

**Northern Territory Government Submission to
the Senate Inquiry into Domestic Violence in
Australia**

November 2014

NORTHERN TERRITORY SUBMISSION

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NORTHERN TERRITORY GOVERNMENT SUBMISSION TO THE SENATE INQUIRY

Executive Summary

The Northern Territory Government is committed to reducing the high levels of domestic and family violence and sexual assault in the Northern Territory.

The Northern Territory is dedicated to implementing the National Plan to Reduce Violence against Women and their Children 2010 to 2022 together with the four three-year action plans.

In collaboration with the Australian Government's Department of Prime Minister and Cabinet and Department of Social Services, all states and territories are working together on the implementation of the Second Action Plan (2013-2016) *'Moving Ahead'*. There are five National Priorities together with 26 practical actions for all jurisdictions to deliver.

Each jurisdiction is encouraged to develop an implementation plan which is region specific. The Northern Territory Government has launched its whole-of-government strategy 'Safety is Everyone's Right 2014-2017' and is currently working to implement the elements of the strategy.

The majority of victims of domestic violence in the Northern Territory are women. Of all assaults recorded as domestic violence related in 2011-12, 82% of victims were female. Indigenous women made up 73% of domestic violence victims of assault but only 15% of the population in the same year.

Domestic violence experienced by Aboriginal women is often marked by repeated assaults with weapons capable of causing serious harm such as tyre levers, rocks, and iron bars and the use of extreme force. The number of NT Aboriginal females hospitalised as a result of assault has risen each year, from 821 in 2008-09 to 1,059 in 2011-12. This represents an increase of 29% over four years (Bath, 2014).¹

The statistics that highlight the extent and severity of domestic and family violence in the Northern Territory are unable to capture the extensive intergenerational legacy of violence which affects the capacity of families to engage in employment, send their children to school and participate positively in the social and economic life of their communities.

The demographic, geographic, economic and historic characteristics of the Northern Territory differ extensively from other Australian jurisdictions. As a consequence, the Northern Territory presents a unique and challenging environment in which to deliver services (Bamblett, et al, 2010, p8).

¹ The Australian Institute of Health and Welfare (AIHW) maintains the National Hospital Morbidity Database (NHMD), which consists of data compiled from all the jurisdictions in Australia relating to hospital (both public and private) separations. This includes the causes of injury which are coded using the International Statistical Classification of Diseases and related Health Problems, Tenth revision, Australian Modification (ICD-10-AM). The Bath review of the assault hospitalisation figures concerns hospital separations that occurred as a result of assault. A four year period is reviewed from 2008-09 to 2011-12. This data represents the latest publicly available data of its type and while not capturing the full picture of community and family violence does provide a clear marker for risk. Hospital admissions are arguably a more valid and reliable measure of exposure to family and community violence than other commonly-reported statistics because they are based on actual harm rather than self-report.

The Northern Territory Government's submission highlights the key factors, challenges and the impact of domestic and family violence in the Northern Territory.

Introduction

On 26 June 2014, the Senate referred the issue of domestic violence to the Senate Finance and Public Administration References Committee for inquiry and report to the Senate by 27 October 2014. The Northern Territory Government was invited to submit a response.

The Northern Territory Government appreciates the opportunity to contribute to the Senate Inquiry and assist the Senate Finance and Public Administration References Committee to understand domestic and family violence in the Northern Territory (NT).

The Northern Territory Government response to the Senate Inquiry is a cross-agency joint submission, incorporating information from the Northern Territory Police, Fire and Emergency Services, Department of the Attorney-General and Justice, Department of Children and Families, Department of Education, Department of Housing, Department of Correctional Services, Department of Health, Department of Community Services, Department of Business and the Department of the Chief Minister.

Terminology

In the NT the term 'domestic and family violence' is often used to better reflect the broad scope of interlinked and intergenerational inter-personal violence, including sexual assault, which impacts on women, children and men. The newer term 'family violence' is included to encompass abuse taking place between people in other family relationships, kinship networks and in wider community relationships; it also encompasses spiritual and cultural abuses (Cripps & Davis 2012).

The term Aboriginal has been used in preference to Indigenous except where directly quoting from other sources or referring to specific organisations or reports. The term Aboriginal should be interpreted to include both Aboriginal and Torres Strait Islander Australians.

Defining domestic violence

The Northern Territory *Domestic and Family Violence Act* defines domestic violence as conduct causing harm committed against a person with whom the perpetrator is in a domestic relationship including:

- sexual assault, sexual violence and sexually coercive behaviour;
- property damage (including injury or harm to a pet);
- intimidation and harassment;
- stalking;
- economic abuse; and
- attempting or threatening to commit any of the above.

It includes conduct between people who are currently in (or have been in) a range of domestic relationships (including guardianship and other caring relationships) and people in

a family relationship (including a relative according to Aboriginal tradition or contemporary social practice). It may include use of social media and technology.

The NT *Domestic and Family Violence Act* also requires all adults to report to police if they reasonably believe that serious physical harm related to domestic and family violence has occurred, or is likely to occur. Failure to report as soon as reasonably practicable is an offence, subject to certain defences.

The Northern Territory Government also supports the definition of domestic and family violence used in the *National Plan to Reduce Violence Against Women and their Children 2010–2022* (the National Plan), which acknowledges that domestic and family violence is often an ongoing pattern of behaviour aimed at controlling a partner through fear. It may include physical, sexual, emotional and psychological abuse and the social isolation of a victim from family and friends.

While any person can experience or perpetrate domestic and family violence, in the majority of cases it is carried out by men against women and their children. For this reason, domestic violence, family violence and sexual assault are often referred to collectively as ‘violence against women’ or gendered crimes.

Terms of Reference

- a) The prevalence and impact of domestic violence in Australia as it affects all Australians and in particular as it affects:
 - women living with a disability; and
 - women from Aboriginal and Torres Strait Islander backgrounds;
- b) the factors contributing to the present levels of domestic violence;
- c) the adequacy of policy and community responses to domestic violence;
- d) the effects of policy decisions regarding housing, legal services, and women’s independence on the ability of women to escape domestic violence; and
- e) how the Federal Government can best support, contribute to and drive the social, cultural and behavioural shifts required to eliminate violence against women and their children; and
- f) any other related matter.

A. The prevalence and impact of domestic violence in Australia as it affects all Australians and in particular as it affects: Women living with a disability; and women from Aboriginal and Torres Strait Islander backgrounds

NT Statistics

Crime figures from the Australian Bureau of Statistics show that the NT has the highest rate of assault victimisation in Australia. The NT assault victimisation rate grew by 10% between 2012 and 2013, more than three times the rate of Western Australia which is the next highest jurisdiction for which data is available. The 2013-14 crime statistics for the NT indicate that 61% of all assaults were recorded as domestic violence related (Northern Territory Crime Statistics, data through June 2014).

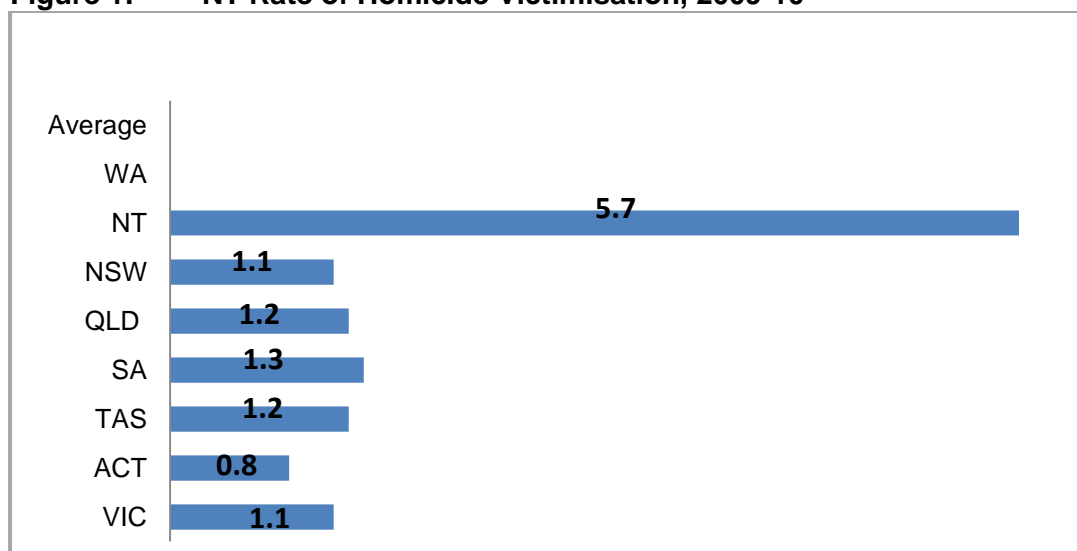
In 2013 there were more than 3,300 victims of assault per 100,000 people in the NT compared with 1,005 per 100,000 people in Western Australia.

The majority of assault victims in 2013 were female (63%). Of the jurisdictions reporting comparable assault data, the NT had the highest percentage of women whose attacker was a member of their family (66%). Of assaults recorded as domestic violence related, 82% of victims in the NT were female² and more than a quarter of perpetrators reoffended on two or more occasions.

Homicide

At its most extreme, domestic violence may end in homicide. Through the National Homicide Monitoring Program, the Australian Institute of Criminology monitors trends and patterns in homicide across Australian jurisdictions. In 2013 the NT recorded the highest homicide rate in Australia with 9.6 homicides per 100,000 people which is five times the national rate of 1.9 per 100,000³. Throughout 2008-9 and 2009-10 over half of all homicides (54%) in the NT were classified as domestic and three in every five homicides occurred in a residential location (61%), most often in the victim’s home (Chan & Payne, 2013, p. 7).

Figure 1: NT Rate of Homicide Victimization, 2009-10



² NT Police data

³ Recorded Crime – victims, Australia, 2013. Australian bureau of Statistics, 2014

Domestic Violence Prevention Orders

A five year snapshot of domestic violence order applications shows a steady increase in total number of applications from 2009-2010 (3,780) to 2013-2014 (4,348). In 2013-2014 3,022 domestic violence orders were made in the Northern Territory in relation to male defendants and 962 in relation to female defendants.⁴

Recidivism

Of the 4,598 individual persons who were recorded as being a “Domestic Violence Offender” for the calendar year 2013: 1,384 were recorded as the offender on two or more occasions, 516 were recorded as the offender on three or more occasions, and 243 were recorded as the offender on four or more occasions.⁵ More than 70% of NT sentenced prisoners and 60% of remand prisoners in custody on 31 December 2013 had been convicted of an offence involving domestic violence at some point in their history.⁶

Sexual assault

It is well understood that there is a significant gap between reporting rates and actual offence rates for sexual assault. Information regarding the prevalence of domestic and family violence as a cause of sexual assaults seen by the NT Sexual Assault Referral Centre (SARC) is not recorded. In 2013-14, there were 348 sexual assault offences recorded⁷ however there is no NT data available to reliably indicate the prevalence of adult sexual assault victimisation in the context of domestic and family violence.

Women living with a disability

National Disability Services has conducted research to identify the issues specific to delivering disability services in the NT environment, with particular focus upon Aboriginal people living with disability. It found that the NT is not unlike other Australian jurisdictions in that most services do not routinely collect data on the relationship between disability and domestic and family violence, and little is known about the help-seeking experiences of women with disabilities experiencing violence (National Disability Services, 2014). As such, limited data is available in relation to victims with disabilities in the NT.

Nationally, women with physical and or intellectual disabilities are more likely to experience domestic and family violence than those without disabilities and such violence is also likely to be more severe. Many women continue to be at risk of being assaulted, raped and abused at a rate of at least twice that of women without a disability, regardless of their age, race, ethnicity, sexual orientation or class (Bartels, 2010, p. 5).

Ready access to support for all people with disabilities is required to ensure they are heard, receive and understand essential information and access suitable services. *‘This is true for both victims with disabilities and people with disabilities who come into contact with the police’* (Australian Human Rights Commission, 2014, p. 19).

⁴ Department of the Attorney-General and Justice data 2014.

⁵ NT Police data

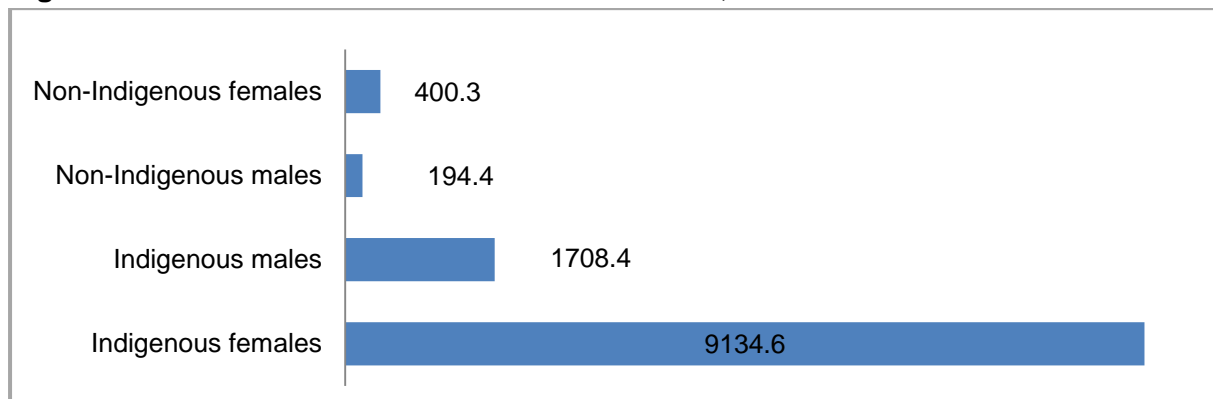
⁶ Department of Correctional Services data

⁷ Northern Territory Crime Statistics, data to June 2014. Department of the Attorney-General and Justice, August 2014.

Women from Aboriginal and Torres Strait Islander backgrounds

Aboriginal women are over-represented as victims of domestic and family violence (Bartels, 2010, p. 6). In the NT in 2012-13, Aboriginal females made up 73% of domestic violence assault victims, and were almost 22 times more likely to be victims of domestic violence assault than non-Aboriginal females.⁸

Figure 2: Assault Victimization Rates in the NT, 2012-13



A review of the Australian Institute of Health and Welfare (AIHW) National Hospitalisation Morbidity Database (NHMD) by the NT Children's Commissioner found the number of NT Aboriginal females hospitalised as a result of assault has increased each year; from 821 in 2008-09 to 1,059 in 2011-12 (Figure 3). This represents an increase of 29% over four years (Bath, 2014). Over the four year period there were a total of 3,627 assault separations for NT Aboriginal females, 45% more than for NT Aboriginal males in the same period (Bath, 2014).

Figure 3: Number of NT Aboriginal Female Hospitalisations for Assault, 2008-09 to 2011-12

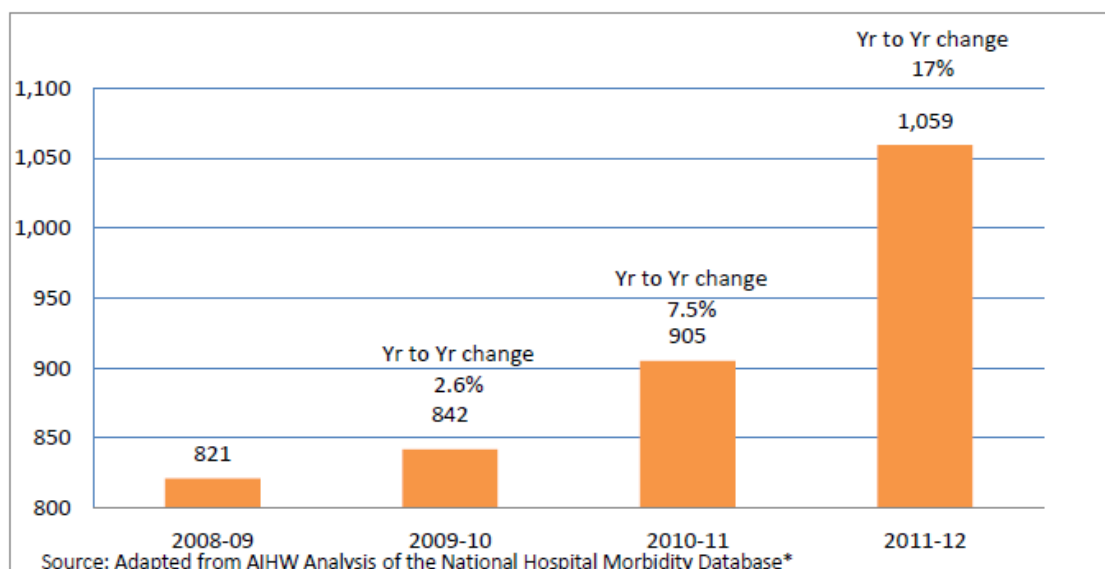
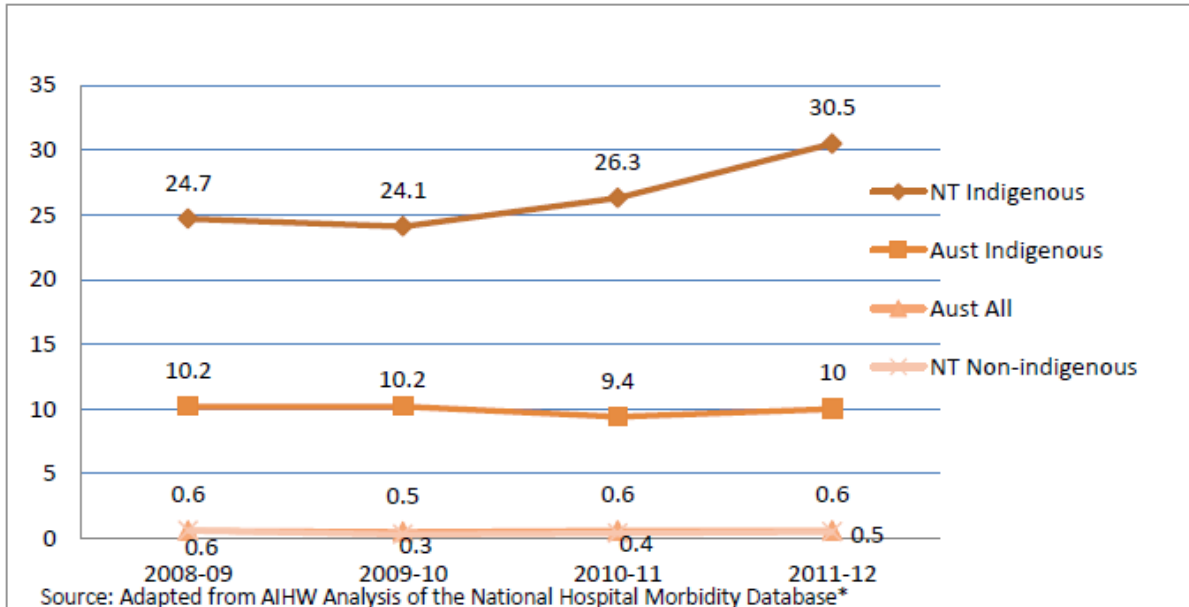


Figure 4 shows that the assault-related hospitalisation rate for NT Aboriginal females is 30.5 per 1,000 women (although there would likely be some multiple admissions by some victims) (Bath, 2014, p 2).

⁸ NT police data

The latest hospitalisation rate for NT Aboriginal women is three times the Australian Aboriginal female rate and more than 50 times the overall Australian female rate. The rate continues to increase while the others appear to have remained relatively stable over the four year period. The NT non-Aboriginal rate of hospitalisation is very similar to the overall Australian rate (*Ibid.*, p. 3).

Figure 4: Rate per 1,000 of Female Hospitalisations for Assault, by Aboriginal Status, NT and Australia, 2008-09 to 2011-12



B. The factors contributing to the present levels of domestic violence

A number of key factors have been identified as contributing to the present levels of domestic and family violence in the NT. These include access to services in remote communities, alcohol misuse, socioeconomic disadvantage, access to housing, workforce participation, gender equity and children's exposure to violence.

The NT has a number of defining characteristics that set it apart when considering how domestic violence presents here compared with other jurisdictions. The challenges and opportunities in implementing policy are different across the large urban centres, fast growing service centres and remote Aboriginal communities.

Remote Service Delivery

Demographic and environmental profile

The NT is 807,720 square kilometres and covers about one sixth of the landmass of Australia. Extreme weather conditions regularly limit access to communities and outstations regardless of actual distance. Roads are impassable and road conditions can deteriorate quickly during wet weather. Disruptions to telecommunications and power supply and other infrastructure can leave some communities inaccessible for up to five months a year. Extreme weather conditions also lead to more rapid deterioration in infrastructure. High maintenance and repair costs are necessary to manage environmental impact and contribute to higher overall service operating costs.

The NT has the smallest population (235,000 in 2012)⁹ and the third largest land mass of any Australian state or territory, making it the most sparsely populated jurisdiction in Australia. The NT has a relatively young age profile with half of the population under 32 years of age. A further characteristic of the Territory's population is its mobility, with high levels of interstate migration among the non-Aboriginal population and substantial movement within the Territory among the Aboriginal population.

More than 26% of the total Northern Territory population identify as Aboriginal, significantly more than other jurisdictions which range from 0.7% in Victoria to 4.0% in Tasmania (ABS, 2011). Overall, the NT has 3.0% of Australia's total Indigenous population.

Over 40,000 Aboriginal people live in discrete communities in remote regions of the NT, ranging in population size from 20 to a few thousand. The NT has higher proportions of people in remote and very remote areas than any other state or territory (Zhao, You, Wright, Guthridge & Lee, 2013, p. 1).

Cultural and linguistic diversity, particularly among the Aboriginal population, is also a factor requiring consideration in developing policy in the NT. English is not the first language of many Aboriginal people living in the NT, and is a second, third or even fourth language for many. There are 104 recognised distinct language groups and interpreters can be provided for 85 of those languages.¹⁰ There are also many non-Aboriginal communities from non-English speaking backgrounds; the Portuguese-Timorese, Filipino, Greek and Indian communities are among many with settlement histories in the NT, and migration continues.

⁹ Hansard, Legislative Assembly of the Northern Territory, Estimates Committee, 30 June 2012

¹⁰ Aboriginal Interpreter Service, Northern Territory, Annual Report 2013

Service provision in the NT faces significant challenges, including in relation to domestic violence services. Almost 44% of the population, including 80% of the Indigenous population, lives in remote or very remote areas. The NT also has one of the most transient and mobile populations. The per capita cost of delivering services in the Northern Territory is 2.54 times the national average based on average service delivery cost, not including the cost of additional effort required to reduce disadvantage.

Resources in remote communities are stretched and needs differ. Challenges include complexity arising from land tenure considerations and limited infrastructure and access to essential services. In some communities, land availability and pressures on infrastructure have limited the capacity of primary services such as police, health centres and schools. For example, difficulty in provision of housing impacts the NT's ability to attract police, health professionals and teachers to remote locations. Even if the funds for equal service in all locations were available, a physical presence may not be possible because of limitations on infrastructure and difficulties in recruiting. The challenge is to develop alternative models to provide consistent and responsive services to remote areas, particularly for frontline services in community safety relevant to domestic violence prevention, including police and health services. Many of the services which are available are not based in the communities they serve, and demand is significant.

Temporary mobility of Aboriginal populations is well documented as frequent and wide spread (Carson *et al.*, 2011). Services and infrastructure, together with participation in cultural activities and responsibilities are recognised as significant among a range of factors driving this complex phenomenon (Zander, Taylor & Carson, 2014). Understanding movements to and from small remote communities is important for policy development as small changes can have a significant impact on service demands.

Access to education

Over 27% of children in the NT live in very remote areas compared to the Australian average of just 0.7% of children (ABS Census, 2011). Delivering education services to a population spread so thinly poses massive logistical and economic challenges (Wilson, 2014, p. 15). At the individual level, a child's ability to arrive at school ready to learn can be influenced by the ability to wash, be well-rested, eat and be supported with the education system's routines. Poverty, social and emotional disturbances associated with family or community violence, poor health and high Aboriginal death rates are just a few constant and predictable factors that reduce students' school readiness and their ability to fully engage. Further, enrolments in school decline rapidly during the secondary years and there has been limited success in providing effective secondary years education programs in remote settings (Wilson, 2014, p. 22).

Cross cultural service provision

Remote service provision requires a heightened awareness of Aboriginal culture and sensitivity to appropriate interaction with Aboriginal communities (Carson *et. al*, 2011). Working successfully with remote Aboriginal communities "relies on relationship-building over a long period; there are no short cuts to building relationships and trust" (Centre for Applied Disability Research 2014, p. 11). Culturally appropriate service provision has a dramatic influence on the uptake and effectiveness of services. Some believe the "single most difficult challenge facing a service provider who is responsible for working with a remote Indigenous community to overcome its problematic behaviours is establishing a space that encourages and supports open communication" (Atkinson, Nelson & Atkinson, 2010, p. 140).

The Whole-of-Government Northern Territory Strategy to Reduce Domestic and Family Violence – *Safety is Everyone's Right* aims to improve the cultural responsiveness of services to remote communities to increase their relevance and uptake by families, including through generalist and specialist domestic and family violence training for frontline workers and the broader service sector.

Workforce participation

Developing and maintaining a service infrastructure is dependent on staff recruitment and retention. To effectively respond to domestic and family violence in remote communities is challenging. The phenomenon of culture shock has been linked to poor retention rates among remote area professionals (National Disability Services, 2014, p. 18).

The Northern Territory Government notes that the economic cost associated with the high mobility of its nursing workforce (at around 30%) is between 50 and 100% of the annual salary for each employee (KPMG, 2012, P. 80). In addition to the cost involved, this factor leaves gaps and creates an inability to deliver programs and consistent services.

While increased employment of local Aboriginal people is a desirable option to address both high turnover in the non-Aboriginal workforce and high levels of Aboriginal unemployment in remote communities, suitably qualified and experienced Aboriginal staff are difficult to recruit in many communities. Due to lack of education and scarcity of employment opportunities generally, intensive effort and financial resources are required to properly develop and support local Aboriginal staff to provide domestic and family violence services. Aboriginal kinship systems and family obligations can also create a range of complexities for local Aboriginal staff employed in domestic and family violence and other support services.

Alcohol misuse in the Northern Territory

The consumption of alcohol is both accepted as a significant part of Australian culture and, at the same time, acknowledged as responsible for a range of social and health-related problems (Morgan & McAtamney 2009). The consistent link found between alcohol and domestic violence has led to widespread recognition of harmful alcohol consumption as a risk factor for domestic violence (Braaf, 2012). Analysis of the relationship between alcohol and all Australian homicides over a six year period found that alcohol was consumed in 44% of intimate partner homicide incidents where either the offender or victim, or both, had been drinking (Dearden & Payne, 2009).

The association between alcohol and domestic violence in the NT is clearly evident. In the 12 months to June 2014, 61% of assaults in the NT were domestic violence related and alcohol was a factor in 64.4% of these assaults.¹¹

The NT has the highest pure alcohol per capita consumption of any state or territory, with Territorians drinking alcohol at 1.3 times the national average; a decrease from the all-time high of 1.5 times in 2005. This is the case in both the non-Aboriginal and Aboriginal population.¹² Proportionally, fewer Aboriginal Australians consume alcohol than non-Aboriginal Australians, however, of those Aboriginal persons who do drink, a greater percentage do so at hazardous or harmful levels.

¹¹ Northern Territory Crime Statistics, data through June 2014. Department of the Attorney-General and Justice, August 2014

¹² NT Alcohol data unit, Department of business, wholesale supply data

A report by the South Australian Centre for Economic Studies, commissioned by Menzies School of Health Research, *Harms from and Costs of Alcohol Consumption in the Northern Territory* (September 2009), estimated alcohol misuse cost the Territory \$642 million in 2004-05 or \$4,197 per adult, more than four times the national cost of \$943 per adult. This includes direct and indirect costs for police, child protection, corrections, health and family violence services, as well as alcohol and other drug treatment services.

There were 7,295 assaults in the NT in 2013-14, of which 4,453 (61%) were associated with domestic violence, 4,332 (59%) were associated with alcohol and 2,868 (39%) were associated with both domestic violence and alcohol. From 2008 to 2013, approximately 60% of all assault offences recorded in the NT were alcohol related and 65 to 68% of family violence assaults were alcohol related.¹³

Alcohol misuse is not only linked to the perpetration of domestic violence but also to victimisation. Alcohol dependence brings with it risks to women's safety and well-being. Excessive drinking can leave women more vulnerable to domestic violence, in particular in situations where they have previously experienced violence. Alcohol can also increase a woman's dependence on an abusive partner, impair her judgment and reduce her capacity to implement safety strategies, including seeking assistance from police or other services. Women with alcohol problems are also less likely than other women to be believed or taken seriously (Bennett & Bland, 2008). Importantly, problem drinking frequently excludes women from support services for refuge, advocacy or other assistance and can increase women's risk of losing custody of their children.

Fetal Alcohol Spectrum Disorders (FASD)

Fetal Alcohol Spectrum Disorders (FASD) is the non-diagnostic umbrella term used to describe a range of adverse physical, cognitive, behavioural and developmental outcomes caused by fetal exposure to alcohol. FASD encompasses Fetal Alcohol Syndrome (FAS) at the most visible and severe end of the spectrum, partial FAS (pFAS), alcohol related birth defects (ARBD) and alcohol related neurodevelopmental disorders (ARND) (Warren et al 2011; Burns et al 2013). FASD are lifelong conditions and the primary neurodevelopmental disabilities associated with fetal alcohol exposure can result in significant adverse educational, behavioural, social, health and legal outcomes (secondary disabilities), as well as adverse social and economic outcomes for the families and communities of those affected.

Secondary disabilities associated with FASD such as mental health and substance misuse disorders, behavioural and impulse control difficulties may be associated with involvement in domestic violence (Kellerman 2003). In addition, some research has suggested higher rates of domestic violence and poor domestic relations between parents of FASD children (May & Gossage 2011).

The Department of Children and Families (DCF) conducted the first ever study, authored by Ms Prue Walker, into the prevalence of FAS and FASD in the Northern Territory child protection system¹⁴. The study used a randomised population based sample of 230 children and included children and families who underwent a child protection investigation and those who had been placed in care between 2011 and 2012. Findings of the study 86% of children in care had been exposed to concerning alcohol use by one or both parents. Of the children in the study, 21% had experienced fetal alcohol exposure. Harm relating to domestic

¹³ Northern Territory Crime Statistics, data through June 2014. Department of the Attorney-General and Justice, August 2014

¹⁴ Ms Walkers' study "Prenatal Alcohol Exposure in the Child Protection System in the NT" is not yet published but the findings were presented at the Australasian Fetal Alcohol Spectrum Disorders conference November 2013

violence was substantiated for 53% of children in the study. More than half (64%) of cases identified concerning maternal alcohol use and 50% identified concerning paternal alcohol use. A total of 31 families had Intervention Orders between parents with conditions relating to alcohol. Of these, 90% of families identified concerning alcohol use by fathers and 74% concerning alcohol use by mothers.

FASD prevalence is likely to be high in the NT based on alcohol consumption data but accurate FASD population based prevalence data is not available. Nationally, there is a lack of accurate FASD research data across all population groups and it is very likely under in all Australian jurisdictions. The only published prevalence data for the NT (Top End only) for FAS indicated a rate of 6.8 per 1000 live births, with the comparable prevalence for Aboriginal children calculated to be 1.87 (Harris & Bucens 2003). There may be a link between FASD related disabilities and domestic violence in the NT, however it is very difficult to quantify given the absence of accurate FASD prevalence data and the presence of other (perhaps more significant) well-known social and environmental determinants of domestic violence.

Childhood exposure to violence

Research indicates that men who witnessed violence as children are at far greater risk of perpetuating domestic violence and more prone to using sexual violence as adults than those who did not (Peacock & Barker, 2012). In addition, children exposed to family violence are more likely to experience other risk factors in adulthood, such as problematic substance misuse (Trocki & Caetano, 2003).

An Australian study found evidence that Aboriginal children are disproportionately affected by exposure to domestic and family violence as 42% of Aboriginal young people report witnessing violence against a mother or step-mother compared to 23% of all children (Richards, 2011). There is also evidence that the effects of violence are likely to cycle over several generations for Aboriginal Australians (Atkinson, et al, 2010, p.137).

Socioeconomic disadvantage

Although domestic and family violence occurs across all social and economic groups there is some international and Australian evidence to suggest that unemployed women, those in receipt of government pensions and those with little education are at an increased risk of experiencing violence over their lifetime (Rennison & Welchans, 2000; Mitchell, 2011).

There is a significant level of socioeconomic disadvantage experienced by Aboriginal people in the NT, exemplified by the disparity in life expectancy compared with that of the non-Aboriginal population (Bamblett, et al, 2010, p. 11).

The level of disadvantage in early childhood for the Aboriginal population is high. In 2012, over 59% of Aboriginal children in the NT were developmentally vulnerable. Evidence suggests that reducing the vulnerability of children, which includes strengthening physical health and wellbeing, is related to reducing the level of trauma they may experience from domestic and family violence and would have a significant impact on later school achievement.

It is submitted that, while not a direct cause, joblessness, welfare dependency and other markers of socioeconomic disadvantage often coexist with domestic and family violence and that the potential for reduction in harm by addressing these issues should be considered in the design of policy responses. Programs directed at attacking broader issues could be

evaluated for relationship with, and impact on, domestic and family violence so that the relationships between economic issues and violence are more fully understood.

Welfare dependency and economic participation

It is widely accepted that those who are dependent upon welfare payments over a long period are at increased risk of poor health, low self-esteem, and social isolation. These Australians are not able to share in the clear financial, social and health benefits which employment gives to individuals, families and communities. (McClure, 2014).

A report by Hughes and Hughes in 2006 cited excessive welfare, lack of education, and the erosion of unskilled jobs generated by ever higher entry qualifications as significant causes of Aboriginal unemployment and non-participation. The welfare safety net, intended as a temporary last resort, has become a long-term reality for many Australians. Those who should and could be working are not, in many cases because the level of welfare benefits is well above the entry level wage. Additional payments designed to alleviate disparity such as 'remote area rules', 'isolation assistance', loosely defined terms of disability, and 'remote area exemptions' can add considerably to family incomes. The unintended consequence of this is that, in order to enter the labour force at beginners' wages, people in remote communities must frequently accept substantial income and health benefit reductions (Hughes & Hughes, 2006, p. 15).

Traditional owners have advocated for increased community control and responsibility, rather than dependency, in order to address the sort of social dysfunction that contributes to domestic violence. The NT Government is focused on creating economic rights and opportunities for those in remote areas who are significantly disadvantaged because of economic issues including lack of a market, distance to markets, land tenure complexities, poor infrastructure and lack of access to the essential services that underpin development.

C. The adequacy of policy and community responses to domestic violence

Building an Integrated Response across the Northern Territory – Safety is Everyone’s Right 2014-2017

Jurisdictional Implementation – Northern Territory Domestic and Family Violence Reduction Strategy – ‘Safety is Everyone’s Right 2014-2017’

The Northern Territory Government has released the Northern Territory Domestic and Family Violence Reduction Strategy - ‘Safety is Everyone’s Right 2014-2017’. The strategy is a whole-of-government initiative involving government and non-government stakeholders. The NT has committed \$12 million over the life of the strategy and the Australian Government has provided \$6 million for the Strategy over two years in recognition of the special circumstances that exist in the NT and the additional effort required.

The Strategy is directly aligned to the outcomes of the National Plan to Reduce Violence against Women and their Children 2010-2022 and is the vehicle through which the Second Action Plan of the National Plan will be implemented in the Northern Territory.

The NT Strategy is based on the widespread stakeholder support for a government led integrated response to domestic and family violence, with more specialised support services for victims and the provision of effective rehabilitation programs for perpetrators. The Strategy seeks to reduce the extremely high levels of domestic and family violence experienced in the Northern Territory and ensure the most vulnerable are protected from further harm.

The Strategy is built on national and international best-practice. It acknowledges the need to work across the spectrum of prevention, intervention and accountability, and that it is vital that all programs undertaken should be subject to rigorous evaluation as to their effectiveness. The goal of all interventions should be to measurably reduce rates of domestic and family violence, rates of mortality and injury; and improve the lives of those affected (who are in the main children and women) and stop recidivism. This requires programs and interventions to be developed using frameworks that focus on evidence of efficacy.

There is wide agreement that the two common features of the most effective approaches to domestic and family violence are:

- An integrated or coordinated approach - across police, courts and agencies delivering victim support and assistance and behaviour change programs for offenders; and
- A specialised approach - in which police, courts, lawyers and counsellors who assist people in family violence cases have specialist knowledge and expertise in relation to the dynamics of family violence.

Informed by international and national evidence and recommendations (United Nations Children Fund, 2000, p14), the Strategy and interventions addressing domestic and family violence are focused on the five areas for action:

Action Area 1. Prevention;

Action Area 2. Early intervention;

Action Area 3. Protection - Safety for victims and their children;

Action Area 4. Rebuilding the lives of victim and their children; and

Action Area 5. Accountability and positive change for perpetrators.

The strategy aims to increase the safety of victim-survivors and their children, reduce rates of intergenerational trauma caused by exposure to domestic and family violence, increase accountability for perpetrators and establish integrated service delivery systems that are sustainable and adaptable.

Key Components of the Strategy

- expanding services to victims of domestic and family violence
- expanding services to children affected by domestic and family violence
- rollout of the information management and referral system, SupportLink and Family Safety Framework to regional centres
- training for all frontline staff and community organisations
- funding to the Department of Community Services to look at how men can contribute to reducing family and domestic violence
- funding of additional sexual assault support workers
- setting up a Domestic Violence Directorate in the Department of the Attorney-General and Justice to provide leadership, coordinate policy, ensure a whole-of-government approach and alignment with the national plan
- undertake an assessment of the SupportLink and Family Safety Framework
- setting up a prevention framework in line with the national framework
- review all legislation relating to domestic and family violence and sexual assault
- regularly review what we are doing through standardised research and assessment, and build on what works

Eight critical points of intervention have been identified in the Strategy (Attachment A). Six of the areas have been selected due to the high level of contact with victims including hospitals and community clinics, courts, police, non-government organisations, local government, child protection and housing.

In order to prioritise protection of victims at high risk of serious injury or death, the Strategy will extend the Family Safety Framework, led by the Police and developed through the Alice Springs Integrated Response to Family and Domestic violence, to Darwin, Katherine, Tennant Creek and two remote communities. The Family Safety Framework approach is an action-based crisis intervention response that includes: a common risk assessment tool; inter-agency referral processes; information sharing protocol; and fortnightly family safety meetings.

Schools have been selected as a key prevention area to build young people's ability to develop personal and social capabilities. It is necessary to continue to improve the capacity of schools to meet the mental health and wellbeing needs of children.

The Department of Correctional Services has also been included as one of the critical agencies of intervention due to the number of prisoners convicted of domestic and family violence offences and the need to ensure an overall reduction in the recidivism rate for those offenders.

Alice Springs Integrated Response to Family and Domestic Violence Project

The Alice Springs Integrated Response to Family and Domestic Violence project (the Integrated Response) is funded through the Alice Springs Transformation Plan; a joint Australian and Northern Territory Government initiative. The Integrated Response aims to increase the safety of women and children, improve accountability of men who use family and domestic violence and support those men to change their behaviour.

This project was a first key step for the Northern Territory Government to progress the actions and strategies outlined in the COAG endorsed Nation Plan and contribute to a sustained reduction in violence against women and children in Australia. As described above, learnings from the Integrated Response have informed the development of the 'Safety is Everyone's Right' Strategy and key components will be included as part of the roll-out to other communities in the Northern Territory.

The Integrated Response contains five components which include:

- the Family Safety Framework;
- victim and defendant support;
- men's behaviour change program;
- respectful relationships education for young people; and
- community engagement.

The Family Safety Framework (FSF) is an action-based, crisis intervention response targeted to individuals and families experiencing family or domestic violence who are at high risk of injury or death. From June to December 2013, 364 people were provided with support. One hundred and sixteen of these women were provided with intensive support including the development of support safety plans.

Family Safety Framework training has been instrumental in bringing about system and practice change in the sector. The free of charge training commenced in June 2012 with a focus on agencies participating in the Family Safety Framework and delivered by the Alice Women's Shelter coordinator, and the Officer in Charge of the Alice Springs Police's Domestic Violence Prevention Unit. The standard six hours of training has expanded both in content, to include an introduction on family and domestic violence, and in the range of participants. The program evaluation estimated that by April 2014 more than 300 practitioners will have participated in a training session and noted that demand and satisfaction for the training seems to be high. Stakeholders would like to see the training extended further to include truancy officers, public housing safety officers, ambulance officers and medics and those who work in remote communities in the cross-border region, such as community health nurses (Putt, Holder & Shaw, 2014, pp. 24 & 25).

Two other significant factors have been identified as adding to an environment that supported the Integrated Response project. The first was a domestic violence prosecutor, who was described by a stakeholder in the evaluation report as 'a passionate and committed advocate for victims' who had already challenged existing court and legal practices.¹⁵ The second was the outreach service operated by the Alice Spring Women's Shelter (ASWS).

¹⁵ Over a number of years the domestic violence prosecutor had challenged existing practices by making vulnerable witness applications in court, by approaching women who had often gone into the defence lawyers' space at the court, and by taking second victim impact statements. She was also instrumental in improving the collection of evidence by front-line police.

In 2013 a number of policing initiatives also contributed to improved responses to family and domestic violence, even if not tied directly to the Integrated Response project. These include: Operation Halberd which commenced in 2013 and involved 'clearer guidelines' and a proactive approach to domestic violence orders and, from an operational perspective, criminal domestic violence matters being handed over by frontline police to domestic violence investigators (as part of this a constable was based at the hospital to take victim statements); the introduction of SupportLink¹⁶ to improve police referrals and service responses to all victims;¹⁷ and recent efforts to pro-actively enforce liquor laws (by targeting take-away alcohol being consumed in prohibited locations - Operation Leyland). Internal police data indicates that this last initiative is having an impact on reducing violence, including family and domestic violence (Putt & Shaw, 2014, pp. 14-15).

The police led electronic centralised referral system, SupportLink, has been found to connect people with support services quickly and effectively. The system identifies people who are not already in receipt of assistance. Of women referred to the Alice Springs Women's Shelter by SupportLink, 70% had not previously received a specialist support service. On average, a third of referrals were non-Aboriginal women, including women from diverse ethnic groups.

Mandatory reporting of domestic and family violence

In 2009, the Northern Territory Government amended the *Domestic and Family Violence Act* (NT) to require all people over the age of 18 to notify police as soon as practicable if:

- another person has caused, or is likely to cause, harm to someone else with whom the other person is in a domestic relationship; and/or
- the life or safety of another person is under serious or imminent threat because domestic violence has been, is being or is about to be committed.

An evaluation report released in October 2012 (KPMG, 2012) looked at the impact of mandatory reporting of domestic and family violence to determine: the extent to which mandatory reporting achieves the objects of the Act; the effect on stakeholders; and the effect on help-seeking behaviour and individual decisions to report. At the time the KPMG evaluation was conducted mandatory reporting had been in operation for less than three years.

The evaluation found that there was a 19% increase in domestic and family violence-related reports to NT Police since the introduction of mandatory reporting. While the total number of all criminal incidents reported to NT Police also increased over the relevant period, domestic and family violence reports accounted for 18% of the overall increase.

¹⁶ A NT Police media release in July 2013 describes the project as a partnership with a national organisation, SupportLink, in Alice Springs aimed at providing targeted referral and diversion services to people who require social services assistance, through a single referral gateway to address issues such as domestic and family violence, drug and alcohol dependence, drug and alcohol diversions and homelessness. More than 30 agencies in Alice Springs were reported as signed up (see <http://www.pfes.nt.gov.au/Media-Centre/Media-releases/2013/July/01/Supportlink-Launch-Alice-Springs.aspx>)

¹⁷ In particular, the impact on the ASWS has been profound with the new referral practices adopted by police radically expanding the number and profile of Aboriginal and non-Aboriginal victims of family and domestic violence seeking assistance.

Alcohol management measures

Mandatory Alcohol Treatment and Alcohol Protection Orders

Since September 2012, the Northern Territory Government has introduced major alcohol reforms which tackle both individuals with alcohol misuse problems and the broader causes of alcohol violence and anti-social behaviour. Under these reforms, individual who do not drink responsibly will suffer consequences, including mandatory treatment orders and alcohol bans.

The *Alcohol Mandatory Treatment Act* (AMT Act) commenced on 1 July 2013. It is a health based legislative framework for the mandated assessment, treatment and after care of people who chronically misuse alcohol, are either unlikely or unable to voluntarily access treatment services and who are repeatedly taken into protective custody for public intoxication. The Act aims to stabilise and improve the health and social functioning of people, restore their capacity to make decisions about their alcohol use and personal welfare, and improve their access to ongoing treatment.

The AMT Act is supported by the *Alcohol Protection Orders Act* (APO Act) which came into force on 20 December 2013. The APO Act targets persons who commit offences whilst under the influence of alcohol, whereas the AMT Act is aimed at persons who do not commit offences but come to police attention through repeated public intoxication. Police may issue alcohol protection orders to individuals who have committed an offence while under the influence of alcohol that carries a penalty of imprisonment for six months or more. An Alcohol Protection Order (APO) bans the offender from attending licensed premises and from possessing and consuming alcohol anywhere in the NT.

APOs are supported and enforced through a proactive policing strategy involving Temporary Beat Locations (TBLs) in Alice Springs, Tennant Creek and Katherine. Under this strategy Police are regularly stationed outside local bottle shops to prevent people on APOs, and those intending to consume alcohol in alcohol restricted areas, from purchasing or possessing alcohol.

From January 2014 until 31 June 2014 (the period following the introduction of APOs and TBLs) there has been a significant reduction in alcohol related harm, compared to the same period in 2013. This includes an 18% reduction in alcohol related assaults across the NT, with a 27% reduction in Alice Springs and a 47% reduction in Tennant Creek. There was also a 19% reduction in domestic violence alcohol related assaults across the NT, with a 28% reduction in Alice Springs and a 49% reduction in Tennant Creek.¹⁸ A hospital data report taken during a six week trial period from February to April 2014 (when police were stationed at all liquor outlets in Alice Springs for all hours of operation) showed a significant reduction in both alcohol related emergency department presentations for people 15 years and older, and daily presentations associated with domestic violence for all age groups.¹⁹

Local Solutions

The Northern Territory Government's alcohol policy also includes a strong emphasis on supporting local communities and stakeholders to develop local solutions to alcohol related harm such as community led alcohol strategies, including Management Plans (AMPs) and

¹⁸ Northern Territory Crime Statistics, data to June 2-14. Department of the Attorney-General and Justice, August 2014

¹⁹ Hospital data and analysis provided by Health Gains Unit, NT Department of Health

Voluntary Liquor Accords (VLAs) between licensees. This is a place-based approach to alcohol management based on tailoring local solutions to alcohol issues through stakeholder and community engagement in the development, design and ongoing management of strategies and systems.

Voluntary Liquor Accords are voluntary agreements between local licensees, and in some cases other stakeholders such as police, local business and community members, about ways to reduce alcohol related harm. Agreements might include measures such as: banning problem drinkers across liquor outlets; introducing voluntary supply restrictions on problem products or at major events; pricing; security; transport; amenity; and patron and clientele guidelines/standards. VLAs are in place or being developed in most regional centres and in some other areas, e.g. Jabiru, and many are linked to other communication strategies.

The Northern Territory Government recognises the importance of investing in programs that support education, employment and economic outcomes and which tackle other areas, such as family violence and child abuse, as a way of addressing alcohol misuse. The Northern Territory Government cannot address these issues on their own and seeks to work in partnership with the Australian Government to make further gains in these areas.

Justice Policy

Legal Services

There are a number of Commonwealth Government, NT Government, community and privately funded legal services in the Northern Territory providing a range of domestic and family violence advice and legal services to both victims and perpetrators.

Service providers include the Northern Territory Legal Aid Commission (including its Domestic and Family Violence Legal Service), North Australian Aboriginal Justice Agency, Central Australian Aboriginal Legal Aid Service, Central Australian Women's Legal Service (including its Domestic and Family Violence Legal Service), Central Australian Aboriginal Family Violence Legal Unit Aboriginal Corporation, North Australian Aboriginal Family Violence Legal Service, Ngaanyatjarra Pitjantjatjara Yankunytjatjara Women's Council Aboriginal Corporation, Katherine Women's Information and Legal Service and the Top End Women's Legal Service.

In July 2013, the Northern Territory Government announced additional funding for the domestic and family violence legal services via the Domestic and Family Violence Legal Service in Darwin (part of NT Legal Aid Commission), and the Central Australian Women's Legal Service in Alice Springs.

Services operated through the Department of the Attorney-General and Justice provide assistance to victims of domestic violence both directly and indirectly. The Crime Victims Services Unit assists those eligible to access support payments and the office of the Director of Public Prosecutions Witness Assistance Service supports victims who are required to give evidence in the Supreme Court. Victims of Crime NT is also funded to give support, including counselling, to any victim of crime. The Solicitor for the Northern Territory works with the NT Police Domestic Violence Unit to represent Police in seeking orders to prevent domestic violence.

Cross-Border Justice Scheme

The Cross-border Justice Scheme was introduced in 2009. The Scheme aims to deliver justice services more appropriately and effectively in the cross-border region of

South Australia, Northern Territory and Western Australia, by reducing the significance of borders to criminal justice responses to offending and other aspects of service delivery. The Scheme was developed in response to a call from the women and children of the Ngaanyatjarra Pitjantjatjara Yankunytjatjara (NPY) Lands for help to reduce the prevalence of abuse in their communities. In an Australian first, there is effectively no legal state boundaries in this region which offenders can cross to escape justice.

The Scheme enables participating jurisdictions to enforce the laws of the other jurisdictions as though they are in the jurisdiction where the offence took place. This prevents offenders from evading apprehension by simply crossing a border. No extradition warrants are necessary in the region. The expected outcomes of the Scheme were to generate timely, efficient and meaningful justice responses in the region and thereby contribute to enhanced community safety.

An evaluation of the Scheme was undertaken by the University of Tasmania from September 2012 to June 2013. The aim of the evaluation was to assess how well the Scheme operated and its impact on stakeholders, including justice services. The evaluation report identifies that overall the Scheme was a qualified success in regard to reducing the significance of borders on criminal justice responses to offending. This is being achieved through delivering services which reflect the regional affiliations and mobility of people within the area. However the evaluation also identified that there had been a low uptake of the scheme and there were a number of areas recommended for improvement particularly in relation to communications and standardisation of practices.²⁰

Relationship between domestic and family violence and child protection

The NT child protection system recognises the link between domestic and family violence and child protection. Of all cases of substantiated child abuse or neglect in 2013-14, 23% (383 of 1667) identified domestic violence or substance abuse as a causal factor in the harm experienced by the child. Anecdotal reports from practitioners suggest that the actual percentage may be higher.

The links between child protection and family and domestic violence are recognised by the NT's *Care and Protection of Children Act* (CAPOC Act) and *Domestic and Family Violence Act*.

The CAPOC Act legislates a universal mandatory reporting obligation in child protection matters; that is, all people in the NT are required to report their concerns to the Department of Children and Families or NT Police as soon as possible if they believe, on reasonable grounds, that a child has suffered, or is likely to suffer harm or exploitation. 'Harm' specifically includes exposure of the child to physical violence.

Child protection is one service that many families and children who experience domestic and family violence regularly access. The child protection system seeks to respond effectively to the immediate and longer term needs of children in the context of family violence, including how they recover from their trauma and gain skills and knowledge to develop healthy, non-violent relationships.

Further work is required to develop integrated and cross-sectorial responses which concurrently meet the needs of victims and aim to end the violence within families and communities.

²⁰ The evaluation report is available online at:

[http://www.parliament.wa.gov.au/publications/tailedpapers.nsf/displaypaper/3911475ccce4b2f718b409eb48257cda000c3794/\\$file/tp-1475.pdf](http://www.parliament.wa.gov.au/publications/tailedpapers.nsf/displaypaper/3911475ccce4b2f718b409eb48257cda000c3794/$file/tp-1475.pdf)

Correctional Services Policy

Family Violence Program

The Department of Correctional Services delivers a Family Violence Program in several remote Aboriginal communities to address issues related to alcohol use and violence. This program works with remote community Aboriginal elders to develop community support, learnings and awareness and, the request of Aboriginal elders, is program is currently developing options for an education program targeted at young people in remote communities. The program focus will be on the prevention of family and domestic violence and will include education about alcohol and other drug misuse.

Offenders participating in the Family Violence Program may be in either custodial or community settings. The program targets offenders with convictions for violence against any family member. The Family Violence Program for men was redesigned early 2014. Shortly thereafter, a new women's program was introduced to address requests for programs for increasing numbers of female perpetrators. It is too early to make any assessment about the programs' efficacy. A Family Violence Program for Youth is currently under development; it will be run in both (youth) detention and community.

Indigenous services and community engagement

The Department of Correctional Services continues to consider available research in relation to domestic violence education and awareness programs and is working with local communities on pilot programs. Correctional Services are not primarily responsible for delivery of preventative programs but see benefit in supporting individuals, families, communities and services to attempt to reduce domestic violence wherever possible. The Department of Correctional Services is committed to involving local community members in program delivery to provide employment opportunities and ensure cultural competency.

Violent offender treatment programs

The Violent Offender Treatment Program is a self-management program based on the principles of Cognitive-Behavioural Therapy designed to help offenders reduce or more effectively manage their risk of violent re-offending. The Violent Offender Treatment Program is offered in a custodial setting and participants are not necessarily perpetrators of domestic and family violence offences. The Violent Offender Treatment Program is very resource intensive and therefore offenders are selected for this program based on sentence type and length, together with a specialised clinical and psychometric assessment.

Offender rehabilitation

The Department of Correctional Services' policy direction in relation to the rehabilitation of offenders is based on a through-care model. Offender Management Plans assist offenders to develop pathways to address offending behaviour, and engage in education and vocational studies, work, recreational and personal development, and reintegration activities. The Offender Management Plan incorporates release activities, which may include access to accommodation, training and employment and involve addressing underlying issues related to domestic violence.

Sentenced to a job

The Northern Territory Government "Sentenced to a Job" program aims to reduce reoffending through employment and training and, as part of a broader focus, to up skill,

educate and rehabilitate prisoners in custody and prevent re-offending. Sentenced to a Job is a three-pronged approach;

1. Developing prison industries within a correctional centre (based on labour market shortages on the outside);
2. Developing pre and post-release accommodation; and
3. Developing paid work opportunities for prisoners prior to release.

At 6 November 2013, 55 prisoners were in paid employment and 49 were undertaking volunteer (unpaid) employment opportunities. Participation rates fluctuate on a daily basis due to prisoners being released and prisoners having achieved the correct security rating. Since September 2012, a range of short term employment contracts for prisoners have been offered by numerous NT businesses.

From January 2012 to 31 October 2013 the reoffending rates of prisoners participating in the Sentenced to a Job program were:

- 84 in Darwin, 11 returned to prison;
- 21 in Alice Springs, six returned to prison; and
- 20 in Barkly, five returned to prison.

Of the above total of 125 prisoners in paid employment, only 22 returned to prison, a recidivism rate of only 17.6%, compared to the recidivism rate of the general prison population of 49%.

Aboriginal prisoners in the NT have responded well to the Sentenced to a Job Program. It provides skills that are useful and transferable to a wide range of work settings in the community, attaches prisoners to a connected network focused on the outcome of transitioning them successfully, many for the first time, to a mainstream living experience that includes paid work and strengthens them to avoid returning to prison.

Youth Justice

On any given day up to 300 young people are in, or identified as at risk of entering, the youth justice system in the Northern Territory. A Youth Justice Framework is being prepared which will identify the specific requirements of young people exposed to family and domestic violence and recognise that young people who have been victims and/or witnesses are more likely to become perpetrators of such crimes. The framework seeks to address the impacts of domestic and family violence on young people in, or at risk of entering the youth justice system, with a focus on early intervention and prevention, and proposes to introduce targeted programs and services increasing community education and engagement so as to reduce offending and re-offending, including in relation to domestic and family violence crimes.

Community Corrections

Community Corrections' policy is to refer offenders with a current family violence history for a Family Violence Program assessment as part of any supervision assessment at the pre-sentence stage. Where the offender is considered suitable, a recommendation is made to the sentencing authority that any supervised order include the requirement that the offender complete the program. When a court or parole order contains either a specific requirement that an offender complete an identified program, or a general requirement to

attend treatment or counselling, it is mandatory for probation and parole officers to make a referral to the appropriate agency and ensure the offender attends as directed.

The Department of Correctional Services will undertake certain commitments under the umbrella of the Strategy to:

1. Identify effective post-intervention services and programs to sustain long term behavioural change for domestic and family violence offenders;
2. Develop, test and roll out specific, evidenced based, domestic violence programs for trial in correctional and community settings; and
3. Ensure evidenced based domestic violence related programs for young people are accessible to young people within the youth justice system.

Northern Territory Policing

In 2012 after a review of the existing policy, the NT Police Force created Project Respect. Project Respect involves a three dimensional strategy of Enforcement, Engagement and Empowerment that will reduce the incidence of domestic and family violence and hold perpetrators to account.

Operationally, a number of strike forces have been established to target, in particular, recidivist domestic violence offenders. These have been in effect in all major locations across the NT since 2012 and have seen strong results.

The NT Police Force has also undertaken a White Ribbon Workplace Accreditation Program, which involved an assessment by the White Ribbon Organisation to examine the strength of internal policy and procedure as well as corporate attitude towards domestic and family violence. This was seen as an opportunity to raise both community and government awareness about domestic violence and, in particular, its effects in the workplace. The NT Police Force is the first policing jurisdiction to have achieved the accreditation.

The NT Police Force is a key stakeholder and has a leadership role in the Family Safety Framework which is a core element of the Strategy.

Health Policy

The Department of Health provides a range of acute, primary, rehabilitation and preventative health services and programs which identify and respond to domestic and family violence, none of which has domestic and family violence as its core business. As with most other jurisdictions, the Department does not currently have agreed protocols regarding screening or questioning of clients regarding domestic and family violence (except in antenatal clinics in Hospitals). There is therefore currently very limited Departmental capacity to provide data regarding domestic and family violence from any Department of Health service however as part of the Strategy Supportlink will be introduced which will increase capacity in this area.

Meeting the needs of women and their children experiencing violence

Domestic and family violence screening occurs in antenatal clinics in all public hospitals in the Northern Territory for women over 18 years. All women who identify as experiencing violence are offered support. Through the implementation of the whole-of-government Strategy to reduce domestic and family violence, the introduction of the electronic centralised referral system SupportLink, and expanded support programs, women

identified through the antenatal screening can receive timely assistance when and where they need it.

Social workers are employed across acute, community, remote, alcohol and other drugs and mental health services. Their work can involve supporting someone who has experienced violence through counselling and referral.

Alice Springs Hospital (ASH) triage nurses in the Emergency Department do not screen for domestic and family violence, however they do ask patients presenting with injuries whether or not these are related to family fighting. Social workers attend the Emergency Department daily to determine patient support needs regarding domestic and family violence. All those admitted to ASH following a domestic and family violence incident are provided with a safety plan prior to discharge. The Social Work Department provide ASH staff with monthly training regarding mandatory reporting and information on domestic and family violence, including to new Registrars. Hospital based constables are also in place.

Disability

Under the current Principles for interface with mainstream services agreed by COAG in April 2013, the National Disability Insurance Scheme (NDIS) will provide support to domestic violence offenders in the community to address behaviours of concern and reduce the risk of re-offending where this support is additional to the needs of the general population. However, the Principles do not contain any mention that the NDIS will provide specialist support to people with disability who are victims of crime. Women with disability may need specialist support to assist them in minimising the risk of future domestic violence as well as surviving and recovering from domestic violence events.

COAG should consider, as part of its review of the Principles for NDIS interface with mainstream services, whether the NDIS should provide specialist support beyond the needs of the general population, to people with disability who are victims of crime, including victims of domestic violence. Should the NDIS be deemed to be responsible for providing specialist support to people with disability who are victims of crime, including domestic violence, the Northern Territory should be prioritised for developing provider capacity in that area.

Housing Policy

Access to secure accommodation

Domestic violence is the most frequently reported single factor contributing to homelessness among women and their children (AIHW 2008: Morgan & Chadwick 2009) and research suggests that homelessness caused by domestic violence differs from other forms of homelessness (Marcus & Braaf, 2007). The Department of Housing recognises the specific needs of those escaping domestic and family violence for safe, secure and affordable housing and offers appropriate assistance to those eligible people experiencing domestic and family violence. Public housing dwellings can be utilised to support community service organisations whose services provide housing and related essential services to victims of domestic and family violence and the Department of Housing also funds a number of services that support women and children escaping domestic and family violence. In addition a number of other facilities are provided to assist with temporary and interim accommodation for those experiencing family violence.

In the context of domestic and family violence it is noted that some women have a house but it is not always safe for them to reside there (Tually et al, 2008) and therefore women can 'cycle' in and out of homelessness. Housing can be difficult to find for survivors of domestic

and family violence and this is exacerbated by the high demand for affordable housing in the Northern Territory. Recognising these issues, at an individual level, there are a number of specific domestic and family violence policies applicable to public housing in the Northern Territory. For example, where an outstanding debt to the Department of Housing can be shown to be a result of domestic or family violence, the existence of the debt does not preclude a person who is escaping violence from making an application for or receiving housing assistance. There is also a process available to install a safe room and upgrade security within a public housing dwelling at no cost to the tenant. Lastly, victims of domestic and family violence who are eligible for public housing may also be eligible for bond assistance which provides clients with access to a greater choice of private housing options while waiting for public housing.

D. Effects of policy decisions regarding housing, legal services, and women's economic independence on the ability of women to escape domestic violence

Many of the policies implemented since 2012 require further research and evaluation before a full understanding of their impact can be known. However, some early indications of improved management of and response to domestic and family violence as a result of policy decisions are available.

These include:

- Improved identification of children as witnesses by police;
- An increase in early referral to intervention and support services via police led electronic centralised referral system, SupportLink, which has been found to connect people with support services quicker and more effectively;
- The Alice Springs Integrated Response has resulted in better integrated service delivery in the region, including NGO partnership and coordination. The success of this initiative informed the development of the Safety is Everyone's Right strategy and further lessons will be taken from the ongoing evaluation of the project;
- The sentenced to a job program operated by the Department of Correctional Services is showing early signs of success in reducing recidivism.

While there are findings that suggest "there is little evidence that mandatory reporting has had an impact on deterring perpetrators from committing domestic and family violence" (KPMG, p. 100), there is a good argument that there is tangible benefit in the increased public awareness which has gone with this policy. The introduction of mandatory reporting has resulted in a statistically significant increase in the number of reports in all regions except Darwin, which decreased for no obvious reason (KPMG, p 49). The increased reporting consequently increased the demand on the service system and in particular on legal services and court support.

The impact of mandatory reporting on perpetrators is an increased probability of police involvement and associated consequences (KPMG, 102). The domestic and family violence related service demand is now clearly visible at the eight critical points of the service system: child protection; police; hospitals and health centres; housing; courts; corrections; non-government organisations; community organisations and local government and schools.

It is difficult to measure mandatory reporting's effect on Aboriginal women's ability to escape violence. However, a shift in bystander views is evidenced by service provider reports that witnesses of domestic and family violence have felt more confident intervening than they did before (KMPG, p. 109).

The NT has been making steady progress in reducing alcohol related harms. In particular, the estimated per capita consumption of pure alcohol in the NT for the financial year 2012-13, has dropped to 12.84 litres per person. This is the lowest estimated consumption value recorded for the Northern Territory since before 2001-02.

Evidence based research, as well as experience in the NT, shows that where communities are actively involved in community driven strategies to address alcohol, and where they drive and own the process as in the case of Groote Eylandt and Nhulunbuy/East Arnhem, there are stronger and more sustainable outcomes. These include significant reductions in alcohol related harm, improved employment outcomes, reduction in number of suicides and fewer

people entering the prison system. A community driven approach to alcohol strategy is a priority for continued development in the NT.

E. How the Federal Government can best support, contribute to and drive the social, cultural and behavioural shifts required to eliminate violence against women and their children in the Northern Territory

This submission demonstrates that the scale of domestic and family violence in the Northern Territory, particularly for Indigenous women, is at critical levels. Given this is an area of significant disadvantage and inequity, the Northern Territory welcomes the Federal Government's involvement in assisting to develop a level playing field in the national interest. This includes priority strategies for women and children who are victims of domestic and family violence in line with COAG's National Plan, as well as the shared commitment to close the gap in Indigenous disadvantage.

Through the Safety is Everyone's Right Strategy, the Northern Territory Government has made a firm commitment to do its part to tackle domestic and family violence while meeting its obligations set out in COAG's National Plan. Under the Safety is Everyone's Right Strategy, the Federal Government is also contributing to a joint approach to domestic and family violence. Collaborative efforts across governments, the non-government sector and the community are essential in breaking the intergenerational cycles of domestic and family violence and the disproportionately high levels of victimisation of Aboriginal women experienced in the Northern Territory.

The Northern Territory Government welcomes and is appreciative of the Federal Government's recent commitment of \$6 million over two years to address the unacceptably high levels of domestic and family violence in the Northern Territory as part of an overall package of \$18 million over three years under the Safety is Everyone's Right Strategy. This funding will work towards an integrated and localised, frontline service delivery model that will better meet the needs of victims while also changing the violent behaviour of offenders.

Longer term behavioural changes to reverse the critical levels of domestic and family violence in the Northern Territory will be supported through a joint commitment to unlocking sustainable economic development across all towns and communities in remote regions of the Northern Territory. Economic participation through genuine access to economic rights and employment, including land tenure and business opportunities for individuals and communities, on a platform of strong community leadership and governance structures, will be the key to resetting positive, normalised behaviours in communities.

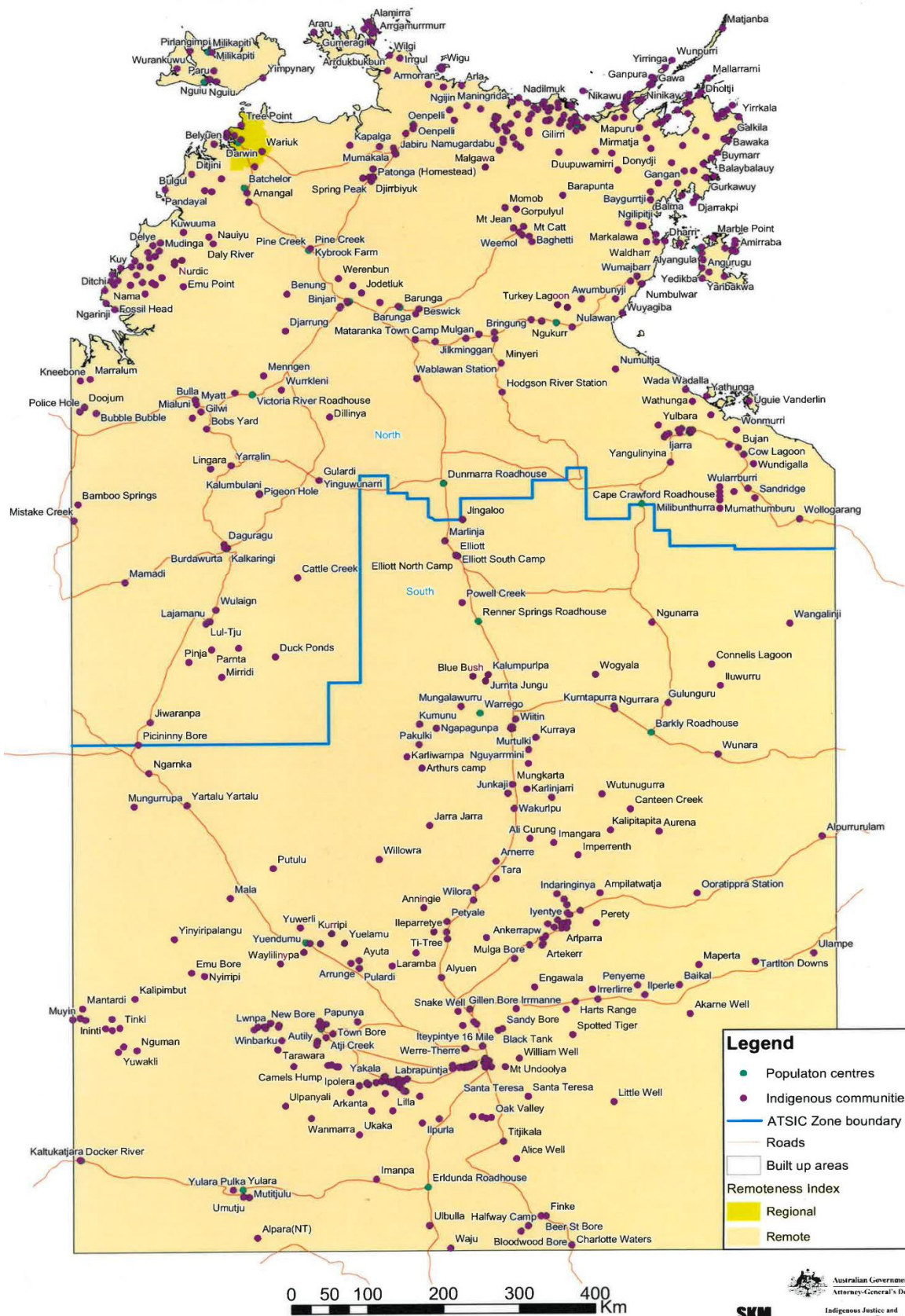
There are a number of complementary ways in which the Federal Government can further support the Northern Territory Government to drive the social, cultural and behavioural shifts needed to eliminate violence against women and their children in the Northern Territory.

These include:

- supporting the NT to develop a data collection framework to assist and guide government and non-government organisations to address consistent data collection.
- linking all federally funded Northern Territory domestic and family violence and allied services to the centralised referral system – SupportLink, to ensure a comprehensive electronic referral system for victims of domestic and family violence.
- collaboration with the Northern Territory Government under the Second Action Plan: *Moving Ahead* to develop a prevention framework for remote Indigenous communities.
- collaboration on vital research and evaluation of current work being done to recognise what works and does not work to reduce violence against women and children, particularly in remote communities in the NT.

- collaboration with the Northern Territory Government to implement and evaluate various programs aimed at Domestic and Family Violence Prevention strategies targeting men.
- working with the Northern Territory Government, through the Safety is Everyone's Right Strategy, to examine opportunities to develop the Aboriginal workforce capacity in the provision of domestic and family violence services particularly through enhanced capacity and workforce development in Aboriginal community and non-government organisations that have a critical role in delivering frontline services in remote and regional areas.
- reversing the decision made in the 2014 Federal Budget to reduce funding for Aboriginal family violence legal services in the Northern Territory. These services provide targeted, specialised and culturally appropriate legal advice, support, representation and referrals to Indigenous victims of domestic and family violence and their families across a number of regional and remote communities in the Northern Territory where the levels of victimisation, risk and need are extremely high.

Client Remoteness Index, Northern Territory



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