should prioritise victim safety and offender accountability and include: responses to children who are primary victims or otherwise exposed to DFV; responses to non-offending adults who are victims of DFV; responses to DFV perpetrators; and responses to the high risk factors outlined in the RAMF.
- Referencing the DFSV Framework as strategically relevant to the design and operationalisation of the CWSP.
- Including in the oversight group a representative of the co-ordinating body for DFSV.
- Including specialist DFSV services in CWSP review processes.

8. Northern Territory Health

8.1 Health role in relation to DFSV

DFSV can result in a variety of physical, sexual, reproductive and psychological consequences for the health of victim survivors – both immediate and long term.³⁶ Research shows DFV has a greater impact on the burden of disease for women aged 15 – 45 years than any other risk factor.³⁷ The burden is greater than that for many other risk factors such as obesity, high cholesterol, high blood pressure and illicit drug use. Being a victim of DFSV also increases a woman's risk of future ill health.

NT Health is responsible for providing a range of clinical and therapeutic services. Victim survivors may interact with health professionals at times of heightened risk of DFSV (for example, during pregnancy), after recent or past incidents of violence, or seek treatment for injuries or medical conditions arising from DFSV. These present multiple opportunities where DFSV may be identified or disclosed, including the following health settings:

- Maternal and child health- including perinatal care.
- Mental health hospital and community care.
- Alcohol and other drugs (AOD) screening, assessment and treatment.
- Emergency care.
- Sexual and reproductive health assessment and treatment services.
- Forensic examination.
- Sexual assault medical and counselling services.
- Primary health care.
- Social work services.

DFSV services and health services (including AOD, Mental Health, Acute and Primary Health Care) share a significant number of clients which demands integrated and coordinated service provision to improve client outcomes.³⁸

Health professionals are in a unique position to identify and respond to DFSV. Evidence shows that DFSV victim survivors are more likely to engage with a health professional than with a specialist DFSV service or police.³⁹

³⁶ Physical health impacts from DFSV include: death; head, neck jaw and facial injuries including skull fractures and brain injury; injuries from strangulation including brain injury; sensory impairment including impairment or loss of hearing, sense of smell and vision; severe or repeated spinal or cranial misalignment; soft tissue injuries such as bruising, musculoskeletal injuries and abrasions; broken bones especially fingers, hands, arms and ribs (including defensive injuries); stabbing injuries; chronic headaches; chronic body pain. Sexual and reproductive health impacts can include: sexually transmitted infections; unwanted pregnancy or forced abortion i.e. reproductive coercion; bleeding during pregnancy; miscarriage; gynaecological disorders and disfigurement; infertility; chronic pelvic pain; urinary tract infection. Emotional, social and psychological impacts include: alcohol and drug misuse; depression and anxiety; eating and sleep disorders; shame and guilt; phobias and panic disorder; physical inactivity; poor self-esteem; post-traumatic stress disorder; psychosomatic disorders; suicidal behaviour.

³⁷ VicHealth 2004; WHO 2013; Our Watch 2014.

³⁸ Landscapes, ANROWS 2015.

³⁹ PSS 2016: Women are far more likely to seek advice or support from a General Practitioner or other health professional (53%) following intimate partner violence than from specialist services (40%) or police (16%).

8.2 Mapping of direct DFSV activity and investment in NT Health

Although the quantum of NT Health activity in response to DFSV anecdotally is significant and increasing in demand, this is not well evidenced. NT Health (as is the case with most other jurisdictions) does not consistently use agreed protocols regarding identifying, responding, referring and reporting DFSV (except in some antenatal settings). While the agency keeps some data on assault and injury, the lack of consistent identification and reporting of DFSV results in a limited ability to provide accurate or meaningful DFSV data. NT Health has limited capacity to identify clients experiencing DFSV, the amount of care each one attracts, and no feasible way to attribute cost.

In response to the request for DFSV specific investment and activity, NT Health advised of the current investment of \$7.4 million annually into secondary and tertiary prevention of DFSV noting some of this is time limited funding. This figure comprises:

- \$0.8 million per annum for 4 years for Aboriginal led approached to sexual assault services;
- \$0.6 million per annum for 4 years to implement the NT Health DFV Clinical Guidelines;
- \$0.565 million per annum funding to Ruby Gaea Darwin Centre Against Sexual Violence; and
- \$5.46 million per annum funding for SARCs.

8.2.1 Activity and Investment - Primary Prevention

The DFSV-ICRO was not able to identify DFSV specific primary prevention initiatives delivered by NT Health, however acknowledges that NT Health delivers a broad range of primary health services, including school-based nurses, sexual health nurses, maternal and child health services and home visiting programs. These services directly engage with clients at high risk of DFSV and address precursors to DFSV through social and emotional wellbeing activities, health promotion and culturally appropriate service coordination and referral.

8.2.2 Activity and investment – Early Intervention and Accountability

8.2.2.1 NT Health Domestic and Family Violence Clinical Guidelines

NT Health developed and piloted DFV clinical guidelines for its workforce over a number of years, with final approval in 2021. The guidelines provide a framework for evidence based sensitive practice to increase NT Health staff competence in better identifying and responding to DFV.

In 2022, NT Health identified \$0.6 million per annum for 4 years to deliver training in hospitals and primary health settings across the NT, to upskill hospital and health centre staff to identify, refer, report and respond to DFSV. This included delivery of the NT Health DFV Clinical Guidelines training package to identified NT Health priority workplaces including emergency departments, maternity and antenatal services, social work and primary health care settings.

The DFV Clinical Guidelines were developed prior to the development of the RAMF, which provides the overarching NT wide practice approach for identifying, assessing and managing DFV risk, and the obligations for ISEs under Chapter 5A of the DFV Act. The DFV Clinical Guidelines align with the RAMF, supporting NT Health in meeting its legal obligations. As part of the staged approach to implementation of the guidelines, NT Health will continue to work with TFHC to maintain alignment with the RAMF.

8.2.2.2 Children with harmful and problem sexual behaviours

NOTE: This project is also recorded in section 12.2.3.1 as it is Australian Government funded.

Data from SARC Darwin for the last 2 years shows consistent referrals for children with harmful sexualised behaviours.

- In 2020-2021, SARC received 1,668 child intakes. Of those, 443 were for children with sexualised behaviours and 92 of these were for children with harmful sexualised behaviours.
- In 2021-22, SARC received 990 child intake reports. Of these, 254 were for children with sexualised behaviours, and 56 of those were for children with harmful sexualised behaviours.

The Australian Government, through the National Office of Child Safety, has provided one off funding of \$4.74 million over 4 years to NT Health to support the delivery of increased specialist therapeutic services for children and young people with harmful sexual behaviours.

NT Health is developing the project, with the objectives to build the capacity of primary health care, ACCOs and NGOs to identify, respond and support children and adolescents experiencing low to moderate levels of risk and vulnerability in relation to problem sexual behaviours. NT Health is collaborating with SARC staff to determine current service provision and gaps, best-practice models, service design and potential location, and workforce issues, through a 3-stream model:

1. (Forensic) Sexually Abusive and Violent Behaviours –Forensic Disability Unit (FDU) run service;
2. Sexually Abusive Behaviours - Specialist NGO (potentially Australian Childhood Foundation) run service; and
3. Problem Sexual Behaviours (NGO/ACCO open Grants for place-based delivered service).

The second and third stream aim to be a 'Hub and Spoke' community-based model. The second stream will consist of specialist services to be the 'Hub' and deliver complex care to children and young people. They will also provide clinical supervision, governance, training, and a community of practice with the 'Spoke' services, and support care coordination pathways with SARC, Mental Health Services and FDU services.

The third stream will be the 'Spoke' services and will be place-based organisations spread across the NT whose focus will predominantly be working with children and young people exhibiting problem sexual behaviours. They will work closely with NT schools to ensure appropriate behavioural plans and consistent follow-through to family environments. NT Health are working with the Aboriginal Medical Services Alliance of the Northern Territory (AMSANT) to co-facilitate workshops with community stakeholders to develop the third stream, support service design across the regions (which may take on different shapes due to cultural differences across the regions), and appropriate commissioning processes.

FDU will work closely with TFHC, including Youth Justice, to ensure a clear pathway of care, and to understand in-reach potential within youth detention centres leading up to release, and a process for Forensic Assessments when needed. Risk matrix training will be developed and offered to Department of Education and TFHC Out-of-Home-Care staff to support referral pathways into the appropriate treatment stream, and assist with refining therapeutic behavioural safety plans.

8.2.3 Activity and investment – Response, recovery and healing

8.2.3.1 Aboriginal Led Sexual Assault Service

In response to the need for additional services to support Aboriginal people experiencing sexual violence, \$0.8 million per year has been allocated over 4 years from 2022-23 (through internal budget) for NT Health to establish an Aboriginal-led, community-based, specialist sexual assault service response. The response will build local and regional capacity through commissioning of new services including counsellors and other experts.

NT Health is consulting with ACCOs to co-design, develop and establish this service. It is anticipated the service will be in development from March 2023 and operational by June 2023.

8.2.3.2 Ruby Gaea Darwin Centre against Sexual Violence Inc.

Established in 1987, Ruby Gaea is the NT's sole specialist non-government sexual violence service and provides counselling to sexual violence victim survivors, including those whose experience is historical. Coverage is limited to Darwin and the service employs one specialist counsellor. Ruby Gaea provides services to women and children (including boys).

NT Health manages Ruby Gaea's 5-year funding grant (total \$2.326 million). Funded activities include sexual assault counselling, advocacy, and community education. NT Health is providing Ruby Gaea with additional funding of \$100,000 per annum for a 4 year period over 2022-2025 to improve capability and reduce waiting time for services.

8.2.3.3 Sexual Assault Referral Centres (SARC)

SARCs offer free, confidential, NT wide sexual assault services to children and adult victim survivors. SARC operates in Darwin, Alice Springs, Tennant Creek and Katherine. Individual SARC sites are oversighted by the local regional health service.

SARC services provide a 24 hour forensic medical response (Darwin and Alice Springs only) as well as counselling to both adults and children who have experienced (recently or historically) any form of sexual violence. SARC has been part of NT Health service provision since 1990, with a period of time where SARC was delivered through the previous Territory Families agency. The current annual funding allocation for the 4 SARCs is \$5.464 million.

8.2.3.4 Activity and investment – Systemic Enablers and Reform

NT Health is developing and reviewing agency-wide DFV policies and procedures, including sexual violence and mandatory reporting policies.

8.3 Summary of Gaps, priority needs and future directions

8.3.1 Primary Prevention gaps and opportunities

8.3.1.1 NT Health Primary Health Care – Targeted DFSV Education

Opportunities exist within NT Health to combine health promotion and public health expertise with a DFSV focus, in supporting a public health campaign.

8.3.2 Early Intervention and Accountability gaps and opportunities

Nil

8.3.3 Response, recovery and healing gaps and opportunities

8.3.3.1 Sexual assault responses in remote communities

NT Health advised the DFSV-ICRO that SARC resourcing does not extend to strategic leadership or policy capacity, and that SARC have very limited capacity for outreach work beyond urban centres.

SARCs have reported significant increases in referrals, particularly for children from remote communities, and that they are unable to meet the counselling and social supports needs for this cohort. These children are also presenting with significant volatile substance abuse, acute mental health needs and disclosures of abuse. SARC advises that these communities require ongoing planned community wide responses including screening of children at risk, medical forensic testing, counselling and community education, and improved pathways with Primary Health Care, Aboriginal organisations and NGO's for ongoing therapeutic support and healing programs.

Attempts to service these communities using telehealth have been hampered by technical challenges, staffing in community clinics and client demographics. NT Health have advised of the need for a stand-alone SARC service in East Arnhem, and that SARC services could be strengthened to provide additional clinical and counselling capacity in both urban and remote settings.

The DFSV-ICRO notes that the Aboriginal Led Sexual Assault Service outlined at 7.2.3.1 responds to the need for additional services to support Aboriginal people experiencing sexual violence, and the NOCS-funded program outlined at 7.2.2.2 is directed towards young people with harmful sexual behaviours. It is anticipated that the new services will provide some additional clinical and counselling capacity as they become operational, in addition to strengthening current place-based counselling and healing services.

8.3.3.2 Responding to DFSV victim survivors in acute health settings

Although comprehensive DFV-related health data was unable to be provided to the DFSV-ICRO, NT Health have advised that DFSV presentations at NT hospital emergency departments and in remote and urban primary health care centres continue to grow. Nationally, almost 1 in 3 hospitalisations for assault injury are due to DFSV. This is likely to be higher in the NT given the NT's DFSV rates.⁴⁰

A 2021 audit of RDH emergency department DFV presentations over a one month period identified 70 presentations which were tagged with the DFV diagnostic code.⁴¹ It is likely that the actual presentations were substantially higher due to coding errors, and the fact that the audit did not account for patients who left prior to being seen by a doctor. Of these 70 presentations:

⁴⁰ AIHW (2019), Family, domestic and sexual violence in Australia: continuing the national story 2019, p.27, Internet Source: <https://www.aihw.gov.au/getmedia/b0037b2d-a651-4abf-9f7b-00a85e3de528/aihw-fdv3-FDSV-in-Australia-2019.pdf.aspx?inline=true>. In 2020-21, rates of family and domestic violence hospitalisations were 31 times as high for Indigenous Australians than non-Indigenous Australians, and were highest for those living in the NT. People in remote and very remote areas are 24 times as likely to be hospitalised for DFV as people in major cities.

⁴¹ Owen, L, Breidahl,S, Mussared,M, Brownlea,S, (2021) The tip of the iceberg: a month-long audit into domestic and family violence presentations to the Royal Darwin and Palmerston Regional Hospital Emergency Departments.

- 82% presented outside of business hours
- The average time spent in the emergency department was 7 hours and 20 minutes
- Only 38% of these patients were reviewed by a social worker
- 77% were female
- 90% identified as Aboriginal and/or Torres Strait Islander
- 11% were pregnant at the time of the assault
- 37% had presented to an emergency department in the previous 6 months with injuries from an assault by a partner or family member.

This data demonstrates the missed opportunities due to the lack of a specialist response for DFSV victim survivors in emergency departments.

The report highlighted that:

- All emergency department staff at the RDH and Palmerston Regional Hospital provide intake, assessment and care for people with DFSV related injuries. Some of the injuries are significant and life threatening.
- These patients often have complex care needs requiring trauma care (primary, secondary and tertiary surveys), psychological support, safety planning and AOD service input.
- A dedicated domestic violence response could provide a doorway into multidisciplinary care combining the trauma service, allied health and Aboriginal health workers, all of whom would be provided with specific training in domestic and family violence.

The DFSV-ICRO is aware of the 2010-2012 project *'Improving the capacity of NT hospitals to respond to DFV'*, whereby DFSV specialist hospital based staff were established to work with victim survivors and provide specialist consultations for other staff in hospital emergency departments across the NT. Ten positions were established in 2010-2011 and a further 5 in 2011-2012, at Darwin, Katherine, Nhulunbuy, and Alice Springs Hospitals (initially allocated 3 positions with 1 diverted to Tennant Creek Hospital).

A 2011 internal review of the project found that, although the increased resources were overwhelmingly viewed as effective, there were a number of key challenges which reduced the impact of the project including the limited term, recruitment issues, and the lack of dedicated resources to support project management, and clinical support for staff. At the time of review, only 4 of the 14 funded positions had been recruited to. Reasons cited were the requirement to work outside of business hours; the stress of constantly working in crisis mode; and the high pressure environment of the emergency department.

The DFSV-ICRO proposes consideration of a specialist DFSV team within acute and primary health settings to strengthen the frontline response, including identification, assessment, and intervention for DFSV victim survivors accessing health services.

8.3.4 Systemic Enablers and Reform gaps and opportunities

8.3.4.1 NT Health DFSV leadership and policy capacity gaps

While NT Health provides a range of strategic policy responses, services and programs which identify and respond to clients experiencing DFSV, no single NT Health work unit, (other than the SARC) has a dedicated DFSV funding stream, or has DFSV identified as its core business.

8.3.4.2 Improve the DFSV evidence base in relation to health

The DFSV-ICRO has identified a gap in DFSV health data and hence our ability to understand the impact of DFSV on the health system. NT Health is not able to provide program or service level data on funding allocated to support DFSV services across the health system, since service usage information by this particular cohort is not being routinely captured across health facilities. NT Health have advised that the new Acacia data system is being developed to include a domestic violence alert designed to flow between hospitals to primary care settings. The alert displays as an icon that may be activated in a number of hospital workflows, including but not limited to emergency and maternity departments. Development work continues in the system, and, as Acacia is being progressively rolled out over 2024 and 2025, change will be progressive. These reforms present a critical opportunity to increase the evidence base through consistent data collection and analysis of DFSV presentations and responses in the NT health system.

9. Department of Education

9.1 Department of Education role in relation to DFSV

The Department of Education (DOE) has a critical role in preventing DFSV, addressing its underlying drivers, and being a catalyst for social reform by engaging schools as both education institutions and workplaces.⁴² Educational settings are sites in which beliefs and social norms, whether positive or negative in their societal impacts, are manifested and nurtured. It is widely recognised that educational settings are uniquely placed to embed healthy and positive attitudes and behaviours, including through respectful relationships education (RRE). Evidence-based and well-resourced RRE can help create cultural and generational change to contribute to DFSV reduction.

DOE has an established policy landscape supportive of the DFSV Framework, including:

- Curriculum, assessment, reporting and certification (mandates the Australian Curriculum including the NT Social and Emotional Learning (NTSEL), and respectful relationships).
- Requirements for external providers engaged for teaching and learning (particularly relevant where the school organises guest speakers for RRE).
- Child safety (adopting the 10 National Principles of Child Safe Organisations).
- Mandatory reporting of harm and exploitation of children (including mandatory training).
- Student wellbeing and positive behaviour.
- Sexual behaviour in children (to identify and respond to sexual behaviours in children).
- Condom provision in schools (explain age appropriate procedures).
- Codes of conduct for workplace participants.
- Working with children clearance (requirement that workers, including school representative body employees, hold a current Ochre Card).
- Reporting, and allegations, of alleged misconduct by a teacher.

9.2 Mapping of direct activity and investment

DOE's Financial Services indicate there is no DFSV specific funding received from the NT Government or the Australian Government.

9.2.1 Activity and Investment – Primary Prevention

9.2.1.2 Consent and Respectful Relationships Education in schools

DOE made commitments involving NTSEL under AP1 and the NT Sexual Violence and Prevention Response Framework.⁴³ Implementation of NTSEL stalled due to shifts in DOE's policy priorities during the COVID-19 pandemic and internal realignment.

RRE has traditionally been delivered as a strand of the Health and Physical Education (HPE) learning area under the Australian Curriculum.⁴⁴ A revised HPE curriculum (version 9), placing greater emphasis on RRE, was agreed to by jurisdictional Education Ministers in 2022, and is required to

⁴² Our Watch (2021) Respectful relationships education in schools Evidence paper

⁴³ Northern Territory Government (2020), Sexual Violence Prevention and Response Framework

⁴⁴ <https://tfhc.nt.gov.au/domestic-family-and-sexual-violence-reduction/action-plan-monitoring/outcome-one>

be implemented in schools from 2023. Transition through to year 12 are required to deliver social and emotional learning and respectful relationships as part of the curriculum.

RRE is recognised as a priority initiative in preventing DFSV, in that it seeks to address the primary driver of violence. Key stakeholders within DoE acknowledge the need to expand the remit of RRE beyond a curriculum issue, to ensure a “whole of school approach” which holistically embeds key RRE messages across organisational and educational culture.

The responsibility for RRE sits in the Teaching and Learning Services division, who will facilitate the implementation activities for the new curriculum, including resources to assist schools in their curriculum and assessment mapping. RRE is implemented through the NTSEL, which comprises the Resilience, Rights and Respectful Relationships (RRRR) learning materials produced by the Victorian Department of Education and Training, and supplementary resources produced by DoE. To ensure the programs are fit for purpose, and implemented effectively, DoE is commencing work to audit RRE delivery, NTSEL and other materials.

DOE has established a governance structure for progressing this work. A range of stakeholders including other agencies, NGOs, and Our Watch, are engaged to include expert and stakeholder voices in design and decision making.

The Australian Council for Health, Physical Education and Recreation NT Branch (ACHPER NT), the leading professional association representing teachers and other professionals working in health and physical education, have provided professional development to support NT educators to deliver age-appropriate RRE and sexuality education programs for the new curriculum. DOE supports the delivery of workshops through funding to the Professional Teacher Association of the NT.

DOE is supported in the implementation of RRE by the delivery of programs provided through NGOs and ACCOs, including projects funded under the TFHC Safe, Respected and Free from Violence Prevention grants:

- Yalu Aboriginal Corporation: Men Protecting Children and Partners and Family with Respectful Behaviour
- Aboriginal Resource Development Services: Respectful relationships workshops and resources for yutu Yolju (young Yolnu adults)
- Tangentyere Council Aboriginal Corporation: Girls Can, Boys Can resource development
- Women’s Safety Services of Central Australia and Tennant Creek Women’s Refuge: Talking Respect violence prevention and relationships education resources designed for use with young people aged 12 to 20
- NAPCAN: Love Bites and Love Bites Junior programs, for children aged 11 to 17. The program was evaluated in 2012.⁴⁵ NAPCAN have also developed the Safer Communities for Children: A community approach to protective behaviours program, for early childhood settings.

9.2.1.2 RRE for the early years and school aged care

RRE requirements are included in both the national Early Years Learning Framework (covering the curriculum for long day care, family day care, 3 year old kindergarten, and preschools),⁴⁶ and the My Time, Our Place Framework (covering curriculum requirements for Outside School Hours

⁴⁵ Flood, Michael and Kendrick, Vicki, LOVEBiTES: An evaluation of the LOVEBiTES and respectful relationships programs in a Sydney school 2012. Notably, the evaluation found the programs had a “complex and even contradictory impact” on students, and that aspects of the curriculum may be less effective at engaging with male than female students.

⁴⁶ <https://education.nt.gov.au/committees,-regulators-and-advisory-groups/quality-education-and-care-nt>

Care).⁴⁷ Each of the 223 regulated services in the NT are assessed and rated by DOE, resulting in a public rating.⁴⁸ A relevant area for assessment is Quality Area 5 which promotes relationships with children that are responsive, respectful, and promote children's sense of security and belonging.

9.2.1.3 Keeping Safe: Child Protection Curriculum

The Keeping Safe: Child Protection Curriculum (KS: CPC) has been available to schools in the NT for over 10 years. KS: CPC is targeted at children aged 3 to Year 12, and is aligned to the Early Years Learning Framework and Australian Curriculum. It explores themes such as: the right to be safe, relationships, recognising and reporting abuse, and protective strategies. It aligns closely with current DOE work in the area of RRE. It is not intended as stand-alone lessons, but is designed to be incorporated into a school's whole school curriculum plan.

Expanding training capability in KS: CPC was a DOE commitment under AP1 of the DFSV Framework and DOE has met this commitment by increasing the number of trainers by 30 in 2021.

9.2.1.4 Supporting diversity of sexuality, gender identity and gender expression in education

The Supporting Diversity of Sexuality, Gender Identity and Gender Expression in Education Statement of Commitment supports all children and young people to learn in a safe, supportive, equitable and inclusive environment, free from bullying, harassment, discrimination and violence on the basis of their sexuality, gender identity or gender expression.

While all education settings need to be safe, supportive, inclusive and equitable places for all children and young people, this commitment specifically focuses on the need to develop and accept genuine personal identities and positive, healthy, equitable and respectful relationships. To achieve this, DoE is committed to ensuring that all children and young people, regardless of their sexuality, gender identity or gender expression, are able to:

- learn in a safe, supportive, equitable and inclusive environment, free from bullying, harassment, victimisation, discrimination and violence;
- adopt behaviours that challenge rigid gender roles, gender inequality, sexism, cisnormativity and heteronormativity;
- access and participate in their learning alongside their peers;
- receive reasonable adjustments and supports tailored to their learning needs; and
- have access to relevant support and referral services.

The draft policy explicitly challenges rigid gender roles, gender inequality, sexism, discrimination and drivers of violence. It complements the NT Governments' commitment to reducing DFSV, achieving gender equality, and supporting sexuality and gender identity. The draft aligns with the DFSV Framework and the NT Gender Equality Statement of Commitment.

The completion of this work is an outstanding action for DOE under AP1 (action 1.2d).

9.2.2 Activity and Investment – Early Intervention and Accountability

Nil

⁴⁷https://www.acecqa.gov.au/sites/default/files/2018-02/educators_my_time_our_place.pdf

⁴⁸<https://www.acecqa.gov.au/resources/national-registers>

9.2.3 Activity and Investment – Response, recovery and healing

Nil

9.2.4 Activity and Investment – Systemic enablers and reform

Nil

9.3 Summary of gaps, priority needs and future directions

9.3.1 Primary Prevention gaps and opportunities

9.3.1.1 Best practice implementation of Respectful Relationships Education

Effective implementation of RRE in the NT includes some challenges:

- While all schools must deliver the Australian Curriculum with associated reporting responsibilities, schools have considerable autonomy in deciding on learning programmes that are suitable for their particular school environment. This recognises the differing contexts for students and educators that exist within the NT. As a result, the consistency of messaging and lessons being imparted cannot be scrutinised or ensured. There are insufficient monitoring mechanisms to assist in assessing whether consistent key messages are being delivered to students and staff. A school and systems wide audit of RRE being delivered would assist to gain an appreciation of where gaps, risks and inconsistencies exist.
- There is insufficient awareness of which programs are being delivered in which schools and by whom. Sometimes NGOs are delivering training under agreements with individual schools with no departmental knowledge or oversight. Guidance should be provided to schools through the recommendation of preferred providers and programs that are underpinned by evidence, have explicit curriculum alignment and are locally contextualised. This will encourage whole of system engagement with programs and resources identified as being relevant and fit for purpose. Existing programs (such as Safer Communities, LoveBites and LoveBites Junior) and resources available through the Student Wellbeing Hub should also be assessed. This could also be included under the audit process described above.
- Curriculum that encompasses complex issues of consent, intimacy, gender and sexual diversity is being delivered by teaching professionals who may have limited background or training in those areas, who may feel uncomfortable with the subject matter, or who may have difficulties effectively teaching the material. This issue may be compounded by poor understanding of DFSV, including, at its most basic, how to recognise and define DFSV. Consequently, there is a risk of reinforcing students' misconceptions and misunderstandings around key DFSV concepts.

The Australian Government 2022-23 Budget announced \$83.5 million to support schools to provide evidence-based, age-appropriate RRE developed by experts.⁴⁹ The Australian Government Department of Education will partner with states and territories to support RRE implementation over the next 6 years. The NT will have a representative on a national working group, to be established by mid-2023, which will develop grant guidelines and allocations, and complete a rapid review of how RRE is implemented in jurisdictions.

This will complement the national stocktake and gap analysis conducted by Monash University in 2022, which found that, while there is increasing uptake of RRE in Australian schools, many school-

⁴⁹ https://budget.gov.au/2022-23-october/content/bp2/download/bp2_2022-23.pdf

based RRE initiatives have not been rigorously evaluated and or the evaluations are not publicly available.⁵⁰ The evaluation review highlighted the paucity of evidence for the scalability and sustainability of RRE with limited evidence of impact on factors known to be associated with gender-based violence. More rigorous evaluation of the effectiveness of such initiatives is required. This new funding presents opportunities for the NT to support best practice RRE implementation.

9.3.1.2 Keeping Safe: Child safety curriculum

The DFSV-ICRO has been advised that there has been a low level of interest from schools through 2021 in KS:CPC, potentially due to the ongoing impact of COVID-19, availability of training, and staffing capacity. The value of KS: CPC will need to be assessed, particularly with the new version 9 of the Australian Curriculum, and the increased teaching of explicit topics of consent from the early years onwards.

9.3.2 Early Intervention and Accountability gaps and opportunities

Nil

9.3.3 Response, recovery and healing gaps and opportunities

Nil

9.3.4 Systemic Enablers and Reform gaps and opportunities

9.3.4.1 Update existing and develop new policies

While the current policy landscape is extensive, it requires strengthening and updating, in particular to include explicit use and explanation of DFSV terminology, and to support best practise in RRE implementation. This could include high-level endorsement of a whole-of-school or service approach to RRE and mandating the evidence informed approach advocated by Our Watch.

The development of an explicit policy position that outlines protocols and guidance in the face of student or staff disclosures of DFSV that may be triggered during RRE implementation would round out DOE's policy landscape and ensure the wellbeing of children, students and staff is provided for.

⁵⁰ Pfitzner, N., Ollis, D., Stewart, R., Allen, K.A., Fitz-Gibbon, K., & Flynn, A. (2022). Respectful Relationships Education in Australian: National Stocktake and Gap Analysis of Respectful Relationships Education Material and Resources Final Rep

10. NT Police

10.1 NT Police role in relation to DFSV

Law enforcement is the primary frontline response to DFSV, and an integral component of the broader DFSV system in the NT.

The NT Police direct DFSV-related roles include:

- Ensuring the safety, welfare and support of victim survivors reporting DFSV
- Issuing and enforcing DVOs to protect victim survivors
- Operational lead for the FSF
- Effectively investigating DFSV matters to enable prosecution of DFSV perpetrators.

For many victim survivors, police not only provide protection at a time of crisis but are the entry point to the broader DFSV system. In many communities, police are the only frontline response available. Police members who respond to DFSV incidents are often the first contact that a victim survivor has with the DFSV system, and this first response can influence willingness to report further violence.

10.1.1 NT Police DFSV Policy framework

NT Police's strategic vision is guided by its overarching ten year strategy – [Project 2030](#), which includes the NT Police DFSV Strategy, comprising the following key priorities:

1. Effective prevention, reduction and response
 - Prevent domestic, family and sexual abuse of children and adults through early intervention
 - Respond to victims consistently and compassionately
 - Partner with other agencies and the community to target driving factors
 - Enhance judicial processes which hold offenders to account
 - Support programs which aim to address offending behaviour
 - Manage repeat and high-risk offenders.
2. Local partnerships
 - Engage and partner with the community to promote positive change
 - Provide our workforce with specialist training and professional development opportunities

10.1.2 DFV General Order

General Orders are issued by the Commissioner of Police under the *Police Administration Act* to provide direction and guidance for NT Police. The Domestic and Family Violence General Order is an internal instruction document which is subject to review both periodically and as part of specific review programmes.

10.1.3 NT Police organisational structure - DFSV

All NT Police Officers are responsible for attending DFSV incidents.

In addition, NT Police have a number of DFSV specialist functions, housed within the portfolio of Crime, Intelligence and Capability, reporting through the Superintendent Domestic Violence and Sex Crimes.

Specialist Units include:

- Domestic and Family Violence Unit (DFVU) – based in Darwin. Responds to relevant incidents in the Darwin and Northern Commands. The DFVU includes the FSF Darwin team.
- Regional Crime Units - based in Katherine, Tennant Creek and Alice Springs. Respond to regional and remote serious crimes, including relevant DFSV incidents.
- Sex Crimes Unit - manages police response to sexual assault and sexual abuse matters across the NT, including incidents in remote locations. This unit includes the Reportable Offenders Management Unit which manages offenders with register and reporting obligations.
- Joint Anti-Child Exploitation Team - law enforcement partnership response comprising NT Police and the Australian Federal Police (AFP) to combat physical and online child exploitation.
- Child Abuse Taskforce (CAT) - a multi-agency response to serious and complex incidents of alleged criminal acts committed upon a child.

The NT Police's tiered response to DFSV incidents comprises:

- The Joint Emergency Services Communication Centre (JESCC) - the 000 and 131444 call centre. This is a critical contact point for the public requesting police assistance for DFSV incidents. Incidents are entered into ICAD (Integrated Computer Aided Dispatch system) as 'Disturbance – Domestic' with an automated 'code one' grading (the highest grade). An event is then created in the system, and assessed for dispatch.
- NT Police are first responders to DFSV incidents, and can be local police members, or members attached to general duties, crime units or other units depending upon incident time and location.
- NT Police can apply for DVOs under section 28 or section 41 of the DFV Act⁵¹, and will enforce DVOs and respond to non-compliance (i.e. breaches).
- DFSV incidents that are more serious, complex or protracted are referred to the specialist DFVU or Regional Crime Unit, dependant on the location of the incident. These teams investigate serious and complex DFSV incidents, obtain evidence, interview victim survivors and witnesses, make determinations as to arrest and bail, and prepare a prosecutions file for criminal offences. Criminal offences (such as breach of a DVO, assault, sexual assault) are prosecuted by the DPP.
- Serious risk cases (as determined through the CRAT) are referred to the FSF where available for a multi-agency risk management response.

10.2 Mapping of direct DFSV activity and investment in NT Police

In a 24 hour period, NT Police can be required to respond to more than 97 DFSV incidents.⁵² It has been estimated that responding to DFSV makes up at least 60% of police daily operational

⁵¹ A section 41 DVO must be approved in the interim by the Senior Sergeant or Station Officer in Charge and then confirmed by the Court. Management of these matters sits with the Solicitor for the NT within AGD.

⁵² Internal briefing December 2022.

response.⁵³ These statistics, and those provided in Chapter 4 on DFSV prevalence in the NT, are evidence of the significant burden of these crimes for the work of the NT Police.

Since all police officers are positioned to attend DFSV incidents, and since DFSV can comprise isolated incidents however often involves serious protracted case management, attributing a portion of time and budget to DFSV overall is complex. DFSV-ICRO have been advised that NT Police are undertaking an internal quantitative analysis of time and costs.

The DFSV-ICRO notes the existing and escalating demand on police and police resources as a result of the high volume and complexity of DFSV incidents in the NT. The already high demand will likely continue to escalate as the systemic response to DFSV continues to improve and victim survivors as well as bystanders become more confident about coming forward and reporting abuse. Appropriate resourcing is essential to ensuring a timely and sufficient response to ensure the safety of victim survivors and to ensure successful prosecutions against offenders.

10.2.1 Activity and Investment - Primary Prevention

10.2.2 School based policing

The School based policing program is based on preventative policing practices and the building of positive partnerships between police, young people and their families. While not specific to DFSV, school based police, in consultation with a serviced school, present education programs that have a focus on personal and community safety and crime prevention. These programs may include DFSV and RRE content, such as Think U know (cyber safety), Love Bites (Respectful Relationships) and Party Safe (safety information for hosting or attending a party). School based Police and DoE also work together to collate and share information to identify students and families for targeted support and to maintain safe and supportive school environments. It is understood that this program is currently being evaluated.

10.2.2 Activity and investment – Early Intervention and Accountability

10.2.2.1 Issuing and enforcing DVOs

Police and the courts issue and enforce DVOs in order to protect people from DFV.

The DVO process is a civil remedy and was introduced to complement rather than replace existing criminal law remedies. It was seen as an effective way of protecting victim survivors, in view of the high standard of evidence required for proof of criminal offences and the fact that criminal law looks to past criminal offending rather than future offending.

Police and courts can issue a DVO under the DFV Act if satisfied that there are reasonable grounds for a person to fear the commission of domestic violence against them by the defendant. A DVO restrains the defendant from certain conduct relevant to the evidence contained in the application, such as contacting, approaching or harming the protected person. Although it is a civil order, contravention of the conditions is a criminal offence under s120 of the DFV Act. From 25 November 2017, a DVO issued in any Australian state or territory is automatically recognised and enforced throughout in Australia.

⁵³ This statistic was included in the Tangentyere PART training project information and has been confirmed by Assistant Commissioner White.

In 2020-21, there were 4280 civil applications for a DVO in the NT – on average 82 applications per week. The vast majority (87%) were police applications/orders, with 13% being private applications.⁵⁴

10.2.3 Activity and investment – Response, recovery and healing

10.2.3.1 Responding to DFSV victim survivors

Police are the primary frontline response to DFSV and are often a victim survivor's first encounter with the civil and criminal justice system.

During the course of the DFV Justice Review a number of case studies of proactive police practice in responding to DFV were reviewed, including where NT Police received positive feedback from DFSV services on their response to challenging incidents. In these case studies police were observed to have responded in a supportive, respectful and helpful way, going to great lengths to gain the trust of victim survivors, and taking actions to keep them safe.

The case studies revealed the following features of good police practice in responding to DFV:

- interviewing the involved parties separately to safely and accurately identify what occurred;
- the building of rapport and respectful communication with the victim survivors to minimise stress and trauma;
- recognition by police of evidence based risk factors for serious harm including: choking, controlling behaviour, pregnancy, new birth, impending or actual separation, release from prison;
- seeking the views of the victim survivor about their own assessment of the risk;
- a full review of the relationship history by police;
- productive working relationships with other professionals supporting the victim survivor, including legal services and support workers;
- ongoing communication to keep the victim survivor informed throughout the investigation and/or prosecution process;
- taking proactive steps to recognise the seriousness of the offending, including appealing inadequate sentences and court decisions, such as the granting of bail;
- investigating (and where necessary challenging) initial claims made at the scene, to accurately identify the person most in need of protection;
- proactive referral of victim survivors to relevant support services;
- using the service of documents, such as DVOs, as an opportunity to talk with defendants about their use of violence;
- referrals of serious and complex matters to specialist investigation units; and
- continuing to promote the obtaining of body worn video evidence in chief statements from victim survivors and witnesses.⁵⁵

⁵⁴ Quoted in DFV Justice Review

⁵⁵ In March 2017, the NT Government passed the *Justice Legislation Amendment (Body-worn Video and Domestic Violence Evidence) Act*, which amended the *Evidence Act* and the *Surveillance Devices Act*. This legislation enables police officers to gather audio and video testimony from body worn video on the scene from DFV victim survivors and witnesses that can later be used as evidence in court. This strategy has been shown to reduce court times, increase guilty pleas and convictions, and reduce trauma for victim survivors in court.

10.2.3.2 Strike Force Lyra

Strike Force Lyra was created in January 2021 to provide a coordinated response to domestic and interpersonal violence across the Darwin and Road Policing Command. Strike Force Lyra provides additional investigation and support functionality for domestic and interpersonal violence and support for frontline members with attendance and case management where matters are not required to be referred to the DFVU.

10.2.3.3 Family Harm Coordination Project (FHCP) – Alice Springs

The FHCP was established in late 2022 by NT Police in Alice Springs, aiming to reduce the rate and incidence of DFV through a multiagency response to incidents reported to police.

Phase 1 of the project was the commencement of an internal audit function where NT Police review responses to all intimate partner domestic violence incidents attended in the previous 24 hour period, to ensure adherence to police policy, and determine whether further response is required.

DFSV-ICRO understands that NT Police plan for a multiagency co-located response to DFSV during which daily risk assessments will be conducted and shared between all relevant stakeholders, from which an accurate risk picture will inform responsive actions by the most appropriate agency. This response is in addition to the first response provided by police.

10.2.4 Activity and investment – Systemic Enablers and Reform

10.2.4.1 DFV incident auditing

A desktop audit of every DFV incident attended by police is conducted at a supervisory level to ensure administrative and legislative obligations are met, that the member is supported where required, and learnings can be shared where relevant. Where a response has fallen short of expectations, formal processes such as complaints against Police, Coronial inquest or case management reviews are used to explore and identify deficiencies or diversions from best practice. A determination should occur as to the contributing factors, such as: resourcing, training, processes, and supervision, and how they may have impacted on the management of an investigation and the impact on a victim survivor. Informal processes such as managerial feedback, lessons learnt, debriefing or ongoing development opportunities facilitate improved experience potential for future cases and incidents.

10.2.4.2 Current DFSV education and training arrangements

Police members who have a strong understanding of DFSV are better equipped to provide effective responses. NT Police training in DFSV responses commences with recruit training and continues throughout a police officer's career so that they remain contemporary in their knowledge and skills. Training includes formal and on-the-job (OTJ) training and development.

Specific DFSV training occurs throughout the 26 week recruit training course, with a one-week specialist component delivered by members of the DFVU. Theory and legislative modules are delivered and reinforced through scenario based training including incident response, community engagement, interviewing, investigation and the prosecution process.

Additional training comprising DFSV specific components for NT Police members in their career include the Investigator Course, Detective Development Course and OTJ upskill opportunities to conduct investigation including victim survivor engagement and management. Specialist DFSV practitioners within police are required to attend the Vulnerable Persons Interviewing Course, an

intensive 2-week program co-facilitated with Deakin University and designed to skill investigators in building rapport that leads to an evidential standard evidence in chief victim statement.

Within the regions, command training provides regular opportunities to reinforce and upskill officers' DFSV skills through training by internal and/or external stakeholders. DFSV skills are also developed through scenario and procedural training provided to non-sworn agency employees (such as Aboriginal Liaison Officers, auxiliaries and JESCC call operators) that is role specific and is delivered as part of ongoing training and development.

NT Police is collaborating on the *Do Your Part: Prevent, Assist, Respond Training (PART)* project, funded by TFHC and led by Tangentyere Council. This program is developing a specialist training package for police and health workers that centres the voices of victim survivors, particularly Aboriginal women. Further details are provided at 10.2.2.5.

10.3 Summary of gaps, priority needs and future directions

10.3.1 Primary Prevention gaps and opportunities

Nil.

10.3.2 Early Intervention and Accountability gaps and opportunities

Nil.

10.3.3 Response, recovery and healing gaps and opportunities

It is noted that many of the gaps and opportunities discussed below in relation to strengthening responses to victim survivors sit within the response, recovery and healing domain as well as the systemic enablers and reform domain.

10.3.3.1 Improving victim survivors' experiences

Information from NT and other jurisdictions has been considered from consultations, lived experience, Coronials, and other research and reviews, identifying concerns with some police responses to DFSV.⁵⁶ It is noted that these individual experiences are not reflective or indicative of police as a whole, but refer to systemic deficiencies in resourcing, training, tools, process and supervision.

These concerns include:

- Some inconsistency in police responses to DFV.⁵⁷ Some police respond in a supportive, respectful and helpful way, going to great lengths to keep victim survivors safe. On other occasions some police have been reported to be dismissive of DFV, not take the offending

⁵⁶ [Coronial inquests and findings | Department of the Attorney-General and Justice; Northern Territory Council of Social Service \(NTCOSS\) Action Plan 2 Non-Government Organisation Consultation Report 2021](#); Nancarrow, H, Thomas K, Ringland, V., and Modini, T. (2020) *Accurately identifying the 'person most in need of protection' in domestic and family violence law (Research report 23/2020)*. Sydney: ANROWS; Richmond, A. (2019) op cit; [Review of Legislation and the Justice Responses to Domestic and Family Violence in the Northern Territory | Department of the Attorney-General and Justice](#)

⁵⁷ Richmond (2019),ibid see p.16-22.

seriously, or failed to instigate action (for example, reluctance to pursue DVO breaches), causing victim survivor dissatisfaction and distress.

- Victim survivors may be re-traumatised at having to tell their stories over and over again to different police officers.
- Cases of misidentifying the victim survivor and the perpetrator.⁵⁸ This may be exacerbated by limited understanding of and training in the dynamics of DFSV, and how to recognise and manage the risk, especially the risk that accompanies non-physical abuse such as coercive control.⁵⁹
- Current law and policy prompts police to deal with DFV as a single incident, rather than recognising it as a pattern of behaviour over time. The cumulative harm of DFV is under-recognised by some police.⁶⁰
- Inconsistency in how long it can take to receive a response to DFSV incidents, noting that police resourcing, demand pressures and rostering practices are a key factor behind inconsistent response times, particularly in remote areas.
- Significant barriers for Aboriginal victim survivors to reporting DFSV and seeking support.
- Insufficient resources (specialist and frontline police) in regional and remote areas, noting that police in regional and remote areas typically cover large catchment zones and have extensive caseloads.

Opportunities to support good practice responses to victim survivors include a number of key elements, each of which is discussed in full below. The DFSV-ICRO notes that responding to DFSV also requires a multi-agency integrated response and is not something the police can address alone.

Improved and ongoing implementation of the RAMF as it relates to NT Police is discussed in the whole of government chapter at 6.2.5.2.

10.3.3.2 Strengthening responses to victim survivors - co-responder model – an opportunity for change

Co-responder models involve specialist DFSV workers integrated into police stations and operations, in order to support victim survivors and provide connection to services. The ultimate aim of a co-responder model is to improve the experiences for the victim survivor in interacting with police, and reduce trauma. Under the model, specialist DFSV workers may provide follow up support to victim survivors following police call outs, support victim survivors to provide a statement, assist with court orders, support through medical procedures, support the family group, undertake risk assessment, make referrals to other services, and contribute to prosecution files and court support. They may assist clients with understanding DFSV and navigating their options. They may also provide case consultation with police officers, including referral advice, consultation when officers are attending DFSV matters, and education and support to officers around working with victim survivors in traumatic circumstances.

These have been implemented in other Australian jurisdictions, and evidence shows this model can improve victim survivors' experience of engagement with police, can strengthen an integrated

⁵⁸ [Review of Legislation and the Justice Responses to Domestic and Family Violence in the Northern Territory | Department of the Attorney-General and Justice](#). This experience has been reported in research in other jurisdictions, including in Queensland research by Douglas, H. (2021), *Women, Intimate Partner Violence, and the Law*, Oxford University Press in Queensland.

⁵⁹ Inquest into the death of HD (name suppressed) [2021] NTLC 029

⁶⁰ [Review of Legislation and the Justice Responses to Domestic and Family Violence in the Northern Territory | Department of the Attorney-General and Justice](#)

response and information sharing.⁶¹ From a police perspective, benefits can include emotional support, information sharing, communication, efficiency, education, access to networks, improved understanding of DFV and service options, and increased police legitimacy. Conversations with general duties officers on a day-to-day basis have the potential to influence police practice more than formal training. The model has also been shown to increase the specialist sector's knowledge of police procedures and roles.⁶²

As well as improving experiences for victim survivors, these models will likely see an increase in the reporting of DFSV as a result of victim survivors feeling more confident in the system. They could also translate to increased reporting of breaches, and less chance of cases escalating, thus preventing further harm.

The DFSV-ICRO supports the trial of a co-responder model in the NT. The trial should be undertaken in collaboration with the DFSV-ICRO, to ensure alignment with the whole of government reform agenda, and should undergo evaluation.

Improvements to victim survivor experience as a result of a co-responder model would be strengthened by the implementation of the other key elements discussed below, including general orders reform, auditing, risk assessment, training and referrals.

10.3.3.3 Strengthening responses to victim survivors – auditing for reflection and systemic improvement

There is a critical role for supervision and auditing of DFSV responses, as part of support and quality assurance. The fact that most police learn how to respond to DFSV via OTJ training underscores the vital importance of supervision and support. DFSV policing can pose challenges for police, especially those who are new to the job or to the NT. Police need effective support and supervision to meet required service levels, and to cope with the often confronting nature of DFSV policing.

Audits should be viewed as an opportunity to increase quality and compliance, rather than as a punitive exercise. For example, audits might bring to light systemic problems requiring amendments to the General Orders, or to training gaps, or to specific training initiatives required, or other actions at the local level. That is, an audit program must include mechanisms to ensure that performance monitoring feeds into operational planning, policy development and systemic improvements.

The DFSV-ICRO supports an enhanced auditing function as a component of the co-responder model. Audits can consist of case reviews, file audits, random audits, complaint responses and targeted activity where compliance shortcomings are identified, and aim to ensure compliance with operational procedures as well as identify areas for reform. The inclusion of the specialist DFSV positions from the co-responder model in case reviews would be beneficial, as would the opportunity for some audits to seek and incorporate feedback from DFV victim survivors.

⁶¹Rodgers J, Carrington K, Ryan V and Carr R (2022) Evaluation of an embedded specialist domestic violence worker: a partnership between Queensland Police Service and Domestic Violence Action Centre. Queensland University of Technology Centre for Justice Research Report Series (April). Brisbane, Queensland. ISSN 2652-3809. It is noted that a [systematic review of second responder programs on repeat incidents of family abuse](#) found that second responder programs do not produce significant reductions in victim-reported repeat family abuse. However, the program's aim is to improve the experiences of victim survivors when interacting with police.

⁶² Rodgers et al (2022) *ibid*. Co-responder models are also becoming popular between police and mental health specialist services, to address the disconnection between police, ambulance and mental health services who have traditionally worked separately to manage such emergencies. These models can result in integrated, faster, safer and less coercive management of mental health crises. They can relieve pressure on frontline police and enable more appropriate health-relevant responses for the vulnerable person, and reduce the escalation of health issues to criminal matters. Such a model is in use in Casuarina between NT Police, mental health and St John Ambulance.

10.3.3.4 Strengthening responses to victim survivors – General Order

NT Police have advised they are reviewing the DFV General Order. A review ensures contemporaneous approaches, including coverage of emerging or altered offending, and incorporates considerations from a variety of sources including Coronial recommendations, jurisdictional comparison and operational analysis.

The DFV Justice Review recommended that a review of the DFV General Order be conducted in collaboration with the DFSV-ICRO, and be informed by consultation with DFSV specialists.⁶³ Consultation has occurred with the DFSV-ICRO, and further consultation with the specialist sector would enable positive outcomes in both stakeholder relationships and the content quality.

The DFV Justice Review further recommended that a summary of police procedures in responding to DFV is made available to DFV service providers to facilitate continuous improvement of a collaborative and integrated response, and open inter-agency communication to improve responses. This could be similar to the [Victoria Police Code of Practice for the Investigation of Family Violence](#).

NT Police have advised the DFSV-ICRO that they are developing an outward facing victim survivor service standards guide clearly identifying the scope of police responsibilities, actions and victim survivor engagement. This guide is envisaged to be available to community partners to improve responses and identify integration needs across service delivery partners.

The DFSV-ICRO strongly supports such an initiative, as a way to educate the sector about police roles and processes, facilitate dialogue with services, achieve inter-agency co-ordination and foster continuous improvement. It would be beneficial to develop the guide in collaboration with the DFSV-ICRO and sector representatives.

10.3.3.5 Strengthening response to victim survivors – improved training

Responding effectively to the NT's high DFSV rates and level of severity and complexity requires DFSV specific insight, knowledge and skills. Police members who have a strong understanding of the nature and DFSV are better equipped to provide sensitive and effective service responses. DFSV training for police is such a critical component of preparing police, supporting good practice and compliance, and reinforcing positive culture, and is a key element towards strengthening responses for victim survivors of DFSV.

The DFSV-ICRO strongly supports the PART program (see 10.2.2.5) and commends the co-design approach, the centring of victim survivor voices (especially of Aboriginal women), and the focus on the nature and dynamics of DFSV. The DFSV-ICRO notes the PART training program will specifically address coercive control. In the Coronial Inquest into the death of HD⁶⁴, the NT Coroner recommended that all police officers have training in the identification of coercive control.

NT Police are to be commended for providing support to and positive engagement with the PART project development. Areas suggested for further consideration by NT Police are:

- To embed the training following the 2 year PART project into ongoing police training systems in a sustainable way.
- To dedicate resources to ongoing review processes to maintain the currency of the information after the project term has ceased.

⁶³ See DFV Justice Review SR 11

⁶⁴ Inquest into the death of HD (name suppressed) [2021] NTLC 029

- To ensure that the PART module on the RAMF and CRAT, to be developed in collaboration with TFHC, is aligned with any newly developed police tools.

The DFSV-ICRO supports ongoing monitoring of the training to maintain alignment with the reform strategy.

10.3.3.6 Strengthening responses to victim survivors –preventing misidentification

One of the challenges in effectively responding to DFSV is reducing misidentification of the victim survivor and the person who has committed DFV. This issue has been examined nationally as well as in the NT. It is particularly concerning that nationally there are high numbers of Aboriginal and Torres Strait Islander women who are both victim survivors of DFV and named as defendants in DVO applications or criminal matters.⁶⁵

The DFSV-ICRO does not underestimate the complexity of the task facing police in identifying the primary aggressor and the person most in need of protection at challenging and emotionally charged incidents, and in the context of increasing demands on police services.

Police and courts face significant challenges in effectively responding to situations in which:

- there are cross-allegations of violence; or
- it is unclear who committed violence against whom; or
- it may appear that both parties have committed violence against each other.

A common response from police and courts is to make mutual DVOs, acknowledging that whilst DFV may be perpetrated by both parties, it is rarely perpetrated equally by both parties. Typically the violence by one party is more severe, has a longer history or involves significant coercive control, causing the other party to have justifiably greater fear of the commission of DFV.

The 2020 ANROWS research on this topic, while based in Queensland, has national relevance.⁶⁶ ANROWS found that police practice is guided by a focus on single incidents or visible or physical violence, rather than being considered in the context of a pattern of violence in order to assess the person who is most in need of protection from future harm. The research highlights that the implications of misidentification are extremely significant when police or courts incorrectly identify a long-term victim survivor as a defendant in a DVO application. This can result in the victim survivor losing confidence in the system, and dissuade them from reporting further incidents to the police. This initial misidentification can also follow the victim survivor through the system to create doubt that they have been subjected to violence, which may allow the abuse to continue. It is a missed opportunity to hold the person who has committed the DFV to account, and it diverts scarce justice system resources away from where they are needed.

Consideration should be given to the following measures to address the risk of misidentification:

- A suitable risk assessment tool designed for the use of frontline members (see 6.2.5.2).
- Guidance to avoid misidentification as part of the General Orders.
- Improvements to training, supervision and quality assurance, noting that misidentification is an included topic in the PART training.

⁶⁵ See DFV Justice Review and research by Nancarrow, H, Thomas K, Ringland, V., and Modini, T. (2020) Accurately identifying the 'person most in need of protection' in domestic and family violence law (Research report 23/2020). Sydney: ANROWS.

⁶⁶ Nancarrow et al. (2020) *ibid*

- Closer working relationships with specialist DFSV services, including the co-responder model proposed above.

10.3.3.7 Strengthening response to victim survivors - improved referrals

There is a need to address the limitations in the options available to police to provide a referral to victim survivors. Police attending an incident are not always able to efficiently, effectively and promptly link victim survivors to DFSV services with minimal administrative burden. (While the proposed co-responder model provides referral linkages, it is noted that such a model would be a pilot project and have limited geographical reach).

In some jurisdictions there are mechanisms for compulsory police referral to DFSV service providers to make sure that all victim survivors are offered assistance, and, in some jurisdictions, referrals from police are responded to by professional 24/7 staffed services.⁶⁷

Currently police refer victim survivors in the NT to DFSV services via the Supportlink system. While Support-Link is a useful tool, there are limitations with this model:

- It relies on the victim survivor consenting to police passing on their information to services. Some victim survivors are reluctant to provide consent to police. The lack of referral capacity without consent results in missed opportunities for timely support.
- Due to the inability of Supportlink to draw information from existing systems, a separate referral form is required which can result in a lack of adequate information, which impedes follow up by support services.

The DFSV-ICRO proposes that Supportlink be reviewed for areas for improvement, as well as potential alternatives be considered.

10.3.4 Systemic Enablers and Reform gaps and opportunities

10.3.4.1 Multi-agency responses

The DFSV-ICRO believes multi agency responses (such as Strike Force Lyra and the Family Harm Coordination Project) support valuable partnership approaches to improve responses to DFSV. It is critical that these responses are co-ordinated, have clear roles and responsibilities for both NT Police and partner services, have identified resources to avoid ad hoc responses, and have clear linkages with the permanent multi-agency response (the FSF) to avoid confusion and service duplication. It is also fundamental that these initiatives align with the NT's RAMF and CRAT (including the proposed new police tool at 6.2.5.2) so they are part of an integrated service system in the NT as a whole.

10.3.4.2 Organisational structure - Expanded specialised DFVUs beyond Darwin

The DFSV-ICRO recognises that the present NT Police structure has finite dedicated specialist positions to address DFSV and that specialist staff in the DFVU demonstrate superior competence, sensitivity and understanding of DFSV policing, as well as provide positive engagement with the specialist services sector. While maintaining frontline police as the first response to DFSV is central to underlining DFSV as police core business and to achieving cultural change, the DFVU is an invaluable component to the police response, and regions other than Darwin would benefit from similar expertise. Although frontline police will continue to be the crucial first-responders, in view

⁶⁷ <https://www.vic.gov.au/sites/default/files/2019-05/Interface-between-The-Orange-Door-and-Victoria-Police.pdf>

of the number and proportion of complex and protracted DFSV matters faced by NT Police, specialist units are needed beyond Darwin.

11. Department of Territory Families, Housing and Communities

11.1 TFHC role in relation to DFSV

TFHC has the following DFSV-specific responsibilities:

- Funding and, in some cases, delivering, DFSV services (including men's behaviour change programs). TFHC has responsibility for the provision of family violence services under the [Administrative Arrangement Order](#).
- DFSV policy lead under the DFSV Framework. TFHC has whole of government responsibilities for the prevention of DFSV under the [Administrative Arrangement Order](#).
- Policy lead for the FSF and FSF member.
- Policy lead for gender equity and diversity. TFHC has responsibility for women's policy under the [Administrative Arrangement Order](#).
- Lead agency for the DFSV-ICRO and the ODFSVR.
- Implementation of Chapter 5A of the DFV Act (DFV information sharing and RAMF).
- Implementing the bulk of the 78 actions under AP1, and overseeing cross agency implementation of the remainder actions.
- Oversee system design and reform to better prevent and respond to DFSV.
- DFSV sector and workforce development.
- DFSV prevention initiatives.

TFHC also has broad responsibilities which intersect with DFSV prevention and response. These include:

- Child protection and family support: providing early intervention, response and recovery to children who are victim survivors of DFSV and early intervention to families.
- Youth justice: prevention and early intervention for young people at risk of offending, and targeted responses for young people who do offend.
- Housing and homelessness programs, with DFSV victim survivors identified as a priority cohort.

11.2 Mapping of direct DFSV activity and investment in TFHC

TFHC allocated \$54.1 million to DFSV in 2022-23. Of these funds, \$47.7 million is directly targeted to DFSV programs and service delivery operations. The remainder covers administrative operations.

Of the \$47.7 million directly targeted to DFSV, \$29.2 million is NT Government funding, and the remaining \$18.5 million is time limited Australian Government funding, through national partnerships.

Of the \$29.2 million in NT government funding directly targeted to DFSV, approximately \$19 million is recurrent, and is allocated to prevention grants, implementation of actions under AP1, administration of the ODFSVR, and funding of direct DFSV services, delivered by NGOs. The remaining non-recurrent funds are for one off infrastructure projects for DFSV women's shelters.

The \$19 million is allocated across the 4 domains as identified below:



Figure 28 TFHC DFSV Investment Summary by Domain

Investment under Action Plan 1

[Action Plan 1: Changing Attitudes, Intervening Earlier and Responding Better \(2018-2021\) \(AP1\), the first of 3 action plans under the DFSV Framework](#), was released in 2019. AP1 set out 78 actions to be implemented by TFHC, NT Police, NT Health, DOE, and AGD, with TFHC responsible for overall coordination and leading the bulk of the reform initiatives.

TFHC was allocated **\$6.49 million** to implement AP1 ongoing from 2019-20. This has formed the backbone of the major policy and program reforms over the last 4 years. Initiatives delivered from AP1 have set the foundations of the policy, systemic and program architecture for DFSV reform. Many of these are ongoing and require long-term commitment to achieve the intended outcomes, since preventing and responding to DFSV is a long-term journey of reform. Ongoing implementation of some of the actions will continue throughout Action Plan 2.

The following table provides an overview this allocation.

Initiative	Purpose	Amount	Activities delivered
Enhanced Specialist Services Grants	Increase specialist services' ability to provide wraparound services beyond crisis accommodation	\$2 million	Counselling, outreach, flexible support packages, supervision, practice management
Primary prevention Grant Program	Safe, Respected and Free from Violence Primary Prevention grants program	\$0.7 million (increased original allocation of \$0.3M to \$1M)	3 year grants program
Prevention capability building	Strengthening NT primary prevention capability including prevention model and community of practice	\$0.5 million	OurWatch Primary Prevention Officer; Community of Practice; grant evaluation
Community awareness	Increase community awareness of DFSV and the drivers	\$0.3 million	Transferred to OGED to implement Gender Equality Action Plan
NO MORE	Prevention campaigns with Aboriginal communities	\$0.25 million	Allocated to CCNT (funding of \$0.36M)
Perpetrator Interventions	Men's Behaviour Change Programs	\$1.14 million	Fund 2 MBCPs - CCNT and Tangentyere Council
Sexual Violence Prevention and	Develop and implement Sexual Violence Prevention and Response Framework	\$0.3 million	Sexual violence response training, (SARC) and other sexual violence grants

Initiative	Purpose	Amount	Activities delivered
Response Framework			
DFSV Sector Development	Strengthen the workforce, service practice and sector through implementing the Workforce and Sector Development Plan	\$1 million (originally split between information sharing and FSF)	RAMF development; RAMF Training; Safe and Together training; Biennial conference; Development of Resource Centre; Reviews and evaluations
Elder Abuse	Respond to elder abuse	\$0.3 million	Managed by Office of Senior Territorians through grant to Darwin Community Legal Service
TOTAL		\$6.49 million	

Figure 29 TFHC funding against Action Plan 1

11.2.1 Activity and Investment - Primary Prevention

A total of \$3 million is allocated to primary prevention initiatives per annum ongoing.

11.2.1.1 Safe, Respected and Free from Violence Primary Prevention Grants

The NT Government provides the Safe, Respected and Free from Violence Prevention Grants to support primary prevention projects that address the drivers of DFSV and challenge and change social and cultural attitudes, practices and structures that underpin DFSV. The aim of the program is to increase and strengthen evidence based primary prevention projects in the NT. Funding includes an evaluation component for each project. The most recent round of 3-year grants, allocated in June 2022 are provided in the table below. This information as well as past rounds of primary prevention grants are available on the [TFHC website](#).

The total grant funding increased from \$300,000 (2018) to \$1 million per annum (2019), and then to \$1.5 million (2022), and moved from 12 month grants to a 3 year grant program with in-built evaluation funding (2022). The grant pool totals \$1.7 million per annum. This comprises \$1 million ongoing allocated under AP1, \$0.2 million allocated under AP1 from the Prevention component for evaluation, and an additional \$0.5 million allocated for 4 years in 2022.

Project Title	Lead Organisation	Description	Area	3 years Funding
Together We Can: Strengthening Safe, Equal and Respectful Relationships for Young People	Tangentyere Council - Women's Family Safety Group	The project supports the empowerment, leadership, two-way learning, training and mentoring of Aboriginal and Torres Strait Islander women and girls (12 to 25) from Alice Springs Town Camps to develop primary prevention messages and resources.	Alice Springs	\$515,356
Malparara Malparara Women's Advisory Group	NPY Women's Council Aboriginal Corporation	An innovative Anangu-led project that builds upon work of the Anangu women's advisory group, established since 2020. Malparara-Malparara means 'working together like friends'. The project delivers healing work, Anangu-led trauma awareness and mediation training, learning from senior women, working with young women on Country,	Finke, Imanpa, Mutitjulu	\$515,356

Project Title	Lead Organisation	Description	Area	3 years Funding
		and developing culturally-informed resources to strengthen DFSV practice, especially for non-Anangu workers.		
U Right Sis? Staying Safe Online	Equal Research Pty Ltd	A community development model project that aims to prevent technology-facilitated abuse and increase digital literacy to enhance online safety for Aboriginal women. The project will also promote healthy relationships, and challenge 'jealousing' as an acceptable behaviour.	Alice Springs, Ntaria, Yuendumu, Nyippi, Utopia, Ti Tree, Amoonguna, Papunya, Tennant Creek	\$515,356
Dhatam Primary Prevention Program	Galiwin'ku Women's Space	Working with the community, government and NGO sectors, the project creates and deliver workshops, men's and women's camps, training and resources such as podcasts, to challenge the normalised cycle of abuse, and increase focus on the prevention of DFSV.	Galiwin'ku	\$515,356
Ngalmuka Healing - Time and Place	Jawoyn Association Aboriginal Corporation	The project continues to build capacity for community Elders and women leaders to address violence within their own communities through a permanent women's group. The project works across 3 communities and surrounding Homelands, to deliver cultural programs, establish cultural governance and provide resources and workshops.	Barunga, Beswick, Manyallaluk	\$515,356
Safe Venues Program - The All Good Project	MusicNT Incorporated	This project works with live music venues and festivals across the NT to create safer spaces (in relation to sexual violence) for staff, performers and patrons, building on the success of the pilot program into new regions and festivals.	Alice Springs, Barkly, Darwin, East Arnhem, Katherine, Palmerston, Victoria Daly	\$507,864
Nisaa	UMNT Incorporated,	This project delivers workshops and media campaigns to create awareness about violence against women within the multicultural community; empowers and upskills CALD women to be resilient and speak up when issues arise; enable CALD men to recognise their often, culturally enshrined male privilege and become allies to prevent participation in discriminatory and sexist behaviours.	Alice Springs, Darwin City, Katherine, Palmerston City, Tennant Creek	\$515,356
Respectful Relationships Workshops and Resources for Yuṭa Yolṅu	Aboriginal Resource and Development Services Aboriginal Corporation	This project aims to develop an evidence-based approach to respectful relationships for yuṭa Yolṅu (young adults), developing resources and delivering workshops in Darwin and north-east Arnhem Land. Its approach is underpinned by a gurruṭu-centred framework, with a focus on providing	East Arnhem, Darwin	\$403,265

Project Title	Lead Organisation	Description	Area	3 years Funding
		education about the underlying respect and support mechanisms built into gurrutu (kinship).		
Amplifying Voices - A Leadership Program for Young Women with Lived Experience	YWCA Australia	This project aims to engage young women and gender diverse people to exercise their lived expertise of DFSV in leading advocacy and influencing systems reforms through primary prevention activities, across the NT.	Darwin City, Palmerston City	\$525,000
Channels of Hope for Gender	World Vision Australia	Expanding on existing work to increase community understanding of the drivers of DFSV, this project aims to use a faith-based response to gender equality and DFSV, integrating Warlpiri approaches to relationships and family.	Lajamanu	\$523,085

Figure 30 TFHC Safe Respected Free from Violence grants 2021-22 to 2023-24

11.2.1.2 NO MORE Primary Prevention campaign

NO MORE, auspiced by Catholic Care NT (CCNT) since 2008, is described as an Aboriginal initiative which addresses DFV prevention through a whole of community approach. NO MORE works with men, service providers and the wider community to develop local responses to reduce DFV by changing men's behaviour and attitudes towards women, with the safety of women and children as the primary objective.

NO MORE uses a community led approach to achieve its goals and objectives. NO MORE provides focussed support to a number of NT Aboriginal Communities to develop community mobilisation activities and the creation of Community Aspiration Plans (ideas about what could work to prevent DFV). This includes providing identified communities with resources to achieve a reduction in DFV through funding/employing up to 6 Community Project Officers, collaborating with other organisations to incorporate DFV reduction duties into existing roles, and sourcing additional funding. NO MORE includes workers based in Darwin, Alice Springs, Tennant Creek, Katherine, Wadeye and Wurrimiyanga. The project aims to contribute to an increase in non-violence and respectful relationships; development and celebration of positive role models; increased fairness between genders; increased wellbeing of all community members; and decreased incarcerations and hospitalisations.

NO MORE primarily works to build the capacity of men to develop strategies to stop gendered violence. This process includes building the capacity of the entire community, and ensuring the voices of women are heard in plans for the reduction of violence.

The NT Government provides funding of \$365,000 per annum. NO MORE also receives funding from the Australian government.

11.2.1.3 Our Watch Primary Prevention Officer and Community of Practice

In 2022 TFHC entered into a partnership with Our Watch, the national DFSV primary prevention experts, to host a DFSV Primary Prevention Officer within the ODFSVR. The Our Watch NT Primary Prevention Officer focuses on building NT workforce capability in primary prevention, supporting a Primary Prevention Community of Practice, and advising TFHC on primary prevention activities. The Officer is employed by Our Watch but is co-located with the ODFSVR.

The Community of Practice commenced in November 2022 and brings together the broad range of community organisations delivering grants under the Safe, Respected and Free from Violence Prevention grants program and other prevention programs. The Community of Practice provides peer learning opportunities for practitioners and organisations working to prevent DFSV in the NT.

A total of \$214,000 per annum is provided in grant funding over 2 years, for review at the completion of the pilot. In addition, TFHC has allocated \$75,000 to operate the Community of Practice.

11.2.1.4 Girls Can, Boys Can Primary Prevention campaign

Following the successful development of the Mums Can, Dads Can project in 2018-19 under the Safe, Respected, Free from Violence Prevention Grants, Tangentyere Council received a further grant under the program in 2020-21 to develop the Girls Can, Boys Can project. The project was developed in partnership between the Tangentyere Council's Family Violence Prevention Program and the Larapinta Child and Family Centre. Using the education expertise of the team at Larapinta Child and Family Centre and the culturally safe primary prevention of violence expertise of Tangentyere Council, the Project works with parents, carers, educators and children to create messages for books, clothing, posters and toys that show the healthy, fun, equal and respectful relationships between girls and boys, along with the strengths of Aboriginal children, families and communities.

The program is aligned with the Our Watch Changing the Picture evidence base which explains that gender inequality, rigid gender stereotypes and the ongoing effects and impacts of colonisation are key drivers of DFSV against Aboriginal and Torres Strait Islander women. The program was evaluated in 2022⁶⁸.

The program has developed a Prevention Program, and a Toolkit (online and physical) of resources, merchandise, lesson plans, training opportunities and research findings). At the end of 2021-22 the program received an additional \$300,000 to implement the resources with educators, parents and communities of the NT, with a particular focus on education and care settings. The project has been working with DOE to support this work and align the resources to the new national curriculum.

11.2.1.5 NT Gender Equality Statement of Commitment and Action Plan

The NT [Gender Equality Statement of Commitment and Gender Equality Action Plan \(2022-25\)](#) support initiatives that drive equality for women, men and people with diverse gender identities, and were committed to under AP1 in recognition of gender inequality as a key driver of DFSV.

The Gender Equality Action Plan is the first of its kind in the NT, and lays the foundations for future work to improve gender equality in the NT. The vision is that Territorians enjoy an inclusive, healthy, safe, fair and economically secure NT where gender is never a barrier to full participation and inclusion. The Action Plan is implemented through across government actions in 5 key focus areas: community engagement; health and wellbeing; safety; economic security; and leadership and participation.

Funding under AP1 included \$300,000 per annum towards DFSV prevention awareness. This has been allocated to the implementation of the Gender Equality Action Plan, led by TFHC OGED. In 2022-23 the funding has been allocated towards:

⁶⁸ <https://www.anrows.org.au/project/safe-respected-and-free-from-violence-an-evaluation-of-primary-prevention-projects/>

- \$100,000 [Men's Places Policy and Program](#) which includes the Men's Places Grants Program, implementation of the program, and the establishment of the Men's Places Network.
- \$60,000 for the Sex Workers' Outreach Project for Peer to Peer Forensics Training program.
- \$17,000 for Silver Rainbow Training for Aged Care and Allied Service Providers in Nhulunbuy, Tiwi Islands, Darwin, Katherine, Alice Springs and Tennant Creek.
- \$21,200 in additional scholarships for the Minister for Equality and Inclusion Scholarships Program.
- \$40,000 to Charles Darwin University Northern Institute to prepare a gendered data report utilising newly released data from the 2021 ABS Census. In 2022-2023 the focus will be on multicultural communities in the NT.
- \$10,000 towards Sister-Girl Workshops to better understand the issues and service gaps for Sister Girls from the Tiwi Islands
- \$40,000 towards additional grants and sponsorship towards International Women's Day activities, Darwin Pride Festival, Childbirth Education Association, Darwin Fringe Festival, Prison Arts Education, Sexual and Gender Diversity Training in Central Australia and supporting research about Aboriginal Women's care work.
- \$10,000 to support a NT Mardi Gras Float for World Pride in 2023.

11.2.1.6 Tangentyere Women's Family Safety Group (TWFSG)

The TWFSG was developed by women residing in the Alice Springs Town Camp identifying their need for a voice and action on DFSV issues. The TWFSG's development has been very organic and has worked from a strengths based approach acknowledging and celebrating the skills, knowledge, history, assets, connections and relationships that Town Camp residents have. The core work of the TWFSG is in the area of early intervention and primary prevention on DFSV through:

- training women in DFSV family safety;
- supporting Aboriginal women's voices and views on the issues of DFSV through advocacy, activism, publicity, promotion and networking; and
- resource development with the focus on early intervention and primary prevention messages of non-violence.

Core members of the TWFSG Governance Group are all Aboriginal women who are Town Camp residents.

The program receives approximately \$328,000 annually.

11.2.2 Activity and Investment – Early Intervention and Accountability

11.2.2.1 Safe and Together implementation and training

The Safe and Together Model is a DFV informed approach to child protection, adopted by TFHC under a key action area in AP1 to better respond to DFV in agency practice. Building a more DFV-informed child protection practice and system is part of TFHC's responsibility in implementing the RAMF and has been progressed in the following ways:

- Incorporating DFV-informed practice into all child protection guidance and induction. This has resulted in identifiable and positive practice shifts in practice including more inclusive practice with the offending parent (statistically this is usually the father), skill building in constructive conversations with fathers, and holding them accountable for behaviour using a strengths based approach, as well as partnering with the non-offending parent.

- Undergoing an organisational assessment by Safe and Together on the implementation of this work. This includes extensive case studies and surveys.
- Providing free training for staff (both within TFHC and with government and NGOs) in the Safe and Together Model CORE (4 day) and overview (1 day), supported through approximately \$170,000 per year from AP1 workforce and sector development funding. Approximately 600 staff have been trained and demand is ongoing. To support this, TFHC has created a certified trainer pool of 6 trainers for the NT and more pending.
- Improving DFV identification in all child protection cases including where the reported harm was neglect, supported by improved information gathering and critical analysis at intake.
- Developing DFV-informed practice resources for staff in Youth Justice and Child Protection around working with young people using violence and young people experiencing violence.
- Facilitating local training in DFV awareness.

11.2.2.2 Tangentyere Children's Program

TFHC provides funding of \$525,000 per annum to Tangentyere Council for the Tangentyere Children's Program, one of the only specialist programs in the NT to specifically address DFV in children and young people.

By creating age-appropriate and gender-based DFV critical interventions and youth informed services, the Children's Program is designed to break the inter-generationally embedded cycle of violence with the next generation of young people so that their children are born into families where the safety and respect of all family members are prioritised. For those Aboriginal young people whose lives have been or are being affected by DFV and who have been referred to the service, the aim is to:

- Enhance awareness and understanding of the dynamics of DFV and its impacts.
- Encourage development of communication and relationships skills so as to be able to engage in positive, respectful relationships free of violence.
- Strengthen capacity to shape their own futures and open the way to safe, non-violent and enjoyable relationships.
- Strengthen capacity to improve wellbeing and safety of themselves and others.

The service provides one on one support and group sessions, and is involved with Early Intervention Specialist Programs in collaboration with schools and community centres. The service also provides individual case management, advocacy, referrals, and trauma informed and culturally safe therapeutic support.

11.2.2.3 New Secondary Prevention Grant Program – under development

In 2022, funding of \$4 million over 4 years was allocated to the development of a new innovative grant program focussing on early intervention for young people beginning to use DFSV. This program meets an identified service gap that arose strongly during consultations on Action Plan 2. The program is in development and is anticipated for release in mid-2023.

11.2.2.4 Community and Place Based Partnerships Grants Program

One off funding of \$1.5 million was allocated by the NT Government to DFSV in late June 2022. The funding was used to develop the new Community and Place-Based Partnerships for DFSV Prevention and Response grant program. The program runs until June 2024 and supports specialist DFSV services and ACCOs to partner in order to:

- improve DFSV responses for Aboriginal Territorians;
- enhance collaboration and integration between ACCO and specialist DFSV services;
- develop innovative, place based and community-led initiatives to better respond to and reduce DFSV;
- build capability of ACCOs to respond to and prevent DFSV; and
- build capability of specialist DFSV services to deliver culturally safe and culturally competent services.

The funding was available to support response, early intervention or primary prevention initiatives, including expansion of projects that are evaluated as successful. The recipients are:

Organisation	Project	Location
Tarntipi Homelands Aboriginal Corporation and Catholic Care NT	Violence is a Problem - We are the Solution	Tiwi Islands
Miyalk Domestic and Family Violence Service and Rirratjingu Aboriginal Corporation	Cultural and Trauma Informed DFSV Workforce Training	East Arnhem
Galiwin'ku Women's Space Inc. and Gong Dal	Gurruttu based DSFV Case Management partnership	Gapuwiyak and surrounding Homelands
Katherine Women's Information and Legal Service Association and Djilpin Arts	Women's Program	Wugularr/Beswick
Tangentyere Council, WoSSCA, NTLAC	PART - Training Package for Police and Healthcare Workers	NT Wide
Kimberly Cubillo-Mulholland IVOLVEGEN, Top End Mental Health and Alcohol and Other Drugs Service, North Australian Aboriginal Justice Agency, Mission Australia and Danila Dilba Health Service	Developing an Aboriginal Social and Emotional Wellbeing (SEWB) Integrated DFSV Specialist Service	Darwin
NAPCAN	Developing a Safer Communities for Children approach for NT	NT Wide

Figure 31 TFHC Community and Place-Based Partnerships for DFSV Prevention and Response Grants

11.2.2.5 PART - Do Your Part: Prevent, Assist, Respond Training

One of the Partnerships Programs funded (discussed above) was the 2 year partnership led by Tangentyere Council Aboriginal Corporation, in collaboration with the Women's Safety Services of Central Australia, and the Domestic Violence Legal Service from NT Legal Aid Commission, to develop a specialist training package for police and health workers. The project has 4 central aims:

- To centre the voices of victim survivors, particularly Aboriginal women, in the training development and materials.
- To strengthen collaboration and relationships between the DFSV sector, including ACCOs, health and police. The project will bring these stakeholders together to discuss their respective training needs, and how to better support each other in working to prevent and address DFSV.
- To increase knowledge and understanding of DFSV, its drivers, emerging forms (such as technology-facilitated abuse), myths and misconceptions, CRAT/RAMF, key challenges (such

as misidentification of the person committing DFV), trauma-informed culturally-safe and non-collusive practice, and vicarious trauma.

- To support health workers and police with targeted ongoing specialist training materials, that are online, accessible, and modular with attached competencies, to improve how they identify, prevent and respond to DFSV.

NT Police and NT Health have lent their support to this project and are participating in the training development, and providing guidance and oversight to shape the training package.

The training package for police will consist of:

- One week training content for police recruits; and⁶⁹
- Online modules for ongoing specialist training, 2 modules to be completed every 12 months (to span a total of 5 years, 10 modules in total). The intention is that these be implemented into the existing police training platforms. The training modules will have embedded assessments attached to competency frameworks, to be developed in the co-design process.

11.2.2.6 Men's Behaviour Change Programs (MBCPs)

DFV has a high rate of reoffending. NT data shows that 77% of defendants found guilty of a DFV-related offence have a prior violent offence, and 72% have a prior DFV offence.⁷⁰ MBCPs work with men to change their attitudes and behaviours. They are an important component in the prevention of and response to men's use of DFV, noting that there are many types of perpetrator interventions and MBCPs is just one. The MBCPs are a critical initiative under the DFSV Framework and deliver on Outcome 5 under the Framework – perpetrator accountability and behaviour change.

MBCPs have 3 central aims:

- Increase women and children's safety;
- Keep men who use violence in view and monitor the risk; and
- Prevent the recurrence of violence and support participants to change their behaviours.

TFHC currently funds 2 NGOs to deliver MBCPs in NT community settings for a total of \$1.14 million per annum until 30 June 2023 (with 5 year grant agreements under current negotiation).

The Tangentyere Council's Marra'ka Mbarintja Men's Family Violence Prevention Program commenced in 2014, and is delivered in Alice Springs. Delivered over 16 weeks, the program works with men who use violence against their female intimate partners and other family members, to accept responsibility and learn ways to reduce their use of violence. The MBCP is delivered in partnership with WoSSCA (who provide a Women's Safety Worker to support female partners and/or ex partners of participants) and Jesuit Social Services (who support data collection, reporting and action research).

Tangentyere Council also delivers the Men's Outreach, Assessment and Referral Service (MOARS), based at the Alice Springs Local Court. MOARS engages with men who have used violence against their partner or ex-partner, in an effort to reduce the risk of further violence occurring. This is done through assessments, referrals to appropriate services, outreach with potential or existing participants, and case management support. MOARS builds links between services who work with

⁶⁹ The length of in-person training for healthcare workers will be decided in collaboration with NT Health

⁷⁰ Data from the 2019/20 financial year provided by the Department of the Attorney-General and Justice Research and Statistics Unit. Extracted from IJIS on 31 July 2020, quoted in the DFV Justice Review

people using violence including legal services, NT Correctional Services, NT Police and community based groups in order to provide an integrated response to DFV.

The Catholic Care NT MBCP commenced in January 2019, and is a group work program that runs for 24 sessions. Individuals work with skilled practitioners to help understand their behaviour, make different choices and live a non-abusive and non-violent life. The Program also supports groups through the Stringy Bark Rehabilitation Centre in Darwin, and an outreach group in Wadeye and Tiwi Islands. The MBCP is delivered in partnership with Dawn House, who provide case management support to Darwin-based female partners of participants through a Women's Safety Worker.

Across Australia and internationally, there is limited evidence to determine if MBCPs have been effectively implemented, and are achieving the intended outcomes.⁷¹ Research and evaluation for these services is relatively new. Assessments which use recidivism as a measure do not account for the fact that a program which is part of an integrated response, or which allows for heightened monitoring of the perpetrator, is more likely to identify further offending, or to encourage victim survivors to report it. There are many studies which indicate that these programs do have a significant positive impact, particularly when a more qualitative approach is taken, and when the focus is on increased accountability rather than recidivism.⁷²

Under AP1 (Action 4.2b), TFHC have engaged ANROWS to undertake an evaluation of the two MBCPs in 2023. The evaluation seeks to understand the effectiveness of current MBCP implementation, as well as program alignment with existing standards (noting there are no mandated standards in the NT) and good practice frameworks. The process evaluation will identify what data collection or other measures need to be in place to support an impact evaluation, which is intended to be conducted after at least 5 years of program operation following the establishment of these agreed data collection methodologies and program standards.

⁷¹ Of 29 reviews that assessed the effectiveness of behaviour change interventions for a reduction in DFV/Intimate Partner Violence, only one concluded that the intervention works when assessed on the basis of recidivism. Nearly all reviews reported that the methodological quality of included primary research was poor and that results should be interpreted with caution. Bell, C., & Coates, D. (2022). The effectiveness of interventions for perpetrators of domestic and family violence: An overview of findings from reviews (WW.22.02/1). ANROWS.

⁷² While standards for MBCPs across Australia emphasise the need to focus on women's and children's safety as the primary outcome, measuring this outcome has generally not been prioritised in program evaluation. Traditional measures of success (such as program completion, perpetrator's self-reported data or recidivism data) are no longer considered effective measures for MBCPs in isolation. These outcome measures are inconsistent with an understanding of DFV as patterned coercive control (noting that recidivism rates measure only physical violence). The evidence is also critical of measurement tools (such as psychometric) as based on viewing DFV as a mental health issue characterised by perpetrator psychological deficiencies, rather than a social problem characterised by coercive control. It is now accepted that evaluations should focus on examining the links between perpetrator's accountability to the improved safety of women and children (ANROWS 2020, O'Connor et al, 2020). The most recognised understanding of "success" in MBCPs is typified by that outlined in the Project Mirabal study (Kelly & Westmarland, 2015), which measured program success as "the extent to which perpetrator programs reduce violence and increase safety for women and children, and the routes by which they contribute to coordinated community responses to domestic violence". Outcomes measures focusing on victim survivor safety should do so in ways that are not solely linked to changes in the perpetrator's behaviour. The Mirabel results revealed that women were focused on outcomes of success which moved beyond stopping the violence. Victim survivor safety can be enhanced by an MBCP even in situations where a perpetrator does not change his behaviour—for example, if the program in the short term is able to help contain the risk a perpetrator poses to their partner and family, and over the longer term support a victim survivor's wellbeing. There is growing acknowledgement that for most perpetrators, perpetrator engagement in a single MBCP is unlikely to lead to long-term and sustained behaviour change (Dutton & Corvo, 2006), and that MBCPs need to be viewed within a wider system of supports and interagency measures that aim to reduce violence against women and keep a perpetrator "in view".

11.2.3 Activity and investment in response, recovery and healing

TFHC invests approximately \$12 million in ongoing response, recovery and healing initiatives for victim survivors of DFSV in 22-23. The bulk of this funding is allocated to the operations of women’s refuges and safe houses across the NT, many of whom provide wraparound services to further reduce the impacts of DFSV on victim survivors.

11.2.3.1 DFV Crisis Accommodation and wraparound services – NTG and NTRAI funded

There are 28 women’s safe houses and women’s refuges for crisis accommodation across the NT. These are funded through a combination of Australian Government funding under the Northern Territory Remote Aboriginal Investment (NTRAI) program (approximately \$4.2 million) and TFHC funding (approximately \$8.8 million), for a total of approximately \$13 million.

Twelve of the women’s safe houses are operated by TFHC. The remaining services are operated by NGOs and local government.

Under AP1, an additional \$2 million was provided ongoing for Enhanced Specialist Services Grants (ESSG), which was increased by \$1 million for 4 years in 2021-22. These grants enable DFSV crisis accommodation services to provide wraparound supports to clients and not just accommodation. Wraparounds include counselling, outreach and flexible support packages. Under this program:

- DFSV Outreach workers increased from 4 in 2019 to 10 in 2020 ongoing.
- DFSV therapeutic counsellors increased from 3 in 2019 to 14 in 2020 ongoing.
- DFSV flexible support packages were not available prior to 2020 and are now distributed by 15 specialist services across the NT.
- Staff supervision and practice management was funded for the first time in 2020 and is now utilised by 9 crisis accommodation services across the NT.

Crisis accommodation and wraparound services (including counselling, outreach, flexible support packages – note, not all services provided in all regions)	
Arnhem	<ul style="list-style-type: none"> • Groote Eylandt: Angurugu Safe House* • Ramingining Safe House* • Nhulunbuy: Miyalk (Crisis Accommodation Gove Inc) • Elcho Island: Galiwinku Women’s Space
Big Rivers	<ul style="list-style-type: none"> • Beswick/Wugularr Safe House* • Lajamanu Safe House* • Kalkarindji Safe House* • Ngukurr Safe House* • Yarralin Safe House*
	<ul style="list-style-type: none"> • Katherine Women’s Crisis Centre Inc. • Borroloola WSH – Mabunji Aboriginal Corp
Central Australia	<ul style="list-style-type: none"> • Ntaria (Hermannsburg) Safe House* • Ti-Tree Safe House* • Yuendumu Safe House* • Alice Springs: Women’s Safety Services of Central Australia
Barkly	<ul style="list-style-type: none"> • Elliot WSH – Barkly Regional Council • Ali Curung WSH – Barkly Regional Council • Tennant Creek Women’s Refuge
Top End	<ul style="list-style-type: none"> • Bathurst Island: Wurrumiyanga (Nguui) Safe House* • Maningrida Safe House

	<ul style="list-style-type: none"> • Melville Island: Milikapiti Safe House – Catholic Care NT • Wadeye Safe House – One Tree Community Services • Gunbalanya WSH – West Arnhem Regional Council • Nauiyu Safe House – Catholic Care NT
Greater Darwin	<ul style="list-style-type: none"> • Darwin Aboriginal and Torres Strait Islander Women's Shelter Corporation • Catherine Booth House – Salvation Army (NT) Property Trust • YWCA Australia • Dawn House Inc.

*These services are operated by TFHC.

Figure 32 Crisis Accommodation services, by location

11.2.3.2 Alice Springs Court Support Case Worker

TFHC funds WoSSCA to provide a Court Support Case Worker for the Alice Springs Magistrates Court, which contributes to the specialist approach to DFV. The service provides non-legal support to victim survivors going through the legal system including attending legal appointments or court appearances, sourcing legal advice, and assisting with understanding court processes. They may also provide assistance with applying for a DVO, and support victim survivors who are involved in a criminal case as a witness or complainant. The service is funded for \$131,000 annually.

11.2.3.3 DFSV in the workplace

Note - this activity relates equally to the early intervention and accountability, and response, recovery and healing domains.

One of the priority actions under AP1 was to address the issue of DFSV as it impacts on workers and the workplace. Under Action 5.2, the NT Government committed to:

- Ensuring the Northern Territory Public Service (NTPS) leads the way for Territory employers on DFV leave policy, including paid leave; and
- Through a pilot project with the NT Working Women's Centre (NTWWC), support and build the capacity of the NTPS to better respond to staff impacted by DFV.

TFHC provided \$100,000 for a pilot project delivered through the NTWWC in 2020 to build capacity for human resource practitioners and managers to support NT public servants who are victims of DFV. The NTWWC developed and delivered a training package aimed at increasing awareness, competency, comfort and responsiveness of managers and human resources personnel when implementing the NTPS's DFV staff entitlements. The project delivered a series of 14 three-hour workshops and 6 one-hour awareness raising sessions, with 328 workers participating.

No further programs have been implemented in this area.

11.2.3.4 Respect@Work Inquiry into Sexual Harassment

This is an Australian Government initiative (with State and Territory Government endorsement) and full details are provided in Chapter 12 on National Investment. ODFSVR are the lead for the NT's implementation of recommendations under the Respect@Work report, and are developing an NT implementation plan, in collaboration with AGD, NT Worksafe, the Office of the Commissioner for Public Employment and the NT Anti-Discrimination Commission.

Funding Northern Territory Working Women's Centre

TFHC provides funding of \$194,000 per annum to the NTWWC, a community based non-profit organisation providing free and confidential advice to women about work-related matters, including

discrimination, sexual harassment, and DFSV work-related matters. NTWWC offices in Darwin and Alice Springs regularly assist clients from rural, regional and remote communities. The NTWWC provides community education sessions to women, including on DFV as a workplace issue.

11.2.3.5 Elder Abuse Project

Elder abuse is defined as; 'A single, or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person.' Many forms of elder abuse fall under the definition of DFSV. The abuse is often perpetrated by a family or household member, and may include sexual violence within institutional settings. Victim survivors may be dependent upon the abuser for care or services and may be reluctant to complain due to fear of retribution or loss of services.

Under AP1 funding, TFHC has funded Darwin Community Legal Service \$300,000 per annum to deliver the Elder Abuse Prevention Project supported by the Office of Senior Territorians. The project is aimed at identifying the extent and nature of elder abuse in the NT, the effectiveness of current responses, raising community awareness and limiting its impact. The project provides resources, community education, professional development and the free Elder Abuse Information Line to assist elderly people suffering from abuse, make referrals to support organisations and provide legal information to people wanting to make informed choices about their situation.

11.2.4 Activity and investment - Systemic enablers and reform

11.2.4.1 Sexual Violence Prevention and Response Framework (SVPRF)

The development of the SVPRF was an action under AP1, and was the first time the NT Government set out a comprehensive whole of government, whole of community approach to prevent and respond to sexual violence. The NT was the first government in Australia to develop a standalone SVPRF. While sexual violence is a complex and sensitive issue, there is a willingness in the NT community to talk about it. Consultations for the SVPRF included meetings with over 50 specialist services and networks, government agencies, and ACCOs in Darwin, Nhulunbuy, Katherine, Tennant Creek and Alice Springs.

The SVPRF includes 6 key outcomes:

- Sexual violence is recognised, understood, prevented and not tolerated.
- Children and young people who experience sexual violence are safe, and supported to heal.
- Children and young people who engage in harmful sexual behaviours are safe, and supported to heal.
- Adults who experience sexual violence are safe and supported to heal.
- Adults who commit sexual violence are held accountable through the justice system and have access to programs that change behaviour.
- Services and systems are strengthened to respond to the needs of people who have experienced sexual violence.

Under AP1 a total of \$300,000 annually is allocated to progressing actions under the SVPRF. In 2022-23, this comprises:

- \$100,000 to the NT Anti-Discrimination Commission to develop and deliver bystander training for sexual harassment (aligned to recommendations under Respect@Work report).
- \$50,000 to the NT AIDS and Hepatitis Council to support their early intervention sexual health clinic with young people.

- \$150,000 to SARC to continue to deliver training on responding to sexual violence and harmful sexualised behaviours.

11.2.4.2 Workforce and Sector Development Plan (WSDP)

Building a capable and responsive DFSV workforce and sector is a key commitment of the DFSV Framework. A strong, supported and skilled DFSV workforce and sector will enable greater safety and wellbeing for DFSV victim survivors; stronger accountability for people who commit DFSV, as well as more effective support to change their behaviour; and more effort to prevent violence before it occurs. Building a capable and responsive workforce and sector means that:

- workers will have the skills and support they need to do their jobs effectively and safely;
- organisations will have the structures, resources and practices in place to support their workers to do their jobs; and
- workers and organisations will be supported to enhance their collaboration and advocacy skills and build networks and communities of practice.

In March 2021, TFHC released the [WSDP](#), setting out the long-term goals and priority actions to strengthen and support the DFSV workforce and sector. The development of the WSDP included consultation with universal, statutory and specialist services across government and non-government, as well as research and a training audit. The outcomes are contained in the [WSDP Background Paper](#).

During consultations to develop the WSDP, stakeholders unanimously reported the need for coordinated, consistent and culturally relevant DFSV training. Action 1 under the WSDP is to establish a DFSV Resource Centre for developing, brokering, delivering, and coordinating DFSV training for universal and specialist services across the NT. A discussion paper was released for consultation on the model in early 2023. In the interim, NTCOSS are contracted to progress RAMF training as the priority training for the sector.

The NT Government committed \$1 million per year ongoing under AP1 to support the development of the DFSV workforce and sector. In 2022-23 this funding is allocated to:

- NTCOSS DFSV policy officer;
- RAMF Training implementation;
- Safe and Together training;
- MBCP evaluation; and
- Sharing and Strengthening Our Practice Conference.

11.2.4.3 Sharing and Strengthening Our Practice

The development of a practice-based conference for the NT DFSV sector was an action under AP1 (Action 5.5a). The inaugural Sharing and Strengthening Our Practice Conference was held in 2019, and brought together 170 people from over 40 government and NGOs, who work in and with the DFSV sector across the NT.

The conference provided a space to share and reflect on practice learnings and discuss innovative approaches to prevent and respond to DFSV. Presentations and a conference report are available [online](#). Overall, the 2019 conference was described as a positive and valuable experience for participants and speakers. Participants particularly appreciated the strong Aboriginal presence, representation and leadership at the conference.

While the Conference was intended to be biannual, COVID-19 and resource limitations meant it was not possible to hold the conference in 2021-22, and ODFSVR is now working towards the next conference.

11.2.4.4 NTCOSS DFSV Policy Officer Project

In 2022, TFHC entered into a 5-year agreement with NTCOSS to support a DFSV Policy Officer, following a successful pilot in 2021. To date, this project has succeeded in:

- establishing an NT Wide DFSV network;
- strengthening communication between the NT Government and the DFSV service sector;
- supporting NGO involvement on the CAWG;
- conducting consultation on key DFSV policy areas; and
- supporting governance training for services by the Australian Institute of Company Directors.

The partnership strengthens long term, sustainable engagement between the DFSV sector and Government. As there is no DFSV peak in the NT, the DFSV Policy Officer goes some way towards filling a critical gap for sector coordination, advocacy and support.

11.2.4.5 National memberships and representation

The NT Government is a member of both Our Watch, the national DFSV primary prevention body, and ANROWS, the national research organisation for women's safety. Membership contributions of \$12,000 and \$18,000 respectively are paid through ODFSVR, and in return, the NT receives support, information and research from these groups on a regular basis.

The ODFSVR sits on various national government coordination bodies, including the Jurisdictional Working Group on the National Plan, and provides support to the Minister for DFSV Prevention as a member of the Women's Safety Taskforce.

11.3 Summary of gaps, priority needs and future directions

11.3.1 Primary Prevention gaps and opportunities

While the most recent statistics from the ABS National Community Attitudes Survey (NCAS) showed significant improvement across Australia (including in the NT) in the understanding of violence against women and rejection of sexual violence, it also identified some gaps in understanding in the NT.⁷³ Substantial proportions of both NT and Australian respondents did not understand the gendered nature of violence against women, contrary to the empirical evidence from PSS, court and police data. However, this understanding was even lower in the NT, with 57% of NT respondents compared to 41% of Australian respondents believing that DFV is committed by both men and women equally.

There is clearly room to further improve understanding and attitudes regarding gender inequality and violence against women in the NT.

⁷³ Coumarelos, C., Roberts, N., Weeks, N., Bernstein, S., & Honey, N. (2023). Attitudes matter: The 2021 National Community Attitudes towards Violence against Women Survey (NCAS), Findings for Australian states and territories (Research report, 05/2023). ANROWS

Additional efforts and investment are required to build DFSV primary prevention in order to create long term change. Support for primary and secondary prevention is not an argument for redirecting funds currently allocated to crisis intervention, however. In the long term, a focus on primary prevention, and early intervention and accountability, is likely to reduce the heavy burden placed on the response end of the service spectrum. In the short to medium term though, these services are likely to require additional support to meet the increased demand caused by the raised awareness, disclosures and reporting which are the intended outcomes of primary prevention activity.

The investment in primary prevention by TFHC is relatively small, but has been sustained since 2018 and is expanding, as is the focus on evaluation and monitoring of activity, building the evidence base for the NT.

The DFSV-ICRO supports the expansion of the Primary Prevention grants and notes the significant proportion of grants allocated to ACCOs. The DFSV-ICRO also endorses the quarantined allocation of evaluation funds to grant recipients, as well as the support provided in evaluation, networking and peer learning through the Our Watch Primary Prevention Officer and Community of Practice. The outcomes of these project and program level evaluations will be valuable learnings for what works in primary prevention practice in the NT, with a focus on primary prevention practice by ACCOs and in Aboriginal communities.

11.3.1.1 Expanded Aboriginal-led Primary Prevention responses

As Aboriginal women and children in the NT face the highest rates of DFSV in Australia it is recommended to increase funding to Aboriginal communities for community-led prevention responses. There is an urgent need to address the drivers that lead to these high rates of violence. These drivers have been identified as the intersection between gender inequality and colonisation, acknowledging the devastating impacts and accumulation of trauma across generations. These impacts include forced child removal, institutionalisation, dispossession from land, intergenerational trauma, systemic oppression and disempowerment, and interruption and destruction of cultural practices and connections. It is widely understood that intergenerational trauma plays a significant role in DFSV, as well as in increased AOD use which can contribute to perpetrators' frequency and severity of violence.

Aboriginal communities and Elders have made long standing efforts to prevent and respond to DFSV and improve outcomes for Aboriginal people, children and families. Aboriginal communities and organisations have strongly advocated for community-led approaches to primary prevention initiatives, and are leading many of the innovative responses under the TFHC grants programs. The need for additional community-led Aboriginal primary prevention projects (focussing on healthy and respectful relationships) has been strongly identified by ACCOs through Action Plan 2 consultations and the consultations on the DFV Justice Review.

The DFSV-ICRO supports expanding the primary prevention initiatives led by Aboriginal communities, which should be driven through the Aboriginal Advisory Board. This should include a preliminary focus on the existing ACCO and Aboriginal led primary prevention projects (including those outlined in section 10.2.1), in order to build on success, and share learnings and outcomes.

11.3.1.2 Public health campaign on healthy relationships and coercive control

Coercive control is a pattern of abusive behaviour that dominates and controls a partner, ex-partner or family member. It may include physical, sexual, emotional, psychological or financial abuse, with the perpetrator typically deploying multiple forms of abuse to make the victim survivor fearful, isolated and subordinate. The behaviours often build up slowly over time and can be difficult to

identify. The cumulative effect of this behaviour is that the person who commits DFV comes to control and dominate the victim survivor to such an extent that it diminishes their autonomy and independence, and damages their sense of self and self-worth.⁷⁴

Coercive control is an overarching (some argue defining) feature of DFV and is a recognised risk factor for domestic homicide.⁷⁵ Governments across Australia and internationally are seeking to address coercive control, including considering criminalising coercive control.

While there is no validated evidence to draw on, anecdotal evidence suggests that many Territorians – both community members and professionals – do not know what coercive control is. Even in families where coercive control is occurring, the victim survivor, the person who commits DFV, or both, may be unaware that it is a form of DFV. Evidence from other jurisdictions shows that many victim survivors, in the absence of physical violence, have not recognised coercive control as a form of DFV or sought assistance for it.⁷⁶

There is also insufficient understanding of how coercive controlling behaviour manifests in Aboriginal families and communities. Even if the conduct is similar, there may be different terminology and a different context for the behaviour that ought to be taken into account.

It is important to raise community awareness about coercive control. A public campaign about healthy relationships and identifying coercive control, using culturally relevant methodologies, community engagement and media is supported by the DFSV-ICRO to meet a current gap in the system.

This is also considered critical should the current trend towards the criminalisation of coercive control continue, to mitigate the risks of increased incarceration. It is particularly important to ensure there is two-way dialogue within Aboriginal communities about coercive control and DFV. This will empower Aboriginal people to identify coercive control and facilitate greater community action and leadership in relation to DFV in a way that fosters safe and healthy relationships. This may be facilitated by ACCOs, other NGOs or through Law and Justice Groups.

11.3.2 Early Intervention and Accountability gaps and opportunities

11.3.2.1 MBCP Framework and standards

Currently programs for people who have committed DFV sit across both TFHC and AGD (through NT Corrections who deliver programs in custodial settings). Program participants often move across the 2 systems but are receiving different programs with different conceptual approaches.

It is proposed that there be alignment and coordination between the programs provided in custody and those delivered in community through the creation of an overarching Framework for all DFV perpetrator programs that is informed by the best available evidence. This will ensure that victim survivor safety and the accountability of people who commit DFV are the foundational principles and objectives for all DFV programs in the NT. It will also ensure that there is continuity in program content even when a person's custodial status changes. This would mean that people can commence a program in prison and continue when they are released from custody.

Given the serious risks inherent in perpetrator intervention programs, there is a clear gap in the NT's oversight of MBCP programs due to the lack of mandated standards. Most other jurisdictions have standards, compliance frameworks, and program declarations, which can influence funding

⁷⁴ See New South Wales Government (2020) *Coercive control – discussion paper*, at p. 7.

⁷⁵ ANROWS (2018), *National Risk Assessment Principles for Family and Domestic Violence: Quick Reference Guide for Practitioners*.

⁷⁶ Boxall and Morgan (2021)

and referrals. These accountability mechanisms enable an oversight of appropriate quality, and particularly ensure that programs are run in way that prioritises victim survivor safety and allows no collusion with people who commit DFV. Programs that are not rigorously committed to victim survivor safety and accountability of people who commit DFV may be doing more harm than good, and leave victim survivors exposed to risk. For example, a critical component of MBCPs is a partner contact service, delivered through an independent and DFV specialist victim survivor service, to maintain the focus on victim survivor safety. This would be a core requirement under the standards, should be adequately resourced, and should not be left to individual service contracting arrangements.

Programs also need to be culturally-safe and culturally competent to provide assistance to Aboriginal people, and a framework including standards could help to support this. In consultations, DFSV-ICRO has heard that connection to culture is a protective factor against violence for Aboriginal peoples, in its promotion of safety, stabilisation and recovery from DFSV, and as a source of strength and resilience. Additionally, participants emphasised the need for healing-informed approaches to redress grief, loss, and trauma of families and communities and the impact of colonisation, intergenerational trauma and racial discrimination. A healing approach, rather than a punitive response does not mean letting behaviour go unchallenged, but rather coming from a place of support and non-judgement while upholding accountability for unsafe, unhealthy and sometimes criminal behaviour.

In 2020, Tangentyere Council developed the Central Australian Minimum Standards for MBCP, based on the Victorian minimum standards, originally developed by No To Violence. This work is to be commended, and consideration should be given to building on the existing model to create standards as part of the proposed framework that apply NT-wide.

The DFSV-ICRO should lead the development of the framework overseen by a governance structure including NT Corrections, AGD, TFHC, Aboriginal expertise, victim survivor expertise and No To Violence (NTV), the national peak MBCP body.

11.3.2.2 MBCP Expansion

Throughout the consultation and mapping process, there has been strong and consistent articulation of the need to provide additional MBCPs or additional places, including in regional and remote areas. This was also identified by Nous Group Darwin services review which found that the limitations in the support available for people who have committed DFV has compounding effects across the system (eg often women and children leave their homes rather than the men who perpetrated DFV against them).⁷⁷

Current demand on programs is resulting in waitlists, and intake closures in some cases. The NT Government's commitment to sentencing reform, including the repeal of mandatory sentencing provisions for DFV offences and strengthening of community-based sentences, will result in an increased demand for MBCPs who are already struggling to meet current demand.

Internal modelling commissioned by AGD is seeking to understand how many offenders are likely to need community corrections involvement and other services as a result of the legislative reforms, and to identify priority locations for new services and supports. The modelling indicates that, while offenders are spread across the NT, the highest concentration will be in regional centres, in particular Greater Darwin and Alice Springs, followed by Katherine.

⁷⁷ NOUS Group Darwin DFSV Service System Review 2020 for TFHC, unpublished

A staged approach to expansion is required, and evaluation outcomes will be critical in informing our longer term approaches. Expansion of MBCPs will also require a corresponding expanded specialised workforce.

11.3.3 Response, recovery and healing gaps and opportunities

11.3.3.1 Therapeutic responses to children and young people who are victim survivors of DFSV

During consultations with key stakeholders, including within TFHC, the gap in therapeutic responses for children who accompany their mothers to women's safe houses and refuges has been repeatedly identified.

The National Plan, the DFSV Framework and the RAMF explicitly recognise children as victim survivors of DFSV in their own right, with independent needs. Children's witnessing, or being exposed to, DFV, is also considered a form of DFV.

DFV causes serious, lasting harm to children, which can follow them into adulthood. It impacts on attitudes to relationships and violence, as well as behavioural, cognitive and emotional functioning, physical health, social development, substance use, learning and job prospects. DFV can affect brain development of babies and infants. Exposure to DFV also increases the risk of a child or young person experiencing other forms of abuse or neglect. Children and young people who experience DFSV may also be at increased risk of later perpetrating DFSV or becoming adult victim survivors of DFSV.⁷⁸

The 2020 Nous Group Darwin Services Review noted that children are a key client of DFV services, commonly representing at least 50% of clients in a given year, however there are too few children's services available at the services. While there are a range of other health, mental health and family support programs available to children and young people, there are very limited specialist support services for children and young people experiencing or at risk of DFSV who accompany their mothers to DFV crisis accommodation services.

The DFSV-ICRO sees synergies and access efficiencies in providing these services through the existing crisis accommodation service model. Providing onsite therapeutic supports for children is preferable to having to refer children to external services.

The DFSV-ICRO also supports the foreshadowed RAMF expansion project to develop additional guidance and tools for priority groups, including children and young people, which will cover screening for, assessing and managing risk for children and young people, understanding children and young people as victim survivors in their own right, and the impact of DFV on parenting.

11.3.3.2 DFSV workplace responses

The RAMF clearly identifies the role workplaces can play in supporting victim survivors, and increasing accountability for people who have committed violence.

The NTWWC pilot project delivered in 2019-20 provided important learnings for the NTPS on the implementation gaps in workplace supports for DFV victim survivors and accountability measures for people who commit DFV in the workplace.

Unfortunately, little progress has been made in building on the insights provided by the project and furthering the commitment for the NTPS to lead the way in the provision of support for victim

⁷⁸ Oglvie, J., Thomsen, L., Barton, J., Harris, D. A., Rynne, J., & O'Leary, P. (2022). Adverse childhood experiences among youth who offend: Examining exposure to domestic and family violence for male youth who perpetrate sexual harm and violence (Research report, 13/2022). ANROWS

survivors in the workplace. There are opportunities to reinvigorate this work, and to engage with a broader number of employers across the public and private sectors. This is especially important to the NTPS as the largest employer in the NT, the 'model' to which other employers look for industrial standards, and the large number of women, especially Aboriginal women, currently employed.

The final NTWWC pilot project report made valuable observations including:

- Introducing leave is not effective where it is not supported by appropriate policy, where there is a low level of awareness of the policy, and where Managers and HR Personnel are not appropriately trained. The project evaluation showed a low level of Managers and HR Personnel who could correctly identify DFSV leave provisions available to employees.
- Data gaps means that there is no way to evaluate take up rates of DFSV leave in the NTPS systems as the category of 'miscellaneous leave' cannot be disaggregated.
- Further policy development is required on better supporting employees who are experiencing DFSV. The project identified inconsistencies between agency policies and overarching NTPS policies for employees experiencing DFSV.
- Creating lasting cultural change requires high level departmental support to achieve practical aims such as formulating policy working groups across agencies, engaging relevant personnel and mandating training.
- There is inconsistency across agencies on the delegation level for the approval of miscellaneous leave, ranging from A07 to deputy CEO, or CEO. There is still a level of fear, shame and embarrassment associated with applying for miscellaneous leave for DFSV and these feelings are exacerbated by the requirement to seek approval from a high level delegate. The delegation level should be consistent with other forms of leave.
- People who are at risk of being harmed at the workplace due to DFSV require a workplace safety plan. The workplace does not have an obligation to keep the person safe outside of work, but whilst the person is in the workplace, steps are necessary to ensure safety. There was no policy or guidance in how to develop a workplace safety plan or the standards expected. Anecdotally, managers are conducting safety planning, using informal contacts and their own creativity. Safety planning materials that can guide managers would be more appropriate. This was viewed as the most pressing issue for resolution.
- In many instances managers and HR personnel have records that relate to the experience of DFSV of an employee. Except where the documentation relates to evidence supporting an application for miscellaneous leave (where copying such evidence is expressly excluded), the recording of sensitive information may be appropriate. Further consideration is required as to where the safety plan should be kept to maintain confidentiality.
- Under the NTPS Code of Conduct, public service employees must inform their CEO when they are charged, convicted or acquitted of any crime, whether it is deemed relevant or not under the Code. The AGD Corrections Services Code of Conduct includes an additional requirement that employees inform the Commissioner if they are the subject of a DVO. This is especially important where the person who is to be protected by the DVO is also an employee of the agency, to consider in workplace based safety planning. This approach could be considered in other Departments, particularly those working at the frontline with DFSV clients.
- The issue of how managers and employees respond when a person who perpetrates violence is working in their unit is one that attracts much interest, attention and concern. The issue arises where the person who perpetrates violence and the victim survivor are both employees of the NTPS as well as where only the person who perpetrates violence is an employee. The impact of having a person who perpetrates violence in the workplace can be significant, and managers and HR personnel grappling with these issues require guidance. This topic is largely unexplored in Australian workplaces and policy development is in its infancy. A policy should be developed to respond, and it would ideally be consistent across agencies.

- In order for the NT government to lead the way for Territory employers on DFSV leave policy, including paid leave, more training of managers and HR personnel is required. Whilst the leave itself is an excellent provision by Australian standards, the low level of awareness of the provision, underdevelopment of supporting policy and limited relevant training to safely implement the provision is problematic.

Since this project was delivered, awareness and support for the workplace as a key site of DFSV response and prevention has grown, including significant policy and legislative changes at the national level.⁷⁹ The AP1 action of the NTPS leading the way (Action 5.2a) is becoming less attainable as both federal government and corporate sector outstrip the entitlements, support and resources provided by the NTPS. The DFSV-ICRO supports a renewed focus on this work, to be undertaken in partnership with the NTWWC and other experts.

11.3.3.3 Specialist DFSV services

System capacity and resourcing

Throughout consultations, the DFSV specialist service sector have consistently reported that funding has not kept pace with the substantial growth in demand, evidenced through the increased rates of reported DFSV (by 27% between 2019 and 2020, and a further 12% between 2020 and 2021).⁸⁰ This has resulted in many places in a system that is under great pressure, with reduced capacity to provide vital assistance to victim survivors.

Limitations in the services' Key Performance Indicators (KPIs) and in the AIHW Specialist Homelessness Services Collection data model mean it is difficult to objectively assess capacity and unmet demand. While un-validated data suggests services meet almost all requests for assistance, evidence from consultations suggests it under-represents instances in which they are unable to meet need. It is noted that the ODFSVR is currently working on a project to redevelop KPIs and reporting requirements incorporating an outcomes focus for TFHC funded services, which should provide greater flexibility, accountability and efficiency for both parties.

Services widely report their staff, finances and/or facilities are 'stretched'. Services partly attribute this 'stretch' to efficiency dividend measures, mandatory wage increases, and increases in a number of operational costs. Consistent with this, while base funding from TFHC is adjusted for inflation, the efficiency dividend that is also applied means funding is decreasing in real terms.

While NT Government grants policy supports 5 year funding in most cases, there remain pockets of uncertain, inadequate and short-term funding, in particular through funding from the Australian Government under National Partnership Agreements. This can result in fragmented, localised service responses rather than a consistent, comprehensive and best practice response that supports NT-wide system integration.

Cohort access

There are groups for whom there are no or few specialist DFSV services available, including people from CALD backgrounds, LGBTIQ+ clients, clients with disability, women on temporary visas, and people under the age of 18. It is noted that for some of these cohorts, evidence suggests increased prevalence of DFSV, and additional barriers to seeking help. While service funding is stretched thinly at present, more work is required to ensure the particular needs of disadvantaged groups are being catered for. There is a need to work with these communities and their affiliated organisations to understand how to support service access.

⁷⁹ For example, legislative amendments to the Fair Work Act

⁸⁰ ABS 2021 op. cit

Improving funding and reporting arrangements

Under AP1, the NT Government committed to:

- Action 5.5(b): Reduce the red-tape and complexity of performance and financial reporting across the specialist DFSV sector; and
- Action 5.5(d) Improve the sustainability of the NGO investment through the introduction of long-term and flexible funding agreements.

While the majority of TFHC-funded DFV services are on 5-year contracts, they are funded under varied KPIs, with inconsistent reporting requirements, often resulting in sub-optimal program reporting.

ODFSVR has identified that a consistent funding model that incorporates outcomes-based KPIs, and streamlined reporting, is required. ODFSVR has commenced work on this complex project, in collaboration with regional offices and services. ODFSVR are also working on strengthening alignment between multiple DFSV funding sources within the agency, combining funding into single streams to reduce administrative burden on services and the agency, and increase flexibility of funding purpose to better meet place based and service-determined need.

This work is addressing a number of entrenched issues:

- The proliferation of multiple small allocations (each with their own separate funding agreement, reporting requirements, reporting dates, and KPIs) and the need to collapse them where possible to enable clients to receive a broader range of services.
- The receipt of funding from multiple areas within the one agency, for example, funding for DFSV, Housing, Gender Equity Initiatives and Family Support Services, each of which involves a different agreement, contract manager, service requirements, and KPIs. Opportunities exist for a principles based alignment, and organisational efficiencies, especially recognising the overlap of client cohorts in these areas.
- Some service providers are not being funded for program specifications relevant to their needs, while receiving funding that is less relevant, due to inflexibility of grant agreements. Services should be able to determine funding requirements based on client need, rather than on pre-existing service agreements.
- Improving accountability and meaningful reporting by introducing consistent KPIs and reporting requirements across DFSV programs.
- Funding that has oftentimes been ad hoc rather than strategic and the need for a coherent investment and funding framework that aligns with the DFSV Framework principles and approach.
- There are no practice or service standards for TFHC operated or funded DFV services. This leads to a lack of quality control and no system for assessing new service types or bids against an agreed criteria.
- Ensuring that services are culturally secure and that this is embedded in service requirements. Closing the Gap commitments support increasing capacity and capability of ACCOs. Culturally secure practice is also required for clients with disability, clients from migrant and refugee backgrounds, and LGBTQI+ clients.

The DFSV-ICRO supports this work, and proposes that mechanisms to elicit client feedback, including client surveys and forums, be incorporated into these reforms under new KPIs in a way that enables consistent gathering and grouping of responses across the services. This would provide both TFHC and the services with valuable evidence about clients' needs, strengths and experiences,

and the quality of the services they receive. It would also enable a shift toward a client-led approach to ongoing service improvement and sector development.

Evaluation support

Evaluation is an important component of the service system and required to make informed decisions about service planning. The DFSV-ICRO commends ODFSVR for providing quarantined evaluation funding under the Primary Prevention grants, evaluation support through the Community of Practice, and extending the grants to 3 years to enable meaningful evaluation. This model should be expanded to other areas to grow evaluation capability as well as grow the evidence base for DFSV in the NT. With the focus on outcomes reporting and evaluation based funding, the DFSV-ICRO would like to see all funding with a quarantined component for evaluation, and evaluation support to ensure consistency of approach..

11.3.3.4 Housing

There is a clear correlation between DFV and homelessness, with DFV being the main reason women and children leave their homes in Australia, and the most common reason for seeking assistance from Specialist Homelessness Services (SHS) in the NT. Women and children affected by DFV are a priority cohort under the National Housing and Homelessness Agreement (NHHA).

The rate of SHS clients who have experienced DFV is more than 4 times higher in the NT than nationally.⁸¹ The NT homelessness rate is 12 times the national average, and 89% of people experiencing homelessness in the NT are Aboriginal.⁸²

The total unmet demand for housing in the NT is estimated at 10,000 dwellings across urban and remote locations.⁸³ The lack of affordable housing options in the private rental market, and rising rents, are also adding pressure to the urban public housing waitlist.

Transitional housing

Consultations have consistently raised concerns about the pathway for DFSV victim survivors from crisis accommodation into secure and affordable transitional and long-term housing. The lack of medium and long-term accommodation for DFSV victim survivors has serious impacts:

- Increases women and children's risk of homelessness.
- Creates intake and exit blockages at crisis accommodation, reducing access to for other victim survivors in need.
- Leads to facilities such as visitor parks – which are not suitable for purpose – being utilised as makeshift accommodation for DFV victim survivors.

⁸¹ AIHW 20-21 at 201.3 per 10,000 compared to the national rate of 45.2 per 10,000 population

⁸² AHURI 2021

⁸³ [NT Housing Strategy 2020-25](#)

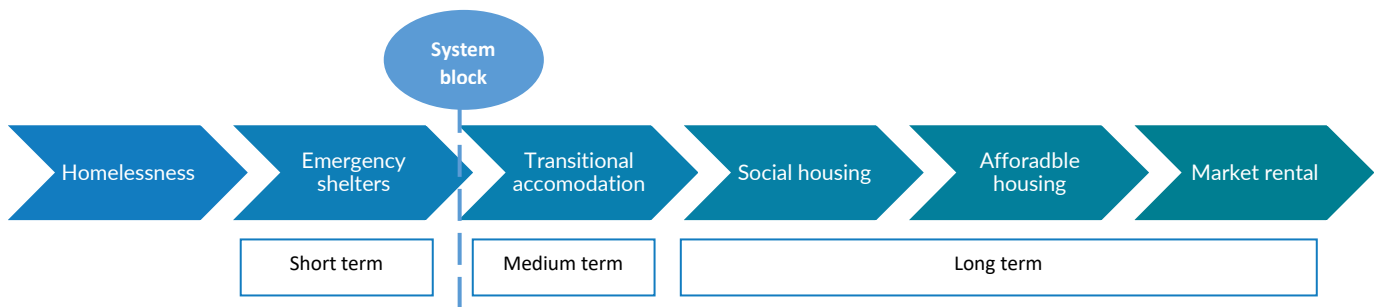


Figure 33 DFSV housing continuum

This issue is a key challenge for all SHS clients, but is particularly so for DFV victim survivors, because, in the absence of an appropriate housing solution, they may have no choice but to return to a violent relationship, facing serious risk of harm and death.

The review of the Greater Darwin DFSV service system recommended that TFHC explore opportunities to expand the transitional housing program and other housing initiatives (eg. community housing) to address housing insecurity and homelessness for people experiencing DFV.

The DFSV-ICRO notes with interest work occurring in other jurisdictions on supporting victim survivors to stay safely in their homes, while the person committing the DFV is accommodated elsewhere.⁸⁴ These programs assist in shifting the responsibility and burden of DFV to people who commit DFV and away from victim survivors, and reducing reduce trauma for victim survivors. It may also increase opportunities for people who have committed DFV to remain visible, accountable, and engage with behavioural change programs. It is acknowledged that any model of accommodation for people who commit DFV must place the safety of victim survivors as the highest priority, and should not come at the cost of victim survivor services.

Opportunities to develop transitional accommodation projects for DFSV victim survivors are being explored through the National Partnership Agreement (discussed at 13.2.3.4).

Visitor accommodation responses to DFSV

Another identified housing gap is in the capacity and capability of non-specialist homelessness services to provide support and referrals for DFSV victim survivors. This issue has arisen in the case of non-specialist visitor accommodation. In one facility, 68 % of all current clients have disclosed either current or historical DFV,⁸⁵ which does not include data from other providers about DFV incidents that occur on site. This also presents safety issues for other clients and staff, where perpetrators follow clients into the facility. One provider noted that, while there are not a lot of initial DFV presentations, DFV is disclosed later after the provider builds rapport with the clients.

Specialist DFSV workers located on site could increase earlier identification of victim survivors and enable earlier engagement with specialist services. They could provide support, risk assessment, safety planning and referral pathways, in alignment with the RAMF. They could also provide support and training to generalist staff on their responsibilities under the RAMF to identify and provide support for this client group, which would improve safety for all clients and staff.

Policy and program alignment between ODFSVR and Housing

⁸⁴ See, for example, Western Australia's Breathing Space Program and ACT's Room4Change Program.

⁸⁵ Personal communication with TFHC Housing Officers

There is a need for a greater policy and program focus on the housing needs of DFSV victim survivors, and alignment between the strategic policy approaches of the government's DFSV and homelessness reforms.

The DFSV-ICRO notes that TFHC Housing has committed to policy and process improvements, including reforming the priority housing application, waitlist and allocations process for DFV victim survivors, including the computer record system; increasing engagement with the specialist DFV sector through new governance mechanisms; and supporting implementation of RAMF training for housing staff. To support this alignment, a dedicated officer should be engaged to develop intersections and policy congruence between ODFSVR and TFHC Housing areas.

11.3.4 Systemic enablers and reform gaps and opportunities

11.3.4.1 Sector support and development

The [NT WSDP background paper](#) estimates that the specialist DFSV sector in the NT consists of approximately 30 NGOs (including ACCOs) providing DFSV prevention, intervention, men's behaviour change, and legal assistance services. Almost half of these NGOs receive core funding from TFHC, with the remainder funded through AGD, NT Health, 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. TFHC also employs 52 full-time equivalent workers in the 13 Women's Safe Houses it operates, utilising Commonwealth NTRAI funding.

An effective DFSV system requires collaboration and coordination between services, and a strong sector is one that has a culture of collaboration, innovation, learning and accountability across the service system. Both formal and informal collaboration already exists across the system, including interagency networks, the FSF, 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. An integrated service system, where coordination between services is the norm, relies on resourcing for coordination and sector engagement activities beyond service provision funding.

The DFSV-ICRO believes that service collaboration requires both intention and resourcing.

There has been support expressed within the sector for an NT peak body for DFSV specialist services. While acknowledging that the question of a DFSV peak is a matter for the sector, and not for Government, the DFSV-ICRO sees that a peak could enable systemic advocacy and promote transparency and accountability in policy development by government. A peak could bring grassroots issues into the public policy arena, coordinate and participate in advocacy to reform policy, improve the service system, provide specialist expertise, and embed practice development and innovation. A peak could strengthen and connect services, and act as a communicator between services and the Government, reducing the burden on frontline services to engage in consultation and feedback processes so frequently. The creation of the NTCOSS DFSV Policy Position has demonstrated the appetite for collaborative advocacy and the prior gap in a coordinated approach. It is critical that ACCO DFSV specialist services are central to these discussions, and suggestions

have also been made of a network of ACCO DFSV specialist services, and discussions around how such a network may work with and independently from a peak body and the existing networks.

11.3.4.2 DFSV Workforce capacity

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 are 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.

To meet increasing demand for DFSV services in the NT, it is critical that the sector is seen as an attractive employment choice. Recruitment is major issue for the sector, and the [NT Human Services Industry Plan](#) identified workforce supply as a common challenge across the community services sector generally. Increasing investment in violence prevention and response to people who have committed DFSV is important, however, there is a shortage of workers with this expertise.

There is a need to develop robust recruitment, retention, succession planning, mentoring, and leadership cultivation strategies. The lack of accommodation is also a significant issue for staff recruitment and retention in remote areas.

Given the over-representation of Aboriginal women and children as DFSV victim survivors in the NT, many stakeholders feel that the DFSV workforce is best driven by Aboriginal-led organisations and Aboriginal workers. Local Aboriginal workers are a positive response to recruitment and retention difficulties in remote areas and regional towns, rather than bringing staff in from interstate to fill roles, usually temporarily. Increasing, skilling up and valuing Aboriginal participation both as specialised and support workers is important.

The complex cultural knowledge and skills Aboriginal workers bring to the job are not always valued or recognised, and the workers are not always appropriately remunerated for their skillset. 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.

It is also 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 other' presence in responding to DFSV.

11.3.4.3 Training coordination across the NT

When the [WSDP Background Paper](#) was developed, it identified that at that time there was no consistent approach to workforce training, professional development and career progression in the DFSV specialist sector in the NT. Multiple services were offering training, with little quality assurance, and knowledge of training availability was often dependent on personal networks. Each organisation set their own training standards leading to inconsistency, and there was no coherent

or regular schedule available for DFSV training across the NT. The frequency and availability of DFSV training in the NT was mostly dependent on requests made, or as one-offs.

Since the WSDP was developed, the RAMF training has been implemented and rolled out across the NT, providing an example of a consistent, coordinated, accessible approach to DFSV workforce training. However, the need for consistent, accessible and continuous training for workers, and a centralised point from which that training development and delivery is organised, continues to be identified as a critical gap. The resulting action, to develop a DFSV Resource Centre, aims to address this gap via centralised, systemic, accessible, quality-assured, consistent, coordinated, and sustainable training development and delivery model.

The DFSV-ICRO are aware of DFSV workshops in development, or being delivered, that do not align with the RAMF or do not incorporate an understanding of the RAMF in their models. This creates confusion and inconsistency and fractures progress towards an integrated service system. Importantly, the people most impacted by these inconsistencies are the victim survivors accessing services, when they are not met with a consistent and aligned practice model service response, impacting on smooth referrals, risks of re-traumatisation and the ability for a coordinated case management approach.

The DFSV-ICRO supports the development of the Resource Centre model, and proposes that contract requirements in any training development funded by the NT Government include RAMF alignment.

12. Department of the Attorney-General and Justice

12.1 AGD role in relation to DFSV

The roles and responsibilities in relation to DFSV by agencies in the justice portfolio are summarised below. It is important to note that some of these roles are carried out independently of the AGD and the executive arm of Government. For example, the Courts, the Director of Public Prosecutions (DPP) and the NT Anti-Discrimination Commission are independent of Government, although they are funded by Government. The roles and responsibilities of justice agencies in relation to DFSV include:

- Reduce reoffending;
- Increase victim survivor safety;
- Hold offenders to account;
- Provide behaviour change opportunities;
- Prosecute DFV-related criminal matters and support witnesses;
- Judicial determination of criminal matters and DVO applications;
- Fund legal services (including specialist DFV legal services) and administer Australian Government funding for legal services;
- Represent police in DVO applications;
- Law reform;
- Assess, supervise and manage DFV offenders in prison and in community;
- Improve justices responses to Aboriginal people, including the provision of alternative to custody models (through the Aboriginal Justice Agreement);
- Follow up implementation of Coronial recommendations;
- Provide financial assistance to victim survivors;
- Administer the NT's obligations under the National Redress Scheme for people who have experienced institutionalised child sexual abuse; and
- Support to prevent and respond to workplace sexual violence.
- Public education, training and engagement and handling of complaints in relation to sexual harassment and other forms of discrimination

A number of the independent offices such as the Office of the Public Guardian and the Office of the Children's Commissioner also play a role in relation to DFSV.

12.2 Mapping of direct DFSV activity and investment in AGD

Identifiable DFSV expenditure

Identifiable expenditure by AGD in relation to DFSV-specific activity includes:

- Funding of Domestic Violence Legal Services (\$1.1 million per year);

- DFV Team in the Litigation Division, who represent police in DVO applications in Darwin (estimated \$250,000 per year);
- DFV Programs run by NTCS (estimated program costs cannot be disaggregated for DFV, except for Family Violence Program which costs approximately \$800,000 per year); and
- DFV Registrar at the Alice Springs Local Court (estimated \$150,000 per year).

It is estimated that AGD spent \$2.3 million in 2021-22 on identifiable DFSV related expenditure.

Proportion of business related to DFSV

The majority of violent crime in the NT results from DFSV. Consequently, a large proportion of the AGD's work relates to DFSV, although this cannot be precisely quantified or costed.

For example⁸⁶:

- 63% of assaults in the NT are DFV-related;
- 63% of prisoners are held for DFV-related offences;
- 74% of offenders on community-based order have been sentenced for DFV related offences (estimate only);
- 35% of all criminal matters heard in NT Courts are DFV-related;
- Every week in the NT there are an average of 69 DFV-related criminal matters finalised in the courts, and 82 applications for DVOs;
- 77% of defendants found guilty of a DFV-related offence have a prior violent offence and 72% have a prior DFV offence;
- 72% of matters dealt with by Crime Victims Services Unit relate to DFSV; and
- 60-70% of prosecutions by the DPP are DFSV related (estimate only).

12.2.1 Activity and Investment – Primary Prevention

Most of the focus of AGD and other agencies in the justice portfolio relates to early intervention or the tertiary response (response, recovery and healing). There is no identifiable activity or investment in relation to primary prevention.

12.2.2 Activity and Investment – Early Intervention and Accountability

12.2.2.1 Correctional services response to DFV

Data shows that 63% of prisoners in the NT are held for DFV-related offences. A significant number of clients on community corrections orders have also been sentenced for DFV-related offences (up to 73%). This number is likely to increase following the commencement of the *Sentencing and Other Legislation Amendment Act 2022*, expected in 2023.

NT Correctional Services (NTCS) are moving towards a more specialist response to DFSV which acknowledges that crimes against partners, ex-partners and family members are different from other types of crimes, and require different types of rehabilitative responses. This will play an important role in improving victim survivor safety and offender accountability, and is expected to provide greater impetus for offenders to change their behaviour, whether they are being supervised in prison or community settings.

⁸⁶ All below statistics are from the DFV Justice Review, with the exception of CVSU statistics, from personal communication CVSU officers.

NTCS have undertaken some specific activities to ensure a DFV-lens on their work. For example, in 2022, Community Corrections brought together expertise in offender management and DFV at a workshop to strengthen the way the Offender Management Framework identifies and responds to the risk of DFV. The aim was to identify enhancements of the Offender Management Framework in line with contemporary DFSV-informed practice so that it provides greater guidance to Probation and Parole Officers to identify the DFV risk; proactively reduce and manage that risk; manage DFV offenders in a way that improves and prioritises victim survivor safety; and manage DFV offenders in a way that increases offender accountability and behaviour change.

Many NTCS staff have also benefited from the RAMF Training. NTCS are also undertaking significant work in relation to DFV, to support the implementation of the *Sentencing and Other Legislation Amendment Act 2022*, which is expected to commence in 2023.

12.2.2.2 Offender Services and Programs Unit

Staff in the Offender Services and Programs Unit of NTCS are responsible for running all correctional services programs, including DFV specific programs. A team of 5 staff in Darwin and 1 in Alice Springs run the RAGE program and 5 other non-DFV intensive treatment programs for other types of offending. A team of 4 in Darwin and 2 in Alice Springs run the psychoeducational programs (the Family Violence Program and the AOD program Safe and Sober). When not running programs the staff also conduct assessments, prepare reports and provide individual treatments.

Despite increases in prisoner numbers, there have not been concurrent increases to program delivery staff. The current staffing levels means that significant number of prisoners have not been receiving the necessary programs that are internationally recommended as an appropriate rehabilitation intervention. Prisoners on remand or short sentences (under 2 years) do not receive programs, including DFV programs.

12.2.2.3 DFV perpetrator programs

Current responsibility for DFV programs in the NT Government sits across 2 agencies and Ministerial portfolios: TFHC and AGD via NTCS. TFHC currently funds 2 NGOs to deliver MBCP in community settings, which are included in the TFHC section of this mapping document. It is noted that most referrals to these programs come via NTCS.

NTCS is responsible for the provision of programs for offenders in prison who are held for DFV offences. There are currently 2 main DFV programs run by NTCS and delivered in prison settings.

RAGE Program (DFV-focussed treatment program over 6 months)

The RAGE program was developed in 2017 in consultation with NTCS Elders Visiting Program and is the main program provided in NT prisons to reduce DFV offending. This is described as a 'treatment program' due to its intensive nature. Currently there is only sufficient resourcing for 2 programs to be run each year, one in the Darwin Correctional Centre and one in the Alice Springs Correctional Centre. Previously prisoners from Alice Springs had to be transferred to Darwin to attend the program as both programs were run in Darwin.

Two staff are required to run each program. The duration of the program is 6 months with 2 sessions (3 hours each session) provided each week. There are 10-12 participants in each program.

In 2022 there will be 17 graduates, due to COVID-19 issues and infrastructure issues at the prison.

An independent evaluation of RAGE found that the model is clinically sound, and is being delivered in accordance with its design. The evaluation was not intended to comment on effectiveness,

impact on participants, or value for money.⁸⁷ Recommendations and areas for future development identified in the evaluation include:

- The need to review the risk assessment tools and processes and validate them with Aboriginal people to ensure they are culturally appropriate (for example, to include cultural factors as well as criminogenic factors to make it more meaningful for Aboriginal people).
- Formalise the role of Aboriginal cultural advisers to ensure continuing cultural oversight and engagement.
- Strengthen clinical supervision and oversight and operational supervisory structures.
- Improve mechanisms to review, evaluate and ensure continuous improvement of the program, including embed regular clinical and management reviews into the program.
- Explore options for improved through-care and links with programs outside correctional settings to support program participants after they are released from prison.
- Review program eligibility to ensure access for all participants who would benefit.
- Expand access to the program beyond Darwin Correctional Centre to other corrections facilities, including those in Alice Springs where there is substantial need.

In addition, there is a need to ensure greater alignment between the RAGE program and programs for perpetrators of DFV provided outside the system. This will support program consistency with the NT's DFSV Framework.

Family Violence Program (a one-week psychoeducational program)

The Family Violence Program (previously called the Indigenous Family Violence Program) is a psycho-educational program run in both prison and community settings. Each program runs for 5 full days across a week. This format enables the programs to travel and be delivered in remote settings.

In 2021-22, 19 programs were run across the Darwin Correctional Centre and the Alice Springs Correctional Centre. Two staff are required to run each program. There are 10-12 participants per program. For similar reasons as outlined above, programs have not been operating at capacity at this time.

In 2021-22 programs were also delivered in the community to people under the supervision of community corrections and/or referred by other organisations: 27 programs were delivered in NT remote communities and a further 8 programs were delivered at the NTCS work camps (a total of 35 programs with 242 participants). There was cancellation of 13 programs due to the COVID-19 pandemic, incidents in the community, or other factors.

An evaluation of the Family Violence Program recommended NTCS:

- improve data collection for evaluation purposes;
- form partnerships with NGOs to deliver to more locations across NT;
- enhance flexibility of program design, planning and delivery in response to community context; and
- increase integration between criminal and community pathways to better support perpetrators.

⁸⁷ EY (2019) *NT Correctional Services Program Evaluations – Recognising Anger, Gaining Empowerment*.

12.2.3 Activity and Investment – Response, recovery and healing

12.2.3.1 The Alice Springs trial of the Specialist DFV Court Model

The Local Court in Alice Springs has been trialling a Specialist Approach to DFV related criminal and civil matters since mid-2020 (the Specialist Approach). The Specialist Approach was developed in partnership with local service providers over a number of years, and has now been operating for over 2 years.

The Specialist Approach aims to improve safety of persons who have experienced DFV and to minimise the re-traumatisation that can occur through involvement in the justice system. It also aims to ensure offenders are held to account and take responsibility for their actions, and increase opportunities for offenders to receive support to change their behaviour.

The key elements of the Specialist Approach include:

- A major court refurbishment, to provide a separate waiting area and entrance for vulnerable witnesses and applicants and better facilities for vulnerable witnesses to give evidence.
- A specialist DFV courtroom, to limit visual contact between the vulnerable witness/applicant and the defendant.
- All protected persons and complainants in DFV proceedings offered supports as vulnerable witnesses.
- Practice directions and listing practices for DFV matters.
- Strict adherence to timeframes for contested criminal and civil DFV proceedings.
- The creation of a Specialist List in which the Court may make a DVO ordering a defendant (if they plead guilty and are assessed as suitable) to attend programs aimed at reducing DFV. The List has particular features designed to ensure victim survivor safety and defendant accountability. The defendant is required to return to court to appear before the judge for regular reviews of their progress in the program.
- Recognition of the importance of legal representation for parties involved in DFV proceedings.
- Specialist DFV support services (employed by NGOs) co-located at the Court at key times to:
 - conduct risk assessment, support and safety planning to victim survivors;
 - conduct assessment, support and referral to defendants, with a particular focus on the Specialist List;
 - share information about risk through case co-ordination meetings; and
 - provide oversight and advice in relation to the operation of the Specialist Approach through an operational working group.
- Increased information sharing across agencies with a focus on improving safety.
- An emphasis on continuous improvement of the responses to DFV at the Local Court.
- Embedded specialist DFV expertise and leadership including:
 - judicial leadership through the appointment of a Lead Judge for DFV matters;
 - the DVO List is overseen by the Judicial Registrar with specialist DFV knowledge; and
 - the appointment of a Domestic Violence Registrar to co-ordinate the Specialist Approach, liaise with partner organisations and assist in the implementation, operation and review of the Specialist Approach.

- Regular operational meetings with stakeholders to address systems and procedural issues relevant to the Specialist Approach, enhance collaboration between stakeholders, and promote continuous improvement of the Specialist Approach.
- Increased DFV training for judges, court staff, lawyers and other personnel working at the Court (provided in-kind by partner organisations as there is no training budget).
- The monitoring and evaluation of DFV matters and continuous improvement over time.
- The appointment of a Lead Judge for DFV matters, who sits on the Specialist List and oversees the Specialist Approach.

Legal assistance services have been a key partner in the development and implementation of the Specialist Approach. Private solicitors, the Central Australian Aboriginal Family Legal Unit, the Central Australian Women's Legal Service, the North Australian Aboriginal Justice Agency and the NTLAC, play a key role in the Specialist Approach by providing advice and representation to parties before the Court for DFV related matters.⁸⁸

The Specialist List is not suitable for all defendants in DFV matters, but it can increase accountability and support change for some defendants.

Evaluation findings

The 18-month evaluation of the Specialist Approach found that the collaborative partnership approach between the Local Court in Alice Springs and local service providers has provided an important foundation on which to build the continuous improvement approach to justice responses to DFV over time.

The Specialist Approach has moved the Local Court closer towards the vision for the justice system identified in the DFV victim journey mapping report for:⁸⁹

- an integrated, understandable, trauma-informed system;
- that prioritises victim survivor safety and supports and empowers victim survivors; and
- that provides greater accountability and behaviour change for perpetrators of DFV.

The benefits of the Specialist Approach identified in the evaluation include:

- continuous improvement of the Court's response to DFV, including greater alignment with best practice in prioritising victim survivor safety and defendant accountability;
- DFV victim survivors receive a better, more trauma-informed service at Court, including:
 - safer facilities where victim survivors and are less likely to be confronted by the defendant or their family;
 - increased access to assessment, safety planning and support services;
 - increased used of vulnerable witness facilities; and
 - more co-ordinated and better prepared Court lists, resulting in better tailored orders where the safety of parties is prioritised;
- shared values and focus on accountability in the Specialist List:

⁸⁸ It is noted for completeness that legal service providers in the NT relevant to DFV matters also include North Australian Aboriginal Family Legal Service and NPY Women's Council.

⁸⁹ Richmond, A. (2019) op cit

- men on the Specialist List received more consistent messages about their conduct from the Local Court and service providers. Some men were able to take steps towards change; and
- men who satisfactorily completed the DFV program did not reoffend (see data below).
- improved data collection by the Court in relation to DFV; and
- improved collaboration, joint action and problems solving between the Local Court and other service providers.

As one defendant commented: *“I feel good about myself. For completing it and sticking with it. I’m not ashamed now to talk up. I can express my feelings more. I don’t have to hide it away. Don’t have to let it eat me and make me feel like shit.”*

The evaluation recommended commencing conversations with stakeholders to roll out Specialist Approaches in other locations in the NT.⁹⁰ An independent external evaluation to occur in 2023 is expected to guide any future roll-out in other locations.

Data for the Specialist List

The statistics for the Specialist List (ie. where the Court made an order for the defendant to attend a declared DFV program) at the Alice Springs Local Court up to 2 December 2022 are as follows:

- Since the commencement of the Specialist Approach (July 2020) 33 men have been assessed for the Specialist List and 24 have been found suitable and orders to attend the program were made by the Court. Of the 24 men in which orders to attend the program were made:
 - in 11 cases the order was revoked or not completed (46%)
 - in 7 cases the program was satisfactorily completed (29%)
 - in 6 cases the offender was still on the Specialist Domestic and Family Violence List at 2 December 2022 (25%)

Of the 7 who successfully completed the program, none have been charged with further offences in the NT to date. At the time of writing, all of the 13 men who completed the program or were still engaged in the program have not been charged with any further offences in the NT. That is a positive outcome for 13 out of 24 (or 54%) of men for whom an order to attend a DFV program was made, noting the short timeframes involved.

The Court has conducted 82 reviews of the defendants’ progress which is an important element of increasing the accountability of the defendant for their conduct.

12.2.3.2 Prosecutions of DFV-related criminal matters

The Office of the DPP provides an independent, professional and efficient criminal prosecution service in the NT. The DPP prosecutes all offences in the NT Supreme Court. The DPP also prosecutes offences in the Local Court in Darwin, but elsewhere in the NT, NT Police prosecute matters in the Local Court.

Due to the profile of offending in the NT significant numbers of prosecutions relate to DFV and sexual offences (estimated 60 to 70%).

Under section 25 of the *Director of Public Prosecutions Act 1990* the DPP may issue guidelines intended to be followed in the performance of the Director’s functions. The current guidelines

⁹⁰ Department of the Attorney-General and Justice (2022) *Internal Evaluation Report: Specialist Approach to Domestic and Family Violence at the Local Court at Alice Springs*.

consider a number of matters relevant to improving responses to DFV. Section 21 of the guidelines relates to domestic violence and includes:

- The need to provide special attention to the prosecution of DFV-related offences because of the vulnerability of victim survivors to pressure not to proceed.
- Because the offending behaviour is often ongoing victim survivor safety is the paramount objective, and prosecutions may need to proceed without the evidence of an unwilling victim survivor.
- The need to ensure delays are minimised because they advantage an offender and disadvantage the victim survivor.
- Support from the WAS from the commencement of the prosecution is practical and effective strategy to support a victim survivor.
- Vulnerable witness supports should be pursued.
- Interpreters should be used where English is not the first language of the victim survivor.
- Where there is a reasonable prospect of conviction it is in the public interest to continue with a domestic violence related prosecution. The victim survivor's view or attitude to giving evidence is also a relevant consideration.
- Any decision to compel a victim survivor to give evidence against his/her will require serious consideration and will be used infrequently.
- There are procedures for the discontinuance of a prosecution, including that they be approved by the Director's Chambers for indictable offences (or the Office in Charge of Summary Prosecutions for summary offences).

Witness Assistance Services (WAS)

Victim survivors of crime are not only traumatised by the crime committed against them, but can also experience stress or trauma because of the often prolonged and complex nature of criminal proceedings. The various steps in the legal process can act as triggers for victim survivors re-living their experience, especially when they are required to give evidence and undergo cross-examination about the crime that was committed against them.

The Witness Assistance Services (WAS) sits within the DPP, to provide support to witnesses, victim survivors and their families in the criminal justice process. The WAS aims to:

- minimise the stress associated with the legal process and trauma for victim survivors of crime and vulnerable witnesses;
- enable witnesses to give their evidence in court to the best of their ability;
- assist the DPP in meeting victims' rights under the [Charter for Victim's Rights](#).

WAS Officers also work closely with a range of government and NGOs to ensure victim survivors and witnesses have access to relevant information, entitlements and services.

12.2.3.3 Legal Services for parties in DFV-related proceedings

Legal assistance is particularly important in proceedings under the DFV Act. DFV typically involves coercive control and an abuse of power, in which one party tries to control and dominate the other party. This control can continue through the legal process, where one party may use the legal process to bully, harass and dominate the other party (often called 'systems abuse'). This is challenging to address because it is fundamental to the justice system that there is procedural fairness for both parties in a dispute.

The AGD allocates and administers grant funding from the NT and Australian Governments to provide legal assistance services, which help vulnerable people facing disadvantage, who are unable to afford private legal services, to engage effectively with the justice system in order to address their legal problems. NT and Australian Government legal assistance funding delivers generalist baseline legal assistance services and specialist DFV legal assistance services.

The NT Government provides approximately \$1.1 million per annum for the delivery of DFV legal assistance services in Central Australia and the Top End. In Alice Springs and across Central Australia, the Central Australian Women’s Legal Service Incorporated (CAWLS) delivers the service, and in Darwin and the Top End, it is delivered by the NTLAC in a standalone Domestic Violence Legal Service (DVLS). These services provide community education and outreach programs and a mix of duty lawyer and representation services to those experiencing DFV.

Organisation name	2022-23 (\$ million)
Northern Territory Legal Aid Commission (DVLS)	\$0.658
Central Australian Women’s Legal Services	\$0.427
Total	\$1.085

Figure 34 NT Government funding to DFV legal assistance services, 2022-23

12.2.3.4 Representation for Police in DVO proceedings

Lawyers in the Litigation Division within AGD represent Police in DVO proceedings in Darwin. It is to be noted that this function is provided by NT Police in locations other than Darwin. Current staffing of the DFV Team comprises a DV manager, one lawyer, one paralegal, a rotating DFV duty roster (lawyer taken from other areas of Litigation work, to address clashes between hearings as hearings are set for list day), and legal support/assistance for complex matters.

12.2.3.5 Crime Victims Services Unit (CVSU)

The CVSU, established under the *Victims of Crime Assistance Act 2006*, assists with the rehabilitation of victim survivors of violent crime through the administration of the Victims Financial Assistance Scheme. Under this scheme, victim survivors who have been injured in a criminal act or suffered DFV and/or sexual assault may receive financial assistance payments that reflect the seriousness of those criminal acts and injuries. Applicants may also be reimbursed for relevant financial loss, such as lost earnings, medical or counselling expenses, or relocation to escape DFV. The scheme also enables the Government to recover money from the specific offenders whose violent acts have resulted in payments of financial assistance to victim survivors.

Data provided by the CVSU shows that for 2022-23:

- the budget for the Scheme is \$4.5 million;
- As at 15 December 2022, 273 decisions have been made in relation to financial assistance for applicants and \$2.2 million has been paid to applicants;
- As at 30 November 2022 there were 1,683 active applications for financial assistance of which 955 are more than 2 years old as at 30 September 2022.
- based on data from the first quarter 2022-23, 50% of the CVSU’s work with victim survivors relates to DFV and when sexual offences are included, this increases to 72%.

Under the *Victims of Crime Rights and Services Act 2006*, the CVSU also provides the NT Victims Register. This enables eligible victim survivors who have suffered harm or an approved concerned person (registered persons) to be registered against an offender who is sentenced to a term of imprisonment in the NT for a relevant offence. A registered person may then be provided

information as to the progress of the relevant offender through the custodial system, including information such as changes in security rating, prison transfers and parole hearing dates. Registered persons may also make written submissions regarding the offender to the Parole Board. Where an eligible victim survivor is not registered, NTCS will attempt to contact them, as the Parole Board requires the inclusion of a victim survivor's views in an offender's report to the Board.

In relation to the NT Victims Register, in 2021-22:

- A total of 164 victim survivors (registered persons) were on the NT Victims Register as of 26 September 2022.
- Some offenders may have more than one person registered against them.
- Of the offenders referenced in the Register, 52 have committed sexual assault and 65 have committed DV/Assault. Two offenders have committed sexual assault and DV/assault.
- Approximately 71% of persons on the register are registered against offenders who have committed DFSV.

Many victim survivors are not on the Victims Register. The CVSU continues to work with partner organisations and agencies who are in contact with victim survivors to assist them with applying to be on the register should they wish to be provided information regarding the relevant offender while they are incarcerated.

The CVSU provides secretariat services to the Crime Victims Advisory Committee (CVAC) under the *Victims of Crime Rights and Services Act 2006*. The CVAC's role is to advise the Minister and disseminate information on matters affecting the interests or rights of victim survivors; and assist in the coordination of organisations and NT government agencies providing services to victim survivors.

The CVSU provides grant funding to CCNT (\$0.375 million per annum over 2022-23 to 2026-27) for the delivery of the NT-wide Victims Counselling Scheme. Victim survivor support programs also include crisis counselling, assistance with applications for financial assistance after a violent act and court support at the Darwin Local Court.

The CVSU provides grant funding to Victims of Crime NT (\$1.252 million per annum over 2021-22 to 2024-25) for the delivery of victim survivor support services and community crime prevention programs, including funding to:

- clean up and re-secure an applicant's residential property;
- vehicle resecure (repair of glass breakage or key replacement); and
- a security improvement program that provides free home security assessments, personal safety plans and funding for home security upgrades for vulnerable at-risk applicants.

The Solicitor for the Northern Territory provides a dedicated legal service to the CVSU to assess victim survivor claims for financial assistance (one x P2 lawyer). SFNT lawyers are appointed by the Minister to be assessors under the *Victims of Crime Assistance Act 2006*.

12.2.3.6 Redress Coordination Team (RCT)

The RCT provide brokerage for the counselling and psychological care (CPC) component of the National Redress Scheme for people who have experienced institutionalised child sexual abuse. The primary purpose of CPC is in recognition of the impact of trauma for survivors, and to assist with the journey of healing, including a recognition of the prevalence of re-victimisation.

Provision of CPC is survivor-led, and underpinned by National Standards which include ensuring providers operate within trauma-informed, culturally safe frameworks, and have an understanding

of institutional child sexual abuse. CPC service delivery is based on trauma-informed principles of healing led by the survivor. Access to CPC is available for applicants who have been deemed eligible by the Scheme, and access is for the survivor's lifetime.

The RCT provide policy advice to the Attorney-General, as a representative of the Minister's Redress Scheme Governance Board, including advocacy for survivors in the NT relating to access to the Scheme. The RCT provides continuous development sessions to internal and external stakeholders regarding trauma-informed practice, to better inform support responses for survivors, and staff working in these spaces.

The activities of the RCT are largely unfunded and administratively it is located with the CVSU. Without ongoing funding the RCT is limited in scope and capacity to engage in community or survivor engagement, project work to build and maintain networks of trauma-informed providers, and continuous development sessions.

12.2.4 Activity and Investment – Systemic enablers and reform

12.2.4.1 Law Reform –DFV

Under AP1 (Action 5.1a), the NT Government committed to 'Review and reform the DFV Act so that it provides a sound, responsive and accountable foundation for the service system.'

On 22 August 2022, AGD released a paper for consultation entitled: *Review of Legislation and the Justice Response to Domestic and Family Violence in the Northern Territory: Proposals for Consultation* (DFV Justice Review). The paper identified legislative reform proposals in relation to DFV; considered whether coercive control should be criminalised or otherwise incorporated into law; and identified 26 systemic reform proposals to improve the justice response to DFV. The systemic reform proposals and the stakeholder submissions has informed the DFSV-ICRO's mapping process, as outlined in section 2.2.3. It is expected that a DFV Reform Bill will be developed in 2023.

12.2.4.2 Law Reform – Sexual Violence

A review of the NT's sexual offences legislation was an initiative under the SVPRF. An exposure draft of the sexual offence reforms has been prepared – the *Criminal Code Amendment (Sexual Offences) Bill 2023*, which is expected to be released in 2023 for consultation.

Along with its state and territory counter-parts, AGD also participates in national discussions to strengthen the criminal justice response to sexual assault led by the Australian Government Department of the Attorney-General, and reporting to the Standing Committee of Attorneys-General.

12.2.4.3 Law Reform - Sentencing

The *Sentencing and Other Amendment Legislation Act 2022* was passed by the Legislative Assembly on 24 November 2022 and is expected to commence in late 2023. The legislation repeals mandatory sentencing for violent offences (the majority of which are DFV-related), drug offences and breach of a DVO as part of a broader sentencing reform agenda.

The legislation will simplify the current sentencing regime by creating 2 new orders based on whether the sentence is custodial or non-custodial. Suspended sentences will be retained under the Bill.

The *Community Correction Order* is intended to apply to lower level offending that does not warrant imprisonment. It is an order up to 2 years and is served in the community with certain conditions imposed which may include supervision, community work or program participation.

The *Intensive Community Custody Order* will apply to more serious offending and is a custodial order that is served in the community. It can be imposed with or without an actual term of imprisonment. The order is up to a period of 5 years and includes a condition of mandatory supervision and other additional conditions as necessary.

The legislation will require a court to consider the risk to a victim survivor, and to design conditions that will mitigate that risk before sentencing an offender to a community based order.

12.2.4.4 Aboriginal Justice Agreement (AJA)

The AJA is founded on research, evidence, and the views and experiences of Aboriginal Territorians collected through 160 consultations. The AJA promotes strong leadership and a shared commitment between the NT Government and Aboriginal people and organisations to achieve change.

Over 7 years, the AJA aims to reduce offending and imprisonment of Aboriginal Territorians; engage and support Aboriginal leadership in the justice system; and improve justice responses and services for Aboriginal Territorians. The AJA aims to ensure Aboriginal Territorians in contact with the justice system as victims, offenders, witnesses, and families are treated fairly, respectfully and without discrimination.

Key activities under the AJA include:

- Establishment of Alternative to Custody (ATC) Models
- Establishment of Law and Justice Groups
- Trial of Community Courts (noting that over 60% of offenders are likely to be DFV offenders)
- Review of legislation to identify disproportionate impact on Aboriginal people
- Reviewing agency responses to identify any systemic discrimination against Aboriginal people.

DFSV is an important aspect of the AJA. This is because Aboriginal women and children are disproportionately likely to be in contact with the justice system as victim survivors of DFV. Further, Aboriginal men and women are over-represented in the prison population in the NT, and 63% of male prisoners and 53% of female prisoners in the NT are held for DFV. Reducing the imprisonment of Aboriginal people relies on reducing the rate of DFV offending.

One of the key deliverables under Aim One of the AJA is to reduce DFV offending. Programs addressing DFV behaviours are integral to effectively reducing offending and imprisonment. It is important that high quality programs are available to hold DFV offenders to account and to support them to change their behaviours.

A second, interlinked key deliverable under Aim One is to establish and offer ATCs, which provide an alternative option to a term of imprisonment for eligible Aboriginal offenders and those identified as at risk of offending. The ATC currently operating in Alice Springs caters for women engaged or at risk of engagement with the justice system. Research suggests that Australia-wide, the majority of Aboriginal women in prison have experienced physical or sexual abuse and that Aboriginal women and children are disproportionately likely to be in contact with the justice system as people who have experienced DFV. Recognising that Aboriginal women are the fastest growing prison population in the NT, it is evident that programs and services for women are extremely

limited and not meeting their needs. There is a need for programs and services that address the underlying causes of offending, including the trauma, loss, and grief experience by Aboriginal people. The use of therapeutic, rehabilitative facilities such as ATCs offer a holistic treatment program for people affected by DFV to address the triggers to their offending.

AJA consultations confirmed that NT prisons need to improve the quality and availability of programs to tackle the underlying causes of offending, and to explicitly address the trauma, loss and grief experienced by many Aboriginal people. It is necessary to review and redesign prison and diversion programs for men and women to reduce offending and reoffending rates. High quality programs and access to support services are critical to reduce reoffending. As discussed above, due to the high DFV offending rates, programs and support services need a specialist DFV focus.

12.2.4.5 DFV training needs of the justice professionals

It is well-documented in the NT and elsewhere that victim survivors of DFV often feel that professionals working in the justice system have a poor understanding of DFV and that this has compromised their safety and contributed to re-traumatisation. Some women have reported that the behaviour of the Judge, police or other professionals left them feeling unsupported and as if they were living the violence and abuse all over again.⁹¹

The provision of specialist DFV training for judges, court staff, lawyers and other professionals at the Local Court is considered a critical element of the Specialist DFV Court Model and, more generally, of good practice in handling DFV matters. Due to the high turnover of staff in the NT, it is particularly important that training is provided on a regular basis.

Currently DFV training for members of the judiciary and the legal profession is ad hoc and largely voluntary. It relies on lawyers developing and providing that training in addition to the demands of busy legal practice. As a result, the training is partial and not currently equipping legal professionals with the information and skills they need to sensitively and effectively handle DFV matters in Court.

It is important to note that in addition to specialist legal training in relation to DFV, legal professionals should also receive training on the RAMF so they can effectively identify and manage the risks associated with DFV cases. In the 2021-22, 45 AGD staff attended the RAMF training. It is not known how many of these attendees were lawyers, and it is expected that most were employees of NTCS (Community Corrections).

12.2.4.6 DFSV data and statistics

Good data is needed on an ongoing basis to inform DFV policy and reform, and to monitor the impact of DFV initiatives in place. AGD's Criminal Justice Statistics and Resources Unit (CJSRU) provides annual statistics on DFV to inform AGD's work, including the DFV Legislative Review and the Specialist Approach to DFV at the Alice Springs Local Court.

12.2.4.7 Coronial Inquests

The functions of the Territory Coroner are to ensure that the coronial system in the NT is administered and operates efficiently; oversee and co-ordinate coronial services in the NT; ensure that all reportable deaths reported to a coroner are investigated; and ensure that an inquest into a death is held where there is a duty to do so or where it is desirable that an inquest be held (*Coroner's Act 1993*).

⁹¹ Richmond, A. (2019), op cit. Douglas, H. (2021), op cit.

A significant proportion of deaths in the NT occur in circumstances of DFV. Since August 2000 and as at June 2023, there have been 173 DFV-related homicides in the NT. The 173 DFV-related homicides includes 103 women, 94 of whom were Aboriginal, and 75 of whom were killed by a current or former partner.⁹²

The implementation of a DFV Death Review Process in the NT was an initiative in AP1. The current investment involves a part time research position in the Coroner's office to provide support to the Coroner in relation to DFV-related Inquests and to contribute to the National database on DFV related homicides. Unlike other jurisdictions, the process in the NT does not provide a framework or the necessary resources to facilitate cross-agency experts to jointly develop a co-ordinated systemic response to DFV-related issues identified by the Coroner. This is further discussed at 6.2.3.

12.2.4.8 NT WorkSafe - Sexual harassment prevention, education and response

NT WorkSafe aims to improve workplace health and safety in all workplaces and for all workers in the NT.

Sexual harassment can occur in employment and may affect the health and safety of workers and other persons that have dealings with, and may be affected by, the actions of employers. Sexual harassment can be a factor for work related injuries. It is part of the overall strategic plan of NT Workplace to reduce harm by providing appropriate advice, support and education to all parties towards eliminating and/or minimising the hazards and risks from such conduct.

There is currently no quantitative data to indicate the actual extent of sexual harassment in the NT. However, the AHRC national survey⁹³ suggests that up to one third of Territorians are likely to have experienced sexual harassment at work, and the majority of these are women. There is also evidence that people who experience higher rates of disadvantage and discrimination are disproportionately affected. Aboriginal people, members of the LGBTIQ+ community and people with disability are likely to experience sexual harassment at higher rates than other Territorians.

NT WorkSafe report that in 2021-22 the health and community services sector is the industry that has the highest percentage of recorded serious injury. In this sector, 19% of all serious injury claims notifications are stated to be mental stress which is comprised of anxiety/stress disorder (55.6%), reaction to stressors (22%) and anxiety/depression combined (17%). The existing data cannot confirm the extent to which sexual harassment is involved, however, it is reasonable to assume that some of these serious injuries are the consequence of a level of sexual harassment.

12.2.4.9 NT Anti-Discrimination Commission (NTADC)

Established in 1993, the NTADC promotes equal opportunity for all Territorians, and aims to eliminate discrimination from happening by raising awareness about individuals' rights and responsibilities under the *Anti-Discrimination Act 1992*. The Anti-Discrimination Commission has 3 main roles: Public education and training, handling complaints and community engagement.

Complaints can be made if a person has been subject to sexual harassment. In 2021-22 there was an increase in sexual harassment complaints, with 59% of the complainants identified as female. The majority of complaints were about the workplace (69%) with the remainder being in relation to

⁹² Personal communication with the Territory Coroner's Officer 12 July 2023. Note these figures do not include deaths considered by the Coroner in which there was DFV in the circumstances leading up to the death but it was not identified as being a cause of the death (for example, where there was DFV in the lead up to a person's death but a victim either took their own life or there was insufficient evidence to determine the cause of the injury that lead to the death). This includes all open and closed cases.

⁹³ Australian Human Rights Commission (2020) op cit p 79

goods, services, facilities or education. The NTADC designs and delivers training in relation to sexual harassment and in 2021 a sexual harassment bystander education course was designed by the NTADC, funded by TFHC.

12.2.4.10 Commonwealth Committees and Liaison re DFSV

AGD represents the NT on a number of committees and working groups bringing together the Australian government and state and territory governments to progress improved responses to DFSV. These include the Family Violence Working Group; the Family Safety Information Sharing Advisory Group; and the National Principles on Coercive Control Sub-Committee.

12.3 Summary of gaps, priority needs and future directions

12.3.1 Primary Prevention gaps and opportunities

12.3.1.1 Sexual harassment specialist within NT WorkSafe

Sexual harassment is an incidence of a particular type of stressor that can arise in employment, which may affect the health and safety of workers, and may be affected by the actions of employers. As the prevalence of sexual harassment rises, it may become a major factor for work related injuries and as such it is part of the overall strategic plan of NT WorkSafe to reduce harm by way of providing appropriate advice, support and education to all parties towards eliminating and /or minimising the hazards and risks from such conduct.

NT WorkSafe cannot currently disaggregate their data to identify sexual harassment complaints; rather it is subsumed in the general categories of complaints related to 'psychosocial hazards' and 'mental health and wellbeing.' There is concern that a majority of sexual harassment is not currently being reported, identified or addressed in the NT.

NT WorkSafe has identified a number of strategies to encourage reporting and improve responses to sexual harassment in NT workplaces. In particular, it would be desirable to have a specialist sexual harassment position within NT WorkSafe to focus on:

- The provision of information, education, training and support for workers and employers in relation to sexual harassment.
- The creation of new tools to help employers prevent and respond effectively to sexual harassment in their workplaces.
- The provision of advice to NT WorkSafe on the improvement of systems, procedures and data collection to support the prevention and response to sexual harassment.
- The provision of advice to NT WorkSafe Inspectors on the handling of sexual harassment incidents at work.

12.3.2 Early Intervention and accountability gaps and opportunities

12.3.2.1 Offender Services and Programs

Although there are now 2,000 prisoners (2.5 times higher than 2012), Offender Services and Programs have had no program delivery staff increase since 2012 when they were servicing 800 prisoners. The staffing levels mean that significant numbers of prisoners have not been receiving the programs that are internationally recommended as an appropriate rehabilitation intervention.

Prisoners on remand or short sentences do not receive programs, including DFV programs. Increased access to programs is important to provide behavioural change opportunities for people who have committed DFV.

As discussed in 10.3.2.1, it is also important that there be alignment and coordination between the programs provided in custody and those delivered in community through the creation of an overarching Framework for all DFV programs that is informed by the best available evidence. This will ensure that victim survivor safety and offender accountability are the foundational principles and objectives for all DFV programs in the NT. It will also ensure that there is continuity in program content even when a person's custodial status changes. This would allow people to commence a program in prison and continue when they are released from custody.

12.3.3 Response and Recovery gaps and opportunities

12.3.3.1 Strengthening the Specialist Approach

The evaluation of the Specialist Approach in Alice Springs found that the model is delivering the intended benefits and it is timely for discussions to commence between the Local Court and partner organisations to roll the model out to additional sites while continuing to strengthen the Specialist Approach in Alice Springs. The DFV Justice Review proposed that the Specialist Approach in Alice Springs be continued, and that the NT progressively work towards a specialist approach to DFV (incorporating civil and criminal law) centred on the Local Court in in Tennant Creek, Darwin and Katherine. This proposal was supported by stakeholders in response.

It is not proposed that the model be adapted for the bush court settings because the AJA is currently developing a Community Court model to operate in bush courts. It is expected that these Community Courts can allow for a specialist DFV lens on these proceedings as well as ensuring local Aboriginal leadership in the justice process.

The evaluation also identified a number of limitations with the model and identified areas that could be strengthened or that require additional resourcing.

Legal assistance to support the Specialist Approach

Legal assistance in proceedings under the DFV Act has important benefits, for example:

- It obviates the need for parties to directly negotiate with each other, which can cause tension and conflict to escalate and increase risk for the protected person;
- It can support matters to be resolved without a hearing, which can reduce trauma for the parties, be less costly for justice agencies and more efficient for the Court;
- It results in interim and final orders that are better tailored to the needs of the parties, which can reduce the number of court appearances and improve safety outcomes; and
- It can improve defendant accountability. For example, obtaining proper advice about how the law sees their conduct can help defendants to take responsibility for their actions, and avoid continuing blame of the protected person.

It is particularly important given many defendants in DFV matters are Aboriginal, whose first language is not English, or who have low literary levels, making the justice system extremely difficult to navigate.

One of the hallmarks of Specialist Approaches in other jurisdictions is the availability of legal and non-legal advice and support to both defendants and protected persons in DVO applications (as is the case in Victoria and Queensland).

While legal assistance services have been a key partner in the development and implementation of the Specialist Approach, no additional resources have been available to support their involvement. The Internal Evaluation of the Specialist Approach identified limitations in legal assistance available at the Local Court as an impediment to the aims of the Specialist Approach to improve victim survivor safety and defendant accountability.

In Alice Springs, there is no equivalent service to the NTLAC's Respondent and Early Assistant Legal Service, which operates in Darwin and is funded by the Australian Government through the National Legal Assistance Partnership. For a period of 9 months (March 2021 to January 2022), the only service available to male defendants in stand-alone DVO matters (and female defendants where CAWLS were unable to assist) was the NTLAC helpline. The NTLAC currently provides duty lawyer assistance to male defendants in these matters and CAWLS provide legal assistance to female defendants in these matters, however, these agencies report not being adequately funded for these services. CAWLS has reported that their funding is inadequate to meet the needs of female protected persons and defendants.

The DFV Justice Review proposed that AGD review the capacity of legal services to provide legal assistance to protected persons and defendants in proceedings under the DFV Act, with a view to strengthening the provision of legal advice and assistance for protected persons in DVO proceedings; introducing a service in Alice Springs to provide legal advice, assistance and support to male defendants in DVO proceedings; and identifying other service gaps in relation to legal assistance for proceedings under the DFV Act.

This was widely supported by key stakeholders. NTLAC expressed the view that the DFV reforms may increase the number and complexity of DVO applications and increase the demand for legal services. Other legal services also expressed concerns about the capacity of existing legal services to meet demand.

Victim survivor support at the Specialist Approach

Victim support services are an essential component of the DFV Specialist Court Model. The victim support officers connect with victim survivors through a warm referral process at the Court and provide a comprehensive holistic service, including DFV Risk Assessment using the RAMF; Safety Planning and Support; and assistance and/or referral to other services so that the broader needs of victim survivors can be proactively addressed (including housing, health, social and emotional well-being, children and parenting, dealing with grief, loss and trauma).

WoSSCA is funded by TFHC to provide a Court Support Case Worker for the Specialist Approach, however their inability to meet demand was identified as an issue in the evaluation, noting there were almost 950 Domestic Violence Order applications at Alice Springs Local Court in 2020-21.

Presently many protected persons do not attend Court and their specific needs may not be taken into account in the legal process, and nor are they being referred to specialist services that may assist with other aspects of their lives. A greater capacity to provide outreach support and assistance to protected persons is critical to assist women and children in DFV situations.

Specialist DFV legal education package for judges and lawyers

The provision of specialist DFV training for judges, court staff, lawyers and other professionals at the Local Court is considered a critical element of all Specialist DFV Court Models, and to improve the justice response to DFV more generally. DFV training is needed within the NT justice system irrespective of whether a Specialist Approach exists or not, due to the high rate of DFV offending in the NT and the need for specialist knowledge of DFV to manage these matters effectively.

The evaluation report of the Specialist Approach in Alice Springs recommended that a comprehensive training package be considered to improve the justice response to DFV, particularly for the Specialist Approach. The DFSV-ICRO notes that there is no funding for the provision of a comprehensive training package, and that, while the Local Court has already leveraged some training sessions at no or low cost to improve understanding and practice in responding to DFV, the delivery of fragmented unfunded training is not sustainable or effective. Any training should also be aligned to the RAMF to support an integrated service system.

12.3.3.2 Prosecution and witness assistance

The DFSV-ICRO supports the DPP identified need for a specialist DFV prosecutor to prosecute more complex DFV matters and upskill other prosecutors on DFV-related law. A specialist DFV prosecutor would also upskill police members who are involved in investigating DFV matters and collecting evidence. This is expected to minimise the trauma for victim-survivors, improve the quality of evidence collected by police, and reduce attrition in DFV prosecutions.

The DFSV-ICRO notes that the DFV Justice Review proposed that to improve the prosecution of DFV-related criminal offences and reduce the trauma for complainants in criminal matters, the resourcing of the WAS should be reviewed in light of the level of DFV offending in the NT. This was supported in the submissions provided during the consultation process. Given the high level of DFV offences in the NT the current WAS staff can only support complainants in Supreme Court matters. Additional WAS support officers would allow support to victim survivors in Local Court as well as Supreme Court proceedings, where a significant number of serious DFV matters (eg aggravated assaults) are prosecuted. This will support more successful prosecutions and reduce trauma to victim survivors.

12.3.3.3 Victims Register

It is noted that many victim survivors are not on the Victims Register and there is a need to further support victim survivors to join the register so that they are informed about relevant matters relating to persons who have been convicted of DFV offences against them.

12.3.3.4 Counselling for women prisoners

The specific needs of women prisoners are often invisible because they are a minority of the prison population. In the NT on 24 November 2022 there were 107 women prisoners (5% of the prison population). 89% were Aboriginal. 50% had DFV as their latest offence.⁹⁴

In 2019, the Top End Women's Legal Service (TEWLS) interviewed women prisoners in Darwin Correctional Centre and identified that 76% had experienced DFV either as a child or an adult or both; 92% did not think there was good mental health support in prison; and 63% wanted to speak to a DFSV or trauma counsellor. The TEWLS project identified the high prevalence of complex trauma among women prisoners which contributes to their reoffending. TEWLS reported that the most common request made by women prisoners is for a specialist DFSV counsellor but they were unable to access a DFSV service in prison.

The DFSV-ICRO supports consideration of a counselling program for women prisoners to address DFSV and other forms of trauma, to be delivered by NGOs through a grants process, and to include an Aboriginal cultural liaison officer. Counsellors should be independent of NTCS staff and enable a high level of rapport and confidentiality between the counsellors and participants. The grants process should emphasise the need for gender-specific services and prioritise the importance of

⁹⁴ CJRSU obtained

cultural safety for Aboriginal participants. It is proposed that the service is available on a needs basis, including to persons on remand or short sentences.

12.3.4 Systemic enablers and reform gaps and opportunities

12.3.4.1 Data

AGD's CJRSU advises that it is currently unable to meet the demand to generate justice-related statistics in the NT. This has an impact on the ability to obtain high quality DFSV-related statistics in the NT. There is also no current publication or website that provides an overview of DFV-related statistics in the NT to make them available to non-government organisations and members of the public. DFSV-ICRO considers that the availability and accessibility of data is a critical piece of the reform project, and proposes a data snapshot be prepared on an annual basis (at minimum) to share with all stakeholders.

13. National

This section outlines the current understanding of national DFSV investment in the NT. It does not include investment that does not have application to DFSV directly, nor investment that was fixed term and has expired (for example COVID-19 recovery national agreements).

13.1 Commonwealth role in relation to DFSV

The first National Plan to Reduce Violence against Women and their Children 2010–2022 (first National Plan) was established to coordinate efforts across all levels of governments to address violence against women. Over the past 12 years, the first National Plan helped bring DFSV to the nation’s attention, and demonstrated the collective commitment by the Commonwealth, states and territories to address DFSV. The first National Plan also established key infrastructure, including Our Watch, ANROWS, the 1800RESPECT helpline, DV-Alert training, and the Stop it at the Start campaign.

On 17 October 2022, the Australian, state and territory governments released the National Plan to End Violence against Women and Children 2022–2032 (National Plan). The National Plan has been developed and agreed by all Commonwealth, state and territory ministers with responsibility for women’s safety. The National Plan puts in place a national policy framework to guide the work of governments, policy makers, businesses, workplaces, specialist organisations and workers in addressing, preventing and responding to DFSV in Australia.

The National Plan will be implemented through 2 five-year Action Plans which will detail specific Commonwealth, state and territory government actions and investment to implement the objectives across each of the 4 domains: prevention, early intervention, response, and recovery and healing. A standalone First Nations National Plan will be developed to address the unacceptably high rates of violence Aboriginal and Torres Strait Islander women and children experience. A dedicated action plan for Aboriginal and Torres Strait Islander family safety will provide the foundations for the future standalone First Nations National Plan.

The National Plan proposes the following roles and responsibilities for all partners:

All governments	Australian Government	State and territory governments
Support and deliver national organisations such as ANROWS and Our Watch	Support and deliver national services and organisations such as 1800 RESPECT and DV-alert	Support in the delivery of frontline DFSV services that support response, recovery and healing
Support behaviour change campaigns and interventions	Make improvements to the justice system, including family law, to improve legal responses to better protect victim survivors, prevent re-traumatisation, and support family violence legal services	Deliver housing services
National strategies such as the National Housing and Homelessness Agreement and Closing the Gap	Support the prevention of gender-based violence which includes through the delivery of campaigns as well as early intervention	Deliver court systems and correctional centres
	Advance gender equality through leading the development a National Gender Equality Strategy	Support improvements to the justice system and legal representation
		Improve police responses
		Invest in prevention and early intervention projects, including through education, and building community awareness through campaigns
		Deliver perpetrator interventions and programs

Figure 35 Government responsibilities under the National Plan

13.2 Mapping of direct DFSV activity and investment in NT by Commonwealth agencies

It is challenging to provide a clear picture of Australian Government DFSV investment in the NT. This is because funding is provided through multiple avenues, including direct to service providers, through national multi-lateral partnership agreements via various agencies, and through bilateral agreements.

Most of the funding information contained in this section has been sourced from the publicly available [GrantsConnect](#) database, and from publicly available information on the Federal budget, noting that budget information for the 2022-23 October Budget and the 2023-24 May Budget, and their application to the NT, is still being understood.

The Australian Government committed \$1.7 billion for initiatives to support the implementation of the National Plan in the 2022-23 October Budget, including:

- \$169.4 million over 4 years from 2022-23 to support 500 additional frontline DFSV workers. The NT received funding for 18.8 of these workers in 2023-24 and 20 workers in the following two years.
- \$10 billion to the Housing Australia Future Fund to build 30,000 new social and affordable housing properties, and the returns from \$1.6 billion to provide 4,000 social housing properties for DFV victim survivors, and older women at risk of homelessness.
- \$240 million over 2023-24 to 2025-26 to support individualised financial support packages through the Escaping Violence Payment.
- \$57.9 million over 5 years to continue the Keeping Women Safe in Their Homes and Safe Phones Programs funding.
- The establishment of Working Women's Centres in all states and territories.
- \$42.5 million to implement the Respect@Work report recommendations, including establishing a positive duty on employers to prevent workplace sexual harassment.
- \$46 million for additional phases of the Stop it at the Start campaign and \$32.2 million to promote the importance of consensual and respectful relationships.
- \$83.5 million to help make sure all Australian school students are able to access high quality, age-appropriate consent and respectful relationships education.
- \$25 million over 5 years to partner with states to apply innovative approaches to address DFV perpetrator behaviour.
- \$40.4 million for Specialised Family Violence Services to expand support to assist individuals, couples and families who are experiencing, witnessing or at risk of DFV.
- Funding for training packages to enhance law enforcement responses to coercive control, technology facilitated abuse, child safety and sexual assault.
- \$3.3 million in strengthening criminal justice frameworks and responses to DFSV.
- \$104.4 million for Our Watch.
- \$23.3 million for ANROWS.
- On 24 January 2023, the Australian Government announced a further \$2.0 million over two years in Alice Springs to boost DFV services through Tangentyere Council.

On 9 May 2023, the 2023-24 Budget was released, which included:

- \$159 million over 2 years to extend the DFSV National Partnership Agreement (NPA).

- \$194 million over 5 years from 2022-23 (and \$4 million in 2027-28) for Australia’s first dedicated Aboriginal and Torres Strait Islander Action Plan, including \$7.7 million to establish an Aboriginal Peak Body for Family Safety.
- \$6.5 million over 4 years (and \$0.9 million ongoing) to strengthen and harmonise sexual assault and consent laws and improve justice responses to sexual violence.
- \$12.1 million over 4 years to develop and distribute social media resources for young people on consent and to support community-led sexual violence prevention pilots.
- \$8.5 million over 4 years to develop a national perpetrator risk assessment framework, extend Mensline Changing for Good Service and develop a national perpetrator referral service database.

13.2.1 Activity and Investment – Primary Prevention

13.2.1.1 Our Watch

The NT Government is a member of Our Watch, the independent not-for-profit organisation established in 2013 by the Australian and Victorian governments. Since its establishment, all state and territory governments have become members. Our Watch is a national leader in the primary prevention of violence against women in Australia, and has created policy frameworks such as Change the story, Changing the picture and Changing the landscape that underpin government commitments to prevent violence against women. Our Watch compiles evidence, develops advice, tools and resources, and works in partnership with governments, corporate organisations, civil society and communities to drive shared efforts to address the drivers of violence against women.

13.2.2 Activity and Investment – Early Intervention and Accountability

13.2.2.1 Early intervention and accountability programs funded direct to service providers

Some services in the NT receive direct funding from the Australian Government for early intervention and accountability programs. These are:

Provider Name	Activity Title	Funding 2022-23	Funding 2023-24
Darwin Aboriginal and Islander Women’s Service (DAIWS)	Primary/early intervention (women, children, men, young men, young women, gay men and sister girls).	\$800,750	\$800,750
Aboriginal Resource and Development Services Aboriginal Corporation	Primary/early intervention. Community Legal Education program to improve local community awareness about DFV laws and legal processes.	\$633,238	\$633,238

Figure 36 Australian Government funding for early intervention programs provided directly to NT organisations

MensLine Australia’s Changing for Good Program

No To Violence (NTV) is the national peak for perpetrator intervention services. NTV is funded to provide MensLine and the Rapid Intervention Service for men committing DFV. MensLine Australia’s Changing for Good Program is a MBCP which aims to reinforce and maintain behavioural and attitudinal change in men. MensLine Australia services include a national telephone and online

support, information and referral service for men with family and relationship concerns, including men experiencing DFV. These services are available to Territorians, although it is understood that the take up rate by Territorians is low.

13.2.3 Activity and Investment – Response, recovery and healing

13.2.3.1 National Office of Child Safety (NOCS)

The Federal Government, through NOCS, has provided one off funding of \$4.74 million over 4 years to NT Health to support the delivery of increased specialist therapeutic services for children and young people with harmful sexual behaviours. Further detail on the implementation of the program is at 7.2.2.2.

13.2.3.2 Northern Territory Remote Aboriginal Investment (NTRAI)

The NTRAI provides additional support to the NT to improve the lives of Aboriginal people, through activities to improve outcomes in schooling, community safety, health, housing, access to interpreter services and job opportunities. The NTRAI was extended in 2022, with an additional investment of \$173 million being provided to June 2025. This includes approximately \$4.2 million for DFV crisis accommodation services for women and children in Darwin and Alice Springs, and remote communities (further details and locations are included in 10.2.3.1).

13.2.3.3 National Housing and Homelessness Agreement (NHHA)

The NHHA provides funding to improve access to secure and affordable housing. Women and children affected by DFV are a priority homelessness cohort under the NHHA. The NT receives approximately \$19 million, with funding provided to a range of tenancy support, and crisis and other supported accommodation programs, including for women and children affected by DFV. It is noted that this funding is not disaggregated for DFV.

13.2.3.4 National Partnership Agreement on FDSV

The Australian Government committed \$270.70 million for a 2 year National Partnership Agreement (NPA) on Family, Domestic and Sexual Violence Responses (2021-23) with state and territory governments to support frontline DFSV services and trial new DFSV initiatives. The NT received \$15.5 million from 2021-22 to 2022-23. This included additional funding of \$10.7 million in 2022-23 announced on 18 August 2022, in recognition of the higher rates of violence and complexities of remote service delivery in the NT. The allocation of the funds is underway by ODFSVR, according to the following approved plan. The majority of the funding is being allocated through grants processes. These funds are non-recurrent.

Activity	Description	Funding
Flexible Support Packages Part 1 (2021-22)	Support victim survivor safety plans through flexible funding packages administered by specialist services.	\$1.195
Early interventions through a partnership model	Provide effective interventions through the delivery of collaborative partnerships to support young people who are starting to use violence.	\$2.1 million
Flexible Support Packages Part 2 (2022-23)	Support victim survivor safety plans through flexible funding packages administered by specialist services.	\$1.7 million (and \$0.3 million NT Government co-contribution).

Support implementation of the RAMF	Implement RAMF within universal and specialist DFV services to support victim survivor safety and accountability of people who have committed DFV.	\$3.3 million
DFSV Housing Pathways	Support victim survivors at risk of homelessness to access secure accommodation through a head-lease pilot project. Includes evaluation of grants, and separate research activity on innovative accommodation options.	\$2.5 million: <ul style="list-style-type: none"> • \$2.1 million in grants • \$0.2 million research • \$0.15 million evaluation.
Response to violence in the Barkly	Support services to address DFSV in the Barkly region	\$0.5 million
FSF	Strengthen the FSF through development of an online Portal	\$0.3 million
Supplement DFSV specialist services' funding	Support DFSV specialist service viability	\$3.8 million

Figure 37 NPA Activity in NT 2021-23

The 2022-23 October Budget announced an extension to the NPA under which the NT will receive an additional \$10.147 million. This money has not yet been received and comprises:

- \$7.022 million (across 2022-23 to 2025-26) for 20 new frontline workers
- \$3.125 million (across 2022-23 to 2026-27) for innovative perpetrator responses.

The 2023-24 May Budget announced a further extension to the NPA under which the NT will receive an additional \$3.177 million. This money has not yet been received and comprises:

- \$2.928 million (across 2023-24 and 2024-25) to support frontline DFSV services
- \$0.249 million (funding across 2023-24 and 2024-25) for innovative perpetrator responses.

13.2.3.5 National Legal Assistance Partnership (NLAP)

The NLAP arrangement with the States and Territories provides more than \$2 billion over 5 years in funding to legal aid commissions, community legal centres, and Aboriginal and Torres Strait Islander Legal Services. Included in the \$2 billion is \$145.9 million over 5 years in funding specifically for frontline legal assistance services for family law and/or family violence, including Domestic Violence Units and Health Justice Partnerships.

In November 2019, the Australian Government announced increased funding for all 14 Family Violence Prevention Legal Services providers. From 1 July 2020 to 30 June 2023, FVPLS providers will receive \$75 million over 3 years. The Australian Government is providing this funding for frontline services that directly improve safety for women and children, and provide better access to legal support.

Northern Territory National Legal Assistance Partnership (NLAP) (\$ million)	2022-23
Legal Aid Commission (LAC) - Baseline	6.456
Community Legal Centres (CLC) - Baseline	1.320
CLC - Baseline: Family Law and/or Family Violence	0.541
Domestic Violence Units / Health Justice Partnerships	1.492
Aboriginal and Torres Strait Islander Legal Service (ATSILS) - Baseline	15.489
Totals	25.298

Figure 38 Funding to NT legal services under NLAP 2022-23

Northern Territory Bilateral Schedule (\$ million)	2022-23
NLAP bilateral payment – mainstream and specialist legal assistance services: <i>Family Advocacy and Support Services</i>	1.277
NLAP - Administrative funding	0.404
NLAP - Workplace Sexual Harassment	0.669
NLAP - Vulnerable Women	1.063
NLAP - Justice Policy Partnership	0.091
ATSILS – Increased Child Sex Abuse Prosecutions	0.110
ATSILS – Coronial Inquiries and Expensive and Complex Cases	0.661
LAC – Case Management Transition to the Federal Circuit and Family Court of Australia	0.264
Total	4.539

Figure 39 Funding provided to NT legal services under NT Bilateral Schedule 2022-23

13.2.3.6 Escaping Violence Payment

The Escaping Violence Payment is delivered nationally by the Uniting Care Network to support eligible individuals experiencing intimate partner violence to establish a home free from violence. The payment provides individualised financial assistance of up to \$5,000 with up to \$1,500 in cash and the remaining funds provided in goods, services and supports such as counselling, paying school fees, whitegoods or furniture.

13.2.3.7 Safe places

\$100 million has been provided over 5 years to continue capital grants under the Safe Places Emergency Accommodation Program. The grants focus on First Nations women and children, women and children from CALD backgrounds, and women and children with disability. The Salvation Army NT received \$4.315 million funding under Safe Places for their new Palmerston DFSV facility (which NT is contributing to at \$1.5 million per annum in operational costs). The facility is scheduled to open in 2023.

13.2.3.8 Keeping Women Safe in Their Homes

The Keeping Women Safe in Their Homes program supports women and children who are experiencing or are at risk of violence, to stay safe in their homes, or a home of their choice, through safety planning and home security upgrades. The 2022-23 October budget announced \$18 million to continue the Keeping Women Safe in their Homes initiative. The NT receives funding which is allocated to the YWCA for delivery of the program in Darwin and Palmerston.

13.2.3.9 Local Support Coordinators

Attorney General funding of Local Support Coordinators in each State and Territory help women navigate the service system by providing case management. The DFSV-ICRO understands that this funding has been allocated to NTLAC DVLS for the Safety and Wellbeing Coordinator position.

13.2.3.10 Safe Connections Program

Delivered by WESNET (the Women's Services Network), the Safe Connections Program (previously known as the Safe Phones for Women program) has been funded since 2014 and distributes 600 smartphones a month, donated by Telstra. The program also provides training to the network of 276 frontline services that distribute the smartphones on technology-facilitated abuse and provides safe technology information through a helpline.

13.2.3.11 1800RESPECT

1800RESPECT is the national DFSV counselling service available 24 hours a day, 7 days a week. It provides counselling, online referral, resources, information services and supports for people experiencing, or at risk of DFSV, as well as their friends, family and professionals. It is understood that take up rates for the service from Territorians is low.

13.2.3.12 Direct funding to services

The Australian government provides a total of approximately \$9.4 million in DFSV funding direct to services in the NT. This information has been sourced from the online GrantsConnect system.

Provider Name	Activity title	Description	Funding 2022-23	Funding 2023-24
Mabunji Aboriginal Resource Indigenous Corporation	Borrooloola Safe House	The Borrooloola Safe House project will work with vulnerable Indigenous individuals and families in Borrooloola who are dealing with DFV and have multiple and complex needs by operating the Borrooloola Safe House to provide a refuge.	\$241,090	\$241,090
Ngaanyatjarra Pitjantjatjara Yakunytjatjara Women's Council	FVPLS Third Action Plan	Holistic, case-managed crisis support to Indigenous women and children experiencing family violence.	\$178,926	\$178,926
Ngaanyatjarra Pitjantjatjara Yakunytjatjara Women's Council	IFSS - NT Communities Family Violence Service	Increasing awareness and reducing the acceptance of domestic and family violence and improve the integration of and access to domestic and family violence support services.	\$279,812	\$279,812
The Katherine Women's Crisis Centre Inc.	4AP- Co-design	Work in collaboration with the facilitator and Expert Reference Group, to co-design culturally appropriate and trauma-informed, place-based service delivery model/s that meet the requirements of the Indigenous-specific measures under the Fourth Action Plan of the National Plan 2010-2022	\$794,650	\$794,650
Aboriginal Resource and Development Services Aboriginal Corporation	4AP Co-design and Implementation	Community Legal Education program - deliver education activity to improve local community awareness about DFV laws and legal processes by supporting Yolngu women, men and their families of all ages experiencing or using, or at risk of DFV.	\$633,238	\$633,238
Wurli-Wurlinjang Aboriginal Corporation	Strong Indigenous Families	Intensive family focussed case management to address behaviours that lead to family violence.	\$975,000	\$975,000
Miwatj Health Aboriginal Corporation	Respecting and Protecting Yolngu families (3AP)	Holistic, case-managed crisis support to Indigenous women and children in the Gove Peninsula.	\$237,380	\$237,380

Wurli-Wurlinjang Aboriginal Corporation	4AP Co-design and Implementation	The 'Connecting Pathways' program provides holistic supports to Aboriginal families at risk of experiencing DFV and empowers families to take control of their own wellbeing to improve family and life outcomes.	\$755,346	\$755,346
Miwatj Health Aboriginal Corporation	4AP Co-design and Implementation	Deliver a community led, wrap-around support and education activity that supports local Aboriginal families, including Yolgnu families, at risk of experiencing and/or using DFV to heal from all forms of DFV.	\$730,778	\$730,778
Anyinginyi Health Aboriginal Corporation	Anyinginyi Wilyarkka Kirriji Ki	Anyinginyi Health Aboriginal Corporation will employ one full time position for a variety of group and/or individual activities specifically targeted to women.	\$53,300	-
Anyinginyi Health Aboriginal Corporation	Indigenous Family Safety Programme	Project provides support to indigenous community members who have experienced and are at risk of DFV.	\$78,850	\$78,850
Ironbark Aboriginal Corporation	Ironbark Indigenous Support	The objective for the Project is to reduce DFV; improve safety of women and children; reduce physical and psychological abuse, neglect and trauma caused to children through exposure to and experience of DFV.	\$329,170	-
Wurli-Wurlinjang Aboriginal Corporation	Strongbala Justice Support Project	The Provider will employ a Senior Justice Support Officer, 3 Through Care Justice Support Officers, and a part time Administration Officer to deliver case management and support services to 40-60 Indigenous males per year from Katherine and surrounding communities to address their offending behaviour and provide a pathway back to community and culture.	\$728,250	-
Central Australian Aboriginal Congress Aboriginal Corporation	Community Wellbeing and Family Safety: Targeted Family Support Service	This program will build the capacity in Aboriginal family support systems to strengthen vulnerable families whose children are at risk of entering the child protection system or youth justice system.	\$435,487	-
Central Australian Aboriginal Congress Aboriginal Corporation	Community Wellbeing and Violence Intervention Program	The Community Wellbeing and Violence Intervention Program will improve community levels of emotional and social wellbeing specifically through: Aboriginal adolescents and adults having access to high quality and culturally appropriate counselling, therapeutic and mental health support service; Aboriginal people experiencing improved social and emotional wellbeing in the community through prevention of harmful behaviour and promotion of positive mental health.	\$864,377	-

		This service will be offered in Alice Springs township and Santa Teresa.		
Darwin Aboriginal and Torres Strait Islander Women's Shelter Indigenous Corporation	DAIWS Strong Men's, Strong Communities Program	This project will target both the youth and elder leaders in the community, provide a specific focus on employment, the importance of education, mentoring, and leadership in every aspect of life including being a positive leader for their family, community and within their workplace.	\$145,417	-
North Australian Aboriginal Justice Agency Ltd	Kunga Stopping Violence Program ⁹⁵	As a prisoner through-care initiative the activity supports prisoners' reintegration into community after release from prison through addressing the underlying causes of each individual's offending behaviour. The activity also engages Aboriginal women in in-prison training and post-prison case management to reduce the risk of recidivism.	\$530,477	-
Ngaanyatjarra Pitjantjatjara Yakunytjatjara Women's Council	Family Violence Prevention Legal Service	To address the legal needs and facilitate non-legal wraparound support for ATSI victims and survivors of DFV and sexual assault. ATSI victims and survivors of DFV and sexual assault should be supported and empowered to lead lives free from the impacts of violence, and have access to culturally safe legal and non-legal support services.	\$986,556	-
Central Australian Aboriginal Family Legal Unit Aboriginal Corporation	Family Violence Prevention Legal Service	The objective for this Project is to address the legal needs and facilitate non-legal wraparound support for Aboriginal and Torres Strait Islander victims and survivors of DFV and sexual assault.	\$1,744,466	-
North Australian Aboriginal Family Legal Service - Aboriginal Corporation	Family Violence Prevention Legal Service	To address the legal needs and facilitate non-legal wraparound support for Aboriginal and Torres Strait Islander victims and survivors of DFV and sexual assault.	\$3,843,999	-
Central Australian Women's Legal Service Inc. (CAWLS)	Supplementary Legal Assistance	To provide additional capacity to respond to the legal needs of Aboriginal women in the NT due to their overrepresentation in the NT justice system.	\$188,695	-
Katherine Women's Information And Legal Services	Supplementary Legal Assistance	Provide additional capacity to respond to the legal needs of Aboriginal women in the NT due to their overrepresentation in the justice system.	\$108,730	-

⁹⁵ This program has been evaluated https://apo.org.au/node/310643?mc_cid=be98c3f471&mc_eid=dea8e6940d

North Australian Aboriginal Justice Agency	Supplementary Legal Assistance - Top End	Provide additional capacity to respond to the legal needs of Aboriginal women in the NT due to their overrepresentation in the justice system.	\$1,345,365	-
North Australian Aboriginal Justice Agency	Supplementary Legal Assistance - Central	Provide additional capacity to respond to the legal needs of Aboriginal women in the NT due to the overrepresentation.	\$1,035,539	-
Northern Territory Legal Aid Commission	Supplementary Legal Assistance	To provide additional capacity to respond to the legal needs of Aboriginal women in the NT due to the overrepresentation of Aboriginal and Torres Strait Islander women.	\$651,320	-
Top End Women's Legal Service Inc.	Supplementary Legal Assistance	To provide additional capacity to respond to the legal needs of Aboriginal women in the NT due to the overrepresentation of Aboriginal and Torres Strait Islander women.	\$188,695	-

Figure 40 Australian Government funding provided directly to NT DFSV services

13.2.3.13 Respect@Work Inquiry into Sexual Harassment

In June 2018, the Commonwealth Sex Discrimination Commissioner, Kate Jenkins, and then Minister for Women, the Hon Kelly O'Dwyer, announced a National Inquiry into Sexual Harassment in Australian workplaces. The National Inquiry examined the prevalence, nature, drivers and reporting of sexual harassment, current legal and regulatory framework, and the impact of sexual harassment on individuals and business, as well as ways to improve prevention and response.

In March 2020, the Australian Human Rights Commission released *Respect@Work: Sexual Harassment National Inquiry and Report*. The report made 55 recommendations directed to all levels of government and the private sector for policy and legislative reforms to prevent and address workplace sexual harassment.

Key findings from the inquiry are:⁹⁶

- Workplace sexual harassment is prevalent and pervasive: it occurs in every industry, in every location and at every level, in Australian workplaces. Australians, across the country, are suffering the financial, social, emotional, physical and psychological harm associated with sexual harassment. This is particularly so for women. This behaviour also represents a very real financial impost to the economy through lost productivity, staff turnover and other associated impacts.
- Sexual harassment in the workplace is a common experience which has increased in prevalence since previous years.
- One in 3 people (33%) said they experienced sexual harassment at work in the last 5 years.
- Both women and men experienced sexual harassment at increased rates than in previous surveys—almost 2 in 5 women (39%) and just over one in 4 men (26%) said they experienced sexual harassment in the workplace in the last 5 years.
- 4 out of 5 people (79%) were sexually harassed by a male harasser.

⁹⁶ Australian Human Rights Commission (2020) *Respect@Work: National Inquiry into Sexual Harassment in Australian Workplaces*, commencing at p.79

- Young people aged between 18 and 29 were more likely than those in other age groups to have experienced workplace sexual harassment in the last 5 years. Young women were significantly more likely than young men to have been sexually harassed.
- The risk of sexual harassment was much higher for people who already experience higher rates of disadvantage and discrimination, with 52% of workers who identify as lesbian, gay, bisexual, transgender or intersex; 53% of Aboriginal or Torres Strait Islander workers; and 44% of workers with disability indicating they were sexually harassed at work in the last 5 years.
- Unwelcome sexual conduct was experienced across the full range of industries, occupations and employment status. The majority of workplace sexual harassment took place within Australia's 4 largest industries, indicating that the prevalence of sexual harassment mirrors the proportion of the Australian workforce employed in those industries. However, rates were notably high in some industries. For example, while in 2018, the information, media and telecommunications industry accounted for just 2% of the Australian workforce as a whole, 5% of victim survivors said they were working in this industry when they were sexually harassed.
- Fewer than one in 5 people (17%) said they made a formal complaint in relation to sexual harassment. Of those who made a formal complaint, almost half (45%) said nothing changed at their workplace as a result. Two thirds of the people who told the Commission they had witnessed sexual harassment in the last 5 years said they took no action.

Responsibility for implementing Respect@Work is shared between the Australian Government, independent government agencies, state and territory governments, and the private sector. A [Respect@Work Council](#) has been established and brings together leaders from key government regulators and policy makers responsible for sexual harassment policies and complaints to improve coordination, consistency and clarity across existing legal and regulatory frameworks. TFHC is responsible for coordinating the NT Government's implementation response.

13.2.3.14 Closing the Gap

The National Agreement on Closing the Gap aims to enable Aboriginal and Torres Strait Islander people and government to work together to overcome inequality, and to achieve life outcomes equal to all Australians. The agreement sets 17 national socio-economic targets across areas that impact life outcomes, including Target 13: *by 2031, the rate of all forms of family violence and abuse against Aboriginal and Torres Strait Islander women and children is reduced by at least 50 per cent, as progress towards zero.* At the centre of the Closing the Gap Agreement are four priority reforms that focus on changing the way governments work with Aboriginal and Torres Strait Islander peoples:

- Formal partnerships and shared decision-making
- Building the Aboriginal and Torres Strait Islander community-controlled sectors to deliver services
- Transforming mainstream government organisations
- Shared access to data.

The Commonwealth has committed \$31.6 million over 5 years to develop a new approach to measure progress against Outcome 13 as well as addressing data requirements to support understanding of the scope of injustices experienced by lost, missing and murdered First Nations women and children, and their families. It will form a significant part of the evidence-base on violence against women and children, and address the gap in data on violence experienced by Aboriginal and Torres Strait Islander people.

13.2.4 Activity and Investment – Systemic Enablers and Reform

13.2.4.1 Personal Safety Survey (PSS)

The PSS is a national survey conducted by the ABS. It collects detailed information from men and women aged 18 years and over about the nature and extent of violence experienced since the age of 15, including partner violence, emotional abuse and stalking. Data from the 2021 PSS is the latest available, with results being progressively released from February 2023.

13.2.4.2 Australian Domestic and Family Violence Death Review Network

The Australian Domestic and Family Violence Death Review Network – a network of established Australian DFV death review teams – is leading the development of a coherent and centralised system for the collection and analysis of domestic and family violence related deaths across Australia. A detailed [national data report](#) was released with ANROWS in May 2018.

13.2.4.3 National Centre for Crime and Justice Statistics at the ABS

The Australian Government funds the National Centre for Crime and Justice Statistics at the ABS to manage and improve data collection on DFSV. Improvements to data collection have included adding indicators for DFSV into police, courts and corrections datasets from each jurisdiction. The “Recorded Crime – Victims”, “Recorded Crime – Offenders” and “Criminal Courts Australia” publications now include chapters on DFSV.

13.2.4.4 National Homicide Monitoring Program

The Australian Institute of Criminology regularly publishes National Homicide Monitoring Program reports on deaths related to DFV, disaggregated by victims’ gender, homicide type and relationship to perpetrator.

13.2.4.5 ANROWS

ANROWS was established as an initiative of the first National Plan, to build the evidence base that supports ending violence against women and children in Australia. ANROWS provides research and resources to support policy makers and practitioners.

13.2.4.6 DV-Alert

The Australian Government funds DV-Alert, a national, accredited training program for community frontline workers such as teachers, early childhood educators, volunteers and medical practitioners.

13.3 Summary of gaps, priority needs and future directions

13.3.1 Access to and coverage in nationally funded initiatives

While there are many national DFSV services and initiatives funded by the Australian Government, that are intended to be equally accessible for people across the country, it is difficult to get comprehensive data to analyse whether these initiatives are being accessed effectively by Territorians. These initiatives include 1800RESPECT, MensLine, and representational coverage in the PSS and NCAS surveys. Anecdotally, access is low. This may be for a multitude of reasons, including design, location, small population, promotion, or cultural appropriateness. The issues and

solutions are worthy of further exploration. An analysis of data on access and outcomes would be useful as a starting point to determine whether, with more tailored responses, these foundational national services could assist in addressing some of the existing service gaps in the NT.

13.3.2 National funding

National Partnership Agreements

While funding to the NT under National Partnership Agreements is a welcome joint investment reflecting the shared responsibilities for DFSV prevention and response, restrictions on administration, purpose and allocation of funding, the non-recurrent nature of funding, and the short time frames to turn around what are often required to be 'new and innovative' projects presents challenges.

Coordinated investment

A comprehensive review of available national funding in the NT was beyond the time and resources available for this Mapping Report, however it is clear that many DFSV specialist services in the NT receive funding from both the NT and the Australian Governments. Often this funding is allocated directly from the Australian Government to services without alignment discussions with the NT Government or consideration of local frameworks and strategies. A more coordinated and strategic investment approach could reduce duplication, enable shared outcomes and align administration requirements to reduce burden on services. This could include co-ordination of programs, funding agreements and selection of service providers, service outputs and evaluations.

The [Coordinated Investment Framework for Children and Families](#) was a recommendation of the Productivity Commission Study Report into Expenditure on Children in the Northern Territory.⁹⁷ The Framework supports communities by providing transparent funding arrangements, harmonised recording of data, and relational contracting of services to improve outcomes for children, young people and families in the NT. The principles under the Framework are for investment in children and families in the NT to, in so far as possible:

- Be coordinated and underpinned by regional or community-level plans and priorities.
- Be flexible to place-based needs and maximise shared outcomes through transparent funding arrangements and collaboration between the 3 levels of government, the non-government and private sectors, and communities; with common performance and reporting arrangements within a regional context.
- Strive for relational contracting that is long-term and sustainable, agile and responsive, outcomes-based with streamlined accountability, transparent, with publicly available investment and performance information.
- Be iteratively informed by best-practice program evaluation, and the development of consistent regional and community level datasets and a shared and transparent evidence-base.
- Foster and strengthen regional and community partnerships and Aboriginal leadership to drive community-control and services reform.
- Support culturally safe, trauma-aware and healing informed approaches to service delivery, recognising the unique perspectives and needs of people from diverse cultures and backgrounds.

⁹⁷ Productivity Commission 2020, Expenditure on Children in the Northern Territory, Study Report, Canberra

- Align with and reflect the relevant outcomes, targets and priority reforms agreed by all Governments under the National Agreement on Closing the Gap.

The DFSV-ICRO sees similar opportunities for a coordinated DFSV funding approach between the Australian Government and the NT.

PART D: OVERALL SUMMARY OF OPPORTUNITIES

This section provides an overview of the key areas for reform unearthed through the Mapping Report process, and is not inclusive of all reform proposals discussed in the mapping. It is important to note that, while informed by the data gathered through agencies, as well as through stakeholder consultations and other evidence, the analysis of particular gaps and identification of opportunities is that of the DFSV-ICRO and not of the individual agencies.

DFSV is not inevitable or intractable. It is preventable. Furthermore, its impacts can be reduced. The evidence tells us that to reduce and ultimately end DFSV, we need to address its underlying drivers.⁹⁸ Generational change is required to reverse gender inequality, discrimination and inter-generational trauma that drive the high rates of DFSV in the NT. At the same time, we need to respond to the violence that has already occurred, and reduce the impacts of this violence on victim survivors.

It is important to emphasise that reducing DFSV requires long-term, sustained and collaborative efforts. There are no quick fixes. Change is generational and requires ongoing commitment, investment and monitoring. While it may seem counter-intuitive, demand for services and reporting of DFSV is expected to *increase* in the medium term as a result of improved responses and prevention efforts.

The DFSV-ICRO proposals involve a focus on actions in these key areas:

- 1. Increasing our efforts in prevention, and early intervention and accountability, to build community understanding of DFSV and shift attitudes and behaviours.**

Most investment in DFSV in the NT has been on the response end. The burden is heavy on refuges, legal services, police, courts, prisons, child protection, and hospitals. Comparatively little investment is seen in prevention or early intervention and accountability.

In order to prevent DFSV, we need to stop violence before it starts, and prevent it escalating once it has emerged. A refocussing of attention is needed towards activities that aim to educate community members about safe, healthy and respectful relationships from their earliest years, and support Aboriginal community led solutions. Supporting early identification of violence by universal services is an important activity.

We know that stopping DFSV is not possible without sustained interventions with people who are using violence. Programs for people who commit DFV are one of the most under-developed aspects of responses to DFV in the NT. While the evidence base for Men's Behaviour Change Programs is still emerging, they are recognised nationally as an important component in the DFSV service system. Significant expansion and coordination is required in programs in both prison and community settings for people who have committed DFV. This is also an essential component of the implementation of the Government's sentencing reforms, under which courts can sentence offenders to attend DFV programs as part of new orders. It is essential that this expansion is undertaken according to consistent and evidence based standards.

- 2. Maintaining and improving responses for victim survivors to reduce the impacts of DFSV and keep pace with growing demand.**

The high (and growing) rates of DFSV in the NT mean that investment in response and recovery must be maintained. Increases in primary prevention, and early intervention and accountability, are likely to result in additional demand on crisis responses, as early identification and anti-violence messaging enable increased disclosures. Additionally, any premature reduction in

⁹⁸ source

response and recovery may imply that the NT does not prioritise the well-being of victim survivors. This would undermine prevention and early intervention messages, and deter reporting and help-seeking behaviour.

Reducing the impacts of DFSV requires a strong response system that prioritises safety, respect, compassion and support for victim survivors, including children. It is very hard for victim survivors to report violence to police, engage in the justice system, and seek help from services. Coercive control and a range of other factors can trap victim survivors in violent relationships. Victim survivors say they can be ignored, blamed or treated disrespectfully when they reach out for help. This contributes to the continuation of violence.

3. Supporting a coordinated response that steers reform.

The DFSV Framework and Action Plans recognise that preventing, responding to and reducing DFSV is a responsibility that is shared across all government agencies, non-government organisations, and the community, and requires cross agency and cross community responses.

A coordinated response to DFSV is essential because of the serious risks of DFSV – if responses are inconsistent and siloed, there is a risk that relevant information may be fractured across organisations, under different legislative frameworks and service systems. This may result in unnecessary complexity, confusion, duplication, service gaps or inconsistent practices at best, and serious harm or death at worst.

Working together as part of one joined up system is the most important thing that Government can do to reform the response to DFSV, and underpins good practice responses to DFSV across Australia and internationally.

A continued whole-of-government coordination mechanism (DFSV-ICRO) will wrap around all other activities, and lead consistent and evidence-based DFSV policy and practice. A coordinated approach is critical to the success of all other proposed reforms.

14.1 Summary of opportunities by domain

14.1.1 Primary prevention activity opportunities to be considered include:

- A public campaign about healthy relationships and identifying coercive control, using culturally relevant methodologies, community engagement and local media. It is particularly important to ensure there is two-way dialogue within Aboriginal communities about coercive control and DFSV, to empower Aboriginal people to identify coercive control and facilitate greater community action and leadership in a way that fosters safe and healthy relationships. This may be facilitated by ACCOs, other NGOs or through Law and Justice Groups.
- Effective implementation of RRE in NT educational settings, including a school and systems wide audit of RRE being delivered; and guidance to schools through the recommendation of preferred providers and programs that are underpinned by evidence, have explicit curriculum alignment and are locally contextualised. This would include development of an explicit policy guidance to respond to student or staff disclosures of DFSV that may be triggered during RRE implementation.
- Expansion of the Primary Prevention grants and continued quarantining of evaluation funds to grant recipients, as well as support provided in evaluation, networking and peer learning through the Our Watch Primary Prevention Officer and Community of Practice.
- Expanding primary prevention initiatives led by Aboriginal communities, to be driven through the Aboriginal Advisory Board, and include a preliminary focus on the existing ACCO and

Aboriginal led primary prevention projects in order to build on success, and share learnings and outcomes.

- A specialist sexual harassment position within NT WorkSafe to focus on: the provision of information, education, training and support for workers and employers in relation to sexual harassment; the creation of new tools to help employers prevent and respond effectively to sexual harassment in their workplaces; provision of advice to NT WorkSafe on the improvement of systems, procedures and data collection to support the prevention and response to sexual harassment; and the provision of advice to NT WorkSafe Inspectors on the handling of sexual harassment incidents at work.

14.1.2 Early intervention and accountability opportunities to be considered include:

- Alignment and coordination between the DFV behavioural change programs provided in custody and those delivered in community through the creation of an overarching Framework for all DFV perpetrator programs that is informed by the best available evidence. This will ensure that victim survivor safety and the accountability of people who commit DFV are the foundational principles and objectives for all DFV programs in the NT. It will also ensure that there is continuity in program content even when a person's custodial status changes. It will emphasise that programs need to be culturally-safe and culturally competent to provide assistance to Aboriginal people. The DFSV-ICRO should lead the development of the framework overseen by a governance structure including NT Corrections, AGD, TFHC, Aboriginal expertise, victim survivor expertise and NTV, the national peak MBCP body.
- Development of mandated standards for DFV behavioural change programs, including compliance frameworks, and program declarations, which can influence funding and referrals. These accountability mechanisms enable an oversight of appropriate quality, and particularly ensure that programs are run in way that prioritises victim survivor safety and allows no collusion with people who commit DFV. These could be modelled on the existing 2020, Tangentyere Council Central Australian Minimum Standards for MBCP, based on the Victorian minimum standards.
- Expansion of MBCPs and MBCP places, including in regional and remote areas to meet existing demand and projected demand arising from pending sentencing reforms by Katherine. A staged approach to expansion is required, and evaluation outcomes will be critical in informing longer term approaches. Expansion of MBCPs will also require a corresponding expanded specialised workforce.
- Support alignment of the CWSP with the DFSV Framework and RAMF to achieve ore integrated outcomes for DFSV victim survivors who are children and adult victim survivors in communities where there is no FSF.

14.1.3 Response, recovery and healing opportunities for consideration include:

- A specialist DFSV team within acute and primary health settings to strengthen the frontline response, including identification, assessment, and intervention for DFSV victim survivors accessing health services.
- The trial of a co-responder model where police work alongside DFSV specialists. The trial should be undertaken in collaboration with the DFSV-ICRO, to ensure alignment with the whole of government reform agenda, and should undergo evaluation. This would include an enhanced auditing function to ensure compliance with operational procedures as well as identify areas for reform.

- A review of the DFV General Order in collaboration with the DFSV-ICRO, and informed by consultation with DFSV specialists.
- A summary of police procedures in responding to DFV to be made available to DFV service providers to facilitate continuous improvement of a collaborative and integrated response, and open inter-agency communication to improve responses. This could be similar to the [Victoria Police Code of Practice for the Investigation of Family Violence](#). It would be beneficial to develop the guide in collaboration with the DFSV-ICRO and sector representatives.
- Continued support of the PART program and embed the training following the 2 year project into ongoing police training systems in a sustainable way. This would include dedicated resources to ongoing review processes to maintain currency, ensuring that the PART module on the RAMF and CRAT, to be developed in collaboration with TFHC, is aligned with any newly developed police tools, and ongoing monitoring of the training to maintain alignment with the reform strategy.
- Development of a suitable risk assessment tool designed for the use of frontline NT Police members aligned with the RAMF.
- Review of Supportlink for areas for improvement, as well as potential alternatives to be considered to enable efficient and effective referral processes for victim survivors and people who have committed DFSV.
- Onsite therapeutic supports for children as part of the existing DFV crisis accommodation service system, and the RAMF expansion project to develop additional guidance and tools children and young people, which will cover screening for, assessing and managing risk for children and young people, understanding children and young people as victim survivors in their own right, and the impact of DFV on parenting.
- A renewed focus on supporting workplaces to respond appropriately to DFSV within the workplace, to be undertaken in partnership with the NTWWC and other experts.
- Ensuring the specific needs of people from CALD backgrounds, LGBTIQ+ clients, clients with disability, women on temporary visas, and people under the age of 18 are understood and supported within the DFSV service system, by working with these communities and their affiliated organisations to understand how to support service access.
- Programs to support victim survivors to stay safely in their homes, while the person committing the DFV is accommodated elsewhere, to shift the responsibility and burden of DFV to people who commit DFV and away from victim survivors, reduce trauma for victim survivors and increase opportunities for people who have committed DFV to remain visible, accountable, and engage with behavioural change programs.
- Development of transitional accommodation projects for DFSV victim survivors.
- On site specialist DFSV workers at visitor accommodation services to enable earlier identification of victim survivors and earlier engagement with specialist services.
- Greater policy and program focus on the housing needs of DFSV victim survivors, and alignment between the strategic policy approaches of the government's DFSV and homelessness reforms, including a dedicated officer to develop intersections and policy congruence between ODFSVR and TFHC Housing areas.
- Strengthening the specialist DFV court model in Alice Springs, through supporting legal advice and assistance to protected persons and defendants in proceedings under the DFV Act; providing additional non-legal outreach support and assistance to protected persons; and a comprehensive external evaluation of the model.
- Progressively work towards expanding the specialist DFV court model to Tennant Creek, Darwin and Katherine.

- Developing a comprehensive training package, aligned with RAMF, to improve the justice response to DFV, for the Specialist Approach in Alice Springs and more broadly across the NT.
- A specialist DFV prosecutor to prosecute more complex DFV matters and upskill other prosecutors (including police members) on DFV-related law, to minimise trauma for victim-survivors, improve the quality of evidence collected, and reduce attrition in prosecutions.
- Review the resourcing of the Witness Assistance Service in light of the level of DFV offending in the NT in order to expand support from Supreme Court to Local Court proceedings, in order to support more successful prosecutions and reduce trauma to victim survivors.
- Explore effective ways to support victim survivors to join the Victims Register so that they are informed about relevant matters relating to persons who have been convicted of DFV offences against them.
- A counselling program for women prisoners to address DFSV and other forms of trauma, to be delivered by NGOs through a grants process, and to include an Aboriginal cultural liaison officer.
- Expanding specialist DFVU positions within NT Police beyond Darwin, while maintaining frontline police as the first response to DFSV, in view of the number and proportion of complex and protracted DFSV matters faced by NT Police.
- Develop a police-specific risk assessment screening or triage tool, aligned with the RAMF and CRAT, but appropriate to the operational requirements of frontline police.

14.1.4 Systemic Reform and enablers opportunities include:

- Establishing a sustainable DFSV whole-of-government coordination mechanism (DFSV-ICRO) to lead consistent and evidence-based DFSV policy and practice. and health, housing and community services to address DFSV. A sustainable, inter-agency DFSV policy lead unit should be a whole-of-government structure to oversee system performance, policy development and implementation. Decision making should remain at the level of the Children and Family Standing Committee, to which the mechanism would report quarterly and as required.
- Strengthen DFSV governance, including the CAWG, to ensure effective governance of the reforms proposed, noting the valued and essential role the CAWG plays in overseeing and advising on DFSV reforms and providing a true cross-agency and cross-sector avenue for strategic policy and program improvement and robust accountability. This could include considering appropriate membership, structure, role, reporting, monitoring and communication. This should be done in preparation for implementation of Action Plan 2, following the outcome of the internal review of AP1. Agency representatives on the CAWG should be at minimum director level and have oversight of delivery of their actions, data collection and reporting under Action Plans 1 and 2.
- In addition, an Executive Sponsor inter departmental committee is proposed, to enable regular monitoring of agency action progress, strategic oversight and ensure effective risk management, accountability, collaboration and coordination across the reform.
- The DFSV-ICRO mechanism should produce an annual report to the Minister to be published online, including through a visual report card.
- Re-join or more closely align the work of the Office of Gender Equity and Diversity with the new mechanism, given the evidence base of gender inequality as a core driver of DFSV.
- The ongoing DFSV-ICRO would oversee improvements to the existing and significant planks of our integrated service system, including:

- Improving accountability, reporting, monitoring and continuous improvement of the FSF as a key element of the safety and interagency architecture of the NT's DFSV response system. Consider dedicated administrative support for the Nhulunbuy FSF; increased capacity for existing administrative support; an FSF Coordinator position within NT Police to provide a single coordination mechanism and manage the responsibilities under the MOU in an accountable, consistent and efficient manner; exploration of a digital tool to improve consistency and accountability; establishment of an FSF in Wadeye.
- Implementing a more systemic DFV Death Review so that lessons are learned and changes are made and monitored through a proactive, cross-agency, systems-based response.
- Improved and ongoing implementation of RAMF by all agencies, including the development of a police-specific tool to enable effective risk identification, assessment and management. Consider a short training module aimed at managers, boards and organisational leaders, including senior executives in government agencies that provides support on organisational understanding and implementation.
- Renewing attention and resources dedicated to implementing the DFV Information Sharing Scheme as a critical component of our safety mechanisms.
- Support, review and further develop the RAMF, including implementation in all government agencies, and an accountability process, such as annual agency reporting on implementation progress. This should include RAMF alignment requirements within relevant government contracts and grant agreements.
- Developing the evidence base under a shared monitoring and evaluation framework across all initiatives, and overseeing data development, system performance, policy development and implementation. Support quarantined evaluation funding for all new initiatives, to grow evaluation capability as well as grow the evidence base for DFSV in the NT. This could also include consideration of a dedicated NT DFSV research stream.
- Produce and disseminate a high quality and accessible DFSV-related statistical overview on an annual basis (at minimum) to share with all stakeholders.
- Work with the Australian Government towards a shared investment framework for DFSV services and initiatives within the NT to reduce duplication, enable shared outcomes and align administration requirements to reduce burden on services.
- Work with the Australian Government to understand and improve NT access to and coverage in national initiatives such as 1800RESPECT, MensLine, and the PSS and NCAS surveys.
- Exploring DFSV-responsive policy audit processes, such as DFSV impact statements for Cabinet proposals, or reports on the DFSV-related risks and opportunities within each ministerial portfolio
- Providing secretariat functions for the established Aboriginal Advisory Board.
- Support agency management of their actions under Action Plan 2, including ensuring monitoring, evaluation, funding accountability.
- Leading the co-design process for the framework for programs for people in the NT who have committed DFV.
- Continuing to support policy alignment across agencies so that DFSV reforms are implemented in a consistent and congruent approach.

- Support NT Health to implement the new Acacia data system to increase health DFSV data collection, analysis and availability. The new system presents a critical opportunity to increase the evidence base through consistent data collection and analysis of DFSV presentations and responses in the NT health system.
- Explore support for an NT peak body for DFSV specialist services to enable systemic advocacy, promote transparency, accountability and inclusion in policy development, improve the service system, provide specialist expertise, and embed practice development and innovation. It is critical that ACCO DFSV specialist services are central to these discussions, and suggestions have also been made of a network of ACCO DFSV specialist services, and discussions around how such a network may work with and independently from a peak body and the existing networks.
- Work with the sector to implement the WSDP, including robust recruitment, retention, succession planning, mentoring, and leadership cultivation strategies.

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Appendix 1 – summary of DFSV consultation outcomes

The outcomes of the consultations and investigations that fed into the DFSV-ICRO process alongside the mapping are summarised below.

1. 2019 Journey Mapping Project

The Journey Mapping Workshop Report: Exploring the Voices and Experiences of Victim Survivors in the NT Justice System (Journey Mapping Project) documents a project undertaken in 2018-19 which used a human centred design process to understand DFSV victim survivors' lived experience of the NT justice system.⁹⁹

Using insights from interviews with victim survivors, justice leaders from NT Police, corrections, legal services, and courts, it discussed systemic reform opportunities, with a focus on victims' experiences and their needs in any planned reform. The outcomes and recommendations are contained in the 2019 report. The report identified a justice system that is disjointed, overloaded and failing to break the cycles of abuse. The report highlighted that victim survivor safety and wellbeing is not at the centre of system design.

The report explored the following gaps and opportunities:

- Training and information for those working throughout the justice system, to better understand how all parts of the system operate, and the roles and limitations of other system operators. This includes trauma-informed DFV awareness training and vicarious trauma training for police, lawyers, prosecutors and judges.
- Ensure a trauma-informed foundation for the system. Provide earlier, clearer, culturally relevant, and trauma-informed information for victim survivors explaining every step of the process. Design single access pathways for victim survivors and streamlined support model.
- Design a 'one stop shop' that allows multiple agencies (legal support, police, TFHC, health services) to provide collaborative, human-centred, linked up support, information and updates to victim survivors.
- Establish a DFV hotline staffed by trained Police Officers.
- Build integrated technology and record keeping systems to allow people operating at any part of the system to be able to advise victim survivors of the status of their matter, and any information relevant to them around sentencing, parole and release.
- Codify victim survivors' rights.
- Better meet the information and support needs of witnesses, and others impacted by DFV, such as dependent children and other family.
- Move resources from summons and hearing stage to early information system for victim survivors.
- Enable earlier resolution of matters such as early pleas and enabling victim survivors to give evidence early.
- Review the mandatory sentencing legislation.

⁹⁹ Richmond, A. (2019), Journey Mapping Workshop Report: Exploring the Voices and Experiences of Victim-Survivors of Domestic and Family Violence in NT Justice System, Prepared for the Domestic Violence Justice Reform Network and published by Dawn House, February 2019

- Provide clear pathways for where victim survivors want to drop the charges.
- Explore Alternative Dispute Resolution processes if it is safe, and what the victim survivor wants.
- Make courts safer for victim survivors, eg. video conferencing in all remote communities.
- Have independent section 18 advice available at court.
- Victim survivors to have input to section 45 DVOs¹⁰⁰.
- Police code of conduct on investigating and responding to DFV.
- Make all evidence of prior relationship history admissible in DFV matters to track multiple offences.
- Evidence based and culturally relevant perpetrator behaviour change programs.
- Child focused primary prevention addressing intergenerational trauma.

It is noted that some of these issues are being addressed through the legislative reforms resulting from the *Review of Legislation and the Justice Response to DFV in the Northern Territory* undertaken by the Department of the Attorney-General and Justice in 2022.

2. 2021 Action Plan 2 consultation

From July to November 2021, the ODFSVR in TFHC conducted a broad consultation on the gaps and opportunities for reform to be included in Action Plan 2 under the DFSV Framework.

The process included 70 NGOs, ACCO, and government agencies participating through a series of Have Your Say submissions, consultation meetings, network presentations, and the DFSV CAWG workshops.

The consultation was undertaken in partnership with the NTCOSS DFSV Policy Officer, and the outcomes are summarised in the [NTCOSS Action Plan 2 Non-Government Organisation Consultation Report 2021](#)

The key areas outlined by respondents were:

- Centring DFSV specialist expertise (both lived experience and professional expertise) in all reforms.
- The importance of ACCOs and Aboriginal and Torres Strait Islander communities being central to any DFSV program that impacts Aboriginal and Torres Strait Islander communities and people.
- Evaluation and monitoring is critical in future Action Plan implementation on both the system and service level. This should happen across both government and NGOs for continuous service improvement, and maximising existing services so that they are fit for purpose, instead of investing in new services or duplicating services. Service saturation occurs in some areas while there is lack of services in others (geographical and otherwise).
- Data collection systems require improvement, and new data sets are needed.
- Resourcing of Action Plan 2 must be adequate, noting that funding associated with the delivery of the first Action Plan did not match the breadth of reform required. Funding transparency on the level of investment needed to fully implement all recommendations and the impact of funding limitations on program parameters is important for true partnerships.

¹⁰⁰ Made under section 45 of the *Domestic and Family Violence Act 2007*.

- The DFSV Framework and related Action Plans must be promoted better to the community sector and across government, so all partners understand their role and responsibility in ensuring success.
- Police training and responses to victim survivors were consistently raised.
- The introduction of the Specialist Court model in Alice Springs was identified as a positive step, however the lack of resourcing for therapeutic supports and training limited its success.
- The need for greater access to and provision of culturally appropriate programs that focus on behaviour change, healing and therapeutic support services for people who have committed DFV.
- The introduction and implementation of the RAMF and the CRAT was widely commended across the sector. More RAMF training is required to meet demand. The RAMF requires review and all government departments should be tracking and prioritising the delivery of RAMF internally.
- Housing and homelessness issues were consistently raised, including the lack of housing stock, crisis accommodation often at capacity, minimal transitional housing, lack of alternative accommodation options (particularly in remote or very remote communities), and programs for people to remain safe in the home. The safe house model in remote communities was also raised as an area for reform, with infrastructure and the practice model not always fit for purpose.
- Strengthened investment in primary prevention, including healthy relationship programs, was consistently raised. The role that the education system can play in respectful relationship program implementation was emphasised, with participants noting the lack of connectivity between education curriculum and primary prevention, healthy relationship programs and trauma informed practice. Transparency of implementation is required.
- Services requested acknowledgement that increases in primary prevention and early intervention results in additional demand on crisis responses, which requires adequate resourcing.
- The need for greater investment in behaviour change programs, and the introduction of minimum standards that privilege the experience, safety and needs of the victim survivor was highlighted.
- The need for greater investment in healing and therapeutic support programs that are community led and designed, place based and culturally appropriate were identified. These should run parallel and in conjunction with other programs (such as within behaviour change programs).
- Increase investment in DFSV programs for children and young people.
- The barriers to specialist staff recruitment and retention were consistently raised, as was access to appropriate workforce development and training opportunities. While acknowledging the Workforce and Sector Development Plan, services noted limited investment allocated for its implementation (including the DFSV Resource Centre). The DFSV Resource Centre is an opportunity to collaborate across the community sector and government in developing workforces and addressing vicarious trauma, burnout and fatigue.
- Stakeholders raised the need for guaranteed service consistency, that not only includes adequate funding but for all services (regardless of who they are funded by) to be funded on a 5-year basis with Consumer Price Index increases. The current approach means that programs are often operating at a deficit.

3. 2022 Review of Legislation and the Justice Response to Domestic and Family Violence in the Northern Territory (DFV Justice Review)

Action Plan 1 included an initiative that AGD would ‘Review and reform the DFV Act so that it provides a sound, responsive and accountable foundation for the service system.’

On 22 August 2022, AGD released a paper for consultation that identified a raft of legislative reform proposals in relation to DFV (DFV Legislative Review). The paper acknowledged that legislative reform in isolation will not reduce DFV and that non-legislative systemic reforms are also required.

In addition to the legislative reforms, the paper identified 26 systemic reform proposals to improve the justice response to DFV, particularly to increase victim survivor safety and offender accountability. These systemic reform proposals were identified as components of a co-ordinated inter-agency reform agenda with the stated expectation that priority proposals will be considered and further developed as part of DFSV-ICROs work. Given this, the DFSV-ICRO has drawn heavily on the recommendations and the consultation outcomes in its work.

Consultation briefings were held with over 360 stakeholders. Forty-eight submissions were received.

The paper and the subsequent consultation on these proposals has provided valuable data for the DFSV-ICRO about stakeholder views on how to improve the justice response to DFV. The systems reforms proposed in the DFV Legislative Review have been considered as part of the mapping and gaps analysis process.

The Systemic Reform (SR) proposals are summarised below:

- SR 1: that the systems reforms identified in the review are integrated into the DFSV-ICRO reform agenda.
- SR 2: that DFV reforms and AJA reforms are aligned.
- SR 3: that reforms to community-based sentencing options and the expansion of programs are informed by specialist expertise on DFV, and include safeguards to prioritise the safety of victim survivors.
- SR 4: that the DFSV-ICRO (and the DFV inter-agency co-ordination mechanism which succeeds it) co-ordinates a DFSV analysis of proposed new Government initiatives.
- SR 5: that stakeholders collaborate to agree on shared expectations of the justice response.
- SR 6: that the DFSV-ICRO be tasked with driving the implementation of reforms to combat coercive control in the context of strengthening the inter-agency response to DFV.
- SR 7: that the DFSV-ICRO consider funding to implement an extensive program of community awareness raising about coercive control and DFV.
- SR 8: that the DFSV-ICRO consider funding to significantly expand the availability of training in relation to DFV, including training and education specifically tailored to police, prosecutors, judges, lawyers and front-line workers to assist in identifying and responding to coercive control and DFV.
- SR 9: that the DFSV-ICRO consider a major NT-wide public health campaign about healthy and safe relationships, to make people aware that coercive control is a form of DFV.

- SR 10: that the NT progressively work towards a specialist approach (including local Registrars and a central coordination position) to DFV in local courts, by strengthening the existing project in Alice Springs and commencing discussions in Tennant Creek, Darwin and Katherine.
- SR 11: that the Commissioner of NT Police – in collaboration with the DFSV-ICRO and informed by consultation with DFSV specialists – revise the General Order on DFV to convey a contemporary understanding of DFV, that reflects the centrality and seriousness of coercive control in alignment with the RAMF; and that the police General Order on DFV – or a summary – is made available to DFV service providers to facilitate continuous improvement of inter-agency responses to DFV.
- SR 12: that a review of police training on DFV be conducted by NT Police and the DFSV-ICRO to bolster the training with respect to DFV and coercive control. That compulsory training for all police officers, high level training for selected officers, and DFV champions to foster best practice be considered.
- SR 13: that NT Police, in collaboration with DFSV-ICRO, institute effective risk assessment and management practices that are aligned with the RAMF, including a modified CRAT specifically for frontline police aligned with, and informed by, the RAMF/CRAT.
- SR 14: that police provide a summary of the defendant's criminal history and a history of all DVOs to the Court at the first mention in all DVO applications.
- SR 15: that the DFSV-ICRO consider funding to establish a 24 hour DFV Specialist Referral Service.
- SR 16: that the DFSV-ICRO review resourcing of the Witness Assistance Service (WAS) to determine if it is adequate in light of the current level of DFV offending and the needs of complainants.
- SR 17: that AGD, in collaboration with the DFSV-ICRO, identify the best way to provide prosecutors with specialist training on DFV and sexual assault.
- SR 18: that AGD review the capacity of legal services to provide legal assistance to protected persons and defendants in proceedings under the DFV Act, with a view to strengthening the provision of legal advice and assistance for protected persons in DVO proceedings, and introducing a service in Alice Springs to provide legal advice, assistance and support to male defendants in DVO proceedings.
- SR 19: that the DFSV-ICRO consider whether existing DFV support services for victim survivors and defendants involved in proceedings under the DFV Act at court are resourced adequately to meet current demand, noting that expansion of specialist DFV courts would require an increased capacity for support.
- SR 20: that the DFSV-ICRO consider funding for a specialist trauma-informed counselling service for women prisoners who have experienced DFV, sexual abuse, child abuse or other forms of trauma.
- SR 21: that DFSV-ICRO in collaboration with TFHC and AGD consider developing a costed plan to increase the availability of high quality DFV perpetrator programs in the NT across correctional, alternatives to custody and community based settings, designed according to shared principles.
- SR 22: that DFSV-ICRO consider establishing a multi-agency oversight body to ensure a suite of quality DFV perpetrator programs are provided that prioritise victim survivor safety and offender accountability. The body may review existing programs, develop best practice standards, and recommend which programs should be declared or approved for legislative purposes.
- SR 23: that the DFSV-ICRO consider funding to significantly expand the implementation process and training for the RAMF.

- SR 24: that the DFSV-ICRO consider strengthening the FSF.
- SR 25: that TFHC, in collaboration with DFSV-ICRO, consider developing guidelines on how the Multi Agency Community and Child Safety Team (MACCST) will deal with children exposed to and affected by DFV, and their families, that is aligned with the RAMF.
- SR 26: that the DFSV-ICRO consider establishing a systems-driven DFV Death Review Process in the NT.

4. 2022 DFSV-ICRO Theory of Change Workshops

The DFSV-ICRO worked with NTCOSS and Dr Chay Brown (Boobook Consultancy) to undertake wide consultations to inform the work of the DFSV-ICRO, in particular the mapping project (to assist in identifying gaps and priorities from a broad stakeholder perspective) and the development of a theory of change model to underpin the monitoring and evaluation plan for the DFSV framework. The workshop process engaged the specialist DFSV sector, as well as justice, health, education and other community services.

Nine workshops were held from August to October 2022, involving over 300 people. Workshops were held in-person in Darwin and Alice Springs, and online. The in-person workshops comprised diverse stakeholders. The online workshops were sector-specific, and were held with specialist DFSV services; children and young people's services; law and justice; ACCO; health; housing; and remote services.

The participants identified the following key gaps and priority areas for the DFSV-ICRO's consideration:

- Healing programs for victim survivors, children, and users of violence.
- MBCP in the NT should undertake formal registration processes and adhere to minimum standards.
- Establish MBCP in all regions.
- MBCP and therapeutic programs in correctional centres across the NT.
- DFSV public health campaign to raise awareness about coercive control and healthy relationships.
- Targeted early intervention with young men focused on healthy relationships, sexual consent, rigid gender roles and harmful male peer relations.
- Tailored community-led initiatives in remote communities.
- Leadership programs for young women and men, to develop the next generation of people empowered with the knowledge and skills to stand up to DFSV.
- Mandatory specialist DFSV training for police, health, and all frontline services and agencies engaged in DFSV response, including more RAMF training, mandatory reporting training, and trauma-informed training.
- Monitoring and evaluation of programs to build the evidence base about what works.
- Development of an NT-wide service delivery protocol and localised referral pathways.
- Dedicated DFSV units in all Territory hospitals.
- Increased remote outreach of specialist DFSV services.

- Targeted early intervention campaigns and programs for pregnant women and women who have recently given birth, including collaboration between maternity, midwifery and community services.
- Development of a DFV information sharing protocol and integrated data management system.
- Women's police stations (specialist DFSV police stations).
- Co-location and co-response of police and specialist services.
- Greater investment in transitional housing, crisis accommodation and facilitating transition into long-term affordable housing.
- More remote safe houses and remote drop-in centres for victim survivors.
- Investment in specialist services for refugee and migrant women, and culturally and linguistically diverse populations, including upskilling of multi-cultural centres in DFSV competencies.
- Training in the identification and assessment of the primary perpetrator and the person most in need of protection.
- Develop and implement an NT perpetrator risk assessment tool, within an integrated data system.
- Establish a multi-agency forum in each regional hub to review risk factors utilising integrated data systems, to jointly manage risk and safety plan.
- Improved service agreements, with minimum requirements, for all services and programs receiving funding for DFSV.
- Build ACCO and specialist service capacity and provision, with a focus on Indigenous employment.
- Establish a victim survivor advisory group to provide leadership, oversight and governance to funding and government decision-making about DFSV.
- Invest in and support the DFSV workforce with vicarious trauma training and mitigation, collective care, appropriate supervision, and a voice in decision-making.
- Establish a specialist DFSV data, evaluation and evidence advisory group, comprised of specialist DFSV academics and experts to advise and report on policy and programmatic responses, and to provide oversight to data management systems.
- Establish a DFSV peak body for the NT.
- Develop an NT violence prevalence and community attitudes survey and report.

Appendix 2 - Calculating the economic cost of violence against women in the Northern Territory

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Key Points

- The cost to the community of domestic, family and sexual violence (DFSV) are substantial. Nationally, the economic cost of violence against women (who are victims of the overwhelming majority of DFSV cases) has been estimated to be at least \$21.7 billion in 2015-16 (KPMG 2016). In another study, the lifetime costs of all violence against women for a 10-year cohort of victims was estimated to be approximately \$362 billion in 2014-15 (PWC 2015).
- According to the KPMG (2016) study, the estimated cost of violence against women in the Northern Territory was at least \$228 million in 2015-16. This estimate was derived from total national costs, and accounted for the prevalence of violence against women in the Northern Territory relative to the rest of Australia. This total likely underestimates the underlying cost of service provision in the Northern Territory, which are generally higher than national estimates.
 - For example, based on our estimates, the DFSV-related costs of Northern Territory courts, police and corrections system alone could add as much as \$175.3 million to the estimated costs of violence in 2015-16. Additionally, other service areas are likely to further add to the estimated cost of violence against women in the Northern Territory.
- KPMG (2016) also estimated the additional economic cost on groups underrepresented in available prevalence data (Aboriginal and Torres Strait Islander, pregnant, disabled, homeless). The Northern Territory's share of this estimate could add \$131.4 million to the cost of violence against women and their children in 2015-16. However, this estimate has significant limitations and is illustrative of the potential additional costs.
- Conservatively, this suggest the total cost of violence against women in the Northern Territory could be at least around \$403.3 million in 2015-16 (\$534.7 million if the additional cost of underrepresented groups were to be added). Just taking into account inflation over this period, this could be as much as \$457.2 to \$606.1 million in 2020-21 dollars (representing between 1.75 and 2.32% of gross state product in the Northern Territory).¹⁰¹

¹⁰¹ Data on prevalence of DFSV and its related costs is not readily available to undertake a comprehensive estimate of the full impact of violence against women. This estimate has used a top down and bottom up approach using the best available data on the prevalence and costs of DFSV across a number of service areas. The estimates should be taken as indicative of the economic cost of DFSV.

1. National estimates of the costs of domestic family and sexual violence

- The cost to the community of domestic, family and sexual violence (DFSV) are substantial. Nationally, the economic cost of violence against women (who are victims of the overwhelming majority of DFSV cases) has been estimated to be at least \$21.7 billion in 2015-16 (KPMG 2016). This was estimated to represent around 1.57% of Australia's gross domestic product (CARE 2018). In another study, the annual cost was estimated to be \$21.6 billion in 2014-15, and the lifetime costs of all violence against women for a 10-year cohort of victims was around \$362 billion in 2014-15 (PWC 2015).
- Internationally, the global cost of violence against women was estimated by the UN to be US\$1.5 trillion, equivalent to approximately 2% of the global gross domestic product (as cited in CARE 2018).
- A significant component of these estimates is the cost of pain and suffering experienced by victims, which can lead to long term effects on psychological and physical health pain, suffering and premature mortality. This category of costs contributed \$10.4 billion a year in 2015-16 (KPMG 2016), and \$241.9 billion in lifetime costs in 2014-15 (PWC 2015). Other costs captured in these studies include:
 - **health costs**, including public and private health system costs associated with treating the effects of violence against women [contributing \$1.4 billion a year in 2015-16 (KPMG 2016)]
 - **production-related costs**, including the cost of being absent from work, and employer administrative costs (for example, employee replacement) (\$1.9 billion in 2015-16)
 - **consumption-related costs**, including replacing damaged property, defaulting on bad debts, and the costs of moving (\$4.4 billion in 2015-16)
 - **second generation costs** are the costs of children witnessing and living with violence, including child protection services and increased juvenile and adult crime (\$333 million in 2015-16)
 - **administrative and other costs**, including police, incarceration, court system costs, counselling, and violence prevention programs (\$1.7 billion in 2015-16)
 - **transfer costs**, which are the inefficiencies created in the economy as a result of payments of government benefits (\$1.6 billion in 2015-16).
- The prevalence of violence is a key component in calculating estimated costs. The potential underrepresentation among specific groups in available prevalence data (Aboriginal and Torres Strait Islander, pregnant, disabled, homeless) was estimated could add \$4 billion to the cost of violence against women and their children in Australia in 2015-16 (KPMG 2016). Given poor data on these groups, this estimate has significant limitations and is illustrative of the potential additional costs. In particular, KPMG (2016) noted Aboriginal and Torres Strait Islander women are at a

significantly higher risk of experiencing violence, and underrepresentation of this group accounts for \$1.2 billion of these costs.

- These estimates are limited in how they capture the impact of multiple experiences of violence or the costs and impacts of different forms of violence, or their impacts on different cohorts of the population. Many of the cost estimates rely on a top down approach based on available data. This approach may distort the underlying cost of certain services or activities in different sectors of the economy (such as the cost of remote service delivery).

2. Estimates of the cost of violence in the Northern Territory

- Based on the estimates of prevalence of violence against women across Australia, the Northern Territory's proportion of the national cost of violence was estimated to be at least \$228 million in 2015-16 (KPMG 2016).
- The prevalence of violence against women in the Northern Territory, based on the 2012 Personal Safety Survey, is the highest across all jurisdictions (8.1% of females reporting violence in the Northern Territory, which compares to the national rate of 5.3%) (ABS 2013). Nevertheless, the smaller population size of the Northern Territory means that it accounts for only 1% of the total estimated national cost of violence against women.

Northern Territory faces higher service costs

- A category where these estimates are likely to underrepresent the cost of violence against women in the Northern Territory is the relatively higher administrative and other service costs experienced in the Northern Territory. Based on the national breakdown of costs across the different categories, and the total cost estimate for the Northern Territory (KPMG 2016), the estimated administrative and other service in the Northern Territory would be around \$17.8 million in 2015-16. This appears to be significantly lower than the estimated cost of a number of key justice services alone.
 - For example, comparing Northern Territory costs of government services across policing, courts, and prisons (SCRGSP 2016) to the national estimates used in the KPMG (2016) report, we find:
 - the national per unit cost of policing in 2014-15 used in the KPMG estimates (\$430) is over 2 and a half times lower than the estimated unit cost of policing in the Northern Territory (\$1150)
 - the national per day cost of incarceration used in the KPMG estimates was around \$20 lower in 2014-15 than that estimated for the Northern Territory
 - the national per unit cost of finalisation in criminal matters used in the KPMG estimates was \$930.00, compared to around \$1369 in the Northern Territory in 2014-15 (KPMG 2016 and PC 2016).

- Significantly, DFSV also has a large impact on the justice system in the Northern Territory. For example:
 - DFSV matters represented 35% of the total criminal matters finalised in Northern Territory Courts in 2020-21 (NT Government estimate)
 - in 2017-18, about 79.7% (4200) of all civil cases finalised in the Magistrates' courts involved applications for DVOs in the Northern Territory, compared to the national average of 34% (120,000) (AIHW 2019)
 - 63% of Northern Territory prisoners are held for DFSV-related offences (on 30 June 2021) (NT Government estimate)
 - in 2021, 63.3% of all assaults in the Northern Territory are DFSV-related, this is similar to WA (63.2%) but significantly higher than NSW (50.2%) (ABS 2022). DFSV-related offences made up around 15% of all offences (against the person and property offences) in the period 2017 to 2022 (NTG 2022).
- Assuming the same proportions of DFSV-related cases applied in 2014-15, the estimated costs of these DFSV-related offences to Northern Territory courts, police and prisons would be around \$175.3 million in 2015-16 (table 1).

Table 1. Court, police and correction service DFV-related costs, recurrent expenditure, 2014-15^a

Justice Service	Per unit cost of service (\$)	Number of total cases	Total government expenditure on service (\$m)	Proportion of DFV-related expenditure/cases ^b	Estimated DFV-related cost (\$m)
Criminal court finalisations	1,422	18,943		0.35	9.4
Magistrate civil court finalisations	852	6,756		0.797	4.6
Police services			281	0.15	42.9
Prisons			188	0.63	118.5
Total					175.3

^a Total estimates may not add up due to rounding. ^b Based on most recent available data on DFSV-related expenditure or cases as a proportion of total cases.

Table 1 Court, police and correction service DFV-related costs, recurrent expenditure, 2014-15

Sources: ABS 2022, AIHW 2019, KPMG 2016, NTG 2022, SCRGSP 2016.

- Additional costs in other service areas would likely further add to the estimated cost of violence against women in the Northern Territory. For example, average health spending per person in the Northern Territory is around \$2099 higher in the Northern Territory relative to the national average (\$9606 compared to \$7505)
- It is understood the NT Police, Fire & Emergency Services is undertaking internal analysis of the costs of policing domestic, family and sexual violence cases, which should provide further guidance on the costs to government of violence against women in the Northern Territory.

Costs to underrepresented groups

- According to the ABS Recorded Crime—Victims, Australia 2017, 74% (3,900) of Indigenous assault victims in the Northern Territory were victims of family violence-related assault, compared to 64% (2,700) in New South Wales and 68% (1,400) in South Australia (as cited in AIHW 2019). Based on the proportion of Aboriginal and Torres Strait Islander females aged 15+ in the Northern Territory (8.5% of the national total), the share of the \$1.2 billion in underrepresented costs for Aboriginal and Torres Strait Islander women (based on the KPMG estimate) equates to around \$102.1 million in additional costs of violence for women in the Northern Territory.
- Based on the prevalence estimates of violence against women in the Northern Territory relative to the rest of Australia, the estimated cost of violence in the Northern Territory of the other underrepresented groups (based on the KPMG estimates) could be around \$29.4 million in 2015-16.
- KPMG (2016) noted these estimates of the cost on underrepresented groups has significant limitations and is illustrative of the potential additional cost.

3. Conclusion

- Taking a both a top down and bottom up approach to estimating the cost of DFSV in the Northern Territory, primarily based on the estimates from the KPMG (2016) report and adding cost estimates of key justice services, the total cost of violence against women in the Northern Territory could be at least around \$403.3 million in 2015-16 (\$534.7 million if additional cost of underrepresented groups were included).
- Applying an average annual inflation rate of 2.1 per cent over the last 6 financial years, this could be as much as \$457.2 to \$606.1 million in 2020-21 dollars (representing between 1.75 and 2.32% of gross state product in the Northern Territory). [Table 2 provides a comparison of the cost of DFSV against women nationally and in each state and territory relative to gross domestic/state product in 2015-16 dollars.]

Table 2. DFSV costs as a percentage of gross state/domestic product, 2015-16

NT	NSW	VIC	QLD	WA	SA	TAS	ACT	National
1.7	1.0	1.3	1.4	0.9	1.5	1.7	1.1	1.2

Sources: Author estimates based on ABS 2021 and KPMG 2016 estimates of other jurisdiction’s costs of DFSV

Table 2 DFSV costs as a percentage of gross state/domestic product, 2015-16

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