

Aboriginal Peak Organisations Northern Territory

An alliance of the CLC, NLC, CAALAS, NAAJA and AMSANT

APO NT Submission to the Northern Territory Government's new Domestic and Family Violence Strategy

February 2014

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1. Introduction

Aboriginal Peak Organisations of the Northern Territory (APO NT) welcomes the opportunity to make a submission to the Northern Territory Government to assist in the establishment of a Northern Territory Domestic and Family Violence Strategy.

Formed in 2010, APO NT is an alliance between the Northern Land Council (NLC), Central Land Council (CLC), Aboriginal Medical Services Alliance of the Northern Territory (AMSANT), North Australian Aboriginal Justice Agency (NAAJA) and Central Australian Aboriginal Legal Aid Service (CAALAS).

The alliance was created to provide a more effective response to key issues of joint interest and concern affecting Aboriginal people in the Northern Territory, including through advocating practical policy solutions to government. APO NT is committed to increasing Aboriginal involvement in policy development and implementation, and to expanding opportunities for Aboriginal community control. APO NT also seeks to strengthen networks between peak Aboriginal organisations and smaller regional Aboriginal organisations in the NT.

Family violence is one of the biggest issues affecting the Northern Territory. It not only affects the immediate victim, it also damages the family and the community. There are many underlying and interrelated factors causing the increase in violence across the Northern Territory, including substance abuse, loss of parental and role models, poverty, low self-esteem, anger, stress, depression and, in some cases, learned behaviour from children watching those around them. For Aboriginal people, historical circumstances, the loss of land and traditional culture, the disempowerment of traditional elders, breakdown of community kinship systems and Aboriginal law, entrenched poverty, alcohol abuse, institutionalisation, incarceration, alienation, substandard or inadequate housing; limited access to societal resources and services; emotionally damaged family members, and racism are additional factors underlying the use of violence.¹ Evidence suggests that the most effective approaches to combat Aboriginal family violence avoid punitive measure; rather, effective approaches seek to address underlying factors that greatly affect these families, whilst also seeking to offer support to both the victim, the perpetrator and the children, if involved. Accordingly, APO NT supports evidence based approaches and community controlled and owned approaches to address family violence, rather than over-reliance on a crude criminal justice response.

¹ F Al-Yaman M Van Doeland and M Wallis, (2006) 'Family Violence among Aboriginal and Torres Strait Islander Peoples' Australian Institute of Health and Welfare, Canberra, <http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=6442458606>

2. Recommendations

Recommendation 1

Approaches to addressing domestic and family violence need to encompass measures to help prevent future violence, in particular the rehabilitation of both perpetrators and those damaged by violence, and provision of assistance for their families and communities.

Recommendation 2

Intergenerational trauma must be recognised as a causal factor in family violence in the NT.

Recommendation 3

The needs of children should feature prominently in violence reduction strategies to reduce intergenerational violence.

Recommendation 4

We recommend that the NT Government refer to the complete outcomes of the APO NT Grog Summit Communiqué of 2012 and Report of 2013 (**ATTACHMENT D and E**).

Recommendation 5

We recommend that alcohol policy approaches must be based on evidence, must be holistic and must have a whole of community response.

Recommendation 6

NT Government needs to provide support for both women and men with gender specific culturally appropriate support services, including programs, safe places and counselling services.

Recommendation 7

We recommend the Northern Territory Government fund a comprehensive evaluation of all past reports and audits of family violence services and programs in the Northern Territory and the services they offer to victims, perpetrators, families and communities. Programs need to be evaluated at regular intervals to allow the benefits to be optimised during and after the program life. All evaluations, whether positive or negative, should be published on a Northern Territory Family Violence website, accessible to the public.

Recommendation 8

The Information about current programs should be published on a Northern Territory Family Violence website which includes (but is not limited to):

- Target group and aims of the program
- Location, duration and format of the program
- Waiting list
- Contact details for session enrolments
- Details of past evaluations on each program and where to find copies of the evaluations.

Recommendation 9

We recommend that the Northern Territory provide funding for community education on domestic and family violence in urban and remote communities, using the “both ways” method, to incorporate both traditional and western knowledge systems to create a new path forward in the space of family violence, based on the completed evaluations and list of recommendations (as advised in recommendation seven).

Recommendation 10

We recommend the Northern Territory Government provide on-going support for Aboriginal Community Controlled Health Services to deliver Social and Emotional Well-being programs for Aboriginal people as effective and valuable mechanisms to address domestic and family violence.

Recommendation 11

We recommend providing solutions that offer immediate support for family violence victims, transitioning them from crisis to secure interim accommodation.

Recommendation 12

APO NT recommends that the NT Government provide a range of short and long-term public housing options for persons affected by domestic and family violence as an essential measure in dealing with family violence problems.

Recommendation 13

We recommend that the NT Government streamline its policies and procedures in relation to processing for short and long-term housing and make all possible internal efforts to reduce wait times for public housing.

Recommendation 14

We recommend that in child protection matters where domestic and family violence is present and where housing alone is the barrier to Aboriginal children being placed with appropriate family members, that the NT Government source and fund private interim accommodation where short-term housing is unavailable. This strategy will reduce the Aboriginal child’s exposure to family violence whilst also ensuring that they are placed with a family member rather than a stranger. The cost to DCF of paying for a foster carer as compared to sourcing private accommodation would be comparable.

Recommendation 15

We call on the Northern Territory Government to commit to long term funding of evidence based programs showing signs of success. The government should also provide support to organisations to remedy any initial problems.

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Recommendation 16

We recommend that the government commit to the re-investment of criminal justice resources in diversion, restorative justice and rehabilitation.

Recommendation 17:

APO NT supports a public submission process to the Northern Territory Government to propose what a Domestic and Family Violence court might look like in the Territory.

Recommendation 18:

Based on the recommendations received APO NT recommends that the Government establishes a Domestic and Family Violence Court in the Northern Territory to make offenders responsible for their actions and provide victims of domestic violence with access to assistance and support.



3. Domestic Violence vs. Family Violence

Aboriginal people from urban and remote areas prefer the term “family violence” when referring to domestic violence within their communities because it describes how violence reverberates through the community.² Aboriginal women stress that the effects and nature of family violence penetrate through to both sets of parents, children, extended families, affiliates, friends and community members.³

Memmott explains that family violence extends to all sorts of relatives; violence committed by groups or individuals on groups or individuals; physical, psychological, emotional, social and economic abuse); and it may occur anywhere.⁴ Domestic violence can occur outside heterosexual relationships and between same sex couples and extended relationships, eg. a grandfather and his grandson.

It is important to recognise that women are not the only victims of family violence. Children also experience (or are exposed to) violence at unacceptable rates, and men can also be subject to violence. Many men experiencing family violence report that they have been subject to mental and/or emotional abuse. Men also experience physical intimate partner violence, although they are less likely than women to be injured as a result of violence. One in three Australian women have experienced physical violence since the age of 15, and almost one in five have experienced sexual violence, according to the Australian Bureau of Statistics (ABS). In 2005, over 350,000 women experienced physical violence and over 125,000 women experienced sexual violence.⁵ Aboriginal women and girls are 35 times more likely to be hospitalised due to domestic and family violence related assaults than other Australian women and girls.⁶

It is imperative that everyone involved in responding to family violence is aware that family violence may occur within an extended family and through kinship systems, and can include non-physical types of abuse, including emotional abuse.⁷ It is for this reason that term ‘family violence’ is used as it indicates a preference for holistic, community based solutions, not just those directed simply at intimate domestic violence between a man and woman.

It is vital that the NTG’s Domestic and Family Violence Strategy is guided by this reality and addresses the needs of the broader community affected by domestic and family violence.

4. Aboriginal people and violence in the NT

Indigenous peoples experience significantly higher levels of sexual assault and intimate partner violence globally, with Australian rates of intimate partner violence six times higher among

² Office of Women’s Affairs. ‘Domestic Violence and Information Kit.’ Fact Sheets 1-14. October 1995.

³ Ibid, Fact Sheet 8,1.

⁴ Ibid and P Memmott, R Stacy, C Chamber and C Keys (2001) *Violence in Indigenous Communities Full Report*, Attorney General’s Department, Canberra.

⁵ *National Plan to Reduce Violence against Women and their Children* (Commonwealth of Australia: Canberra), 1.

⁶ Ibid.

⁷ J Stubbs, ‘Crime and the home’ in M. Marmo, W De Lint and D Palmer (4th ed), ‘Crime and Justice: A guide to criminology’ (2012), 179.

Aboriginal than non-Aboriginal women.⁸ The Northern Territory Emergency Response: Evaluation Report 2011 reported that of Indigenous people aged 15 years and above living in remote and very remote parts of the NT, 34 per cent reported family violence as being a concern in their community. This is in comparison to 25 per cent of non-Indigenous people.⁹

Because family violence is under-reported, these statistics are likely to under-state the true picture of family violence in the NT. Aboriginal people may not be reporting violent incidences if it may result in a family member being removed from the community and incarcerated. Women may also not be willing to report domestic violence out of fear of having their children removed from their care by child protection authorities. Bess Price states:

“it takes courage to report domestic violence and the abuse, but in Aboriginal communities it takes even more emotional strength to do so. When victims have courageously spoken about it, it has led to inter-family warfare, ostracism, and retribution...To publicly admit to being a victim of domestic violence takes an immense amount of strength.”¹⁰

See **ATTACHMENT A** for a diagram depicting the social context that influences Aboriginal men and women when they are considering reporting violence.¹¹

However, whilst under-reporting is significant issue, the available data is sufficient to demonstrate the disproportionate rate of violence in the Indigenous communities of Australia and the traumatic impact on Indigenous people. Violence in Indigenous communities has dramatically increased in certain regions, at least since the 1980s and in many cases from the 1970s.¹²

⁸ M L. Lauw, S Spangaro, S Herring and L.D. McNamara ‘Talk, talk, cry, laugh’: learning, healing and building an Aboriginal workforce to address family violence’ (2013) 37 *Australian Health Review*, 117-120 and K Grech and M Burgess, *Trends and patterns in domestic violence assaults 2001 to 2010*. Sydney: NSW Bureau of Crime Statistics and Research, 2011.

⁹ Northern Territory Emergency Response (NTER): Evaluation Report 2011, 62.

¹⁰ B Price, ‘I have seen violence towards women every day of my life’: Australia, 2009’ (2009) 30 *The Australian Feminist Law Journal* 149-150.

¹¹ K Cripps and K Bowers, ALRC Inquiry into Family Violence and Commonwealth Laws Submission from the Indigenous Law Centre (ILC), 2011.

https://www.alrc.gov.au/sites/default/files/pdfs/cfv_144_indigenous_law_centre.pdf

¹² M Keel, ‘Family violence and sexual assault in Indigenous communities Walking the talk’ Briefing No 4, Australian Centre for the Study of Sexual Assault, 2.

http://www.aifs.gov.au/acssa/pubs/briefing/b4pdf/acssa_brief4_incidence.pdf

5. The reasons behind the violence

The Northern Territory Data Collection Project Report highlighted that one reason for these high levels of violence being reported is that Aboriginal people generally conduct their lifestyle and activities in the “public arena”, especially when a large proportion of Aboriginal people in the NT are living in unstable overcrowded housing or are homeless.¹³ Accordingly, when altercations do occur, violence may be more likely to occur in public and thus to be drawn to the attention of external support services.¹⁴ Due to under-reporting in communities this is inconclusive.

However, it is difficult to pinpoint one single factor as a cause of the violence. In *Speaking Positions on Indigenous Violence* Sonia Smallacombe explains:

“Contemporary violence among Indigenous people has its origins in the violent dispossession of land during the early invasion period. It is also linked to the destruction and dismantling of cultural systems such as destruction of traditional economies, breakdown of social structures and kinship systems, loss of languages, racial stereotyping, and removal of rights and responsibilities. In the present day, a whole range of social issues is embedded in Indigenous communities: low socio economic status, lack of economic base, unemployment, low income, welfare dependency, poor health, high imprisonment rates, alcoholism and drug addiction, poor government services, and lack of political recognition of rights to name a few. Of course, these social issues are related to a host of psychological problems such as lack of self-esteem or self respect, powerlessness, frustration, shame, remorse, hopelessness, sexual disturbance, loss of spirituality, anger, hate, apathy and complacency.”¹⁵

Kyllie Cripps and Hannah McGlade have categorised the causes of domestic and family violence into two groups. The first group factors include: colonisation: policies and practices; dispossession and cultural dislocation and dislocation of families through removal. This could also extend to:

- imbalance and inequity within male and female roles which is a prime example within the Indigenous communities with women now being and having a much stronger voice, where traditionally, the men were the ones that were leaders.¹⁶
- Financial problems and poverty

¹³ C Holmes and E McRae-Williams, (2008) An investigation into the influx of Indigenous ‘visitors’ to Darwin’s Long Grass from remote NT communities – Phase 2: Being undesirable: law health and life in Darwin’s Long Grass, Monograph Series No.33, The Larrakia Nation Aboriginal Corporation, National Drug Law Enforcement Research Fund.

¹⁴ J Mulrone, Australian Domestic and Family Violence Clearinghouse (2003) Topic Paper: Australian Statistics on Domestic Violence, p. 11.

¹⁵ S Smallacombe, ‘Speaking Positions on Indigenous Violence’ (2004) *Hecate*, 47-55; the causes of violence are also looked at in P Memmott., R Stacey., C Chambers., and C Keys (2001) *Violence in Indigenous Communities: Full Report*, Attorney General’s Department, Canberra; Australian Domestic and Family Violence. A staff member at Sunrise Health also explained in an email to Brionee Noonan that before non-Aboriginal settlement, the Aboriginal community was very small. A family group in the community would not have exceeded 20 persons. There was no need to have conflict resolution skills. After non-Aboriginal settlement, people were placed into communities exceeding 500 people and were expected to get a long. There was no where to hide to escape from the conflict.

¹⁶ Email from Staff at Sunrise Health Service to Brionee Noonan, 31 January 2014.

- Lack of respect within families, eg. children and the elderly were protected within the clan as the elderly would pass on culture, storytelling and laws.
- Being a member of the stolen generation

The second group of factors include: marginalisation as a minority, direct and indirect racism; unemployment; welfare dependency; past history of abuse; poverty; destructive coping behaviours; addictions; health and mental health issues; and low self-esteem and a sense of powerlessness. This could also extend to:

- Poor or inadequate housing and overcrowded houses,
- Sexual jealousy,
- Social isolation and deprivation
- Loss of identity eg. self worth as an Aboriginal man as the place in society has been disrupted by European influence.
- Poor physical and mental health due to loss of land and traditional culture,
- Breakdown of community kinship systems¹⁷

Kyllie Cripps and Hannah McGlade’s research suggests that through the lived experiences of Aboriginal people, factors in the first group could be identified as contributing to current experiences of violence. Group two factors also contribute to high levels of distress that can lead to violence. Group two factors can be experienced individually or in combination.¹⁸ See **ATTACHMENT B** for a visual explanation of this.

Trauma

Experiences of violence are traumatic. Unresolved trauma may compound, with effects cumulating with impacts on individuals, families and the broader community and society.¹⁹ In the NT, there is little to no support available to individuals suffering high levels of loss and grief. Mental health and counselling services are often overstretched or unavailable, especially in remote areas. Loss and grief can lead to high levels of anger.²⁰ The whole situation leads to whole of community, intergenerational depression and the sense of hopelessness and powerlessness feeds into the underlying frustration that fuels violence.

In many communities children have no choice but to witness such violence and endure the disruption and mental trauma that result. Many Aboriginal children are growing up in communities where violence has become ‘a normal and ordinary part of life.’²¹ These children who have witnessed domestic violence or have been physically abused grow up more likely to be involved in marital

¹⁷ Ibid.

¹⁸ K Cripps and M Davis, ‘Communities working to reduce Indigenous family violence’, Indigenous Justice House, Brief 12, June 2012 and Kyllie Cripps and Hannah McGlade ‘Indigenous family violence and sexual abuse: Considering pathways forward’ (2008) 14 *Journal of Family Studies* 2-3, 240-253.

¹⁹ J Atkinson, (2002) *Trauma Trails, Recreating Song Lines: The Transgenerational Effects of Trauma in Indigenous Australia*, Spinifex Press, 24.

²⁰ Email from Staff at Sunrise Health Service to Brionee Noonan, 31 January 2014.

²¹ L O’Donoghue, ‘Indigenous violence: It’s everyone’s business’, *The Age*, October 22, 15 and J Stanley, K Kovacs, A Tomison and K Cripps, Child abuse and family violence in Aboriginal communities – Exploring child sexual abuse in Western Australia, (2002) Western Australian Government Inquiry into Responses and Child Abuse in Aboriginal Communities.

aggression themselves.²² Poor attendance at school, reduced employment prospects, depression and despair make such children future players in the destructive cycle of abuse and violence.²³ Children living in homes in which violence occurs are vulnerable to physical, emotional and psychological abuse. They are at greater risk of anxiety, depression and behavioural disorders. Also, the experience of violence in childhood is a risk factor for being a perpetrator and victim of violence in adulthood. A pernicious cycle of violence in Indigenous communities may develop through children and become intergenerational. Breaking this cycle presents a complex and difficult policy challenge.²⁴

The Australian Nurse-Family Partnership Program (ANFPP) model is an evidence-based community health program that helps transform the lives of vulnerable mothers pregnant with their first child to try to break the cycle of disadvantage.²⁵ Each mother is partnered with a registered nurse early in her pregnancy and receives ongoing nurse home visits that continue through to her child's second birthday.²⁶ This model was developed by Professor David Olds in the United States. The program has been running internationally for 30 years and is currently being trialled in Alice Springs.

Possible solutions

The growing evidence base of the ANFPP program reveals that:

the links between early experiences and the development of chronic disease, psychosocial problems and reduced educational outcomes. It is now well understood that early brain development affects the lifelong health and wellbeing of an individual and that early environmental experiences significantly shape the developing brain, with many environmental factors, including smoking, alcohol, maternal nutrition and illness and traumatic stress, even affecting the development of the unborn child.²⁷

In 2008, Judy Atkinson investigated the link between being a victim (direct or indirect experiencing) of childhood trauma and being a perpetrator of higher-level violence in adulthood.²⁸ The results of her study showed that a significant proportion of her sample reported experiencing traumatic and violent events in their youth, and doing so frequently. Atkinson argued that the normalisation of violence and the high prevalence of grief, loss and substance misuse were as much symptoms as causes of traumatic stress.²⁹ This research also identified a substantial lack of services that

²² A Tomison, 'Exploring family violence: Links between child maltreatment and domestic violence', *Issues in Child Abuse Prevention, No.13*, National Child Protection Clearinghouse, Australian Institute of Family Studies, Melbourne and J Stanley, K Kovacs, A Tomison and K Cripps, *Child abuse and family violence in Aboriginal communities – Exploring child sexual abuse in Western Australia*, (2002) Western Australian Government Inquiry into Responses and Child Abuse in Aboriginal Communities.

²³ C Lawrence, 'A national disgrace: Violence against women and children in Indigenous communities' (2006) 30 *Aboriginal and Islander Health Worker Journal* 5, 32-33.

²⁴ K Cripps, C M Bennett, L C Gurrin and D M Studdert, 'Victims of violence among Indigenous among Indigenous mothers living with dependent children' (2009) 191 *MJA* 9, 481-485.

²⁵ Australian Nurse-Family Partnership Program Website, <http://www.anfpp.com.au/about>

²⁶ Ibid.

²⁷ Ibid.

²⁸ J Atkinson J Nelson, and C Atkinson. "Trauma, transgenerational transfer and effects on community wellbeing." *Working together: Aboriginal and Torres Strait Islander and mental health and wellbeing principles and practice*. Canberra: *Department of Health and Ageing* (2009): 135-44.

²⁹ Ibid.

effectively supported victims of abuse and interrupted its intergenerational progression.³⁰ This is also true of the Northern Territory where there are limited services equipped to deal with alcohol, drugs, family violence and trauma of Aboriginal people, especially in non-urban areas.

If there is a failure to accurately analyse the causes and contributing factors of violence, solutions are not complete and will not address the real reasons behind the violence. Intervention strategies must be tailored to the experiences and circumstances of the individual and their community in all their complexity.³¹ Effective rehabilitation of perpetrators should prevent them to not become perpetrators and effective rehabilitation of perpetrators should prevent them re-offending.

Recommendation 1: Approaches to addressing domestic and family violence need to encompass measures to help prevent future violence, in particular the rehabilitation of both perpetrators and those damaged by violence, and provision of assistance for their families and communities.

Recommendation 2 Intergenerational trauma must be recognised as a causal factor in family violence in the NT.

Recommendation 3 The needs of children should feature prominently in violence reduction strategies to reduce intergenerational violence.

6. Alcohol fuelled violence in the NT

Alcohol consumption in the NT

The over consumption of alcohol is a serious problem in the Northern Territory. Professor Dennis Gray has verified this through his research. Average consumption of non-Aboriginal people in the NT was reported at almost 14 litres per person per year in 2007, compared with a national average of less than 10 litres, while mean for NT Aboriginal people is 16 litres.³² In 2011-2012, the annual capita consumption rate of alcohol fell to 13.3 litres, compared to a national average of less than 10 litres.³³

High levels of alcohol intake have devastating impacts on personal lives and the communities. Alcohol is a contributor to serious short and long term health conditions is a major cause of premature deaths due to suicide, cirrhosis of the liver, homicide, manslaughter, haemorrhagic stroke and motor vehicle accidents. The Northern Territory has the highest premature death rates from these conditions.³⁴ AMSANT and the previous Northern Territory Coordinator General for Remote Service also noted that alcohol is a contributing cause in domestic violence and sexual and other

³⁰ Ibid.

³¹ C Lawrence, 'A national disgrace: Violence against women and children in Indigenous communities' (2006) 30 *Aboriginal and Islander Health Worker Journal* 5, 32-33.

³² S Skov, TN Chikritzihs, SQ Li et al, 'How much is too much? Alcohol consumption and related harm in the Northern Territory' (2010) 193 *Med J Aust*, 269-272.

³³ P Stewart, 'Sign of drying times as alcohol consumption fails' ABC News, Friday August 30 2013.

<http://www.abc.net.au/news/2013-08-30/nt-alcohol-consumption-fall-govt-report-shows/4924326>

³⁴ Ibid.

assaults, the neglect and abuse of children, and the disruption and dysfunction of communities.³⁵ Alcohol in itself acts as a disinhibitor and mood amplifier which means that the underlying anger, frustration and powerlessness comes to the fore and is more likely to be acted upon, thus the violent behaviour.³⁶

Alcohol-related domestic violence in the NT

In 2012 the NT Coordinator-General for Remote Services reported the following on domestic violence related incidents in the NT:

Domestic violence related incidents in the Northern Territory³⁷

	2007	2008	2009	2010	2011
Alcohol related	387	651	988	939	1109
Total	829	1861	2660	2676	3315

In May 2011, Delia Lawrie the then Labor Attorney General acknowledged that “alcohol is the biggest cause of crime in the Territory with 60 per cent of all assaults and 67 per cent of all domestic violence incidents involving alcohol, costing our community an estimated \$642 million a year.”³⁸ This figure represents \$4,197 for every adult Territorian, almost four and a half times the national figure of \$944 per adult, and includes costs incurred by health and medical emergency services, police, the courts and corrective services, and loss of workplace productivity.³⁹ This figure does but not include the social cost of alcohol abuse’s contribution to intergenerational poverty and disadvantage. It is important to note that although alcohol is a significant factor in the increase of family violence, not all people who drink are violent and some violent people are not drunk or users of alcohol.⁴⁰

Strategies to address the over-consumption of alcohol

The World Health Organisation (2007) recommends that prevention efforts to reduce domestic violence must be evidence based, which support culturally appropriate and cost-effective interventions that reduce the harmful use of alcohol.⁴¹ A lack of respect and acknowledgement for

³⁵ Ibid, Northern Territory Coordinator General for Remote Services Report, June 2011-August 2012 and M Manning, C Smith and P Mazerolle. (2003) The societal costs of alcohol misuse in Australia, *Trends and Issues in Crime and Justice*, No.454, Australian Institute of Criminology.

³⁶ Email from Staff at Sunrise Health Service to Brionee Noonan, 31 January 2014.

³⁷ Northern Territory Coordinator-General for Remote Services Report 2012, p.103.

³⁸ E Hogan, ‘The “right to drink” in Alice Springs’, *Inside Story*, 9 May 2013 <http://inside.org.au/the-right-to-drink-in-alice-springs/>

³⁹ Ibid.

⁴⁰ P Memmott, C Chambers, C Go-Sam and L Thomson, ‘Good practice in Indigenous family violence prevention – designing and evaluating successful programs’ (2006) Australian Domestic & Family Violence Clearinghouse, Issues Paper 11; J Atkinson, 191, ‘Stinking thinking: Alcohol, violence and government responses’, *Aboriginal Law Bulletin*, vol.2, no.51, pp.4-6.

⁴¹ World Health Organisation. (2007) *The World Health Report 2007 – A Safer Future: Global Public Health Security in the 21st Century*.

the reality of a different worldview continues to perpetuate the alcohol problem and the trauma and pain that so many live with on a daily basis.⁴²

Research has shown that the most successful approaches for treating alcohol use disorders would appear to be brief interventions and motivational interviewing, followed by pharmacotherapy and skills therapy (primarily cognitive behavioural treatment approaches).⁴³ The National Health and Medical Research Council (NHMRC) Guidelines for the Treatment of Alcohol Problems recommend a broad range of options including psychosocial interventions, motivational interviewing, relapse prevention strategies, CBT approaches, self-help, alcoholics anonymous and related services and residential rehabilitation.⁴⁴ There is also some evidence and considerable anecdotal experience with therapies that may be particularly suited to Aboriginal populations, such as narrative therapy and art therapy.⁴⁵

Unfortunately, there are limited culturally appropriate alcohol rehabilitation services for Aboriginal people in the Northern Territory. Central Australian Aboriginal Alcohol Programmes Unit (CAAAPU), Foundation of Rehabilitation with Aboriginal Alcohol Related Difficulties (FORWAARD) and Council for Aboriginal Alcohol Program Services (CAAPS) provide residential rehabilitation to those affected by alcohol. Danila Dilba also provides support to short term accommodation for clients whilst they are awaiting admission to treatment facilities whilst receiving intensive case management support. The accommodation at Galwu Hostel is also used upon completion from the various programs or treatment centre's whilst longer term accommodation is sourced or prior to returning to their home Community.⁴⁶ The Respite and Rehabilitation Project (has 4 beds (two rooms)) for accommodation for individuals, couples and families. Goal setting, care planning, relapse prevention, community inclusion activities and addressing any health issues are a focus whilst clients are residing at Galawu.⁴⁷

The APO NT submission to the Northern Territory Government on the Alcohol Mandatory Treatment Bill provides that:

⁴² M White (2011) Pathways to a good life well lived: Community-owned recovery plan for overcoming suicidal despair in the Fitzroy Valley'. Herculeia Consulting for Marra Worra Worra Aboriginal Corporation, Marninwartikura Fitzroy Women's Resource and Legal Centre, Nindilingarri Cultural Health and Kimberley Aboriginal Law and Cultural Centre, 10.

⁴³ E Pritchard, J Mugavin and A Swan (2007) *Compulsory treatment in Australia: a discussion paper on the compulsory treatment of individuals dependent on alcohol and/or other drugs*, ANCD Research Paper 14, Australian National Council on Drugs, Canberra and Broadstock, M; Brinson, D and Weston, A, (2008) *A systematic review of the literature: the effectiveness of compulsory, residential treatment of chronic alcohol or drug addiction in non-offenders*, Health Services Assessment Collaboration (HSAC) Report, 1 (1), University of Canterbury and M Brady, B Sibthorpe, R Bailie, S Ball & P Sumnerdodd, 'The feasibility and acceptability of introducing brief intervention for alcohol misuse in an urban Aboriginal medical service' (2002) *Drug and Alcohol Review* 21, 375-380.

⁴⁴ National Health and Medical Research Council, 'Alcohol guidelines: reducing the health risks' 2011, Australian Government.

⁴⁵ AMSANT, A Model for integrating alcohol and other drugs, community mental health and primary health care in Aboriginal Medical Services in the Northern Territory (2008), revised 2011.

⁴⁶ Danila Dilba Annual Report, 2010, 13.

⁴⁷ Ibid.

There are insufficient alcohol treatment and rehabilitation services in the NT. There is a need for increased alcohol treatment and rehabilitation services, including detoxification and residential treatment facilities, based on need and comprehensive regional coverage. Such services need to be supported to implement quality improvement systems and be accountable through reporting on key performance indicators so that outcomes can be assessed. There is a need for improved integration and coordination of alcohol and other drug services and community mental health services with the primary health care sector. The primary health care sector should be funded to provide community-based treatment and rehabilitation, including screening, brief interventions, assessment, care planning, support for home-based and supported withdrawal programs, provision of pharmacotherapies and community-based structured therapies.⁴⁸

The previous Coordinator General for Remote Services (2012, p.118) expressed that:

*'The interaction between individual and social factors suggests the need for a comprehensive policy measure to reduce alcohol-related harm not just for the drinkers themselves, but also to protect those individuals and groups who are at risk of being negatively affected by others' drinking.'*⁴⁹

Strategies recommended by the Aboriginal community to address alcohol related harm

Whilst there is an urgent need to address the harmful effects of alcohol in the community, such efforts must be evidence-based and culturally relevant. Developing solutions to deal with alcohol related harm is a key priority for APO NT and its member organisations. APO NT held two grog summits in Darwin and Alice Springs in 2012 and 2013 respectively for Indigenous individuals, organisations, service providers, medical professionals and other relevant peak bodies. The objective of the forums were to consider the evidence base; to hear from Aboriginal people as to what is working or not working in their community. Summit participants agreed that the approach to dealing with alcohol related harm should be evidence-based, and not based on politics.⁵⁰ The participants also agreed that for approaches to reduce alcohol related harm to be effective they need to be holistic and community driven.

Aboriginal summit participants of the 2012 APO NT Top End Grog Summit called on both levels of government to:

- Involve our (Aboriginal people) people in all levels of decision-making regarding alcohol policy, program development and resourcing in the NT;
- Acknowledge that our people live in two worlds – one of traditional culture and another of contemporary society;
- Acknowledge that our people must be supported to develop solutions to tackle issues around alcohol related harm;
- Empower our people to resolve their own disputes and conflicts;
- Acknowledge the importance of our spirituality and culture in healing alcohol-related harm;

⁴⁸ APONT, 'Not under the influence of evidence: A sober critique of the Alcohol Mandatory Treatment Bill', Submission on the NT Alcohol Mandatory Treatment Bill, 2013, 2.

⁴⁹ Ibid, Northern Territory Coordinator General for Remote Services Report, June 2011-August 2012, 118.

⁵⁰ APO NT, Central Australian Grog Summit Report 2013, 6.

- Ensure that Police work with communities and develop strategies to ensure better relationships with Aboriginal people rather than engaging simply in law enforcement;
- Ensure community-specific cross-cultural training for non-Aboriginal staff, including nurses, doctors, teachers, and police officers;
- Complete the current study into on licensed clubs before considering further policy reform;
- Bring back a system (such as the Banned Drinkers Register) to restrict the supply of alcohol to problem drinkers without resorting to criminalisation;
- Implement population level supply reduction measures as a 'circuit breaker' for problems in our communities;
- Provide significant new resources into early childhood programs as an absolute priority;
- Expand government support for community-based recovery strategies, similar to strategies used in Fitzroy Crossing; and Expand and invest in existing rehabilitation programs and infrastructure before considering new options.

The outcomes of the 2013 APO NT Central Australian Grog Summit were:

- Reduce supply as a critical 'circuit breaker' in the fight against alcohol harm: The summit supported stopping the flow of cheap grog through a floor-price and/or volumetric tax, banning alcohol advertising/sponsorship in sport, reducing trading hours and having a take away alcohol free day, stronger enforcement of licensing conditions, and encouraging individuals to take a personal stance against grog running.
- Focus on holistic approaches in treatment, including addressing underlying causes: The summit encourages further measures to support Aboriginal community controlled services providing treatment and other AOD programs; the important work needed to address underlying issues of alcohol misuse; need to increase services out bush; addressing social determinants of health which result in people drinking; examining holistic ways of treating alcohol misuse; focus on early childhood development; supporting development/evaluation of culturally appropriate treatment programs and promoting strong cultural identity as a means of preventing alcohol misuse.
- The need to act now to address FASD: The summit calls for more work on prevention, education and raising awareness of the condition; seek recognition of FASD as a disability, and enabling early diagnosis of fetal alcohol spectrum disorders; and
- Build stronger community-based approaches to addressing alcohol related harm: The summit requests a greater focus on supporting local community responses; ensuring alcohol management plans are representative of the whole community and driven by the community; investing in prevention rather than prisons; and engaging children and young people in education and solutions
- Requested a Board of Inquiry into Alcohol in the Northern Territory to provide the evidence needed to create a roadmap for action so all sectors can work together to solve the problems of alcohol related harm in the NT.

APO NT made a submission on the Alcohol Mandatory Treatment Bill in 2013. This submission outlined policy alternatives to mandatory rehabilitation and discussed the need for holistic and multi-pronged approaches to addressing alcohol related harm including treatment and rehabilitation services, services for the homeless, trauma targeted programs, reducing alcohol availability and the

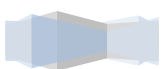
need for voluntary treatment services. A copy of the submission “Not under the influence of evidence: a sober critique of the Alcohol Mandatory Treatment Bill” is attached **(ATTACHMENT C)**.

A copy of the report from the Central Australian Grog Summit is attached **(ATTACHMENT D)**.

A copy of the communiqué issued following the Top End Grog Summit is also attached **(ATTACHMENT E)**.

Recommendation 4 **We recommend that the NT Government refer to the complete outcomes of the APO NT Grog Summit Communiqué of 2012 and Report of 2013 (Attachment E and F).**

Recommendation 5 **We recommend that alcohol policy approaches must be based on evidence, approach, must be holistic and have a whole of community response.**



7. Community control and evidence based programs

APO NT supports the need for an ongoing counselling/ social work service for both the perpetrators, the victims and their families. Brian Steels and Dot Goulding suggest that:

‘rather than resorting to traditional punitive measures, Aboriginal communities ought to be supported through locally developed programs targeted at individual, familial and community healing, with a reversal of the paternalistic policies that deny self-determination, reduce self-respect and devalue positive reflections on a rich and diverse cultural heritage.’⁵¹

To reduce family violence strategies need to be both preventative and reactive. Preventative strategies that raise community awareness and change attitudes are needed as well as those specific actions to increase safety for those at risk of family violence. Preventative programs would include education methods, diversionary activities, counsellor training, alcohol management strategies and the promotion of definitions of acceptable and non-acceptable behaviours. Reactive strategies are also needed to deal with the outcomes of that violence, both for the victim in terms of support and for the perpetrator in terms of justice and rehabilitation. Such strategies would include mediations, counselling, night patrols, wardens, youth suicide intervention strategies and women’s refuges.

There are an increasing number of programs across Australia aimed at changing the violent behaviour exhibited by some Aboriginal men, however in the Northern Territory programs for Aboriginal men are limited.

Family Violence Program

The new *Family Violence Program* (FVP), which replaced the Indigenous Family Violent Offenders Program (IFVOP), commenced in October 2013. The NT Departments of Corrections; Offender Services, Programs and Indigenous Affairs deliver a psycho educational program over a period of five days by two Family Violence Program Facilitators in consultation with local individuals, groups and agencies.⁵² The difference between the IFVOP and the FVP is that there are now fewer topics in the course but they are now covered in depth; there are now five days instead of eight; there is more expectation of the participants; less focus on a lecture style format and a focus on activities including small group discussions, art work, music and role plays, lower requirement of literacy skills; more guest speakers – from local services, community members and Elders, to promote local ownership of the program and a strong focus on participants’ Action Plan for community follow up.

This new program can be delivered to all communities. The maximum number of participants is 15 and the minimum is six, depending on the urgency to attend a program prior to orders being completed. There are usually eight people on the waiting list for the program on average.⁵³ This particular program has not been delivered to offenders on remand in the past, however the Departments involved are trialling the community program to be delivered in both the Alice Springs Correctional Centre and the Darwin Correctional Centre, commencing 3rd February 2014 to 7th February 2014 and 4th February to 10th February 2014.⁵⁴ There are versions of the IFVOP, which is

⁵¹ B Steels and D Goulding, ‘When it’s a question of social health and well-being, the answer is not prison’ (2009) 21 *Indigenous Law Bulletin*.

⁵² The Family Violence Program (FVP) Brochure, Department of Correctional Services, 2014.

⁵³ Email from Staff at Department of Corrections to Brionee Noonan, 4th February 2014.

⁵⁴ *Ibid*.

the old program, that is delivered periodically in both Correctional Centres.

The FVP program covers the following topics:⁵⁵

- Topic 1 Introduction/ what is family violence
- Topic 2 Life story/ values and beliefs
- Topic 3 How violence affects self, families and communities
- Topic 4 Immediate factors preceding family violence
- Topic 5 Understanding anger and jealousy/ communication skills
- Topic 6 Violence and substance abuse
- Topic 7 Action plan

There are separate programs for women. The topics are the same, but the scenarios and role plays are written based on women's experiences. Through the seven topics the Family Violence Program reinforces that family violence is a crime and is not acceptable; challenges attitudes and behaviours that allow violence and abuse to occur; develops capacity to accept responsibility for violence committed and allows offenders to remain in community while learning and practicing skills and strategies to reduce the likelihood of violent behaviour.⁵⁶

Although still a pilot program, the FVP has been evaluated by noting, the number of participants referred, attending and completing the program; participant feedback forms; facilitator feedback forms; discussions with communities and Probation and Parole Officers and six monthly checking of Integrated Offender Management System (IOMS) to determine reoffending by participants who have completed the program.⁵⁷

Cross-Border Family Violence Program

The *Cross-Border Family Violence Program* in Central Australia has been operating since 2007 with funding and in-kind support from the Australian, South Australian, Western Australian and Northern Territory Governments. The program is managed from Alice Springs and delivered in three to four week blocks in communities in the Cross-Border region. Its aim is to reduce the incidence of physical and psychological harm in Aboriginal communities in Central Australia by working primarily with violent men. The program is targeted at adult Aboriginal offenders, particularly those on probation under community supervision by State or Territorial correctional agencies, and those referred on a voluntary or non-mandated basis by other agencies, such as community leaders, police and the NPY Women's Council. Group sessions are run over a three to four week period. In 2013, the Cross-Border Family Violence Program piloted a new 'Kungas program' developed for female offenders. It has been difficult to find an evaluation on this program.

⁵⁵ The Family Violence Program (FVP) Brochure, Department of Correctional Services, 2014.

⁵⁶ Ibid.

⁵⁷ Email with Staff at Department of Corrections to Brionee Noonan, 4th February 2014.

Community controlled solutions

There is strong evidence to show that community-control and ownership creates more effective and lasting solutions to problems in Aboriginal communities.⁵⁸ The Queensland Aboriginal and Islander Health Forum held in 2003, outlined the essence of community control to suggest that 'health does not just mean the physical wellbeing of the individual but refers to the social, emotional, cultural and spiritual wellbeing of the community'.⁵⁹ For Aboriginal peoples this is a whole of life view, which incorporates the cyclical concept of life-death-life. Central to this definition is our right to self-determination, which is our cultural and human right. We use the term community-control, which basically is a self-determination process. Further this has been demonstrated as the key process for our communities to maximise health outcomes.⁶⁰ The issue of giving back to Aboriginal people the power to control their own lives is therefore central to any strategies which are designed to address these underlying issues.

The benefit of locally designed and operated initiatives is that they can be tailored to community needs in a cultural context that is owned and supported by the community which would align with an indigenous worldview.⁶¹ This enhances the strengths and builds resilience of a community and combined with the added support of services provides for a more sustainable and long term solution.⁶² Locally designed and operated initiatives can also be adapted and modified to suit changes in local needs. It also provides local employment and up skilling which can strengthen a community. This, however hinges on funding bodies and their ability to support Aboriginal organisations in their work and for funding bodies in accepting an Aboriginal definition of the problem and how Aboriginal people want to deal with it.⁶³ Future policies need to coincide with funding agreements in order to address the factors of Domestic violence and family violence. It is pointless putting policy in place if there is no money to support the services.

Inkintja

The Central Australian Aboriginal Congress run a program called *Inkintja*, which provides two male psychologists specialising in violence and trauma to counsel Aboriginal men and conduct group work. Inkintja also provides a Men's health clinic, peer education, violence intervention, a men's shed, drop in centre, community Liaison, research, and advocacy services. By empowering men and

⁵⁸ NT Coordinator General for Remote Services Report 2012, p.216. The evidence includes research from CAEPR, resources from Closing the Gap Clearinghouse and the Harvard project on American Indian Economic Development. There are also numerous articles from Canada and New Zealand which also share this standpoint.

⁵⁹ National Aboriginal Community Controlled Health Organisation (NACCHO), Definitions: Aboriginal Health, <http://www.naccho.org.au/aboriginal-health/definitions/>

⁶⁰ O Best, 'Community control theory and practice: A case study of the Brisbane Aboriginal and Islander community health service' (A thesis submitted in partial fulfillment of the requirements for the degree of Master of Philosophy, Griffith University 2003), 15.

⁶¹ National Indigenous Drug and Alcohol Committee (NIDAC), (2012) 'Locally designed and operated Indigenous community models' <http://www.nidac.org.au/publications-and-reports/37-nidac/publications-and-reports/92-locally-designed-and-operated-indigenous-community-models.html>

⁶² Ibid.

⁶³ Community controlled organisations have to report to federal and territorial governments on terms not of their own making, which can make it difficult for some Aboriginal organisations. Sumner, M. 'Substance Abuse and Aboriginal Domestic Violence', Aboriginal and Islander Health Worker Journal. Volume 19, Number 2. March-April 1995.

supporting and providing role models for younger men, men's groups aim to provide support to other men, change individual behaviour and promote action to improve wellbeing.⁶⁴

An example of men's programs in the Aboriginal community-controlled health sector is Wurli-Wurlinjang Health Service's *StrongBala Male Health Program*. The Wurli-Wurlinjang Health Service is a member of AMSANT. This is an Aboriginal run program for men to help themselves by accessing health services and participating in activities that promote healthy lifestyle, hygiene, proper nutrition, cultural security, money management, CDEP, work skills training and employment programs. Projects also encourage building healthy relationships include mental health counselling and support, domestic violence education advice and counselling, and confidential sexual health treatment and advice.⁶⁵ The program sees up to 340 males per month, including homeless men, out of a client base of over 2,000. StrongBala is an Aboriginal led and controlled initiative, built on existing deep relationships. Decisions are made by Aboriginal men, and the program is supported by an Aboriginal controlled organisation and processes. There is a focus on cultural security and cultural safety, on Aboriginal culture and identity, and on self-help.⁶⁶

Men's behaviour change program

In 2014 a men's behaviour change program will commence in Alice Springs as part of the Alice Springs Integrated Response to Family and Domestic Violence project. The service provider(s) developing and delivering this program will be announced soon. This program will work with both mandated and voluntary participants.

United Nations Special Rapporteur on Violence against Women, Rashida Manjoo highlighted how Aboriginal and Torres Strait Islander communities in Australia need more targeted domestic programs:

"I think the struggle differs. As a starting point, the histories are different from the dominant white society, the history of exclusion, of oppression, of discrimination, does not resonate in the same way for all Australians. I think that the history of denial to justice, access to health, access to education is also different, and I think the solutions and the remedies that are imposed on Indigenous communities also ignores the fact that the designers of policies, laws and programs have not properly ascertained what will work in a community".⁶⁷

Inclusion of children

Programs that need to be implemented in the Northern Territory should be directed at not only men but women and their children too. There are a handful of examples from New Zealand and Canada that incorporates 'the family' in family violence programs that are immersed in tradition and culture.

⁶⁴ L Reilly (2008) 'Through the eyes of Blackfellas', Thesis for Masters of Arts, Central Queensland University, Faculty of Arts.

⁶⁵ Wurli Wurlinjang Health Service, (2012) Katherine StrongBala Men's Health Program

<http://www.wurli.org.au/program-strongbala.htm>

⁶⁶ APO NT comments on Australian Council for International Development Practice Note on Effective Development Practice with Aboriginal and Torres Strait Islander Communities by International Aid and Development NGOs, January 2014.

⁶⁷ Naomi Selveratnam, 'A top United Nations official has expressed concern over the level of domestic violence being experienced by Indigenous women in Australia' Transcript from World News Australia Radio, 26 November 2012

In New Zealand, a key factor of domestic programmes, *Tu Tama Wahine o Taranaki* and *Te Whare Ruruhau o Meri* was that they embraced Maori cultural values and solutions primarily through a holistic approach. This allowed for interaction between group members and focused on supporting the whole family in the healing process, which contrasts with western family violence programs that have tended to address only the needs of the individual in isolation.⁶⁸ Both programs realised the strength of healing within extended families and tribes. If proper healing and change were to occur, programs would have to reflect the voices of the Elders and the community.⁶⁹ It is important to note here that children will be the indirect beneficiaries of effective prevention strategies.⁷⁰

A staff member at Sunrise Health noted that much emphasis is given to women in family violence, but little is provided to support men. The staff member implores that the NT Government needs to provide support for men with men's programs, men's places and men's counselling services. The community should be building the 'self' rather than punishing and we should be providing the man with skills and coping messages that they can use in their lives. Males, on some occasions, find it difficult to speak openly about their feelings, especially around issues of trauma and violence. In this respect male programs should also include activities not just counselling.

This staff member stated that:

In 1995 I was working as the senior counsellor with K.A.D.A. (Katherine Alcohol and Drugs Association.) I would then be doing court assessments. One day, I returned from court and said to my Co-ordinator that most of the assault cases were alcohol related. In those days there was no Catholic Care, Sommerville or any Psychologists in Katherine. I suggested that there needed to be some form of program to address the issue. John (the coordinator) said Go on do it.

Over the next few months I developed the S.T.A.C. program. Initially it was used as a tool within K.A.D.A. then the Magistrate, Mr McGregor began referring people to me as a condition of bail. Corrections asked me to run several programs on community (I did on at Barunga with six Men on parole) none have ever re-offended. I have run several for young people as part of their Juvenile Diversion. Success has been around recidivism. There has not been any that I know of.

An outline of the S.T.A.C can be found in **ATTACHMENT F**.

Social and Emotional Well-being

Significant gains can also be made if the social and emotional well-being services could be provided and adequately resourced within the community. OATSIH noted that in remote NT communities less than half of 50 remote communities had access to mental health and alcohol and other drug

⁶⁸ P Memmott, C Chambers, C Go-Sam and L Thomson, 'Good practice in Indigenous family violence prevention – designing and evaluating successful programs' (2006) Australian Domestic & Family Violence Clearinghouse, Issues Paper 11; J Atkinson, 191, 'Stinking thinking: Alcohol, violence and government responses', *Aboriginal Law Bulletin*, vol.2, no.51, 9.

⁶⁹ M Brown & C Coggan, 2004, 'Evaluation of the Ngati Porou Community Injury Prevention Project', *Ethnicity & Health*, Vol.9, No.1, February, 5.

⁷⁰ K Cripps, C M Bennett, L C Gurrin and D M Studdert, 'Victims of violence among Indigenous among Indigenous mothers living with dependent children' (2009) 191 *MJA* 9, 481-485

services.⁷¹ What is available is fragmented, negatively impacting individuals who are traumatised by the abuse to which they have been subjected and struggle to obtain assistance.⁷²

Danila Dilba and Congress both provide a range of social and emotional wellbeing services. Danila Dilba provides youth services, which include a young men's group for Palmerston and Malak youth; a young women's group (SiS-sTaRz) and the Looking After Little Ones education program for youth aged 15-19, as well as counselling, advocacy and support. The Dare to Dream program provides support and counselling for carers of Indigenous people suffering mental illness and youth with emerging or established mental illness.⁷³ The social health team at Congress provides a range of services addressing issues such as depression, anger management (including responses to racism and personality issues), suicidal thoughts, loneliness (isolation from country, friendship and family), financial and budgeting, assisting youth to return to school and specialist support from a psychiatrist.⁷⁴

Yet, some Aboriginal Community Controlled Health Services (ACCHS) do not have the resources to provide Social and Emotional Well-being (SEWB) services that address prevention, early intervention and treatment. This is despite ACCHSs constantly identifying this area as a priority and the need for community controlled SEWB services being identified in many major reviews, including the National Aboriginal Health Strategy 1989; Royal Commission into Aboriginal Deaths in Custody; Aboriginal Drug and Alcohol Complementary Plan 2003-2009; National Strategy for Aboriginal and Torres Strait Islander Health; Senate Inquiry into Mental Health 2006; Bringing them Home Report, The Gone Too Soon Report 2012 and the National Strategic Framework for Aboriginal and Torres Strait Islander Peoples Social and Emotional Wellbeing and Mental Health 2004-2009.⁷⁵

It is understood that there have been vast numbers of reports and audits on the issues of family violence. Carmen Lawrence humorously stated:

“And we don’t need anymore reports. There have already been so many they could wallpaper the House of Representatives Chamber and still have some left for the Senate.”⁷⁶

There is currently a lack of publically available information about the family violence services offered in the NT, and how people access programs. APO NT calls for the Northern Territory Government to fund an appropriate organisation to identify and publish past audits and reports on family violence and their evaluations. There have been too many programs delivered without adequate planning, description or evaluation so services are constantly re-inventing the wheel – potentially continuing to implement unsuccessful projects. We need to know what works and what might be replicated elsewhere, and avoid repeating mistakes.

⁷¹ AMSANT Submission to Australia’s National Drug Strategy, Beyond 2009 Discussion Paper, February 2010 [http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/publishing.nsf/Content/ndssubs-060/\\$FILE/060_AMSANT%20Pt%201_24-02-2010.pdf](http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/publishing.nsf/Content/ndssubs-060/$FILE/060_AMSANT%20Pt%201_24-02-2010.pdf)

⁷² ‘Aboriginal Domestic Violence in Canada’, (2003) The Aboriginal Healing Foundation Research Series, 80.

⁷³ Social and Emotional Wellbeing and Mental Health Services in Aboriginal Australia, ‘General Counselling Services’ <http://www.sewbmh.org.au/page/3669>

⁷⁴ Ibid.

⁷⁵ Ibid n 44, Also mentioned in conversation with AMSANT staff in preparation for this submission.

⁷⁶ C Lawrence, ‘A national disgrace: Violence against women and children in Indigenous communities’ (2006) 30 Aboriginal and Islander Health Worker Journal 5, 32-33.

- Recommendation 6** NT Government needs to provide support for both women and men with gender specific culturally appropriate support services, including programs, safe places and counselling services. The community should be building the ‘self’ by providing the men and women with skills and coping mechanisms they can use in their lives.
- Recommendation 7:** We recommend the Northern Territory Government fund a comprehensive evaluation of all past reports and audits of family violence services and programs in the Northern Territory and the services they offer to victims, perpetrators, families and communities. Programs need to be evaluated at regular intervals to allow the benefits to be optimized during and after the program life. All evaluations, whether positive or negative, should be published on the Northern Territory Family Violence website, accessible to the public.
- Recommendation 8:** The Information about current programs should be published on a Northern Territory Family Violence website which includes (but is not limited to):
- Target group and aims of the program
 - Location, duration and format of the program
 - Waiting list
 - Contact details for session enrolments
 - Details of past evaluations on each program and where to find copies of the evaluations.
- Recommendation 9:** We recommend that the Northern Territory provide funding for community education on domestic and family violence in urban and remote communities, using the “both ways” method, to incorporate both traditional and western knowledge systems to create a new path forward in the space of family violence, based on the completed evaluations and list of recommendations (as advised in recommendation seven).
- Recommendation 10:** We recommend the Northern Territory Government provide on-going support for Aboriginal Community Controlled Health Services to deliver Social and Emotional Well-being programs for Aboriginal people as effective and valuable mechanisms to address domestic and family violence.

8. Housing, homelessness and overcrowding

Housing is critical to all other aspects of success in a person's life. Housing insecurity is a key factor in domestic violence, and may underpin decisions by some people who experience violence to remain in unsafe situations. Without safe and secure housing Aboriginal people in the NT will continue to have poor health outcomes, children find it difficult to study, adults find it is difficult to hold down a job and to raise healthy children, Housing is a cross cutting issue that impacts all aspects of social and economic life. It is therefore, a key social determinant of health. There continues to be a severe shortage of adequate housing in the NT. This is of particular concern among Indigenous households in the NT, which experience both overcrowded living conditions and poorer health outcomes compared to non-Indigenous households.

The Northern Territory recorded the highest rate of homelessness in Australia in 2011, 731 persons homeless per 10,000 persons. This is more than 15 times higher than Queensland, which came in second with 46 people homeless for every 10,000.⁷⁷ Of this number, 98% of the people living in overcrowded conditions in the NT are Aboriginal or Torres Strait Islander.⁷⁸

According to the 2011 ABS Census data, 29% of households in the NT are identified as Indigenous households, representing over 32,000 residents. Of these, the average occupancy is 9.27 persons per household.⁷⁹ It is also disturbing that nearly 42% of the population living in overcrowded houses are those under the age of 18.⁸⁰

Overcrowding

Overcrowding in housing has been linked to adverse effects on health outcomes such as infectious diseases and stress. Overcrowding has been associated with increased risk of neglect and abuse, family and community violence and poor employment and education outcomes.⁸¹ Recommendation 84 of the Little Children are Sacred Report states:

Given the extent of overcrowding in houses in Aboriginal communities and the fact this has a direct impact on family and sexual violence, the Inquiry strongly endorses the government's reform strategy of critical mass construction in targeted communities and recommends the government take steps to expand the number of communities on the target list for both new housing and essential repairs and maintenance in light of the fact that every community needs better housing urgently.⁸²

In relationships characterised by domestic violence, more often than not, victims of abuse are the ones who must leave their homes, and in some instances their communities in order to feel safe. Women leave their homes to live in other people's homes or to live in shelters or to live on the streets or in the long grass.

⁷⁷ ABS Census, 2011.

⁷⁸ Ibid.

⁷⁹ Ibid.

⁸⁰ Ibid.

⁸¹ David Cooper, 2011, *Closing the gap in cultural understanding: social determinants of health in Indigenous policy in Australia*, Aboriginal Medical Services Alliance of the Northern Territory (AMSANT), Darwin, 16.

⁸² Ampe Akelyernemane Meke Mekarle "Little Children are Sacred" Report of the Northern Territory Board of Inquiry into the Protection of Aboriginal Children from Sexual Abuse (2007) Northern Territory Government http://www.inquirysaac.nt.gov.au/pdf/bipacsa_final_report.pdf

Homelessness

Domestic and family violence is a cause of homelessness. A Larrakia Nation study of those living in the Long Grass found ‘family problems’, ‘family violence’ was the most common for leaving home. These quotes from the study illustrates this:

Family hassles and fighting. I gave up and came here.

My community, they always fight. They kill each other...that is why I moved away, fighting between families.

Kids fight and then adults fight. Too much fighting in the community.

*Too much violence. Groups fighting. I get tired of it, so I came here for a holiday.*⁸³

Other significant reasons included a desire to access alcohol, lack of housing in their home community, and trouble with authorities. Other people come to centres to access medical treatment or for other purposes, or to accompany spouses or other family members. Holmes and McRae-Williams expressed:

“This population is vulnerable to violence, are fearful, tired, hungry and often lonely... Excessive drinking of alcohol is commonplace – exacerbating their difficult circumstances, fuelling the cycle of disadvantage, exclusion and incarceration, creating greater dysfunction.”⁸⁴

Case Studies

The following case study is an example of the impacts of the lack of low-cost long-term housing available in Darwin. This case study highlights the difficulty of working with the NT Government Department of Children and Families (DCF) to achieve a good outcome for a client in a timely manner.

Client is maternal aunt to four children in the care of the DCF NT. Main factor for the removal of the children by DCF was due to being exposed to their parent’s violent relationship. Children are in two separate placements with foster carers. Client is assessed as a suitable kinship carer for children. Client does not have suitable housing for the children to live with her. Client had a priority housing application with Territory Housing but client was told application would take a minimum of two years. It took DCF four months to approve a sub-lease agreement between the client and the department. The matter was finalised in December, around six months after DCF approved housing sub-lease. Our client was still inspecting houses and the children were not yet placed with her. At present it is not known

⁸³ C Holmes and E McRae-Williams, (2008) An investigation into the influx of Indigenous ‘visitors’ to Darwin’s Long Grass from remote NT communities – Phase 2: Being undesirable: law health and life in Darwin’s Long Grass, Monograph Series No.33, The Larrakia Nation Aboriginal Corporation, National Drug Law Enforcement Research Fund.

⁸⁴ C Holmes and E McRae-Williams, (2008) An investigation into the influx of Indigenous ‘visitors’ to Darwin’s Long Grass from remote NT communities – Phase 2: Being undesirable: law health and life in Darwin’s Long Grass, Monograph Series No.33, The Larrakia Nation Aboriginal Corporation, National Drug Law Enforcement Research Fund.

whether the client found suitable housing and whether the children have been placed with her or still remain in separate placements.⁸⁵

The type of scenario described above is not uncommon for NAAJA and CAALAS clients.

This next case study is an example of the lack of short-term housing suitable for families and how this impacts on the resources on service delivery organisations, such as NAAJA. The lack of appropriate short-term housing means that service delivery organisations spend limited available time attempting to find appropriate and available accommodation. It also highlights the burden of expense that is put on the victim.

Client has family law proceedings in relation to her daughter. Client in a domestically violent relationship with her the father of her child. Client has alcohol dependency issues and was assessed as a suitable person to attend CAAPS program. The day before she entered the program the client was homeless with her other child in Darwin. NAAJA staff rang around a number of different short-term emergency accommodation options, however accommodation was either booked out or it was not suitable for client's child. NAAJA paid for accommodation in a hostel at the cost of \$40.00/night.⁸⁶

In this instance, NAAJA were available to pick up this bill. However, in these circumstances it should be the NTG's responsibility.

Recommendation 11: We recommend providing solutions that provide immediate support for family violence victims, transitioning them from crisis to secure interim accommodation.

Recommendation 12: APO NT recommends that the NT Government provide a range of short and long-term public housing options for persons affected by domestic and family violence as an essential measure in dealing with family violence problems.

Recommendation 13: We recommend that the NT Government streamline its policies and procedures in relation to processing for short and long-term housing and make all possible internal efforts to reduce wait times for public housing.

Recommendation 14: We recommend that in child protection matters, where domestic and family violence is present and where housing is a barrier to Aboriginal children being placed with appropriate family members, that the NT Government source private interim accommodation where short-term housing is unavailable. This strategy will reduce the Aboriginal child's exposure to family violence whilst also ensuring that they are placed with a family member rather than a stranger. The cost to DCF of paying for a foster carer as compared to sourcing private accommodation would be comparable.

⁸⁵ Interview with NAAJA Civil Lawyer (NAAJA, Darwin, 20 January 2014).

⁸⁶ Ibid.

9. Data and Evaluations

Given the importance of data and program evaluations in implementing policy, there is limited data on family violence in the Northern Territory. Data is needed to understand the profile of victims and perpetrators, to understand the frequency and incidence of domestic violence in the Northern Territory, to identify the groups at risk, develop intervention programmes and monitor the effectiveness of violence prevention and intervention activities.⁸⁷

Service providers and Government's may be reluctant to discuss program problems or may be reluctant to publish an evaluation of a project because it could result in competition for essential project funds, there remains a definite need for evaluations, preferably based on empirical data. Without publically available data and program evaluations, the evidence base of Northern Territory programs and interventions is significantly reduced. Evaluations are needed at various intervals of a program so the effectiveness and benefits, if any, can be understood during and after the program life.

The National Council to Reduce Violence against Women and their Children noted in the Time for Action: the National Council's Plan for Australia to Reduce Violence against Women and their Children, 2009-2021 that:

Data relating to violence against women and their children in Australia is poor. Data on services sought by, and provided to, victims is not readily available, and the way in which information is reported is generally inconsistent and does not allow for a comprehensive understanding of violence against women.⁸⁸

In a 2006 article, Carmen Lawrence explains that:

More often than not resources are short lived or delivered as part of a narrowly conceived 'pilot' which develops into a fully-fledged program. Bizarrely given their experimental character, such pilots are rarely evaluated, so it is difficult to get any idea of whether they have actually been useful. Support for staff is often inadequate and there is, as a result, a high turnover of staff.⁸⁹

Refer to Recommendation 8 and Recommendation 9

Recommendation 15

We call on the Northern Territory Government to commit to long term funding of evidence based programs showing signs of success. The government should also provide support to organisations to remedy any initial problems.

⁸⁷ Office on Child Abuse and Neglect, Children's Bureau

⁸⁸ NCRVWC 2009, 47.

⁸⁹ C Lawrence, 'A national disgrace: Violence against women and children in Indigenous communities' (2006) 30 Aboriginal and Islander Health Worker Journal 5, 32-33.

10. A Lack of Services in non-urban areas

It is important that non-urban and remote communities need access to basic services, including transport, communication facilities, Police, Solicitors, Social Workers, safe houses, safe rooms, Counsellors and support services. What is taken for granted in the city is just not available in remote areas. These services need to be developed in consultation with the community and the community need to control them. Aboriginal staff need to be employed in these services, which need to be culturally appropriate and adequately funded. Without having these basic services, there is no real protection for the victim, the victim's children and the community. Lack of services leads to overburdened, stressful work situations which may end in burnout and high staff turnover and may be a significant risk factor for suicide.⁹⁰

Going beyond the professional role

In non-urban areas in the Northern Territory, where many men and women have a limited income, and consequently reduced ability to afford mainstream legal services, and are more likely to have limited literacy, and limited access to domestic violence services NAAJA and CAALAS lawyers are required to go beyond their professional duties to provide adequate legal services to their clients.

On some days NAAJA and CAALAS lawyers will act as a makeshift counsellor, psychologist and social worker for their clients. The following provides an example where a NAAJA lawyer in the Katherine office was able to communicate with her client by coordinating with the client's employer at the school, the police and the local health service in Elliot:

The lawyer seeks instructions from the client in Elliot. To do so, the lawyer needs to go beyond her professional capacity as a lawyer to that of a social worker. To send documents to the client, the lawyer engages the client's employer at the local school. The employer prints all paperwork and assists the client to fill it in. To ensure that the client understands all that she is given, an Aboriginal health worker volunteers her time to help out the client. The employer then returns the paperwork by facsimile and also responds to continuing communication with the lawyer. It would be unfathomable for the lawyer to send documents to the post office for the client as the paperwork was extensive and it would have cost a fortune for the client to fax back. For conference calls with the client and with the other party the lawyer coordinated with the local health service to use a phone line for four hours in Elliot. Again the Aboriginal health worker volunteered her time to ensure the lawyer's client knew what was happening in the teleconference. This is all coordinated by the lawyer in Katherine.

If not for the determination and the ability of the lawyer to coordinate the aid of different employees and the use of their departmental budget (Education, Police, Health), the lawyer would not have been successful in this case. Also, but for the lawyer taking the clients case in this matter, the mother would have had her child taken away from her because she had no clear understanding of the mainstream legal system.

A Client Services Officer (CSO) in the Katherine NAAJA office also explains that components of case management and care co-ordination has become central to her role in supporting clients as well,

⁹⁰ L.H Bragg (2003) 'Child protection in Families Experiencing Domestic Violence'
<https://www.childwelfare.gov/pubs/usermanuals/domesticviolence/domesticviolence.cfm>

especially when they have been exposed to domestic violence. In chasing up clients for appointments the CSO usually needs to: call, text and/ or send letters; visit the client's home to find them if they don't respond to the above correspondences; drive around the town to see if they can find the client; pick the client up for appointments or court hearings and take the client to other appointments. The CSO also liaises with other networks to provide clients with services by arranging other appointments for them; liaising with clients to get to their appointments with other services and arranging travel, sometimes accommodation.

Legal aid funding cuts

With the pending cuts to Aboriginal and Torres Strait Islander Legal Aid Services, the reach of these lawyers to provide frontline services will be dramatically cut and Aboriginal people will be further marginalised and disenfranchised. Legal representation plays a vital role in ensuring effective responses to domestic violence, such as:

- Helping to ensure that perpetrators understand the legal consequences of their actions
- Helping to fully understand the terms of a domestic violence order and its consequences, and
- Can help the perpetrator access programs as part of the legal process.

Refer to Recommendation 11.

11. Alternative model to ‘punish the offender’

Current approaches are not working in the space of family violence. Recent data shows that domestic violence related assault represented over 60 per cent of all assaults in the Northern Territory.⁹¹ Cripps and McGlade suggest that is because these approaches have focused on separate needs of the victims and perpetrators with a particular focus on a criminal justice response, which criminalises violence and relies on the institutionalisation of the offender to protect the victim.⁹² In the Northern Territory, this is particularly true with the punitive measures of mandatory sentencing for violent offending which can apply a mandatory sentence of imprisonment. The Chief Executive Officer of NAAJA, Priscilla Collins, explains that:

“Research has unequivocally demonstrated that imprisonment fails to deter, rehabilitate meet public concerns or make communities safer. Instead incarceration actually increases the likelihood of reoffending through harmful criminalisation, damage to mental health, a loss of social connectedness and diminishment of employment prospects. Despite this, the tough on crime mantra continues to dominate political discourse and legislative reform... mandatory sentencing laws are arbitrary and disproportionate because the courts have far less scope to take into account serious social or personal disadvantage.”⁹³

The current focus on punishment and ‘hard time’, with limited opportunities for individuals to change their behaviour or address its underlying causes, has failed to reduce rates of offending. As a consequence the recidivism levels in the Northern Territory are extremely high. Past data has shown that perpetrators of assault return to prison at a higher rate than perpetrators of any other offence, and that repeated assault is the most common reason for the return to prison.⁹⁴ Cripps and McGlade express that women and children particularly live in fear that they ‘would get it worse’ upon the release of the perpetrator from custody.⁹⁵

Tasmania and the Northern Territory are the only state or territory jurisdictions yet to introduce specialist domestic violence courts (‘DVC’). The jurisdiction with the most developed DVC is the Australian Capital Territory, with their Family Violence Intervention Program. This program has evolved since 1998 and has been widely received as successful, despite facing funding shortages as client uptake increases.

Family and domestic violence courts have been running since the 1990s in the United Kingdom. North America, New Zealand and in some jurisdictions in Australia. A domestic violence court is necessary in making offenders responsible for their violence and providing victims of domestic

⁹¹ Northern Territory Police, *Northern Territory Crime Statistics* (November 2013), Northern Territory Police, Fire and Emergency Services <<http://www.pfes.nt.gov.au/Police/Community-safety/Northern-Territory-Crime-Statistics.aspx>>.

⁹² K Cripps and H McGlade ‘Indigenous family violence and sexual abuse: Considering pathways forward’ (2008) 14 *Journal of Family Studies* 2-3, 240-253

⁹³ P Collins ‘Making Justice Work: introducing justice reinvestment’ (2013) 2 *Balance*, 28-31.

⁹⁴ NT Crime Prevention, *Adult Recidivism in the Northern Territory: Prisoners*, (16 September 2005) Northern Territory Government, <http://www.nt.gov.au/justice/policycoord/documents/statistics/FactSheet_Recidivism_Prisoners_2005_09_16_EBook.pdf>.

⁹⁵ KCripps and H McGlade ‘Indigenous family violence and sexual abuse: Considering pathways forward’ (2008) 14 *Journal of Family Studies* 2-3, 240-253

violence with access to assistance and support. Domestic violence courts have three main aims: early intervention for low-risk offenders; vigorous prosecutions for serious and/or repeat offenders and a commitment to rehabilitation and treatment.⁹⁶ Julie Stewart explains that courts have the power to make perpetrators accountable through criminal sanctions and to make victims safer through making enforceable orders for their protection, as well as by imposing sentences on those convicted of offences under criminal law.⁹⁷ They can coerce perpetrators into treatment programs and can be the linchpin for bringing victims into contact with services and information about their right to live in safety.⁹⁸

The Australian Domestic & Family Violence Clearinghouse reviewed all of the state and territory DVC models and found that one of the reasons the ACT is able to run such a successful program is their size. This has allowed for a holistic system that sees connected government and non-government agencies working under the direction of four main aims:

- to work together co-operatively and effectively
- to maximise safety and protection for victims of family violence
- to provide opportunities for offender accountability and rehabilitation
- to seek continual improvement

There is the obvious difference that the Northern Territory is large and sparsely populated. The ACT also does not have the same cultural and linguistic diversity as the Northern Territory. These are challenges, but they can be overcome by employing the same open relationship between government and the non-government sector and delivering an adaptive, customisable model on a community by community basis. The cornerstone of any successful DVC is adaptability to community input.

An example of where the government is directly involved with the Aboriginal community to reduce the incidence of family violence in establishing a domestic violence court is in Western Australia. The Barndimalgu court was established in August 2007, but appears not to have been evaluated. When an Aboriginal person is arrested on a domestic violence charge, they are sent to the Barndimalgu court. People who plead guilty have an opportunity to do a 20-week program to address their violent behaviour before the final sentence is delivered. If the person successfully completes the program, they may not have to go to prison and may be given a community sentence instead. This helps the families and the community. The development phrase of the project aimed to:

- Develop a culturally-appropriate court based model that meets the needs of the Geraldton Aboriginal community in reducing family and domestic violence.
- Work with the Geraldton Aboriginal community to explore offender case management and through care approaches for
 - Appropriate prison diversion strategies
 - Delivery of suitable and effective programs that are culturally sound, such as domestic violence offender programs, counseling and drug and alcohol programs.

⁹⁶ J Stewart, 'Specialist domestic violence courts: what we know now – how far have Australian jurisdictions progressed? 2011 *Australian Domestic & Family Violence Clearinghouse* Topic Paper 2011.

⁹⁷ Ibid.

⁹⁸ Ibid.

- The management of perpetrators through community-based initiatives
- The provision of victim and family support
- The prevention of family and domestic violence.
- Develop a model to inform future planning and development of subsequent regionally focused family violence projects.⁹⁹

The aim is to improve the criminal justice response to family violence with an emphasis of meeting the needs of Aboriginal people, making perpetrators accountable for their behaviour, supporting victims in the criminal justice system, ensuring victim safety and reducing the incidence of family violence.

Prison is not an effective long-term response to family violence. While the current focus on employment in prison (through the “Sentenced to a Job” scheme) represents a positive step towards providing meaningful rehabilitation to offenders, employment by itself will do little to prevent domestic violence. To reduce recidivism rates, and to improve victim safety, the government must develop a more holistic criminal justice response to family violence which seeks to engage offenders in evidence-based behavioural change programs and community-based supports.

Recommendation 16: **We recommend that the government commit to the re-investment of criminal justice resources in diversion, restorative justice and rehabilitation.**

Recommendation 17: **APO NT supports a public submission process to the Northern Territory Government to propose what a Domestic and Family Violence court might look like in the Territory.**

Recommendation 18: **Based on the recommendations received APO NT recommends that the Government establishes a Domestic and Family Violence Court in the Northern Territory to make offenders responsible for their actions and provide victims of domestic violence with access to assistance and support.**

⁹⁹ ‘Barndimalgu Court and the Geraldton Family and Domestic Violence Project’, Australian Indigenous HealthInfoNet <http://www.healthinfonet.ecu.edu.au/key-resources/programs-projects?pid=1519> and *National Plan to Reduce Violence against Women and their Children* (Commonwealth of Australia: Canberra), 53.

12 Conclusion

High rates of domestic and family violence devastate Aboriginal communities of the Northern Territory. Alcohol is a key factor underlying much of this violence, compounding issues of lack of control, overcrowding, poor housing and homelessness. People outside of urban areas are particularly disadvantaged.

These issues must be addressed through strategies developed by Aboriginal communities, which the focus of management of violence must move beyond a criminal justice response. Alternative models including mediation, diversion restorative justice and rehabilitation are urgently need, with attention to evaluation and on-going improvement of strategies as they are rolled out.

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