

# **Aboriginal Peak Organisations Northern Territory**

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

**Aboriginal Peak Organisations (NT)** submission to the Senate Inquiry by the  
Finance and Public Administration References Committee into:

Domestic violence in Australia

**August 2014**

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**SUBMISSION FROM APO NT TO THE FINANCE AND PUBLIC ADMINISTRATION REFERENCES  
COMMITTEE INQUIRY INTO  
DOMESTIC VIOLENCE IN AUSTRALIA**

**1. INTRODUCTION**

Aboriginal Peak Organisations Northern Territory (APO NT) welcomes the opportunity to make a submission to the Finance and Public Administration References Committee's inquiry into Domestic violence in Australia.

Family violence is one of the biggest issues affecting the Northern Territory. It not only hurts the immediate victim, but it also damages the family and the wider community. It is also not just an Aboriginal issue. There are many underlying and interrelated factors causing an increase in violence across the Northern Territory, including the misuse of alcohol, loss of adult role models, poverty, low self-esteem, anger, stress, depression and, in some cases, learned behaviour .

Additionally for Aboriginal people, colonisation resulting in the loss of land and traditional culture; the disempowerment of traditional elders; the breakdown of community kinship systems and Aboriginal law; entrenched poverty; AOD abuse, excessive rates of incarceration; alienation from mainstream society, substandard or inadequate housing; limited access to societal resources and services; emotionally damaged family and community members; and racism; are some additional factors underlying the use of violence.<sup>1</sup> A multi-pronged approach is needed to address family violence, starting with community wide preventative strategies through to the provision of safe accommodation for victims and criminal sanctions against perpetrators. Effective approaches also need to address underlying factors that greatly affect Aboriginal families and communities, whilst also seeking to offer support to the victims, the perpetrators, and other family members affected, especially children.

Experiences of violence are traumatic. Unresolved trauma may compound, with effects cumulating with impacts on individuals, families and the broader community and society. Mental health and counselling services are often overstretched or unavailable, especially in remote areas, which can lead to the sensing of hopelessness and powerlessness, which can then feed into the underlying frustration that fuels violence. The experience of being exposed to violence in childhood is a risk factor for becoming a perpetrator and/or a victim of violence in adulthood. A pernicious cycle of violence in Aboriginal communities becomes intergenerational. Breaking this cycle presents a complex and difficult policy challenge.<sup>2</sup>

Judy Atkinson's research has identified a substantial lack of services that effectively support victims of abuse and interrupt its intergenerational progression.<sup>3</sup> 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. In particular, there are limited culturally appropriate rehabilitation services for Aboriginal people in the Northern Territory, a fact that

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<sup>1</sup> This is not a comprehensive list of additional factors. See the following reference for more information: F Al-Yaman., M.V Doeland, M. V & M Wallis(2006). *Family violence among Aboriginal and Torres Strait Islander peoples* Canberra: Australian Institute of Health and Welfare, Retrieved from <http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=6442458606> .

<sup>2</sup> K Cripps, C M Bennett, L C Gurrin and D M Studdert, 'Victims of violence among Indigenous mothers living with dependent children' (2009) 191 *MJA* 9, 481-485.

<sup>3</sup> 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)

significantly undermines Aboriginal peoples' ability to address and reduce violence in their communities.

APO NT cannot stress strongly enough that prevention and intervention strategies to address family violence in Aboriginal communities must be tailored to the experiences and circumstances of particular individuals, families and communities, in all their complexity.<sup>4</sup> Such measures need to be community driven, owned and controlled in order to be culturally safe, widely adopted and appropriate to circumstances.

## **2. ABOUT APO NT**

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

APO NT is working to develop constructive policies on critical issues facing Aboriginal people in the Northern Territory and to influence the work of the Australian and Northern Territory governments. As representatives from peak organisations in the Northern Territory, we share the aim of protecting and advancing the wellbeing and rights of Aboriginal and Torres Strait Islander people and communities. We also aim to provide a representative voice for Aboriginal people in the Northern Territory and to enable effective communication and information distribution between and within communities and Aboriginal organisations.

### **2.1 North Australian Aboriginal Justice Agency (NAAJA):**

NAAJA was formed in 2006. It brought together three existing Aboriginal Legal Services: North Australian Aboriginal Legal Aid Service, established in 1972; Katherine Regional Aboriginal Legal Aid Service, established in 1985; and Miwatj Aboriginal Legal Service, established in 1998.

NAAJA now has staff of over 100 across the Top End of the Northern Territory, with offices in Darwin, Katherine and Nhulunbuy. NAAJA provides services in a number of areas of the law including; criminal law, civil law (including family and child protection matters), Law and Justice Advocacy projects, and a prison Throughcare service.

### **2.2 Central Land Council (CLC):**

The CLC is a Commonwealth statutory authority established under the *Aboriginal Land Rights (Northern Territory) Act 1976* and a Native Title Representative Body under the *Native Title Act 1993*.

The CLC is one of four Northern Territory Land Councils. The CLC region covers the entire southern half of the Northern Territory, an area of some 780,000 square kilometres of land. The council is made up of 90 Aboriginal people from more than 15 language groups elected from communities across the region. The CLC is first and foremost a representative organisation for the Aboriginal people in its region particularly on land related matters, including land claims and economic use of land.

### **2.3 Central Australian Aboriginal Legal Aid Service (CAALAS):**

CAALAS strives for justice, dignity and equal rights and treatment before the law for Aboriginal people in Central Australia. CAALAS provides high quality, culturally appropriate and readily accessible legal services (in the areas of criminal, civil, family and welfare rights law), legal education,

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<sup>4</sup> C Lawrence, 'A national disgrace: Violence against women and children in Indigenous communities' (2006) 30 *Aboriginal and Islander Health Worker Journal* 5, 32-33.

social justice advocacy and preventative and early intervention services to Aboriginal people and communities in Central Australia.

#### **2.4 Northern Land Council (NLC):**

The NLC processes outstanding land claims under the *Aboriginal Land Rights (Northern Territory) Act 1976*, as well as undertaking responsibilities under other legislation, such as native title claims. In addition, assisting landowners with land management and economic development is now a priority. Many Aboriginal people use the NLC to assist them in 'caring for country' and to develop economic opportunities. The NLC region covers the northern part of the mainland Northern Territory.

#### **2.5 Aboriginal Medical Services Alliance of the Northern Territory (AMSANT):**

AMSANT is the peak body for Aboriginal Community Controlled Health Services in the Northern Territory. It aims to improve the health of Aboriginal people in the Northern Territory through promoting and extending the principle of local Aboriginal community control over primary health care services to Aboriginal people. AMSANT aims to alleviate the sickness, suffering and disadvantage, and to promote the health and well-being of Aboriginal people of the Northern Territory through the delivery of health services and the promotion of research into causes and remedies for illness and ailments found within the Aboriginal population of the Northern Territory.

### **3. SUMMARY OF RECOMMENDATIONS**

**APO NT stresses that any design and development of programs or initiatives to address family violence needs to be community driven, owned and controlled as much as possible. This will ensure cultural safety and appropriateness and will fit to local conditions. A one size fits all approach will not succeed across the board.**

#### **Recommendation 1:**

That the term 'family violence' is used in the NT instead of 'domestic violence' as it better reflects Aboriginal family and kinship systems.

#### **Recommendation 2:**

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 3:**

Intergenerational trauma must be recognised as a causal factor in family violence in the NT. Healing and violence prevention programs must be adequately resourced by Governments.

#### **Recommendation 4**

The 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 5:**

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

#### **Recommendation 6:**

APO NT recommends that the Government provide on-going support for Aboriginal Community Controlled Health Services and Aboriginal legal services to deliver Social and Emotional Well-being programs for Aboriginal people as effective and valuable mechanisms to address domestic and family violence.

**Recommendation 7:**

APO NT recommends that the 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 the Northern Territory Family Violence website, accessible to the public.

**Recommendation 8:**

The Information about current programs should be published on a 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:**

APO NT recommends that the Government provide funding for community legal 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). This education should be provided by Aboriginal organisations, where possible.

**Recommendation 10**

APO NT recommends that the Government refer to the complete outcomes of the APO NT Grog Summit Communiqué of 2012 and Report of 2013 (Attachments C and D).

**Recommendation 11:**

APO NT recommends that alcohol policy approaches must be evidence-based, must be holistic and have a whole of community response.

**Recommendation 12:**

APO NT recommends greater support for programs which provide immediate support for family violence victims, transitioning them from crisis to secure interim accommodation.

**Recommendation 13:**

APO NT recommends that the 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 14:**

APO NT recommends that the 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 15:**

APO NT recommends 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 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.

**Recommendation 16:**

APO NT recommends that the NT Government establish 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.

**Recommendation 17:**

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



#### 4. DEFINITIONS: DOMESTIC VS. FAMILY VIOLENCE IN AUSTRALIA

APO NT respectfully suggests that the term 'domestic violence' does not adequately reflect the situation faced by members of the community and that a more reflective term of the situations experienced by people is 'family violence' and that this term should be used.

It should be noted that the term 'family violence' has been adopted by the indigenous peoples of other post-colonial countries, including Canada, the United States of America and New Zealand.<sup>5</sup> 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<sup>6</sup>. 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<sup>7</sup>.

According to Memmott, family violence:

- Can affect both nuclear and extended family members.
- Affects both the heterosexual and GLBTI communities
- Can be committed by groups or individuals upon groups of people or individuals.
- Includes physical, psychological, emotional, social, sexual and economic abuse
- Can occur anywhere.<sup>8</sup>

As extended families are the cultural norm of Aboriginal peoples "...there is a blurring between community expressions of violence and what would otherwise be considered domestic violence. This is particularly important in remote communities where all relationships are kin relationships."<sup>9</sup>

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 family 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.<sup>10</sup>

It is imperative that everyone involved in responding to family violence are aware that family violence may occur within an extended family and through kinship systems, and can include non-physical types of abuse<sup>11</sup>. It is for this reason that the 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 couple.

It is vital that any program is guided by this reality.

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<sup>5</sup> F Al Yaman and M Wallis, Family Violence among Aboriginal and Torres Strait Islander Peoples, Australian Institute of Health and Welfare, Canberra, November 2006

<http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=6442458606>

<sup>6</sup> Office of Women's Affairs. 'Domestic Violence and Information Kit.' Fact Sheets 1-14. October 1995.

<sup>7</sup> Ibid, Fact Sheet 8,1.

<sup>8</sup> P Memmott, R Stacy, C Chamber and C Keys (2001) *Violence in Indigenous Communities Full Report*, Attorney General's Department, Canberra.

<sup>9</sup> F Al Yaman and M Wallis, Family Violence among Aboriginal and Torres Strait Islander Peoples, Australian Institute of Health and Welfare, Canberra, November 2006

<http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=6442458606>

<sup>10</sup> J Mulrone and C Chan 'Men as Victims of Domestic Violence', *Australian Domestic & Family Violence Clearinghouse*, 1-18 [http://www.adfvc.unsw.edu.au/PDF%20files/Men\\_as\\_Victims.pdf](http://www.adfvc.unsw.edu.au/PDF%20files/Men_as_Victims.pdf)

<sup>11</sup> 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.

**Recommendation 1:**

That the term 'family violence' is used in the NT instead of 'domestic violence' as it better reflects Aboriginal family and kinship systems.

## 5. THE PREVALENCE AND IMPACT OF DOMESTIC VIOLENCE IN AUSTRALIA

### 5.1 Prevalence of violence against women in Australia

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, 2012). In 2012, over 403,000 women in Australia experienced physical violence and over 102,400 women experienced sexual violence.

According to Australia's National Research Organisation for Women's Safety (ANROWS), 2014 Fast Facts - Indigenous family violence:

- Indigenous females were 35 times as likely to be hospitalised due to family violence related assaults, and Indigenous males 21.4 times as likely, than non-Indigenous females and males.
- Indigenous females are five times more likely to be victims of homicide than non-Indigenous females; a national review from mid- 2008 to mid- 2010 found 55% (n=33) of the 60 Indigenous homicide victims were killed in a domestic homicide; which includes 42% (n=25) that were intimate partner homicides.
- Indigenous people are between two and five times more likely than non-Indigenous people to experience violence as a victim or offender.<sup>12</sup>

### 5.2 Prevalence of violence against Aboriginal women in the Northern Territory

The NT Annual Crime Statistics for 2011-12, stated that Indigenous females made up 73% of all domestic violence victims in the Northern Territory and experienced domestic violence at a rate of 8,780 victims per 100,000 population, almost 23 times the rate for non-Indigenous females. The victimisation rate for Indigenous females increased by 6% from 2010-11 to 2011-12, and the rates for non-Indigenous females and non-Indigenous males increased by 3% and 5%, respectively. The rate for Indigenous males, though small, increased by 17%.<sup>13</sup> The same report expressed that Indigenous females not only experienced the highest rate of assault on a population basis, they also experienced the highest number of assault incidents per individual victim."<sup>14</sup>

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.<sup>15</sup>

The 2012 report of the Northern Territory Coordinator-General for Remote Services identified that:

<sup>12</sup> Australia's National Research Organisation for Women's Safety (ANROWS) Fast Facts – Indigenous Family Violence, 14 May 2014, <http://www.anrows.org.au/sites/default/files/Fast-Facts---Indigenous-family-violence.pdf>

<sup>13</sup> Northern Territory Annual Crime Statistics, Issue 1: 2011-12, Department of the Attorney General and Justice, Northern Territory Government  
[http://www.nt.gov.au/justice/policycoord/documents/statistics/nt\\_annual\\_crime\\_statistics\\_2012.pdf](http://www.nt.gov.au/justice/policycoord/documents/statistics/nt_annual_crime_statistics_2012.pdf)

<sup>14</sup> Ibid.

<sup>15</sup> Northern Territory Emergency Response (NTER): Evaluation Report 2011, 62.

*The Aboriginal experience of violence is predominantly inter-personal, involving family and intimate partner violence which appears to be increasing, particularly assaults against Aboriginal women.*<sup>16</sup>

*From July 2006 to June 2008 in the NT assault was the most common cause of hospitalisation for both Aboriginal men and women at 8 and 69 times the rate of other Australian males and females respectively.*<sup>17</sup>

In 2008, Aboriginal people comprised just under one third of the NT population but were victims of over half of all assaults, half of all sexual assaults and nearly two thirds of all homicide and related offences. In relation to this, Havnen observed that:

*"While members of the broader community and general public in Alice Springs, Katherine, Tennant Creek and Darwin appear to be increasingly fearful for their own personal safety it must be noted that the disproportionate impact of violent crime is borne by Aboriginal people – particularly Aboriginal women."*<sup>18</sup>

### 5.3 Reasons for under-reporting of Family Violence by Aboriginal people

The above statistics are likely an underestimate of the true problem because family violence is under-reported by Aboriginal people 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 MLA, 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."*<sup>19</sup>

Whilst, under-reporting is a significant issue, the available data is sufficient to demonstrate the disproportionate rate of violence in Aboriginal communities and the traumatic impact of this. **Image 1** conceptualises in a visual format the social context that an Aboriginal woman's decision making when they are considering reporting violence. It could apply to male victims as well<sup>20</sup>.

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<sup>16</sup> NT Coordinator General Report 2012, 98.

<sup>17</sup> Ibid.

<sup>18</sup> NT Coordinator's General Report 2012, 98.

<sup>19</sup> B Price, 'I have seen violence towards women every day of my life': Australia, 2009' (2009) 30 *The Australian Feminist Law Journal* 149-150.

<sup>20</sup> 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](https://www.alrc.gov.au/sites/default/files/pdfs/cfv_144_indigenous_law_centre.pdf)

**Image 1: Reporting Violence**<sup>21</sup>



## 6. FACTORS CONTRIBUTING TO THE PRESENT LEVELS OF DOMESTIC VIOLENCE

### 6.1 Reasons behind the violence

It is unrealistic to pinpoint one or even two factors as the single 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."*<sup>22</sup>

The causes of domestic and family violence can be categorised into two groups.<sup>23</sup> 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

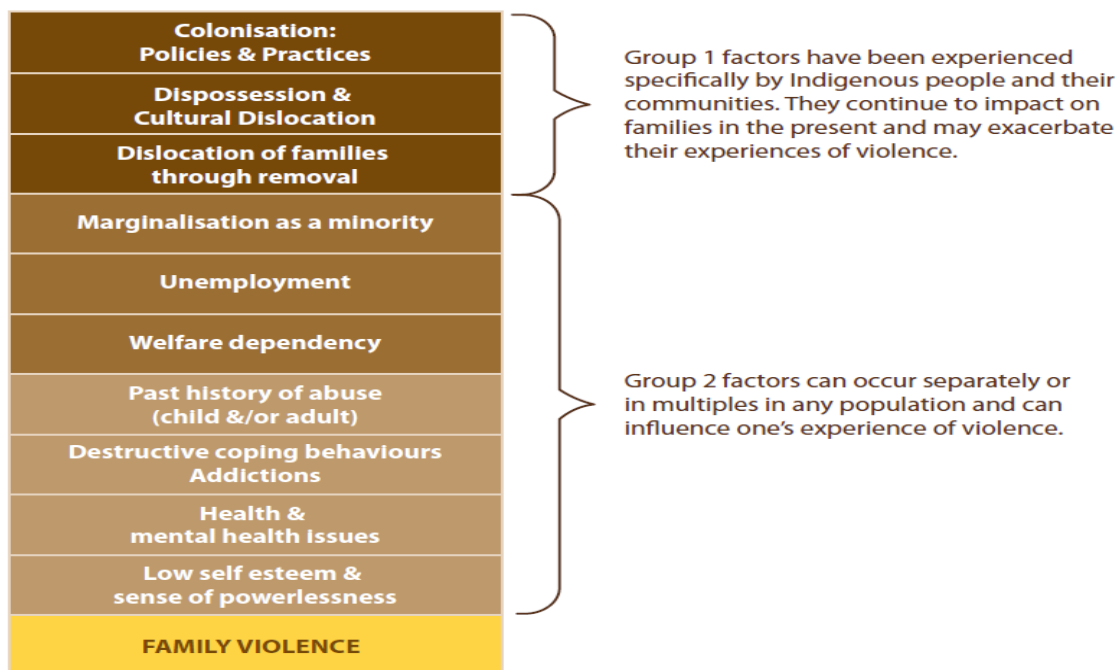
<sup>21</sup> Ibid.

<sup>22</sup> J Mulrone, Australian Domestic and Family Violence Clearinghouse (2003) Topic Paper: Australian Statistics on Domestic Violence, p. 11.

<sup>23</sup> K Cripps and H McGlade 'Indigenous family violence and sexual abuse: Considering pathways forward' (2008) 14 *Journal of Family Studies* 2-3, 240-253.

male and female roles, with men experiencing a loss in power, poverty and a lack of respect within families.<sup>24</sup> The second group of factors include: marginalisation as a minority, direct and indirect racism; unemployment; welfare dependency; past history of abuse; destructive coping behaviours; addictions; health and mental health issues; low self-esteem and a sense of powerlessness. This could also extend to: poor or inadequate housing; Sexual jealousy; Social isolation and deprivation; Loss of identity; poor physical and mental health due to loss of land and traditional culture; and, breakdown of community kinship systems. See **Image 2** for a visual explanation.

**Image 2: Factors contributing to family violence in Indigenous communities<sup>25</sup>**



**Recommendation 2:**

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.

**6.2 Trauma**

Experiences of violence are traumatic. Unresolved trauma may compound, with effects cumulating with impacts on individuals, families and the broader community and society. 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 overstretched or unavailable, especially in remote areas.<sup>26</sup>

Many Aboriginal children are growing up in communities where violence has become ‘a normal and ordinary part of life.’<sup>27</sup> These children, who have witnessed domestic violence or have been

<sup>24</sup> Ibid.

<sup>25</sup> K Cripps, ‘Indigenous Family Violence Pathways Forward’ in N Purdie, P Dudgeon and R Walker (eds) Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice, 2010, Department of Health and Ageing , 149 <http://aboriginal.childhealthresearch.org.au/media/54892/chapter11.pdf>.

<sup>26</sup> Email from Staff at Sunrise Health Service to Brionee Noonan, 31 January 2014.

<sup>27</sup> 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

physically abused, grow up more likely to be involved in marital aggression themselves.<sup>28</sup> Poor attendance at school, reduced employment prospects, depression and despair make such children future contributors in the destructive cycle of abuse and violence.<sup>29</sup> Children living in homes in which violence occurs are vulnerable to physical, emotional, sexual 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.<sup>30</sup>

Adverse childhood experiences such as family violence can also cause epigenetic changes that heighten the individual's risk of developing serious chronic diseases in adulthood, in particular, depression, anxiety, obesity (a risk factor), alcohol and other drugs misuse, cardiovascular disease.<sup>31</sup> In this instance, if a negative experience is embedded in a body it can negatively impact the health of that person, even if it happened many years earlier. As a consequence, abused children are also at an increased risk for a wide range of physical health conditions including obesity, heart disease, as well as psychiatric conditions such as depression, suicide, drug and alcohol abuse, high-risk behaviors and violence.

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.<sup>32</sup> 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.<sup>33</sup> Atkinson's research also identified a substantial lack of services that effectively supported victims of abuse and interrupted its intergenerational progression.<sup>34</sup> 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 the rate of family violence was reduced in Aboriginal communities then as a result, many of these serious health problems could be reduced.<sup>35</sup>

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sexual abuse in Western Australia, (2002) Western Australian Government Inquiry into Responses and Child Abuse in Aboriginal Communities.

<sup>28</sup> 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.

<sup>29</sup> C Lawrence, 'A national disgrace: Violence against women and children in Indigenous communities' (2006) 30 *Aboriginal and Islander Health Worker Journal* 5, 32-33.

<sup>30</sup> 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.

<sup>31</sup> For a full definition of 'epigenetics' see 'What is epigenetics',

<http://www.whatisepigenetics.com/fundamentals/> and Genetic Science Learning Centre. Learn Genetics : Epigenetics Salt Lake City: University of Utah 2013 <<http://learn.genetics.utah.edu/content/epigenetics/>>.

<sup>32</sup> 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.

<sup>33</sup> Ibid

<sup>34</sup> Ibid

<sup>35</sup> Ibid and, R Zhao, 'Child abuse leaves epigenetic marks' National Human Genome Research Institute <http://www.genome.gov/27554258>

**Recommendation 3:**

Intergenerational trauma must be recognised as a causal factor in family violence in the NT. Healing and violence prevention programs must be adequately resourced by Governments.

## 7. THE ADEQUACY OF POLICY AND COMMUNITY RESPONSES TO DOMESTIC VIOLENCE

### 7.1 Current Policy to address Domestic and Family Violence in NT

NT Government has established a DV Directorate within its Attorney-General Office, who have been tasked to develop the Territory's new Domestic and Family Violence Reduction Strategy (as one of the five Pillars of Justice) in line with COAG's National Plan to Reduce Violence against Women and their Children 2010-2022.<sup>36</sup>

In 2009, the Northern Territory Government introduced mandatory reporting in the NT through the Domestic and Family Violence Amendment Bill. The police have a duty to investigate violence. Through this legislation it is mandatory for neighbours, health professions, and others to report based on reasonable grounds, that:

- 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.

A failure to report can result in a criminal offence.

In November 2013, the Northern Territory Government announced that it is developing a comprehensive domestic violence reduction strategy, which will incorporate ten agencies across Government and apply a cross-agency approach to address the unacceptably high level of domestic violence in the Northern Territory. At time of writing this submission, no draft of the strategy has been made available to APO NT nor released by NT Government for public discussion. It is too early to stipulate whether this will constitute whether this will be an adequate policy response.

In July 2014 the NT joined the Foundation for the Prevention of Violence against Women and their Children.<sup>37</sup> APO NT is interested in hearing of initiatives that may come of the NT's involvement with the Foundation.

### 7.2 Risk factors for domestic and family violence and inadequacy of current responses

The particular circumstances of Aboriginal people living in the NT, whether in urban, remote or very remote communities make them particularly vulnerable to many of the identified risk factors for family violence:

*"Socio-economic circumstances including high levels of overcrowding and poor housing, unemployment, poverty and alcohol/substance misuse all significantly contribute to family violence and high rates of homicide, assault and injury. The high level of stress on households due to sustained overcrowding and poverty cannot be overstated."*

<sup>36</sup> National Plan to Reduce Violence against Women and their Children (Commonwealth of Australia: Canberra), 53. [http://www.dss.gov.au/sites/default/files/documents/08\\_2014/national\\_plan1.pdf](http://www.dss.gov.au/sites/default/files/documents/08_2014/national_plan1.pdf)

<sup>37</sup> This foundation was launched in July 2013, but the Commonwealth Minister for the Status of Women, the Hon Julie Collins MP, and the Victorian Minister for Community Services, the Hon Mary Wooldridge MP. More information about this foundation can be found here: <http://www.preventviolence.org.au/>

*No single risk factor is by itself sufficient to predict abuse or becoming an abuser, and therefore intervention and prevention strategies are most likely to be effective if they are designed to target multiple levels of risk simultaneously.*<sup>38</sup> (Havnen, 2012, pp. 98-99)

### 7.3 Community control and evidence based family and domestic violence programs

There is strong evidence to show that community-control and ownership creates more effective and lasting solutions to problems in Aboriginal communities.<sup>39</sup> 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'.<sup>40</sup>

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.<sup>41</sup> 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.<sup>42</sup> This draws on the strengths of the community in order to build resilience and, combined with the added support of services, provides for a more sustainable and long term solution<sup>43</sup>.

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.<sup>44</sup> Any future policies developed to address domestic and family violence must be supported by a commitment to fund programs in communities to achieve the policies' objectives.

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 perpetrating or being the victim of family violence. Preventative programs would include education methods, diversionary activities, counsellor training,

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<sup>38</sup> NT Coordinator General for Remote Services Report 2012, pp. 98-99

<sup>39</sup> 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.

<sup>40</sup> National Aboriginal Community Controlled Health Organisation (NACCHO), Definitions: Aboriginal Health, <http://www.naccho.org.au/aboriginal-health/definitions/>

<sup>41</sup> 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.

<sup>42</sup> 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>

<sup>43</sup> Ibid

<sup>44</sup> 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.



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, women's refuges, court referred behaviour change programs for perpetrators and comprehensive throughcare programs for violent offenders sentenced to a term of imprisonment.

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, both in scope and capacity. Existing programs in the NT are detailed below.

**(i) 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.<sup>45</sup> 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.<sup>46</sup> This particular program has not been delivered to offenders on remand in the past, however the Departments involved have been running the community FVP program to sentenced prisoners.

There are separate programs for women. The topics are the same, but the scenarios and role plays are written based on women's experiences. The topics delivered in 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.<sup>47</sup>

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.<sup>48</sup> The capacity of this program is very limited and must be increased.

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<sup>45</sup> The Family Violence Program (FVP) Brochure, Department of Correctional Services, 2014.

<sup>46</sup> Email from Staff at Department of Corrections to Brionee Noonan, 4th February 2014.

<sup>47</sup> Ibid

<sup>48</sup> Email with Staff at Department of Corrections to Brionee Noonan, 4th February 2014.

### (ii) *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.

Whilst we do not know whether this program has been evaluated, we consider that the provision of programs of this kind in remote communities is very important.

### (iii) *Men's Programs*

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 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.<sup>49</sup>

An example of men's programs in the Aboriginal community-controlled health sector is Wurlu-Wurlinjang Health Service's '*StrongBala Male Health Program*'. The Wurlu-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.<sup>50</sup> 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.<sup>51</sup> APO NT supports the continuing of this program.

In 2014 a *men's behaviour change program* has commenced in Alice Springs as part of the Alice Springs Integrated Response to Family and Domestic Violence project. This program will work with both mandated and voluntary participants, including through a court referred model. One of the key barriers in the court context is mandatory sentencing, which will effectively preclude or fail to provide an incentive for many perpetrators to engage with the program as a bail or sentencing option.

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<sup>49</sup> L Reilly (2008) 'Through the eyes of Blackfellas', Thesis for Masters of Arts, Central Queensland University, Faculty of Arts.

<sup>50</sup> Wurlu Wurlinjang Health Service, (2012) Katherine StrongBala Men's Health Program <http://www.wurli.org.au/program-strongbala.htm>

<sup>51</sup> 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.

The Youth Preventative Programs Coordinator at Sunrise Health Service noted that much emphasis is given to women in family violence, but little is provided to support men.<sup>52</sup> The staff member implored that the 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 one 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 A**.

#### **Recommendation 4:**

The 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.

#### **7.4 Inclusion of children's needs in program and policy design**

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 which incorporates 'the family' in family violence programs that are immersed in tradition and culture.

In New Zealand, a key feature of domestic programmes *Tu Tama Wahine o Taranaki* and *Te Whare Ruruahu o Meri* was their embracement of 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.<sup>53</sup> Both programs realised the strength of healing within extended families and tribes. If proper healing and change were to occur,

<sup>52</sup> Sunrise Health Service Aboriginal Corporation is a health service based in Katherine and services the neighbouring communities. Sunrise is a member of AMSANT.

<sup>53</sup> 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.

programs would have to reflect the voices of the Elders and the community.<sup>54</sup> It is important to note here that children will be the indirect beneficiaries of effective prevention strategies.<sup>55</sup>

**Recommendation 5:**

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

## 7.5 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. Unfortunately, the Office for Aboriginal and Torres Strait Islander Health (OATSIH) noted that in remote NT communities less than half of 50 remote communities had access to mental health and alcohol and other drug services.<sup>56</sup>

### (i) Danila Dilba

Danila Dilba in the Top End and Congress in Central Australia 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.<sup>57</sup>

### (ii) Congress

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.<sup>58</sup> 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.<sup>59</sup>

### (iii) Lawyers in Aboriginal legal services

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

<sup>54</sup> M Brown & C Coggan, 2004, 'Evaluation of the Ngati Porou Community Injury Prevention Project', *Ethnicity & Health*, Vol.9, No.1, February, 5.

<sup>55</sup> 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

<sup>56</sup> 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)

<sup>57</sup> Danila Dilba Health Service Annual Report 2012-13 <http://www.daniladilbaexperience.org.au/images/PDFs/danila%20dilba%202013%20annual%20report.pdf>

<sup>58</sup> Central Australian Aboriginal Congress (CAAC) Social & Emotional Wellbeing (SEWB) <http://www.caac.org.au/about-congress/organisation-structure/social-emotional-wellbeing-sewb/>

<sup>59</sup> Ibid n 44, Also mentioned in conversation with AMSANT staff in preparation for this submission.

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.

It is important that non-urban and remote communities have 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.

#### **(iv) Case Studies – Community Legal Education**

Further to the role of NAAJA is that if the Community Legal Educators who have been formulating, with encouraging signs of success, programs with the involvement of communities to address domestic/family violence in Aboriginal communities. One such success is that involving the community of Ngukurr and the Ngukurr Women's Safe House. NAAJA together with the Remote Family Violence Unit (RFVU) worked together to facilitate an ongoing relationship and professional development with the staff of the Ngukurr Women's Safe House. Part of that ongoing development was to generate a community appropriate tool to help staff at the Safe House explain to community members the complex legal nature of a DVO and the effects of a DVO.

The training given by NAAJA responded specifically to the needs identified by the staff of the Safe House and gave an opportunity to debunk common myths and misconceptions of a DVO. One of those common misconceptions being that putting a DVO on someone meant that the person would be sent to gaol. This is a significant link to why domestic/family violence may be under reported in Aboriginal communities.

Over the time of this project NAAJA and the Ngukurr Safe House were able to develop learning and communication materials and tools to help educate not only staff members but the community as a whole. This project was led by NAAJA but was made possible with funding provided by RFVU.

The Safe House staff have thanked NAAJA for undertaking this program and have embraced the knowledge and materials developed with NAAJA's help. Such success was only possible with the involvement of the community to apply, translate and transform the legal information given by NAAJA and adapt to the needs of the Ngukurr community.

Another successful project involved NAAJA Community Legal Education (CLE) workers involved working with a group of Elders from a remote NT community. The case study involved a man being sentenced by the Supreme Court of the NT. The CLE workers were asked to assist the Elders in the community to write a reference letter to the Supreme Court about the offender and his obligations in the community. The letter received high praise from the sentencing Judge. The Judge commented that it was a good letter that demonstrated that domestic violence was not an accepted part of the community and that the community wanted to address the issues raised by that particular incident. The letter gave the Elders of that community an opportunity to be involved with the justice process and also demonstrate their disapproval of domestic violence in their culture.

What this shows is the importance of community involvement and leadership on such issues, and the success and empowerment that can come from engaging the community, particularly Elders.

#### *(v) NAAJA Throughcare service*

NAAJA commenced a ground-breaking Throughcare project in 2010 to help prisoners reintegrate into the community. Our workers work side-by-side with our clients, to help them identify issues they will face upon release, and assist them to access the services they need.

NAAJA added a new component to our Throughcare project in 2013, when we trialed a new specialist family violence Throughcare worker. This worker is already making a significant difference to the clients and families she is working with.

When a person is released from custody there is often a DVO in place. This DVO is reviewed to ensure our client understands the conditions and its suitability. If the DVO requires variation, NAAJA's Throughcare worker liaises with expert domestic violence lawyers to determine how to address the needs of the offender and the victim. The pathway to varying a DVO can be complex and may include the other legal organisation bringing the application to vary the order, assisting our client to access a rehabilitation program, obtain counselling and/or complete the Family Violence Program.

Another issue that NAAJA Throughcare has identified is the challenges facing our clients to differentiate between the conditions of a DVO and those of other supervised release orders (such as suspended terms of imprisonment or parole orders). In some cases, contact with a victim may be permitted by a DVO but precluded by a parole order. But more generally, many of our clients have an extremely limited comprehension of the orders they are bound by. This is an issue that requires specialist, intensive assistance for Aboriginal clients, particularly those from remote communities with limited or no English literacy skills.

In our view, this is an issue that requires specialist legal education training for Aboriginal people in remote communities.

There is presently a massive gap in Central Australia in the NT where there is no longer a Throughcare service available.

With the pending cuts to Aboriginal and Torres Strait Islander Legal Aid Services, the reach of these lawyers and community legal education workers to provide frontline services will be dramatically cut and Aboriginal people will be further marginalised and disenfranchised. The Northern Territory incarceration rate is already five times the national average and Aboriginal people represent over 85% of the prison population.<sup>60</sup>

**Recommendation 6:**

APO NT recommends that the Government provide on-going support for Aboriginal Community Controlled Health Services and Aboriginal legal services to deliver Social and Emotional Well-being programs for Aboriginal people as effective and valuable mechanisms to address domestic and family violence.

**7.6 Less talking, more action: funding what works**

It is understood that there have been vast numbers of reports and audits on the issues of family violence.

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 funding of 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.

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.<sup>61</sup> This data is needed by communities, researchers, service providers to base their decision on the best evidence available. It is also needed for communities who need to make well informed decisions.

It is difficult to create new domestic violence programs in the Northern Territory if there is limited information and evaluations of these programs. This makes it difficult to ascertain the effectiveness of programs and services, whether they are designed to reduce the incidence of family violence or build the capacity of communities and individuals to cope with the violence.<sup>62</sup> While Memmot explains that service providers may be reluctant to discuss program problems or that an evaluation of a project could result in competition for essential project funds, there remains a definite need for

<sup>60</sup> D Cooper, 'Aboriginal Legal Aid cuts utterly counter-productive' (APO NT Media Release, 17 December 2014).

<sup>61</sup> Office on Child Abuse and Neglect, Children's Bureau

<sup>62</sup> K Cripps and M Davis, 'Communities working to reduce Indigenous family violence', Indigenous Justice House, Brief 12, June 2012

evaluations, preferably based on empirical data.<sup>63</sup> 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.<sup>64</sup>

**Recommendation 7:**

APO NT recommends that the 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 the Northern Territory Family Violence website, accessible to the public.

**Recommendation 8:**

The Information about current programs should be published on a 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:**

APO NT recommends that the Government provide funding for community legal 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). This education should be provided by Aboriginal organisations, where possible.

## **8. ALCOHOL FUELLED VIOLENCE IN THE NT**

### **8.1 Alcohol consumption in the NT**

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, and haemorrhagic

<sup>63</sup> Paul Memmott, Catherine Chambers, Carroll Go-Sam and Linda Thomson, 'Good practice in Indigenous family violence prevention – designing and evaluating successful programs' (2006) Australian Domestic & Family Violence Clearinghouse, Issues Paper 11.

<sup>64</sup> NCRVWC 2009, 47.



stroke as well as motor vehicle accidents. The Northern Territory has the highest premature death rates from these conditions.<sup>65</sup>

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 assaults, the neglect and abuse of children, and the disruption and dysfunction of communities.<sup>66</sup> 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, hence violent behaviour.<sup>67</sup>

The 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 the mean for NT Aboriginal people is 16 litres.<sup>68</sup> 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.<sup>69</sup>

## 8.2 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:

**Table 1: Domestic violence related incidents in the Northern Territory<sup>70</sup>**

	2007	2008	2009	2010	2011
<b>Alcohol related</b>	387	651	988	939	1109
<b>Total</b>	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.”<sup>71</sup> 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.<sup>72</sup> 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.<sup>73</sup>

<sup>65</sup> Ibid

<sup>66</sup> 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.

<sup>67</sup> Email from Staff at Sunrise Health Service to Brionee Noonan, 31 January 2014.

<sup>68</sup> 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.

<sup>69</sup> 33P 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>

<sup>70</sup> Northern Territory Coordinator General for Remote Services Report 2012.

<sup>71</sup> 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/>

<sup>72</sup> Ibid

<sup>73</sup> 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.

### 8.3 Strategies to address the over-consumption of alcohol

The World Health Organisation 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.<sup>74</sup> A lack of respect and acknowledgement for 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.<sup>75</sup>

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 Galawu 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.<sup>76</sup> 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.<sup>77</sup>

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

*"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."*<sup>78</sup>

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 measures 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.*<sup>79</sup>

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<sup>74</sup> World Health Organisation. (2007) The World Health Report 2007 – A Safer Future: Global Public Health Security in the 21st Century.

<sup>75</sup> 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.

<sup>76</sup> Danila Dilba Annual Report, 2010, 13.

<sup>77</sup> Ibid

<sup>78</sup> 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.

<sup>79</sup> Ibid, Northern Territory Coordinator General for Remote Services Report, June 2011-August 2012, 118.

#### 8.4 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.<sup>80</sup> The participants also agreed that for approaches to reduce alcohol related harm to be effective, they need to be holistic and community driven.

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 B**).

The full outcomes from the Central Australian Grog Summit is attached (**ATTACHMENT C**).

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

##### **Recommendation 10:**

APO NT recommends that the Government refer to the complete outcomes of the APO NT Grog Summit Communiqué of 2012 and Report of 2013 (Attachments C and D).

##### **Recommendation 11:**

APO NT recommends that alcohol policy approaches must be evidence-based, must be holistic and have a whole of community response.

## 9 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.

<sup>80</sup> APO NT, Central Australian Grog Summit Report 2013, 6.

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<sup>81</sup>. Of this number, 98% of the people living in overcrowded conditions in the NT are Aboriginal or Torres Strait Islander.<sup>82</sup>

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.<sup>83</sup> It is also disturbing that nearly 42% of the population living in overcrowded houses are those under the age of 18.<sup>84</sup>

## 9.1 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.

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”.*<sup>85</sup>

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.

## 9.2 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.*<sup>86</sup>

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<sup>81</sup> ABS Census, 2011.

<sup>82</sup> Ibid

<sup>83</sup> Ibid

<sup>84</sup> Ibid

<sup>85</sup> *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](http://www.inquirysaac.nt.gov.au/pdf/bipacsa_final_report.pdf)

<sup>86</sup> 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.

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.

### 9.3 Case Studies from the legal services

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 whether the client found suitable housing and whether the children have been placed with her or still remain in separate placements.<sup>87</sup>*

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 is in a domestically violent relationship with 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.<sup>88</sup>*

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

### 9.4 Escaping Domestic/Family Violence

Funding should be appropriately directed to provide for safe houses throughout the NT including in remote communities. This will ensure where a victim's immediate safety is jeopardised they may have the option of a safe house to escape to.

Consideration should also be had as to the effect of the current Government's proposed welfare reforms and the impact that may be felt by victims of domestic/family violence and the hardship financially it could create on a victim wanting to leave a violent situation but not having adequate access to funds to do so. Funds would need to cover accommodation, food and basic hygiene

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<sup>87</sup> Interview with NAAJA Civil Lawyer (NAAJA, Darwin, 20 January 2014).

<sup>88</sup> Ibid

materials and usually for more than one person. Financial dependency is one reason why a victim will make the decision to not escape domestic/family violence.

**Recommendation 12:**

APO NT recommends greater support for programs which provide immediate support for family violence victims, transitioning them from crisis to secure interim accommodation.

**Recommendation 13:**

APO NT recommends that the 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 14:**

APO NT recommends that the 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 15:**

APO NT recommends 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 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.

## 10. ALTERNATIVE MODELS 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.<sup>89</sup> 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.<sup>90</sup> 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."<sup>91</sup>*

This focus on criminalising the offender has been criticised by Aboriginal community members, who believe it to be an extension of the policies and practices of colonisation. This can be supported by

<sup>89</sup> 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>

<sup>90</sup> K Cripps and H McGlade 'Indigenous family violence and sexual abuse: Considering pathways forward' (2008) 14 *Journal of Family Studies* 2-3, 240-253

<sup>91</sup> P Collins 'Making Justice Work: introducing justice reinvestment' (2013) 2 *Balance*, 28-31.

the evidence of limited opportunities for offenders to be rehabilitated. Indeed, mandatory sentencing precludes repeat offenders, or acts as a disincentive, to engagement in behaviour change and rehabilitation programs whilst on bail or as part of sentencing. This is because for most repeat violent offences, the Court will be required to send the offender to prison for a specified minimum period. The limited number of domestic and family violence focused programs available for prisoners, and the lack of throughcare programs in Central Australia, mean that many repeat offenders are simply moved in and out of prison, without any intervention to address their violent behaviour.

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.<sup>92</sup> 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.<sup>93</sup>

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 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.<sup>94</sup> 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.<sup>95</sup> 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.<sup>96</sup>

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

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<sup>92</sup> 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](http://www.nt.gov.au/justice/policycoord/documents/statistics/FactSheet_Recidivism_Prisoners_2005_09_16_EBook.pdf)>.

<sup>93</sup> KCripps and H McGlade ‘Indigenous family violence and sexual abuse: Considering pathways forward’ (2008) 14 *Journal of Family Studies* 2-3, 240-253

<sup>94</sup> 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.

<sup>95</sup> Ibid.

<sup>96</sup> Ibid.

- 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.
  - 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.<sup>97</sup>

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.

**Recommendation 16:**

APO NT recommends that the NT Government establish 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.

**Recommendation 17:**

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

<sup>97</sup> 'Barndimalgu Court and the Geraldton Family and Domestic Violence Project', Australian Indigenous HealthInfoNet <http://www.healthinonet.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.



## 11. SUPPORT FROM THE FEDERAL GOVERNMENT

The World Health Organisation, in a publication called *Violence prevention: The Evidence*<sup>98</sup> highlights evidence based interventions that can help prevent interpersonal and self-directed violence:

1. Preventing violence through the development of safe, stable and nurturing relationships between children and their parents and caregivers;
2. Preventing violence by developing life skills in children and adolescents;
3. Preventing violence by reducing the availability and harmful use of alcohol;
4. Guns, knives and pesticides: reducing access to lethal means;
5. Promoting gender equality to prevent violence against women;
6. Changing cultural and social norms that support violence; and,
7. Reducing violence through victim identification, care and support programmes.

Please see APO NT recommendations 1 to 17 in this submission. In addition, we reiterate that Community Control is paramount to the success of any community focused approach to address family violence amongst Aboriginal people. For Community Control to be successful adequate funding is necessary and appropriate.

## 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.

Finally, it is vital that when dealing with family violence in Indigenous settings, design of programs and solutions involve community elders, are holistic, culturally safe and appropriate, devised to fit local conditions and needs.

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<sup>98</sup> World Health Organisation, *Violence Prevention: The Evidence*,  
[http://www.who.int/violence\\_injury\\_prevention/violence/4th\\_milestones\\_meeting/evidence\\_briefings\\_all.pdf](http://www.who.int/violence_injury_prevention/violence/4th_milestones_meeting/evidence_briefings_all.pdf)

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