Acknowledgements

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We extend our thanks and appreciation to the project managers and members of the Project Reference Group for their many thoughtful comments and their help in facilitating access to interviewees.

Those who helped with access to data and with data collection contributed immeasurably to this evaluation. In addition, Ian Reeve at the University of New England provided invaluable assistance with the data analysis.

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We thank the women victim/survivors who participated in the interviews; we have learned a great deal from them. Similarly we would like to thank the participants in the Men’s Behaviour Change Program who agreed to be interviewed. We appreciated their frankness and found their responses valuable.

Cover image: Cosy Courts, an installation created for the 2012 Alice Desert Festival by Nicky Schonkala and Ralf Haertel (ralfwhynot@hotmail.com), photograph by Liz Olle. The Cosy Courts project was about making the Court House more friendly and accessible.
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### Abbreviations and acronyms

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<tr>
<td>ASH</td>
<td>Alice Springs Hospital</td>
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<td>ASTP</td>
<td>Alice Springs Transformation Plan</td>
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<tr>
<td>ASWS</td>
<td>Alice Springs Women's Shelter</td>
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<tr>
<td>AGD</td>
<td>NT Department of the Attorney-General and Justice (formerly the Department of Justice (DOJ))</td>
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<tr>
<td>CAAAPU</td>
<td>Central Australian Aboriginal Alcohol Programs Unit</td>
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<tr>
<td>CAAC</td>
<td>Central Australian Aboriginal Congress</td>
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<tr>
<td>CAALAS</td>
<td>Central Australian Aboriginal Legal Aid Service</td>
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<tr>
<td>CAAFLU</td>
<td>Central Australian Aboriginal Family Law Unit</td>
</tr>
<tr>
<td>CAFVSAN</td>
<td>Central Australian Family Violence and Sexual Assault Network</td>
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<tr>
<td>CAWLS</td>
<td>Central Australian Women’s Legal Service</td>
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<tr>
<td>Corrections</td>
<td>NT Department of Correctional Services</td>
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<tr>
<td>DCF</td>
<td>NT Department of Children and Families</td>
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<tr>
<td>DPP</td>
<td>Director of Public Prosecutions</td>
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<td>DVO</td>
<td>Domestic Violence Order</td>
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<tr>
<td>DVU</td>
<td>Domestic Violence Unit (NT Police)</td>
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<td>F&amp;DV</td>
<td>Family and domestic violence</td>
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<td>FSF</td>
<td>Family Safety Framework</td>
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<td>FSM</td>
<td>Family Safety Meeting</td>
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<td>ISO</td>
<td>Intelligence Support Officer (FSF Secretariat)</td>
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<tr>
<td>ITCG</td>
<td>Interagency Tasking and Coordination Group</td>
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<tr>
<td>JSS</td>
<td>Jesuit Social Services</td>
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<tr>
<td>MBCP</td>
<td>Men’s Behaviour Change Program</td>
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<tr>
<td>MOU</td>
<td>Memorandum of Understanding</td>
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<tr>
<td>NAPCAN</td>
<td>National Association for the Prevention of Child Abuse and Neglect</td>
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<tr>
<td>NPYWC</td>
<td>Ngaanyatjarra, Pitjantjatjara and Yankunytjatjara Women’s Council</td>
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<td>NT</td>
<td>Northern Territory</td>
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<tr>
<td>RFQ</td>
<td>Request for Quote</td>
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<td>TBL</td>
<td>Temporary Beat Location (NT Police)</td>
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<td>TWC</td>
<td>Tangentyere Women’s Committee</td>
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<tr>
<td>VIS</td>
<td>Victim impact statement</td>
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<td>VSAS</td>
<td>Victim Support and Advocacy Service</td>
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<tr>
<td>WAS</td>
<td>Witness Assistance Service (DPP)</td>
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Executive summary

Introduction

The Alice Springs Integrated Response to Family and Domestic Violence (the Alice Springs Integrated Response) project aims to increase the safety of women and children; and to improve accountability of men who use family and domestic violence and support them to change their behaviour.

The project was initially funded under the Alice Springs Transformation Plan through which the Australian Government provided $3.2 million over three and a half years from January 2012 to June 2015 for Phase One. An additional $2.4 million for the following two years to June 2017 (Phase Two) was provided through Stronger Futures funding. The Northern Territory (NT) Department of the Attorney-General and Justice (AGD) and the NT Department of Children and Families (DCF) are the lead agencies for the project.

To achieve its aims the project adopted three key strategies. The first was a partnership approach that sought to address family and domestic violence (F&DV) through inter-agency collaboration across a spectrum of prevention, crisis intervention, justice responses and behavioural and social change. The second key strategy was to increase levels of service provision and the third to improve the skills of practitioners in the sector. The project has five components:

- the Family Safety Framework (FSF)
- the Victim Support and Advocacy Service (VSAS)
- the Men’s Behaviour Change Program (MBCP)
- a prevention program focused on school-age children and young people
- community engagement.

These components have been implemented progressively over three years from 2012 to 2014.

The evaluation

The purpose of the evaluation was to assess the overall impact of Phase One of the Alice Springs Integrated Response project, with a specific focus on three components of the project – the FSF, the VSAS, and the MBCP. The evaluation was conducted primarily from April 2014 to March 2015. A range of methods was used, including more than 75 stakeholder, victim and perpetrator interviews; a survey of 83 practitioners; analysis of 618 prosecution files; analysis of victim contact with services; and collation of project and trend data.

Key findings

Project design, governance and implementation

Following careful planning and design, the project was implemented in stages with local support and engagement. A partnership approach has worked well in building an effective coalition of service providers working closely with the project management team. The placement of key service provision roles in the community-controlled sector has facilitated community education and attitude change initiatives that might otherwise not have been available. However, collaboration has created administrative burdens for partner organisations which have only partially been offset by additional funding for positions within the project management team, and a position within the police.

Family Safety Framework (FSF) and FSF training

The purpose of the FSF is to provide an action based, co-ordinated service response to individuals and families experiencing family or domestic violence who are at imminent risk of serious injury or death.

Key elements of the FSF include a memorandum of understanding (MOU) between agencies that enables the sharing of information; a common risk assessment form used to assess potential referrals to the FSF; Family Safety Meetings (FSMs) where agency representatives meet fortnightly to share information and determine appropriate action, and monitoring and review of cases in the FSF; and Family Safety Framework training for agency employees whose work relates to this sector. Signatories to the MOU commit to ensuring their workforce is trained
in the FSF process.

During Phase One approximately four cases per month were accepted into the FSF with the average length of stay being 40 days. A person or family is moderated out of the FSF when the level of risk diminishes.

The evaluation finds that women accepted into the FSF experience improvements in their safety, a finding which is based on their level of contact with key services before and after their acceptance into the FSF. In addition stakeholders who participated in the training report that it plays a critical role in communicating key messages about F&DV, builds the confidence of workers/practitioners, and gives practical guidance on how to respond to F&DV. Interviews with practitioners indicated that the FSF is the key mechanism facilitating inter-agency responses to women and children at high-risk. A shortcoming of the FSF identified during the evaluation is that the current format and content of the risk assessment form makes it less likely that victims of family violence\(^1\) will be referred than victims of partner violence.

**Victim Support and Advocacy Service**

Originally two new positions were to be funded within this component of the project, one to support victims, and the other to assess and refer defendants to men’s behaviour change programs and other relevant support services. However delays in establishing the MBCP have meant that only the victim support position was established in Phase One. The Alice Springs Women’s Shelter (ASWS) provides the Victim Support and Advocacy Service (VSAS) under a service agreement with the Department of Children and Families (DCF). The ASWS is funded to provide one full-time VSAS position.

Key findings from the evaluation regarding the VSAS are that the service has evolved over time and currently focuses on supporting victims who are witnesses in contested criminal matters. In the second half of 2014 the service was working with approximately 36 clients per month, with the majority being Aboriginal women and just over half of the contact occurring at court. The service provides victims with information about the case and the justice process, and, secondly, supports vulnerable victims at court. Victims reported they also received education about the impact of violence on themselves and their children. Interviews with a range of practitioners indicate that within the context of the justice system in Alice Springs the VSAS is struggling to meet the needs of victims because of limited resources and the challenges of the environment in which the service operates.

The need for the VSAS is highlighted in two ways. Firstly, evaluation key data demonstrated the volume and dominance of F&DV matters in the justice system, which has increased significantly in recent years. Secondly, women victims indicated that aspects of the justice system were crucial to their sense of safety – most notably in relation to domestic violence orders (DVOs) and the release of offenders from prison. However, the evaluation found that in the justice system there is inadequate support and engagement of victims, reflected in poor facilities at the court; limited victim-focused specialisation; information and service fragmentation; and lack of effective participation and protection of victims in criminal proceedings.

**Men’s Behaviour Change Program**

A consortium consisting of Tangentyere Council (service delivery), the ASWS (partner/ex-partner support) and Jesuit Social Services (action research) was appointed, following a lengthy incubation phase, to develop, deliver and monitor the Men’s Behaviour Change Program (MBCP) with Tangentyere Council as the lead agency in the partnership. The program is known as Marra'ka Mbarintja.

The MBCP began to take clients in October 2014. Since that time it has steadily built in referrals and client numbers. At present there are on average six to eight participants attending regularly each week. It has promising foundations with careful and detailed design and specifications for its delivery and management; significant inputs from skilled and experienced mentors (locally and from elsewhere); a highly qualified program manager; and ongoing feedback through action research. There is considerable support for the program (as well as many questions) among stakeholders. Interviews with participants indicate that they find the program relevant, are comfortable in the environment in which it is presented, and are positive about the current weekly structure of the MBCP. However, care needs to be taken to maintain capacity for self and family based referrals, and more could be done to explain and promote the program to reduce inappropriate referrals.

The Alice Springs Integrated Response project since mid-2014, under its Community Engagement Strategy, has

\(^1\) Throughout the report the term ‘family and domestic violence’ is used as it captures the range of ‘domestic relationships’ defined in the NT Domestic and Family Violence Act 2007 and reflects the project's definition (see p.15 of this report). Where ‘family violence’ alone is mentioned in the report it refers to violence involving family/kin members and not intimate or former intimate partners.
been funding a range of community engagement activities. One of these, the Tangentyere Women’s Committee Family Safety Group in Phase Two is being held in the MBCP premises and involves MBCP staff. Such preventative and educative activities that are linked to the MBCP and demonstrate lateral integration across project components hold great promise in contributing towards changing prevailing attitudes to domestic and family violence within the Indigenous population of Alice Springs.

Placing the project in context

In order to have realistic expectations of the project’s impact, it is important to consider the size of the project, and the context in which it has been implemented. Data used in the evaluation starkly demonstrated that F&DV is a major issue for Alice Springs and its service providers, including the justice system:

- The rate at which Aboriginal females are recorded by police as victims of domestic violence-related assaults in Alice Springs is much greater than the rest of the NT (3.6 times greater based on the average monthly rate for 2013).\(^3\)
- The volume of F&DV matters being dealt with by police and the courts is huge given the population of Alice Springs\(^4\).
- There has been a steady rise in the volume of F&DV matters handled by police and the courts in Alice Springs in a six-year period\(^5\), although there was a sharp drop in the monthly police data for assaults in 2014 (at least partially due to Temporary Beat Locations or TBLs\(^6\)).

Within this broader context the project has only recently implemented two of the five components of the overall strategy. The amount of dedicated project positions has increased over time, and currently stands at just under 11 full-time positions.

Key conclusions

There are very positive signs of improved and additional service provision as a result of the project. This includes more focussed and greater attention to specific F&DV responses and improved understanding of F&DV; and new funded services and additional attention to F&DV service provision in existing services. However, the number of cases and clients accessing the various components of the project is relatively small given the volume of F&DV in the town. There are not yet likely to be signs that the project is affecting the overall rates of recorded F&DV.

The main conclusions from the evaluation are that:

- The project has built a strong collaboration of core agencies with a network of more informed and confident practitioners.
- The project has created focused and purposeful attention to F&DV.
- The FSF is the critical building block, driver and architecture of change to date. It needs to do more work in future initiatives.
- The project has expanded and improved responses to victims and perpetrators. Future initiatives should pay closer attention to children and to family violence.

\(^2\) Approaches to community engagement can vary considerably. The evaluation team found that stakeholders primarily referred to grassroots engagement rather than formal or specific initiatives.

\(^3\) Hospitalisation separation data for assault related injuries shows that in 2013-14 Indigenous females in the Alice Springs Hospital (ASH) made up 66 per cent of all Indigenous women hospitalised for such injuries in the NT public hospitals, and that Indigenous women are nearly twice as likely as Indigenous men to be in the ASH for such injuries.

\(^4\) Research undertaken for the evaluation indicated that an average of 196 F&DV files per month were being dealt with by police prosecutions in Alice Springs in September to October 2014; and that the Court of Summary Jurisdiction was dealing with an average 190 F&DV related finalised matters per month and an average of 142 F&DV victims/protected persons per month in 2013-14. For the year 2013-14, the annual totals in the Alice Springs courts were: 694 finalised domestic violence related assaults (and 221 non-domestic violence related assaults); 424 occasions of breaches of domestic violence orders (DVOs) (28% of the total number of breaches recorded for the whole of the NT); and 1,167 applications for DVOs (94% of which were police applications). This is a large volume given that the total population of Alice Springs is approximately 25,000 persons.

\(^5\) From 2008-09 to 2013-14, the Alice Springs courts had a 65 per cent increase in DVO applications and a 72 per cent increase in finalised domestic violence assault matters.

\(^6\) Temporary Beat Locations (TBLs) were introduced in Alice Springs in 2013, under the NT Police Operation Leyland. They have since been implemented in other regional towns of the NT. Involving a highly visible police presence, TBLs have focused on alcohol outlets with police asking patrons where alcohol is going to be consumed. A decrease in police recorded assaults in Alice Springs and other locations where TBLs have been introduced has been attributed to the TBLs in various NT government media releases, for example, by the Chief Minister (http://www.chiefminister.nt.gov.au/media-releases/preventing-violence-and-anti-social-behaviour-katherine). The impact of TBLs in Alice Springs is also referred to in the Northern Territory Government Submission to the Senate Inquiry into Domestic Violence in Australia, 2014.
• F&DV dominates the justice system in Alice Springs. The system needs to build internal leadership and specialist expertise that leads to effectiveness and corresponds to the project’s aims and principles.
• The safety of victims is affected by what happens in the justice system.
• Victim support remains thinly spread and fragmented in the community and the justice system; future initiatives should prioritise and consolidate the focus and investment.
• The lack of local content in cultural awareness programs is a barrier to quality improvement in services.

Recommendations

Recommendations fall into four broad areas outlined here and spelt out in more detail in the six recommendations that follow. The first area is to review and sharpen the role of various governance elements to focus on the engagement and support of local key stakeholders and paying close attention to local circumstances. This should include the Project Reference Group and various working and advisory groups; the main aim being to rearticulate the agenda and membership of the latter groups and their priorities.

The second area is to invest in and embed systemic changes within services and the justice system. Victim support and involvement should be at the forefront of justice responses to F&DV. Both justice and social services need to consider and review how well they have incorporated F&DV into their routine business, and how they can improve cross-cultural awareness and training and employing local knowledge and expertise, so that the workforce is adequate to the challenges ahead.

The third area is to focus on how the project can better respond to children and to family violence. Both of these are part of the overall objectives of the project, but there was evidence from the evaluation that suggested neither was being adequately addressed. Without losing attention to DV, the project should improve the knowledge base about children’s presence in F&DV situations and information about the characteristics of family violence that can help guide the next steps.

The fourth area is to monitor developments and provide policy and practical support outside the project to add to and support the goals of the project. For example, ASWS Outreach Service is vital to the continued effectiveness of the VSAS, and policing practice reforms and strategies including the implementation of SupportLink, legislative reforms, and alcohol supply reduction strategies can have a significant impact on levels of community violence.

The six specific recommendations are:

**Recommendation 1:** To maintain local support and commitment for future initiatives it is recommended that:

- the membership of the Project Reference Group and the purpose of Reference Group meetings be reviewed
- the working and advisory groups be re-organised with a clear purpose and plan of activity, and meeting schedule
- key agency representatives be encouraged to mentor others in their agencies to be engaged and aware of the project, to ensure there is a smooth transition should current representatives leave
- the budget be reviewed with specific resourcing recommended for:
  - building capacity within the project management team to help key agencies with administration, including data collection and reporting requirements
  - additional investment in victim support and advocacy services
- the response of the project to children and to family violence be re-considered while maintaining the current emphasis on partner/ex-partner violence which, in relation to children, will require:
  - Department of Children and Families undertaking a review of its policies and practices in supporting women to take protective actions for children when F&DV is present; and its policies and practices in holding to account men who use F&DV

---

7 ‘Key’ stakeholders in this report are those the evaluators agreed, at a minimum, to interview face to face or by phone.
8 SupportLink, a NGO referral hub for Alice Springs police, underwent an initial trial in Alice Springs alongside the implementation of the FSF.
9 This applies in particular to ASWS. For example, although the evaluation team helped establish a VSAS data collection method, this needs further work and support. It was also noted that some progress reports from several agencies were not very informative (eg: early NAPCAN reports). Police reports have improved recently because of the new ISO position.
- the project undertaking further investigation into protective strategies for children and young people where F&DV features in their lives

- the different project components be reviewed to ensure support is being provided to victims of family violence, and that men who use F&DV are being held accountable

- a short-term local consultant be appointed to facilitate the design and implementation of future initiatives, as at the outset of Phase One.

**Recommendation 2:** In relation to the FSF it is recommended that:

- practices be improved and greater attention given to gaining women’s consent so that they are aware of what is intended and the possible consequences, both positive and negative. The aim is to work towards the situation where women clients are more involved in developing and implementing an action plan

- a pool of resources be made available to the FSF in order to leverage practical crisis support for victims, children and offenders (for example, transport), making it easier for the agency representatives to undertake action.

- the training provided on the FSF be further developed to enable workers to explore ways of working with victims and offenders who may be reluctant to seek help

- more comprehensive records be kept of the FSM; that is, of agency attendance and representation at meetings, action items agreed, including whether actions agreed have actually been undertaken and with what results

- Indigenous workers are currently a small minority in most FSMs. We therefore recommend that agency representatives at the FSMs consider how they can facilitate greater participation from Indigenous staff. Representatives can, for example, create processes to mentor, supervise and support Indigenous staff to learn and practice the skills necessary to become a representative. The intention would be to widen and deepen capacity of Indigenous staff not just in service delivery and liaison, but in management, representation and leadership roles tackling F&DV.

- collaborative case management be trialled outside of but tied to the FSF, involving a second tier of agency representatives who meet regularly. A trial may involve initial project facilitation especially in managing the links with the FSM, however, the aim would be for collaborative case management to become sustainable independent of project support.

**Recommendation 3:** In relation to the VSAS it is recommended that:

- the ASWS Outreach Service and VSAS be developed as a consolidated central services coordination and delivery system for victims of F&DV, especially with regard to those victims who make contact with police

- funds be made available for the development and implementation of an electronic case management database of victims that combines information about contacts that an individual may have with the Outreach Service, the VSAS, and the ASWS

- the funding originally allocated for the offender assessment and referral position be re-directed into a second VSAS position

- the information exchange procedure between the VSAS and justice sector is extended to include prosecutions, the courts and the NT Department of Correctional Services (Corrections), based on the existing memorandum between VSAS and police.

**Recommendation 4:** To support the work of the VSAS it is recommended that in the justice sector:

- a sub-group (with a wider membership that includes the courts and legal services, and remit than the current working group) be established to develop, implement, oversee and monitor improvements to the responses of the civil and criminal justice process to victims of F&DV

  - the sub-group should develop best practice guidelines for the protection of the human rights and dignity of victims within the totality of the justice system response, including their access to information

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10 This is beginning to occur with the introduction of the ISO role.

11 For example: registrar, court listing clerk, police prosecution, maybe DPP (including WAS), VSAS, and defence representatives. Consult magistrates at beginning on issues/challenges and keep them informed but not regular members of the group.
the sub-group should consider options for early referral of perpetrators to the MBCP as part of a protection order and/or as part of criminal proceedings, and how best to ensure informed and engaged victim support in these processes

- police continue development of measures for early evidence collection, and that police, prosecutors and courts increase the use of video and digital technology in order to reduce reliance on direct testimony of victims and to reduce scope for intimidation of witnesses

- the court give detailed consideration to re-organising court listing procedure to consolidate all criminal charges arising from F&DV incidents

- a senior specialist F&DV prosecutor position be reinstated whose primary role is to establish and oversee rigorous preparation, police liaison, streamlined administrative procedures and victim/witness support, and which oversees the work of prosecutors conducting F&DV prosecutions

- support for victims within the court be improved including provision of secure and pleasant waiting areas

- vulnerable witness protections within the court setting be routinely made available to adult victims of F&DV.

**Recommendation 5:** In relation to the MBCP, it is recommended that the program:

- ensures its ongoing capacity to accept self-referrals and referrals from family

- continues to work with key stakeholders to streamline referrals, and with Community Corrections on opportunities for court-mandated participation. A full-time position for defendant support and referrals, as originally envisaged in the project design, has not been shown to be required at this stage; in Recommendation 3 it is advocated that this funding be re-directed to a second VSAS position

- continues to build links with and support the Tangentyere Women’s Group Family Safety Project

- makes available more strategies to engage with men (other than arrest, a restraining order, or the MBCP); and that these engagements be proactive and sustained. For example, involving individuals who are known to and respected by the offender from sporting codes, employers, health providers and other family in order to create a ‘support and monitoring circle’

- develops a program for young adult men who have young children

- fosters strong links to substance use programs to address the alcohol related component of the behaviour

- ensures compliance with national standards for MBC programs if and when they are developed.

**Recommendation 6:** To support the project, it is recommended that NT Police, the ASWS Outreach service and all frontline social services in Alice Springs:

- continue and/or support non-project specific enabling factors such as police attention to F&DV and focus on alcohol supply reduction strategies, and outreach services for F&DV victims

- include material about the desert cultures of Central Australia in cultural awareness training delivered to staff who will work in the region, by sourcing appropriate external trainers and/or encouraging local staff to conduct parts of the workshops

- identify, support and educate key family and community members about F&DV and possible referral pathways. Victims and Tangentyere Women’s Committee members who were interviewed emphasised the importance of Indigenous extended family networks in both preventing violence and supporting women in violent relationships.

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12 In the area of mental health, drug and alcohol, and sex offending, for example, there are established models for managing risk and helping an individual maintain commitment to a treatment plan in community settings (see, for example, Bates et al. (2007)).
Chapter 1 Introduction and context

1.1 Introduction

The Alice Springs Integrated Response to Family and Domestic Violence (the Alice Springs Integrated Response) project was initiated in early 2012, funding in its first phase being provided under the Alice Springs Transformation Plan, a joint Australian and Northern Territory (NT) Government initiative. The lead agencies are the NT Department of the Attorney-General and Justice (AGD) and the NT Department of Children and Families (DCF).

The funding commitment for Phase One was $3.2 million over a three and a half year period.

The Alice Springs Integrated Response aims to increase the safety of women and children; and improve the accountability of men who use family and domestic violence, and support them to change their behaviour. It comprises five components: the Family Safety Framework for high-risk victims, victim support and advocacy, a men’s behaviour change program, respectful relationships education for young people, and community engagement.

The University of New England (UNE) was appointed in late 2013 to evaluate the effectiveness of the Alice Springs Integrated Response project. The evaluation was led by Dr Judy Putt (UNE) in partnership with Dr Robyn Holder from Griffith University and Ms Gillian Shaw, of Bowchung Consulting.

The focus of the evaluation is on the project as a whole, as an integrated response, with a specific focus on three components: the Family Safety Framework (FSF) for women and children assessed as being at imminent risk of serious injury or death; the Victim Support and Advocacy Service (VSAS) for victims of family and domestic violence attending the Alice Springs Court of Summary Jurisdiction; and the Men’s Behaviour Change Program (MBCP) for men who use family and domestic violence.

This final report of the evaluation of the Alice Springs Integrated Response is the culmination of more than a year’s work. The evaluation, contracted and funded by the AGD, commenced in January 2014. Over the following year the evaluation team provided the project managers with an evaluation framework and three progress reports. The progress reports included detailed information and the findings from various elements of the evaluation and were reviewed by relevant stakeholders. It is not the purpose of this final report to duplicate these reports. Much of the detail is in the supplementary volume of appendices to the final report. Where relevant, these are cited in the report.

We concentrate in this report on the main findings and recommendations of the evaluation. This first chapter provides important contextual information about terminology and key concepts, the operational location of the project, the project itself, and ends with an outline of the rest of the report.

1.2 Project terminology and key concepts

A foundational document for the Alice Springs Integrated Response project is the Project Management Plan (4 April 2012) which sets out the definitions and guiding principles, objectives and expected outcomes, scope and deliverables, governance arrangements, budget and schedule of implementation. The Project Management Plan (the Plan) makes explicit the focus of the project on family and domestic violence (F&DV) and on the adults who experience this violence. It does, however, also recognise the harm to children who witness and are exposed to such violence.

The term ‘family and domestic violence’ is defined in the Plan as having the following characteristics:

- It refers to acts of violence that occur between people who have (or once had) an intimate relationship or who are family members.

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13 The Alice Springs Integrated Response project comprises two individually funded phases: Phase One funded under the Alice Springs Transformation Plan and Phase Two funded under the Australian Government’s Stronger Futures in the Northern Territory initiative. This evaluation is of Phase One of the project and was funded under that phase. Evaluation of future initiatives or of Phase One initiatives refunded through Phase Two is subject to further negotiation.

14 These reports were also distributed to the project Co-sponsors and reference group members.

15 Other issues covered in the comprehensive Project Management Plan include the links to national and state policies, a partnership map, a communication management plan, links to other projects and activities, risk management, milestones for each of the elements’ objectives, and project monitoring and review.
• It is usually an ongoing pattern of behaviour aimed at controlling a partner or family member through fear, for example by using behaviour which is violent and threatening. In most cases, a combination of tactics and types of violence are used to exercise power and control over women, children and other family members.

• It includes both criminal and non-criminal behaviour. Some aspects of F&DV are not criminal offences, but any behaviour that causes the victim to live in fear is unacceptable.

• It may include physical, sexual, psychological, emotional, social or financial abuse, or a combination of these.

• Any person can experience or carry out F&DV. However, the majority of F&DV is carried out by men against women and children.

The choice of the term ‘family and domestic violence’ for the project recognises that the term ‘family violence’ is more widely used and accepted by Aboriginal and ‘domestic violence’ is the term used in the NT Domestic and Family Violence Act 2007. The Act uses the term ‘domestic violence’ to mean violence against someone with whom the person is in a domestic relationship. ‘Domestic relationship’ is defined to include family members, intimate personal relationships, same sex relationships, carer relationships, guardianship relationships, people who live together, and people who are relatives according to Aboriginal tradition or contemporary social practice. The legislative definition of ‘domestic violence’ is therefore broadly consistent with the use of the term ‘family and domestic violence’ employed by the project.

For the project an ‘integrated response’ to F&DV is defined as one in which agencies make a commitment to work collaboratively together to achieve the aims of the project.

The Project Management Plan describes the two ways in which the term ‘accountability’ is used in the project:

• The first application of the term is to individuals who use F&DV when they know that F&DV is unacceptable and that physical and sexual violence and some forms of psychological violence are crimes with legal consequences. One of the main objectives of the project is to improve the accountability of these people whereby they take responsibility for changing their behaviour through attending programs, accepting support and ceasing to blame the victim for the violence.

• The second application is to agencies, the system and society as a whole where accountability is increased by:

  - providing a fair transparent justice system (criminal and civil) in which there are legal consequences for using F&DV
  - providing programs and services that are accessible, culturally appropriate and prioritise the safety of women and children to help people change their behaviour
  - reinforcing in words and actions key messages related to F&DV including by not turning a blind eye or conveying a message that F&DV is OK or that the victim deserved it.

It is also noted that in the Northern Territory there is a policy of mandatory reporting that applies to all adults in the NT who become aware that another person has caused, or is likely to cause, harm to someone else with whom the other person is in a domestic relationship; 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 (s124A NT Domestic and Family Violence Act).

1.3 Locale

The high incidence of family and domestic violence in Indigenous communities has been well-documented (Memmott et al. 2001; Al-Yaman, Van Doeland & Wallis 2006), with major government inquiries in the past

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16 The general term ‘family violence’ recognises a broader set of relationships in Indigenous communities than the intimate, ex-intimate adult relationships suggested by the term ‘domestic violence’ (see Cripps & Davis (2012); Cunneen (2010); and Memmott et al. (2001) for similar definitions of family and domestic violence within Indigenous communities and networks). However, Memmott et al. (2001) note that the most prevalent examples of family violence are spousal (or domestic) violence. Throughout the report the term ‘family and domestic violence’ is used as it captures the range of ‘domestic relationships’ defined in the NT Domestic and Family Violence Act 2007 and reflects the project’s definition. Where ‘family violence’ alone is mentioned in the report it refers specifically to violence involving family/kin members and not intimate or former intimate partners.

17 Throughout the evaluation report we primarily refer to Aboriginal or Indigenous people, as the most common and/or preferred collective names for Indigenous Australians living in Alice Springs and the wider Central Australian region. We recognise that there are multiple language groupings in Central Australia.
two decades seeking to improve community safety (Robertson 1999; Gordon, Hallahan & Henry 2002; Wild & Anderson 2007). Alice Springs, as a major regional centre for multiple remote Indigenous communities and with a mixed resident population of Indigenous and non-Indigenous residents, has a history of, and reputation for, high rates of interpersonal violence, including domestic homicides (Bolger 1991; Rothwell 2011; Lloyd 2014)18.

The extent and severity of violence in Alice Springs was underlined in the first appendix to the Project Management Plan by reference to the high rate of homicides in the NT19; to the proportion of assaults reported to police in 2012-13 that related to domestic violence (estimated to be 61%) and to alcohol (71%); and to the 911 individual reported cases of domestic incidents and aggravated assaults and 81 sexual assaults recorded by police in 2012-13.

The point is also made that some groups in the community are disproportionately affected by violence, with Indigenous women the principal social group experiencing domestic violence-related assaults recorded by police. Ninety-five per cent of the 447 women and 356 children accommodated by the ASWS in 2009-10 were Indigenous. In addition, there is evidence in Australia that Indigenous children are disproportionately affected, with 42 per cent of Indigenous young people reported as witnessing violence against a mother or step-mother compared to 23 per cent of all children (Richards 2011).

A number of factors were identified in the first appendix to the Project Management Plan as influencing the response to family and domestic violence in Central Australia. These included language; remoteness; Alice Springs acting as a regional service centre for remote communities; high population mobility including frequent short-term mobility for many families; the normalising of violence; and alcohol and drug use, with alcohol estimated to be involved in three quarters of family and domestic violence incidents in Central Australia and cannabis mentioned as a contributing factor.

The population of Alice Springs is not large. According to the 2011 Census data, Alice Springs had a population of more than 24,000 of which 4,590 (19%) identified as being an Aboriginal and/or Torres Strait Islander person. However, it is the second largest town in the NT and the regional hub and service centre for the central cross-border region of Australia. The estimated population of this cross-border region, based on 2011 Census data, was 6,928 people20 living in around 26 communities with the predominantly Aboriginal population (94%) being highly mobile for family, cultural and other reasons. Nearly all of the Indigenous population (5,601 persons) spoke an Australian Indigenous language (Putt, Sarre & Rowden. 2013).

Although not explicitly mentioned in the Project Management Plan, the complexity of having multiple and potentially overlapping services is also an important feature of the context, as it poses challenges for ‘integration’ and ‘co-ordination’. Services are based in Alice Springs but some provide services exclusively in the town, some provide services exclusively to remote communities in the region and some provide services both locally and regionally. People from remote communities often travel in and out from remote communities to access health services, shopping and other amenities and services. It is not surprising then that Alice Springs has a constellation of government and non-government services, in a wide range of sectors—health, justice and legal, community, education, employment, income support, housing to name a few. Both the Territory and Federal Government have major regional offices in the town and it has its own local government. Two major Aboriginal-led organisations involved in the project are based in the town: Central Australian Aboriginal Congress (CAAC) and Tangentyere Council, both of which run services in the town, and the Ngaanyatjarra, Pitjantjatjara and Yankunytjatjara Women’s Council (NPYWC) provides services in the cross-border area of Central Australia.

1.4 Alice Springs Integrated Response to Family and Domestic Violence project

As noted above, the Alice Springs Integrated Response to Family and Domestic Violence project was originally funded for three years from 1 January 2012 to 31 December 2014, which some components having their funding extended to June 2015. It was a joint Australian and Northern Territory Government initiative to address family and domestic violence in Alice Springs, with funding of $3.2 million under the Alice Springs Transformation Plan.

The geographic scope of the project was confined to the Alice Springs town, including town camps, but entails working with both residents and visitors to the regional centre. Whilst Aboriginal people are the predominant cohort affected by the project this is not to the exclusion of other non-Indigenous cohorts.

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18 Much of the media attention has focused on alcohol-fuelled violence in public spaces, but this is not the focus of the Alice Springs Integrated Response project, which centres on all forms of family and domestic violence.
19 The Plan notes that from 2008-09 to 2009-10 the Northern Territory had the highest homicide rate in Australia (5.7 homicides per 100,000 people which is 4.7 times the national average). Fifty-six per cent of Northern Territory homicides in this same period were domestic (Chan and Payne 2013).
20 This estimated population is for the geographical area of the cross-border region as defined under the Cross-border Justice Scheme.
The project drew on models to address family and domestic violence developed and trialled elsewhere in Australia and overseas, and accords with the National Council’s Plan for Australia to Reduce Violence against Women and their Children, 2009-2021.

To achieve its stated twin aims the project sought to facilitate coordination and collaboration in service delivery, and funded a range of activities along a spectrum of prevention, crisis intervention, justice responses and behavioural and social change.

From a governance perspective, the project is jointly led by the Northern Territory Department of the Attorney-General (AGD) and the Northern Territory Department of Children and Families (DCF). Two senior representatives of these departments have acted as Co-sponsors for the project, with the objective of acting as representatives of the project within their respective departments and of championing the project within government more broadly. A project reference group was established in 2012 and currently represents 18 government and non-government agencies. Its role is to provide strategic advice and guidance to the project.

Various working groups were also established to focus on specific components of the project.

Day-to-day coordination and the implementation of various components has primarily been undertaken by the project manager employed by DCF and, up until the second half of 2014, by the Southern Region Manager of AGD. From March 2014 AGD employed a project manager who, with the exception of August to October 2014 when the position was vacant, co-manages the project with the existing DCF project manager.

The project comprises five components. Implementation of the components has been staggered across time, not always as envisaged and not all have followed the schedules outlined in the original Project Management Plan. The stated purpose and scope of each component was described in the Project Management Plan as follows:

- **Family Safety Framework**: Objective two of the project was to establish an inter-agency Family Safety Framework (FSF) to identify and ensure a timely, co-ordinated response to women and children at high-risk of injury or death through F&DV. The FSF includes a common assessment tool, an interagency referral process, an information sharing protocol, and fortnightly Family Safety Meetings that include monitoring and review of previously referred cases. A secondary and supporting objective relating to the FSF was the third objective of the project, namely to strengthen specialist knowledge and expertise in relation to the dynamics of F&DV through professional development programs. Approximately ten FSF training sessions per year have been run since the FSF commenced in July 2012, in part addressing that objective along with other professional development activities. The FSF is still in operation.

- **Victim and defendant support**: The fourth objective of the project was to provide additional support and access to services through the creation of two new services, one to support victims and one to assess and refer defendants to men’s behaviour change programs and other relevant support services. In Phase One of the project a victim support service was established. It is called the Victim Support and Advocacy Service (VSAS) and is managed by the ASWS.

- **Family violence behaviour change programs**: The fifth objective of the project was to support men who use violence to change their behaviour through the creation of a best practice MBCP and increasing access to that program for voluntary, court-referred and Corrections clients. The purpose was described as supporting more men who use F&DV to take responsibility for their behaviour and to change it through increased access to men’s behaviour change programs that meet best practice standards. A new MBCP funded through the project became operational in the second half of 2014. The MBCP puts the safety of women and children at the centre of the program and has good practice arrangements for contacting partners and ex-partners about their safety.

- **Respectful relationships education for young people**: The seventh objective of the project was to expand the availability of violence prevention initiatives targeting young people, including the development of new resources and programs that build on local understandings of F&DV and its solutions. It was expected that localised, culturally appropriate, community based approaches to educating young people about respectful relationships would be developed. They were to be built on the LOVE BiTES/Growing Respect Program already running in schools, and then expanded to non-school settings. The National Association for the Prevention of Child Abuse and Neglect (NAPCAN) was funded to conduct this work from January 2012 to
June 2014, with resources being developed and trialled in a number of settings.

- **Community engagement:** The sixth objective was to use community engagement processes to inform the development of the project, ensure relevance to local Aboriginal communities and maximise the uptake of programs and services. The purpose of engagement with the community, including leaders in Aboriginal organisations, is to ensure that services and responses are relevant to the community and that community members are involved in measures to prevent violence. The project’s Community Engagement Strategy dated November 2012 includes workforce development for Aboriginal workers and the development of products and resources to inform community engagement by organisations and service providers. As part of the community engagement component funding has been provided to the Tangentyere Women’s Group Family Safety Project since 2014.

As previously indicated the evaluation was asked to focus only on the first three components. More is said about each of these components in the three chapters of the report. However, some awareness of components four and five provides context, as they are part of the overall integrated response.

The Project Management Plan (the Plan) describes the seven objectives of the Alice Springs Integrated Response project with outputs listed under each objective. The Plan notes that longer-term outcomes may take longer than three years, and that there might be an increase in reported family and domestic violence as more victims come forward. With this cautionary note in mind, the Plan includes performance indicators for each objective to monitor progress and a list of performance indicators for the project’s overall goals.

Table A1.1 in Appendix 1 brings together the project objectives, outputs and performance indicators documented in the Plan. For each of the seven objectives there is a mix of quantitative and qualitative measures to monitor performance with many of the outputs replicated as performance indicators.

As one of the five evaluation questions asks whether the project has achieved its objectives and anticipated outcomes as articulated in the Plan, the evaluation process involved collecting, collating and analysing the output and indicator measures.

### 1.5 The evaluation

The Project Management Plan and the budgetary allocations included funding for an independent evaluation of the project. Towards the end of 2013, two years into the project, a competitive tendering process resulted in the current evaluation team being appointed to undertake the evaluation and to provide a draft final report by May 2015.

The Request For Quote (RFQ) for the evaluation specified the minimum requirements for the evaluation and the key questions that the evaluation needed to address. It also outlined the kind of information that could be provided to inform the evaluation, and some key research activities that should be undertaken as part of the evaluation.

The questions guiding the evaluation and listed in the RFQ are:

- **EQ1:** To what extent the project has contributed to its aims?
- **EQ2:** To what extent the project has achieved its objectives and anticipated outcomes as articulated in the project plan?
- **EQ3:** Whether the project is a timely and effective response to family and domestic violence?
- **EQ4:** Whether agencies have developed collaborative and cooperative practices across the sector?
- **EQ5:** Whether the five project components interact with each other and the extent to which they demonstrate integrated practice?

A secondary suite of questions related to way the project has been established, governed and managed:

- **SEQ1:** How crucial was the engagement with stakeholders in the establishment phase in contributing to the success/outcomes of the project?
- **SEQ2:** How effective is the governance structure and processes?
- **SEQ3:** What are the range of costs and resource investments associated with the Integrated Response and various elements?
- **SEQ4:** What are the perceived achievements, strengths and weaknesses of the project?
- **SEQ5:** Have there been any system changes implemented?
and domestic violence) that constitute timely and effective responses to family and domestic violence.

The evaluation also assessed whether the project has, as a short-term outcome, increased the safety of certain individuals and families, and in the longer term is likely to contribute to community-level changes that will prevent and reduce family and domestic violence.

**Methods**

Taking into account the specifications of the RFQ and on the basis of preliminary consultations, an evaluation framework was produced that outlined the overall approach to the evaluation and the proposed methods for the study.

Having gained approval from two human research ethics committees, the Central Australian Human Research Ethics Committee in April 2014 and the University of New England Human Research Ethics Committee in May 2014, the main elements of the evaluation were conducted during the year from May 2014 to April 2015.

During the course of the evaluation not all of the original elements of the framework were realised as proposed and a number of adjustments were made. This is not uncommon during the course of evaluation as the initiative under study, as well as its external context, develops and changes.

In the course of the evaluation a complex set of multiple methods was utilised in seeking to address the evaluation questions. These included:

- a desktop review of project documentation (more than 50 documents) and relevant literature with a focus on integrated responses to family and domestic violence, men's behaviour change programs, and the provision of victim support and advocacy in courts and in the criminal justice system more generally
- focus group discussions with Family Safety Meeting members and observations of Court of Summary Jurisdiction F&DV proceedings (mostly DVO applications)
- thirty-seven formal interviews with key stakeholders, with 31 conducted face-to-face and six by phone, and more informal meetings held with at least 40 stakeholders during the course of the evaluation
- a survey of 83 local practitioners who had participated in the FSF training, representing a cross-section of services, both government and non-government and in a range of health, justice and community services
- face-to-face interviews and three focus groups with 26 Indigenous practitioners in a cross-section of sectors including legal, child and family services, police and a domestic violence service
- sixteen face-to-face interviews with women who had contact with the VSAS
- seven face-to-face interviews with men participating in the MBCP
- a group meeting with Aboriginal women who participated in the Tangentyere Women's Committee Family Safety Group training program
- an audit of 618 police prosecution files related to family and domestic violence from two months in 2011 and in 2014, with the majority (64%) of files being for the more recent period in 2014
- a comparison for a sample of women referred to the FSF of the number of contacts with key agencies (ASWS and the Alice Springs Hospital) for at least a year before and after the referral to a FSM
- collation of output statistics for the main facets of the project evaluated: FSF referrals and FSF training, VSAS and the MBCP. For the VSAS data, with the assistance of the ASWS we designed and tested a data collection tool for a five-month period.
- collation and analysis of trends in police, courts, and child protection data, for a six-year period, for Alice Springs specifically and more generally for the NT or the remainder of the NT.

In total more than 80 individuals were formally interviewed or participated in focus groups during the evaluation and, of these, half were Aboriginal people. We believe the latter point is important given Aboriginal people comprise the main client group of social services and are most affected by family and domestic violence in Alice Springs.

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24 ‘Key’ stakeholders in this report are those the evaluators agreed, at a minimum, to interview face to face or by phone.

25 This included thirty-four women for the review of ASWS records; and 32 women for the Alice Springs Hospital records.
A further point to note is that several components of data collection had not been tried before. The development of a data collection instrument for the VSAS, the police prosecution file audit and the effort to document pre- and post- FSM service contact were time-consuming and produced variable results.

More detailed results on the various components of the evaluation are available in the supplementary volume of appendices.

1.6 Report outline

The rest of this final evaluation report contains the following chapters:

- Chapter 2: Project design, governance and implementation
- Chapter 3: Family Safety Framework (FSF) and FSF training
- Chapter 4: Victim Support and Advocacy Service
- Chapter 5: Men’s Behaviour Change Program
- Chapter 6: Impact and successes of the project
- Chapter 7: Addressing the evaluation questions, and recommendations

Three appendices are attached to this report, on key project documents, project outputs, and trends in key data.

In addition, a supplementary volume brings together all the material that was produced during the evaluation including reviews of literature, more detailed reports on various aspects of the evaluation and project data, and analysis of trends in police, court, child protection and hospital data for Alice Springs. Copies of research instruments used in the evaluation are also included in the supplementary volume. The supplementary volume is unpublished and access can be sought through AGD.
Chapter 2 Project design, governance and implementation

Project objective 1: Trial and evaluate a more coordinated and integrated response to F&DV in Alice Springs across police, justice services, victim support services and programs for men who use F&DV

2.1 Introduction

In this chapter the focus is on the foundations and mechanisms that enabled the implementation of the project, and on the progress made in implementing the five components. A key document is the Project Management Plan (the Plan). The Plan was the result of many months of meetings and discussion, and once it was finalised in April 2012 it acted as a statement of intent and expected activities and outcomes for the first phase of the project.

In the Plan, the first and overarching objective of the project is to trial and evaluate a more coordinated and integrated response to F&DV in Alice Springs across police, justice services, victim support services and programs for men who use F&DV. A summary of the objectives 2 to 7 in the Plan can be said to be: to implement a coordinated and integrated response, with five separate components that are the responsibility of a range of government and non-government agencies, and that require significant investment in planning, governance and management arrangements, and stakeholder communication.

There are five sections in this chapter including the introduction. The next section describes the focus on a partnership approach during the project’s genesis. The third section considers governance and management of the project, the fourth section outlines the implementation timeline for the five components, and the fifth section summarises stakeholder perceptions of the project’s design, governance and implementation. There is a short conclusion at the end of the chapter.

2.2 Designing and planning a partnership approach

Of the stakeholders who were formally interviewed for the evaluation, only a subset was in a position to comment on the project since its inception or had an overview of the whole project. Senior representatives of agencies, long-standing members of the Project Reference Group and project managers were in the best position to comment on the design and implementation of the project. This means that those who provided comments on these issues were ‘insiders’ who had, in some instances, been responsible for the implementation of the project. They were however open and forthcoming about what they saw as some of the challenges and shortcomings of the project’s implementation. In fact this willingness to reflect on and share their insights and insider knowledge appears to be one of the reasons that the government and non-government agency representatives within the core ‘leadership’ group (the Project Reference Group) have worked well together to provide the energy and commitment needed to develop and implement the project.

The genesis of the project was a coalescence of favourable circumstances: proposals were being sought for Alice Springs Transformation Plan (ASTP) funding; a new outsider regional manager organised stakeholder meetings and fostered interest and commitment in a proposal; a consultant (also a new outsider with considerable experience in women’s safety policy in another jurisdiction) facilitated meetings and the development of a proposal; and a critical mass of local stakeholders in the government and non-government sectors was ready for change and prepared to play a critical role in designing and implementing the project. One key stakeholder, a senior manager in the public sector, described it thus:

I think one of the most important things of this project is that it has been driven from the ground up. That the key partners – government and non-government – the ideas came from and grew from local discussions and local issues. It was also the timing – the first 12 months that I was here – there were six homicides as a result of domestic violence. Not sure if those numbers are exactly right but there was a high incidence. It was very topical. Police, people, felt something needed to change. People were very ripe for change. A combination of a whole lot of things that meant people were ready to work together and to create change.

Starting with a workshop in Alice Springs in February 2011 attended by around 30 people, local stakeholders worked on a proposal for funding. At the heart of the proposal was a partnership approach to both the design and implementation of the project. According to the senior manager quoted above, a willingness to share responsibility and to make it work was demonstrated when the original proposal had to be revised down in terms of the overall funding bid. This meant that much of the burden of leading the implementation of various elements would fall on several key organisations. The local stakeholders agreed to a reduced funding bid and said they were prepared to do the work, and ‘those organisations stayed true to that, they really did a lot of the heavy lifting themselves’.
The idea of a partnership between local stakeholders and key agencies was reflected in the design of the proposed project, most notably in relation to the governance arrangements. More is said on this in the next section. However, as the Partnership Map (dated May 2012, see Figure 1) shows, the principle of shared responsibility and leadership was reflected at every level of the project’s design.

At the heart of the structure was the Project Reference Group, made up initially of nineteen local representatives from the government and non-government sector\(^{26}\). Each project component has a nominated lead agency and, in some instances, other partner agencies. In addition a subset of Project Reference Group members was expected to participate in working groups for each component. A whole of government approach was fostered by having two NT departments sharing the lead and providing the funding and other resources, including two project managers, for the project.

\(^{26}\) Currently 18 agencies. An updated partnership map was developed during the period of the evaluation, and this is included in Appendix 1, Figure A1.4.
Alice Springs Integrated Response to Family Violence - Partnership Map

FUNDER
- Alice Springs Transformation Plan
- Australian & NT Government

LEAD AGENCIES
- NT Department of Justice
- NT Department of Children & Families

IMPLEMENTATION TEAM
- Regional Manager South Community & Justice Policy
- DJS

PROJECT MANAGER
- DCF

DESIGNER
- Project Manager

Figure 1: Partnership Map

Legend
- DJS – Dept of Justice
- DCF – Dept of Children & Families
- NAPCAN – National Association for Prevention of
  Child Abuse & Neglect
- CAWLS – Central Aus Women’s Legal Service
- CAALAS – Central Aus Aboriginal Legal Service
- CAAFLU – Central Aus Aboriginal Family Legal Unit
- ASWS – Alice Springs Women’s Shelter
- ASH – Alice Springs Hospital
- NPYWC – Nganinyinjmi NPY Women’s Centre
- Yarrmunyukura Women’s Council

Northern Territory Police
- Alice Springs Court
- Department of Health
- Australian Crime Commission
- Alice Springs Women’s Shelter
- NPY Women’s Council
- Tangentyere Council
- Central Australian Aboriginal Congress
- Relationships Australia
- Anglicare
- NAPCAN
- CAWLS
- CAALAS
- CAAFLU

COMPONENTS
- Service Coordination & Family Safety Framework
- Specialised Victim support and Defender assessment/referral
- FV Behaviour Change Programs
- Violence Prevention Targeting Young People
- Community Strengthening through Community Engagement

COMPONENT PARTNERS
- Lead: NT Police
  Partners: ASWS, ASH, NPYWC
- Lead: DoJ
  Partners: ASWS / and other providers yet to be determined
- Lead: DoJ
  Partners: Providers yet to be determined
- Lead: NAPCAN
  Partners: TBC
- Lead: TBD
  Partners: TBD

MECHANISM for COLLABORATION
- Family Safety Framework Meetings
- Working Group to advise
- TBD
- TBD
- TBD

Prepared: January 2012

Source: Internal project document, dated 2 May 2012

Figure 1: Partnership Map

Updated 4 May 2012
Embedded in the Project Management Plan are statements that underpin the partnership approach. The partners agreed on:

- a shared vision
- a set of values, principles and definitions
- a structure for governance and management
- a list of activities to undertake under each of the five components

The early implementation of the FSF provided an opportunity to cement the partnership approach with 10 of the 19 project partners becoming signatories to the FSF memorandum of understanding (MOU). This MOU between FSF agencies contributed to a broader understanding among agencies generally of the need and legal authority to share information when there is a risk of harm to a client thereby establishing the foundation for coordination and integration across sectors. This is discussed in more detail in the FSF section below.

The notion of integration within the project was apparent in the project’s design, with the creation of five components across a spectrum from crisis intervention to prevention and capacity building, and in the role of the Project Reference Group which was to enhance the overall coordination of the project and to ensure it was guided by agencies and individuals with a high level of expertise.

2.3 Governance and management

The governance structure and purpose includes:

- Australian government funding managed through project leadership partnership between DCF and AGD, represented by senior departmental officers acting as project Co-sponsors who undertake the decision-making regarding expenditure of project funds;
- a project management team consisting of a project manager and a half time training and professional development manager employed by DCF and initially the Regional Manager, later a joint project manager for AGD; and
- a Reference Group consisting of senior representatives of key local NGOs and government departments to guide project development and direction. At the operational level working or advisory groups were formed to support the implementation of each component.

During the first phase of the project governance arrangements have remained largely unaltered, apart from some changes in the representatives acting as Co-sponsor and in the level of engagement and interest in the project. The Co-sponsors have generally kept a watchful eye on how the project has progressed, and at critical junctures have championed or interceded on behalf of the project.

The project management team now has two dedicated project managers, one funded by AGD and one by DCF. One of the project managers has been in the job since the early days of implementation and has provided much needed guidance, oversight, and continuity during Phase One. Similarly, many of the representatives on the Project Reference Group have been involved in the project since its inception, and a core group of agency managers has...
taken the lead in implementing several project components. A number of these agency managers who are in the Project Reference Group have in effect acted as the local ‘leadership’ group, together with the project managers and Co-sponsors. The ongoing high participation rate in the Project Reference Group is a good sign that it is still viewed as a useful forum, although as is discussed below, several stakeholders expressed the view that the Project Reference Group and its meetings should be revamped.

Much of the responsibility for the day-to-day problem solving involved in developing and implementing the key components of the project has rested with the working or advisory group for each component. The role of these groups seems to have waned over time and their current status and purpose is unclear to some stakeholders. However, it could be that much of the early work planning and designing the project has paid off and the need for some groups has diminished.

Reporting is one aspect of project management and accountability that was rarely touched upon during stakeholder interviews. However the Project Management Plan and funding contracts have clear guidelines for reporting requirements. It appears from the material provided for the evaluation that the standard of reporting by the project management team has been high and consistent, but that the reporting by agencies responsible for funded components has varied.

A very commendable characteristic of the project as a whole is the willingness of stakeholders to reflect on practice, demonstrated by an internal stakeholder review undertaken for the Family Safety Framework in December 2012 and subsequent changes to practice\(^{30}\). Each December, Project Reference Group meetings allocate time to reflect on the overall context and the project as a whole. In addition, in interviews, stakeholders often stated an openness and genuine interest in knowing what they could improve or change.

2.4 Implementation of the five components

The aim, as stated in the Project Management Plan, was for the five components to be implemented concurrently. In practice, however, there was a two-year delay in getting the MBCP off the ground and the overarching Community Engagement Strategy was agreed on in late 2012. Funding for a specific community engagement initiative, the Tangentyere Women's Committee Family Safety Group project, commenced in mid-2014\(^{31}\). With the delay in establishing the MBCP, there were significant repercussions on the budget with money having to be carried forward into the next financial year. One stakeholder, a senior manager in the public sector, described it thus:

One of the challenges is that there is five or six components and getting them off the ground simultaneously was just not do-able. That has meant we’ve had quite a staggered start. Obviously one of the big challenges was the Men’s Behaviour Change Program…[The delays with the program] and because it is such a big part of the budget, it had flow-on consequences for not spending our budget, that’s still creating havoc now as we keep on pushing out the timelines. There’s always that overhanging risk that they won’t let us carry that money over.

Much of the initial focus of the project was on getting the FSF up and running. As Figure 2 below shows, this was the first of the three components subject to this evaluation to become fully operational. The respectful relationships education for young people component managed by National Association for the Prevention of Child Abuse and Neglect (NAPCAN) commenced activity in January 2012.

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\(^{30}\) Further reviews were undertaken at the end of 2013 and 2014.

\(^{31}\) Other aspects of the project, such as regular meetings with partners though the Project Reference Group and the FSF training, contribute to community engagement.
**Figure 2: Implementation milestones, January 2012 - December 2014**

<table>
<thead>
<tr>
<th>Date</th>
<th>Milestone</th>
<th>Jan 2012</th>
<th>7/12</th>
<th>Jan 2013</th>
<th>7/13</th>
<th>Jan 2014</th>
<th>7/14</th>
<th>Jan 2015</th>
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<tbody>
<tr>
<td>1/1/12</td>
<td>Project commences (as per Project Management Plan)</td>
<td></td>
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<tr>
<td>1/1/12</td>
<td>NAPCAN funding commences</td>
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<tr>
<td>22/5/12</td>
<td>DCF Project Manager commences</td>
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<tr>
<td>29/6/12</td>
<td>FSF training commences</td>
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<td></td>
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<tr>
<td>1/7/12</td>
<td>VSAS funding commences</td>
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<tr>
<td>11/7/12</td>
<td>First FSM meeting</td>
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<tr>
<td>20/1/13</td>
<td>VSAS activity commences</td>
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<tr>
<td>1/1/14</td>
<td>MBCP funding commences</td>
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<tr>
<td>17/2/14</td>
<td>Training and Professional Development Officer (DCF) (FTE 0.5) commences</td>
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<tr>
<td>1/3/14</td>
<td>Additional project manager (AGD) commences</td>
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<tr>
<td>1/4/14</td>
<td>Primary research for evaluation commences</td>
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<tr>
<td>30/6/14</td>
<td>NAPCAN funding ceases</td>
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<tr>
<td>1/7/14</td>
<td>TWC Family Safety Project funding commences</td>
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<tr>
<td>30/9/14</td>
<td>NAPCAN activity ceases</td>
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<tr>
<td>11/10/14</td>
<td>First referrals to MBCP</td>
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<tr>
<td>27/10/14</td>
<td>FSF Intelligence Support Officer commences</td>
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</table>

The implementation of three components, the FSF including FSF training, the VSAS and the MBCP, is more fully described in the next three chapters of the report.

The prevention education for young people and community engagement components of the project are included in the evaluation only as they relate to the degree to which integration has occurred across all five key components. The aim of the ‘Respectful relationships education for young people’ component was to develop, introduce and support localised, culturally appropriate, community-based approaches to educating young people about respectful relationships. These would be based on the LOVE BiTES/Growing Respect Program already delivered in some Alice Springs schools, and expanded to non-school settings. DCF and NAPCAN entered into a contract for the period January 2012 to June 2014.

A progress report indicated that program implementation occurred at a slower rate than originally envisaged, with some trialling of LOVE BiTES with staff at the Owen Springs Juvenile Detention Centre, and of the Growing Respect program with children in three primary schools. Funding for this component expired in June 2014, and a report on outputs provided to the project managers. The program was evaluated as part of a national evaluation of NAPCAN projects however this evaluation has not been made available to the evaluators.

An initial meeting of key stakeholders was held in early 2012 to discuss and plan the community engagement component of the project, but it proved a contested and divisive issue, with no clear forward plan agreed upon. A second meeting, a reflective practice forum, was held in August 2012 and a Community Engagement Strategy produced and endorsed by Co-sponsors and stakeholders. Nominal funding was budgeted towards meeting the costs of convening stakeholder meetings, such as reflective practice sessions for this component. Savings made in this allocated budget in the first two years of operations were combined with savings made in the communications budget and distributed in 2014-2015 to the TWC Family Safety Group initiative following consultation about this course of action with Co-sponsors and the Reference Group. This was a divergence from the original plan with the agreement of all concerned. This initiative, developed in 2014 in partnership with Tangentyere Council, implements two of the objectives of the Strategy: prioritising women and children’s safety and accountability for men who use violence; and enabling and resourcing informed community discussion in safe and respectful forums.

In brief, the background to the initiative is that in 2013 a group of concerned town camp women residents approached Tangentyere Council seeking support and recognition for women and children in the town camps experiencing family and domestic violence, and better engagement with strategies aimed at reducing and preventing family and domestic violence. This led to the development of the current Tangentyere Women’s Committee (TWC).

32 In a progress report, delays are attributed to the difficulties of community engagement. The report notes that there is over-consultation in Alice Springs, particularly of the Aboriginal community, and that though there is interest among primary schools, they are time-poor and do not have the capacity to run another program.
In September 2013 Tangentyere Council approached the Alice Springs Integrated Response project team with a proposal to develop a community engagement project in partnership with the TWC. In June 2014 the Council was funded under the Alice Springs Integrated Response project, through a contract with DCF, to work in consultation with the TWC to develop resources and processes relating to the identification and prevention of family and domestic violence, referrals to appropriate support services, and empowerment of participants within the Alice Springs town camps.

Two women, one of whom is an Indigenous town camp resident, are employed to work part-time on the TWC Family Safety Group Project. The focus is on women who reside in Alice Springs town camps. In early 2015 a Family Safety Training Program and the TWC Family Safety Group Project commenced. More is said about the Project and its links to the MBCP in Chapter 5.

2.5 Stakeholder perceptions

Stakeholders made some very positive statements about the early stages of the project, which was described by one as ‘a lot of hard work at the beginning’. Several stakeholders commented on how this preliminary work had contributed to a well-structured and well-implemented project. There was considerable consultation and discussions about the design and approach of the project and, with the assistance of an external consultant, a series of foundational documents were produced. In particular, this seems to have ensured there was an agreed set of values, principles and definitions, a project plan, and consistent nomenclature to give a solid basis for the implementation of the project’s components. Several stakeholders observed that the right people were engaged at the outset, and it was a significant achievement to bring together the government and non-government sectors. The project quickly gained high visibility in the service sector through the early implementation of one of the key components, the FSF, the initial and widespread FSF training provided to agency executive members and managers, and the development of a MOU between police and FSF agencies promoted practical partner collaboration from the outset. The FSF is discussed in greater detail in chapter three.

In terms of the design of the project, one stakeholder said that they were ‘happy with the design, both proactive and reactive elements’. However, although in theory stakeholders seemed to support the five components of the project, the key component which attracted the most comment was the FSF and related training. At the time of evaluation this component, and to a lesser extent the VSAS, has been the most fully realised. There was a perception among some that the high visibility of the FSF had ‘silenced’ other areas that stakeholders were keen to develop, such as collaborative approaches to working with families and reforms in the criminal justice system.

Several stakeholders applauded the careful and staged approach to implementation, which according to one meant there was ‘proper development that ensured structure was in place’. However, the delay in starting the Men’s Behaviour Change Program component was clearly a source of frustration for many stakeholders. Two other components also attracted some negative comments. The community engagement component was viewed by one stakeholder as the weakest and its purpose less well developed. The prevention component, involving educating children about respectful relationships, appears to have largely operated as a stand-alone program that struggled to gain much traction within the broader project.

Due to the different stages at which components have been implemented, the ‘horizontal’ integration of the five components is not apparent and has not yet been tested. This is something that a number of stakeholders said should be a focus for future planning. At the time of this report, common or ‘binding’ elements of the project that directly impact on service practice include:

- the FSF MOU between a group of 10 key stakeholder agencies
- the common risk assessment form and knowledge of how to use it among social services as a result of FSF training
- the ASWS, as a key partner in three project components.

Although one stakeholder described the size of the Project Reference Group (18 agencies are represented on the Group at the time of this report) and the proliferation of working groups at one stage as ‘bigger than Ben Hur’, it was acknowledged that this was less the case in 2014. Based on the positive comments about continuing stakeholder engagement and effective communication about the project to service providers and to senior managers, it seems that this inclusive and consultative approach has helped to maintain momentum and support for the project. Factors identified by stakeholders in mid-2014 as contributing to the project’s successes were:
• building a shared identity and ownership during the developmental stage
• professional and skilled project leaders
• detailed and thorough design and planning
• commitment, passion and persistence of key stakeholders (in particular police and the ASWS)
• governance and management structures tailored to the Northern Territory
• two lead agencies, which has encouraged more buy-in from government and non-government agencies and enabled the project to have a focus on prevention, as well as on justice elements
• dedicated position of project manager
• Reference Group as a powerful and influential advisory group, with a cross-section of representatives from the non-government sector, Aboriginal organisations and government departments
• Family Safety Framework, as the ‘glue’ enabling agencies to work together to make a difference.

Based on the implementation of the project to mid-2014, and with the benefit of hindsight, stakeholders identified three main areas to be addressed:

• Better resourcing for the administrative burden. In the first half of 2014, two additional positions were created within the project management team: a part-time training and professional development position, and a second project manager33. In addition, funding was provided to police in the second half of 2014 for an administrative/intelligence support officer position to support the work associated with FSF meetings and processes. However, as one stakeholder put it, not much thought was given to the amount of work that would be generated for the ASWS and its Outreach Service, and it would be good to see funding for administrative support for the FSF distributed more broadly.

• Having a better planned and strategic communication strategy. It was recognised that there has been regular and effective communication up the project management reporting line and to key stakeholders, especially those represented on the Project Reference Group. However, one stakeholder believed more strategic communications could have assisted and supported engagement among other stakeholders and with the broader community. A former member of the project management team said that although a draft communication strategy was developed, it had felt too soon in the project’s implementation to proceed with wholesale public communication activities.

• Community engagement as a more coherent and/or explicit element of the project. Several stakeholders in their interviews stressed how difficult it is to undertake effective community engagement and to do more than just hold meetings. There has been significant engagement with the social services sector, most notably through the FSF and the training sessions. Several stakeholders argued that community engagement had been integral to the development and implementation of the other components, and to overall project management and governance. However, one stakeholder identified two groups that she felt had not been engaged sufficiently: Aboriginal workers in service agencies, and Aboriginal women who are most affected by family and domestic violence34.

2.6 Factors that supported project implementation (non-project initiatives)

During interviews and informal consultations with stakeholders, it became apparent that a number of initiatives or reforms were seen as fostering a supportive environment for the introduction of the Alice Springs Integrated Response project. Reference was made on multiple occasions to the role of the Central Australian Family Violence and Sexual Assault Network (CAFVSAN) in assisting in the development of the project and in its capacity to act as an ongoing forum for agency/service relationships. In the criminal justice domain, mandatory reporting of domestic violence (since 2009) and the ability of police to apply for domestic violence orders (since 1989) which were already in place before the project commenced have helped support its implementation. In addition, one stakeholder noted that the Interagency Tasking and Coordination Group (ITCG)35 had already contributed to a more proactive approach to all crime and social problems among key stakeholders.

33 In-kind support to the project was provided by AGD for most of Phase One, with the AGD Regional Manager playing a crucial role in the development and implementation of the project prior to the appointment of the second project manager. The position of AGD Regional Manager no longer exists.

34 This perception about insufficient engagement with Aboriginal women is likely to have changed with the commencement in 2014 of the Tangentyere Women’s Committee Family Safety Group Project, which is funded under the community engagement component of the project.

35 The ITCG holds multi-agency fortnightly meetings, chaired by NT Police, which focus on operational responses or proactive initiatives to address current social order or community safety issues within Alice Springs.
Two other significant factors were identified as adding to an environment that supported the Alice Springs Integrated Response project, especially the court-based Victim Support and Advocacy Service (VSAS) component. The first was a civilian specialist domestic violence prosecutor, who was described by a stakeholder as ‘a passionate and committed advocate for victims’. The specialist prosecutor had already begun to challenge and change existing practices and approaches within police and the Alice Springs office of the NT Director of Public Prosecutions, as well as within the court.

The second significant factor identified as supporting the VSAS component of the Alice Springs Integrated Response project was the domestic and family violence Outreach Service operated by the ASWS. Funded separately from the Alice Springs Integrated Response under the Alice Springs Transformation Plan and operational since the beginning of 2010, the ASWS Outreach Service employs three workers based in Alice Springs to work with women and children in the township and in the town camps. The service changed the ASWS from a primarily emergency accommodation provider to a more comprehensive and flexible service for women and children in a range of settings. An evaluation of the ASWS Outreach Service (Gander 2013) describes the Service’s role in the Alice Springs Integrated Response project in terms of the number of women referred to the Service from Family Safety Meetings (23 were provided assistance in January 2013). Closer working relationships have developed over time between the ASWS Outreach Service and the VSAS, especially as the latter has sought to have more contact with women outside the court setting.

Policing initiatives viewed as contributing to improved responses to family and domestic violence, and directly complementing the Alice Springs Integrated Response project include: Operation Halberd and having a constable based at the hospital to take victim statements, both initiatives explicitly focusing on family and domestic violence; the introduction of SupportLink to improve police referrals and service responses to all victims; and recent efforts to pro-actively enforce liquor laws by targeting take-away alcohol destined for consumption in prohibited locations (Operation Leyland). Internal police data indicated that this last initiative is having an impact on reducing violence, including family and domestic violence, and this is supported by the trends in police data in the six years up to mid-2014 (see Appendix 3). At the time of this report, the Temporary Beat Locations (TBLs) set up under Operation Leyland have become part of routine police activity.

2.7 Conclusion

Getting the Alice Springs Integrated Response project off the ground and bringing together agencies from government and non-government sectors is a major achievement. To summarise, key features of Phase One of the project include:

- skilled and experienced project leaders, both within the project management team and as senior representatives of key agencies
- thorough planning and design in the early stages
- staged and careful implementation which ensured local support and engagement in the project
- problem-solving and action-oriented approach of key stakeholders which helped the effective implementation of several components
- governance and management arrangements which fostered a partnership approach among local stakeholders, whilst still ensuring there was monitoring and review of progress, and accountability to funding organisations

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36 Over several years the civilian specialist domestic violence prosecutor had challenged existing practices by making vulnerable witness applications in court, by approaching women victims who would otherwise go into the defence lawyers’ offices at the court, and by taking second victim impact statements. She was instrumental in improving the collection of evidence by front-line police. She attempted to approach Aboriginal victims at the court to ensure that they received accurate information about the nature of the prosecution and their role as a victim/witness. The civilian specialist domestic violence prosecutor position no longer exists.

37 Strike Force Halberd commenced in August 2013 but was scaled back in 2014. It involved ‘clearer guidelines’ and a proactive approach to domestic violence orders, and from an operational perspective frontline police handing over criminal domestic violence matters to domestic violence investigators. All major centres in the Northern Territory have NT Police Domestic Violence Units, which by the mid-2000s had become investigative units. With greater capacity and focus in the unit in Alice Springs, according to one stakeholder, the Operation was successful and produced better prosecution outcomes. The media reported that in its first six months the Strike Force had resulted in 287 arrests in connection with 774 domestic violence offences. (http://www.abc.net.au/news/2014-01-17/domestic-violence-crackdown-alice-springs-nt-police/5205140)

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

39 In particular, the impact on the ASWS has been profound with the new referral practices adopted by police radically expanding the number and profile of Aboriginal and non-Aboriginal victims of family and domestic violence seeking assistance.
• delays in implementing the MBCP, and the way the NAPCAN program operated, means the entire strategy is yet to be tested
• additional funding for positions with the project management team, and a position within the police, has not fully met the unforeseen administrative burdens on key non-government organisations responsible for implementation of project components
• initiatives independent of the project facilitated its uptake and fostered a more productive context for its implementation.

It is possible to infer from the summarised feedback that the project governance structure is largely regarded as a critical foundation to the project, with two reservations relating to foregoing practice.

Governance of the project encompasses partnership development and building shared understandings across critical areas such as an agreed set of values, principles and definitions, a project plan, and consistent nomenclature; and fostering processes for consultation, self-reflection and problem-solving in an action-oriented environment. The strong foundations have held the project on course notwithstanding unexpected delays in the implementation of some components and unpredicted demands on services and project management.

The first reservation that emerged is regarding the appropriateness of the governance structure as the project matures, with stakeholders recommending a review of the operational structures such as working and advisory groups going forward. The second is the need for an external communications strategy. Continuous reporting and briefing of departmental lead representatives and keeping key stakeholders in the loop has provided the project with good internal understanding and support however the time has come for emphasis on external communications to garner greater community engagement with the project.
Chapter 3 The Family Safety Framework (FSF) and FSF training

Project objective 2: Implement an inter-agency Family Safety Framework to identify and ensure a coordinated response to women and children at highest risk of further violence

Project objective 3: Strengthen specialist knowledge and expertise in relation to the dynamics of F&DV through professional development programs for staff from police, justice services, legal services, victim support agencies and programs for men who use F&DV

3.1 Introduction

The project gained high visibility in the service sector with the early implementation of the Family Safety Framework (FSF), the initial and widespread FSF training provided to agency executive members and managers, and the development of a MOU between police and FSF agencies which promoted practical partner collaboration from the outset.

An example of this is the pivotal effect of the Information Sharing Protocol as set out in the FSF Practice Manual and adhered to in the MOU. This provided legal and institutional authority and a framework for staff to share case information more readily. Individual agencies could then consider precisely what information to share and under what circumstances; and begin improving the securing of that information and adapting existing data systems.

One stakeholder referred to the FSF as the ‘flagship’ of the project, and for some stakeholders it was clearly synonymous with the project. Led by police the FSF has had the highest profile and, at the time of writing, the greatest investment by stakeholders although, at the outset, it was led by police from within existing resources with no project funding being directly allocated.

This section of the report is split into two parts. The first concentrates on the FSF, with special attention paid to the process. The second part focuses on FSF training. The training became a much bigger part of the project than was originally envisaged, and has become integral to the effective working of the FSF.

Both parts refer to findings from interviews and focus groups with women victim/survivors, Indigenous practitioners, key stakeholders, and agency representatives who attended Family Safety Meetings (FSMs); and an on-line survey of practitioners. The first part also draws on exploratory research undertaken by the evaluation team as a proxy measure of the impact of the FSF by examining recorded service contact of women victims/clients pre- and post-FSM referral.

3.2 Description of the FSF

The second objective of the Alice Springs Integrated Response project was to implement an inter-agency FSF to identify and ensure a coordinated response to women and children at highest risk of further violence. More precisely, the purpose is described in project documents as providing an action-based, coordinated service response to individuals and families experiencing family and domestic violence who are at imminent risk of serious injury or death. The FSF is led by NT Police through the Domestic Violence Unit (DVU); the Officer in Charge of the DVU convenes and chairs the FSMs.

Introduced in Alice Springs in July 2012 and modelled on an approach adopted in South Australia (SA)\(^{40}\), the FSF includes:

- a risk assessment form which helps workers in participating agencies to assess the risk of harm to individuals due to family and domestic violence, with those considered at high-risk referred to Family Safety Meetings FSMS
- a referral process for agencies to refer high-risk clients into the FSF
- an Information Sharing Protocol which provides legal and institutional authority and a framework for staff to more readily share case information
- fortnightly FSMs chaired by the police and at which agency representatives agree on actions to reduce the risk for each person/family referred to a FSM

\(^{40}\) The SA Family Safety Framework (FSF) was developed from a range of policy and program influences including the United Kingdom's Multi-Agency Risk Assessment Conferences (MARAC). The MARAC practice manual was adapted for SA and adapted again for Alice Springs in 2012. The three pilot sites of the SA FSF were evaluated in 2008 (Marshall, Ziersch and Hudson 2008). Following a coronial enquiry and recommendations in 2013, the South Australian FSF was rolled out to 19 sites state-wide. More detail on the origins of the FSF and the SA evaluation can be found in the supplementary volume of appendices, Report 7 (unpublished).
• monitoring and review of cases referred to the FSF.

A MOU41 was established between participating agencies and NT Police by which agencies agree to adhere to the practices outlined in the FSF Practice Manual and to make staff available to undertake the FSF training.

Training has been conducted for agency staff with more than 20 training sessions conducted in the first eighteen months of FSF operation with 330 people from a range of services attending these sessions.

The South Australian FSF trial and its evaluation were used to help develop the component in Alice Springs, with much of the early developmental work and subsequent consultations focused on adapting the FSF to Alice Springs and the Northern Territory. After a visit to South Australia by NT Police and the ASWS manager, a series of workshops was held to ensure the local applicability of the risk assessment form.

The Alice Springs version of the risk assessment form was used from July 2012 with regular reviews including focus groups with FSM representatives and feedback gleaned from practitioners and training participants42.

FSF documentation is consolidated in the FSF Practice Manual which includes as attachments the risk assessment form, the FSF referral from, the information sharing protocol, the information request form, a confidentiality declaration, the FSF Action Plan, the FSF information sheet for victims, and a snapshot of the FSF process and key players. The FSF Practice Manual and attachments are made available on the NT Police website.

**Family Safety Meetings**

Fortnightly Family Safety Meetings (FSMs) led by NT Police commenced on 11 July 2012 with attendees at meetings being representatives from:

- the Department of Children and Families
- the Department of Correctional Services
- the Department of Education
- the Department of Housing
- the Department of Health–Alice Springs Hospital and other health services
- Alice Springs Women’s Shelter (ASWS)
- Ngaanyatjarra Pitjantjatjara Yankunytjatjara Women’s Council (NPYWC)
- Central Australian Aboriginal Congress
- Tangentyere Council
- the Commonwealth Department of Human Services (Centrelink).

The Department of the Attorney-General and Justice is a FSF partner and signatory to the FSF MOU however does not participate in FSMs as its role is executive rather than operational.

Eleven agencies participate in the FSF and have signed a MOU with NT Police whereby they agree to adhere to the practices articulated in the Family Safety Framework Practice Manual including the Information Sharing Protocol, and to ensure that their work force is trained in the FSF. All FSM participating agencies are also members of the Alice Springs Integrated Response Reference Group, the broader advisory group that provides guidance and expertise to the Alice Springs Integrated Response project.

When a referral is made to the FSF, one of three outcomes can occur: the referral is declined by the Chair and not added to the next FSM agenda; it is not accepted at the FSM; or it is accepted and discussed at the FSM. The purpose of the FSM is for the participants to agree on an action plan, and to monitor and review progress in improving the safety of a woman (and children). Rather than referring to cases being ‘closed’ at a FSM the decision can be made that the risk has been ‘moderated’. This term is preferred, primarily in recognition of the specific local conditions that include a likelihood of offenders receiving a prison term in Alice Springs, with a subsequent need for review of risk at the point of release. This term also recognises the nature of the community in Alice Springs.

41 As noted in the previous chapter, 10 of the 11 agencies that participate in the FSF signed up to the MOU. The eleventh, the Department of Human Services (Centrelink) has a separate process of information sharing which has been established between the NT Police Officer in Charge of the Domestic Violence Unit Alice Springs and the DHS (Centrelink) Indigenous Regional and Intensive Services Division, Region Manager Central Australia. The MOU is set out in the FSF Practice Manual and guides individual agencies in considering precisely what information to share and under what circumstances. FSF agencies have begun improving the securing of that information and adapting existing data systems.

42 In 2015 a major review occurred, in part informed by a SA review of its FSF, and in part in preparation for Territory-wide implementation of the FSF.
and the long term relationships agencies have with women experiencing F&DV, many of whom with levels of high-risk will return again and again so their cases may never be truly ‘closed’.

3.3 Evolution and review

A key stakeholder attributed the success in getting the FSF up and working in Alice Springs to the attitude and effort of local stakeholders and practitioners:

Obviously, getting the MOU signed off was crucial because that was everyone agreeing to adhere to the practice manual, and had we waited as sometimes the bureaucracy is inclined to do, it would have taken …It took over 12 months to get the MOU signed off. But effectively everyone agreed, let’s take this out of the hands of the bureaucrats and put into the hands of the practitioners. Just basically handed it over to the police and the key agencies and allowed them to start the process. And we ran one training session for the key players and then we started the meetings. And yes, it took over 12 months for that MOU to be signed off by the key players. That’s just a good example and where everyone used their skills, we’ll move this to the next point, we’ll keep doing our job behind the scenes, and we’ll let the practitioners get on with the job.

In an internal stakeholder review of the first six months of FSF’s operation (July-Dec 2012) participating agencies identified improvements to safety outcomes for women, and to agency communications and collaborations. Identified FSM issues included the need for agencies working with men to attend FSM meetings, the significant impact on staff time and resources, the administrative load, and some concern that not everyone felt able to speak plainly in the FSM setting. Other issues included gaining reliable information about offender release dates, some information sharing constraints, and the need for clarification on the statutory obligations of some agencies that could arise from certain information being tabled at FSMs. The more significant of these issues have been addressed.

Obtaining reliable information about prison release dates of perpetrators has long been a pressing issue for women’s services and for women victims themselves. Women victims/clients, in interviews for the evaluation, underlined their heightened vulnerability when men are just out of jail (see Box 2). Reliably identifying actual release dates can be complicated in Central Australia by particular contextual issues such as release being timed to ensure an offender is able to immediately catch the bush bus to return to a remote community, rather than spending a weekend in Alice Springs with the added risk of being unhoused or inappropriately housed, of exposure to alcohol, and of potential further violence. This timing may differ from the original advised release date by a day or two. The Department of Correctional Services now ensures that any offender nominated on an FSM-accepted referral is added to the ‘offender release list’. This list is emailed to the FSF Chair every fortnight so it can be tabled in the minutes and discussed with delegates at the FSM. Any offender due for release will be discussed so support agencies can re-engage with victims, ensure case management continues and reassess for further F&DV risk.

A representative from CAAC’s men’s health program, Inkintja, now attends meetings, and most recently, with the establishment of the project’s MBCP, the MBCP program manager attends FSMs. FSM action items now include referrals of perpetrators to the MBCP.

Some agencies at the FSMs have statutory responsibilities (for example, NT Community Corrections and Child Protection Services). Concerns were expressed that the information to which these statutory agencies are exposed in the confidential environment of the FSM may raise the prospect of a mandated response, potentially compromising the statutory authority’s obligation to observe confidentiality within the FSF process. An example is where the agency becomes aware that an offender has breached a court order that includes children and which may in turn become a matter for a mandatory intervention by DCF’s Child Protection Services.

Legal advice received from the Solicitor for the NT confirms that, as a general proposition, the statutory agency should make a note in the relevant case file explaining that an issue was raised at the FSM that requires proper investigation for the purposes of a statutory report. The case worker (from Community Corrections or Child Protection) should then contact the relevant agency which revealed the information at the meeting to obtain an authorised statement in respect of the particular statutory matter raised. This process ensures that before taking any action to the detriment of a person, even under provisions such as section 26 Care and Protection of Children Act and section 124A Domestic and Family Violence Act, the required level of satisfaction is met; that is, a belief based on reasonable grounds. ‘Belief’ indicates a fairly high level of conviction and it is unlikely

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43 The Chair of the FSM also reviews Domestic Violence Orders (DVOs) that are approaching expiration date and cross-references these against FSF clients, past and present, with notification to relevant agencies.
that the reasonable grounds for such a belief could be based on information from another person without fully understanding the facts and the level of assurance of the facts.

A significant proportion of FSF administration falls to the Officer in Charge of the NT Police DVU as convener and chair of the meetings. Administrative duties involve receiving and screening referrals and value-adding from police records, fielding enquiries about potential referrals, keeping a record of meetings and decisions, and compiling statistics. In order to address some of the administrative burden of the FSF project funding was provided to the police in the second half of 2014 for a new specialist secretariat and intelligence services position (Intelligence Support Officer or ISO). The position was filled by late October 2014 and in addition to ongoing secretariat tasks the ISO was tasked with back-capturing more detailed information on foregoing FSF cases.

Under the funding agreement with AGD, the ISO position is to provide specialist secretariat support for fortnightly FSFs and intelligence relevant to the FSF to the police DVU. This includes compiling statistics on the number of cases and referrals, an annual audit of a subset of cases to capture characteristics of referred cases, and the implementation of FSF actions and outcomes. Every six months, DVU is required to support project managers and FSM participating agencies in conducting routine reviews.

At a six-month review held in November 2014, the following issues were raised:

- the need for better recording of the reasons for case moderation, including listing objections raised at the meeting
- the persistent lack of attendance by some agencies
- the need for a review of the common risk assessment form.

The appointment of the ISO immediately contributed to improvements in records, with a new format for meeting records to capture reasons why cases are moderated, why cases may not be accepted into the FSF and any objections raised. Since the review, it was reported in April 2015, there has been an increased participation rate at FSMs, but attendance will continue to be monitored and reported to project management and to the Project Reference Group.

An issue that arose in the FSF development was the number of cases being referred for what some considered ‘case management’ as opposed to ‘crisis intervention’. Although it has been stressed by the FSM Chair that the focus is on crisis intervention, the information sharing and confidentiality arrangements do allow for useful exchanges between participating agencies about services and plans in place which lead to improved case management. The recommendation for development of a collaborative case management platform (see Chapter 7) is for precisely this pathway out of ‘crisis’ and into short to medium term case plans through interagency practice.

At the end of 2014 and into early 2015 key stakeholders conducted a review of various aspects of the FSF including a review of the Alice Springs FSF risk assessment form as part of the routine process built into the FSF. In addition four major external factors contributed to this review. The first of these was the significant changes introduced in late 2014 to the South Australian FSF on which the Alice Springs FSF is modelled and with whom there are shared border concerns.

Secondly the rollout of the FSF across the NT required details for each of the commencing locations to be included in the NT FSF Practice Manual and associated forms along with context for the Safety is Everyone’s Right Strategy. A third contributing factor was the identification of a number of minor changes that could support data collection, by new participants in the process such as the ISO and the implementation officers in the commencing NT regions of Katherine, Tennant Creek and Darwin. Finally, the evaluation of the Alice Springs Integrated Response has provided specific FSF feedback which could be taken into account.

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44 In 2015 a major review occurred, in part informed by a SA review of its FSF, and in part in preparation for Territory-wide implementation of the FSF.
45 This includes the information sharing protocol, the deed of confidentiality that is signed at the commencement of each FSM, and more broadly the information sharing and confidentiality arrangements that apply to information tabled at a FSM.
46 Finalised revised versions of the FSF documentation including the framework, referral form and risk assessment form were tabled at the February meeting of the Project Reference Group. Draft revised project documents – definitions and principles, and the partnership statement – were tabled at the April meeting of the Project Reference Group. It should be noted that the revised risk assessment form remains focused on partner/ex-partner violence.
47 South Australia conducted a review of their FSF in 2014 and in October 2014 released a revised and updated practice manual and associated documentation. Significant changes to the FSF began as a result of a systems review include:
- amendments to the risk assessment form which is now divided into three parts – matters that impact the victim, behaviours of the perpetrator, and issues for relevant children
- amendments to the referral process to include a section for specific issues that impact on women in remote communities
- inclusion of an information sheet for the courts, developed in conjunction with the courts.
48 For example, it was recommended a question be included on the FSF referral form to elicit information about the relationship between victim and offender, to facilitate the capture of basic case information.
The review process in Alice Springs underwent five stages. The South Australian Office for Women and the South Australian Police conducted a 12-month review of their processes and provided their final documents to the NT for information. This assists in ensuring a consistent response in the border regions. Secondly, extensive consultation was undertaken internally by NT Police, the Alice Springs Women’s Shelter (ASWS) and the NPYWC Domestic and Family Violence Service. Police consulted Territory-wide to ensure consistency and applicability in the commencing FSF regions, and the ASWS and NPYWC Domestic and Family Violence Service team trialled the new risk assessment format. Thirdly the FSF Intelligence Support Officer in Alice Springs provided feedback on the original forms with an eye to collating usable data from the content to support capacity to map themes and trends across time. The fourth step saw the NT Safety is Everyone’s Right Strategy team and the Alice Springs Integrated Response team collaborate to conclude the revision in preparation for distribution. Finally the Alice Springs Integrated Response Reference Group reviewed the final draft of the review changes.

Evaluation progress reports drew attention to stakeholder feedback in relation to the FSF process. Features of practice, including FSM practice, were seen as requiring further improvement or at least review. A detailed description appears in the supplementary volume Report 7 (unpublished). Many of these issues have since been addressed. Important areas currently requiring further development include the potential for collaborative case management outside the FSM, reviewing the core FSF membership, and expanding discussions and information sharing at FSMs about perpetrators.

3.4 Family Safety Framework data

The evaluation team sought statistics on the agencies from which referrals had been received, and on the action items and agencies responsible for them, however detailed and reliable statistics on agency referrals and action items are still being developed by the ISO. Nonetheless, several stakeholders stressed that they felt the police and the ASWS have been the crucial agencies in the FSF in providing information and being tasked with actions at the FSMs. One stakeholder described the workload as follows: ‘two to three organisations do the majority of work – Congress for families, the Shelter, DCF contact with children – while the others give information, for example Anglicare, Centrelink, Housing’.

According to data collated by the ISO, the majority of FSF referrals to date arise from the ASWS, including their Outreach Service. Other leading referral agencies are DCF, CAAC, NT Police and NPYWC Domestic and Family Violence Service. Approximately five per cent of referrals are from organisations not signed up to the FSF MOU.

Tables 1 and 2 summarise the main statistics collated on the FSF, for the period July 2012 to April 2015. By 1 April 2015, 72 FSMs had been convened. Table 1 shows that for this period of two years and nine months there was total of 200 referrals to the FSF of which 64 were declined, leaving 136 accepted cases. There was a total of 135 moderated cases, and the average number of days a case remained in the FSF was 40 days. Over the period an average of four cases were being moderated per month.

Table 1: FSF key statistics, July 2012 – April 2015

<table>
<thead>
<tr>
<th>Total referrals to FSF</th>
<th>200*</th>
</tr>
</thead>
<tbody>
<tr>
<td>- dual agency referrals</td>
<td>6</td>
</tr>
<tr>
<td>- risk assessment score range (threshold 45+)</td>
<td>70-80</td>
</tr>
<tr>
<td>Declined cases</td>
<td>64</td>
</tr>
<tr>
<td>Moderated cases</td>
<td>135</td>
</tr>
<tr>
<td>Average number of days per referral/case in FSF</td>
<td>40</td>
</tr>
</tbody>
</table>

*At the time of data collection 1 referral was pending for a FSM

Source: NT Police Domestic Violence Unit, Alice Springs

Table 2 shows that, for the same period of two years and nine months 172 victims were referred to the FSF and 23 (13%) were referred more than once. A total of 182 offenders were recorded, and in 12 cases there were multiple perpetrators. Based on the number of victims accepted into the FSF (142, 83% of victims referred) and where information was recorded, the majority of victims were Aboriginal women (90%), had children (64%), and were
at high risk of harm from a male partner (74%) or ex-partner (18%). There were very few recorded as involving a family member (3%).

It is estimated at least half of the referrals involve children but that half of these do not appear to reside with immediate family. There are often temporary and/or informal arrangements with extended kin for children to stay with them, as well as formalised fostering or guardianship arrangements (see footnote 49).

Table 2: Victims and offenders referred to the FSF, July 2012 – April 2015

<table>
<thead>
<tr>
<th>Total number of victims referred to the FSF</th>
<th>172</th>
</tr>
</thead>
<tbody>
<tr>
<td>- victims pregnant at time of referral</td>
<td>6</td>
</tr>
<tr>
<td>- victims referred more than once</td>
<td>23</td>
</tr>
<tr>
<td>Total number of offenders</td>
<td>182</td>
</tr>
<tr>
<td>- multiple perpetrator cases</td>
<td>12</td>
</tr>
<tr>
<td>Total number of victims accepted into the FSF</td>
<td>142</td>
</tr>
<tr>
<td>Total number of victims accepted into the FSF and relationship to offender is recorded</td>
<td>108</td>
</tr>
<tr>
<td>- partner</td>
<td>80</td>
</tr>
<tr>
<td>- ex-partner</td>
<td>20</td>
</tr>
<tr>
<td>- ex-partner, new spouse</td>
<td>3</td>
</tr>
<tr>
<td>- family</td>
<td>3</td>
</tr>
<tr>
<td>- other</td>
<td>2</td>
</tr>
<tr>
<td>Total number of victims accepted into the FSF and Aboriginal status is recorded</td>
<td>119</td>
</tr>
<tr>
<td>- Aboriginal</td>
<td>107</td>
</tr>
<tr>
<td>Total number of victims accepted into the FSF and whether the victim is recorded as having children or not</td>
<td>111</td>
</tr>
<tr>
<td>- children</td>
<td>71</td>
</tr>
</tbody>
</table>

Source: NT Police Domestic Violence Unit, Alice Springs

According to the NT Police Domestic Violence Unit (DVU) common action items arising from the first FSM at which a referral is considered include:

- **DVO application or variation.** In a vast majority of the FSF cases either the victim or the offender has been the subject of a DVO at some point, whether as a protected person or a defendant. There have been occasions where the non-existence of a DVO has triggered a FSF referral. It has become an almost standard action item for victim support organisations to engage with victims who have been referred to the FSF (whether accepted into FSF or not) to obtain a DVO or to have a current DVO varied to better reflect the level of identified risk. The FSF also act to ensure a copy of the DVO is made available to the agency supporting the victim.

- **Locate and arrest offender(s).** In more than 60 per cent of FSF cases, a nominated offender is arrested by police after a referral has been accepted into the FSF. At times the offender has been an arrest target for police and this person’s apprehension has coincided with acceptance of the referral into FSF. Arrest and further detention of the offender is not the only outcome that reduces the risk to the victim. Should the offender be subject to a custodial sentence or court imposed remand period then the proposed release date is considered to ensure that the victim is deemed to be in a place of safety and with appropriate safety procedures in place upon the offender’s release.

- **Locate and serve orders on offender(s).**

- **Victim management and creation of safety plans.** This includes: encouraging victims to make formal statements to police, verifying location of victims, maintaining regular contact, welfare checks, engagement with assistance services and/or programs, and safe accommodation assistance. Partner organisations such as ASWS, including the ASWS Outreach Service, NPYWC Domestic and Family

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49 For the purposes of collecting data, ‘partners’ can mean a traditional Aboriginal relationship of culturally accepted husband and wife, registered legal Australian marriage, de-facto relationship living together or de-facto not living together, long term or short term intimate relationship between the victim and offender. Due to the high mobility of Aboriginal people in the region, and the complexities of family structure and relationships, the recorded residential addresses of individuals are not necessarily where they reside permanently and partners may have separate addresses on the records. Similarly, with children, there can be short-term placements with extended family and what is recorded as a child’s residential address may not be where the child currently lives.
Violence Service and CAAC work closely with vulnerable women and children to provide, routinely update and help implement safety plans for times when they are exposed to elevated risk levels.

- Medical and mental health assessments.
- Referrals to offender programs\textsuperscript{50}.
- Referrals to various substance abuse programs.

NT Police established a victim and offender register which was kept for the first year of the FSF (2012-2013)\textsuperscript{51}. This register showed that for the first 13 months of FSF’s operation only two victims were re-referred to the FSMs. During the following 18 months the number of victims who had more than one referral had increased to 23 (see Table 2).

The earlier register included information on FSM actions and outcomes, something that is not yet available for more recent cases (see Table A2.1, Appendix 2). Under the categories used in the register, the most common outcome was for the offender to be remanded (37%), followed by the victim relocating out of Alice Springs (31%), and a referral to case management (29%).

The database more recently developed by the ISO shows that in an estimated 70 per cent of cases the offender is arrested and remanded at some point after the first FSM. The available FSM records show the primary agencies tasked for action from the meeting are (in no particular order):

- ASWS (locate and/or engage and refer)
- Department of Health (review files, advise FSF on presentations/health management plans)
- DCF (review files and advise, engage and refer)
- CAAC and Tangentyere Council (referrals for offender and victim, usually alcohol-related support or behaviour change, medical follow-ups)
- NT Police (locate victim, locate and/or arrest offender)

3.5 Perceived achievements of the FSF

Among stakeholders familiar with the FSF, both practitioners and more senior representatives of agencies indicated that they believed the FSF has had a positive impact. As with the SA evaluation findings, the most obvious achievement was seen to be improved service coordination and working relationships. This was highlighted in:

- The first internal stakeholder review, after the first six months of the FSF, reported that participating agencies agreed there had been improvements to agency communications and collaborations, and improvements in safety outcomes for women and their children referred to the FSF.
- Key stakeholders interviewed for the evaluation in April and May 2014 all agreed that the FSF should continue because it had improved service coordination and knowledge of other services. The FSF was valued for engendering a shared sense of purpose, and doing something tangible together for high-risk victims.
- The practitioner survey found that, in respect of the impact of the FSF, the most positive responses were about communication and information sharing (57% said ‘much better’ and 20% ‘a bit better’), followed by timeliness of responses (35% said ‘much better’) (see Figure 3 below). Survey respondents commented that the FSF, through the use of a common risk assessment process and the FSF training, had improved confidence and skills among practitioners to make mandatory reports of domestic violence\textsuperscript{52} and to assess whether someone is at imminent risk of serious harm or death.

\textsuperscript{50} In 2015, a standard action noted is that any nominated perpetrator (as per agenda or minutes) is automatically accepted by the MBCP as a referral for their program. An independent referral action from the police is no longer required.

\textsuperscript{51} The DVU provided in-kind secretariat support during this period. However, once the incumbent left the role, ongoing in-kind support was found to be unsustainable.

\textsuperscript{52} Mandatory reporting is not an element of the Integrated Response or the FSF and is not covered in the training, but provides an example of how the FSF training has responded to achieve the objective of improving professional skills; derived from interviewee’s comments.
n=75 (both police and other practitioners)

**Source:** Evaluation survey of practitioners 2014

It also became apparent that the FSF process had evolved and improved over time, with several stakeholders mentioning that a key NGO that runs a men’s program, CAAC Inkintja Men’s Health Program, came on board last year and that the Department of Correctional Services is now providing release dates of offenders at FSMs.

In stakeholder interviews, a range of reasons was given as to why the FSMs work well. These included that they are well-structured and well-run; there is a consistent core group of five who go to meetings; information sharing occurs in a safe environment; there are reciprocal responsibilities and accountability; and there are tangible outcomes (what one stakeholder referred to as ‘he’s locked up, she’s safe’). With regard to the FSMs, the following achievements were identified:

- Meetings are well run, and a high degree of trust and mutual respect has been developed.
- Meeting participants speak respectfully of the individuals under discussion.
- Some systemic changes have been made, such as agencies developing internal systems for flagging cases designated high-risk.
- All agencies have reviewed how they document and case-manage F&DV cases as a result of the attention on particular cases. Many talked about how they have tightened their own internal procedures and practices in tagging incoming cases and before closing cases.
- FSM representatives are learning and employing different practices (other than, or in addition to, arrest, for example) to reach the objective of safety.
- FSM participants are learning in more detail about each other’s services, practices and approaches.
- Pooling information creates greater scope for more holistic assessment and therefore potential for more holistic support planning.

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AGD has a Victims of Crime Register but people have to apply to go on the Register. The legislation stipulates that a registered victim must be notified of release, which is done through head office. It seems highly unlikely that many victims in Alice Springs are aware of, and/or would apply to go on, the Register; or if they did, could be contacted in a timely way to be advised of release.
• Having relatively senior people attend as agency representatives ensures that agreed actions can be carried out in a timely fashion.

These achievements should not be treated lightly, given that most stakeholders took the time to describe how parlous the previous situation had been, with poor, and sometimes no, working relationships between agencies and widespread despair or inaction within an environment that normalises violence. In particular, improvements in relations between the ASWS and the police were singled out as very important in bringing about a more collaborative response, along with the increase in awareness among services of victim support and advocacy because of ASWS’s long term, central role in helping women victims of F&DV.

It should be noted, nevertheless, that stakeholders other than FSF agency representatives, including women victims/clients, did not seem to be very aware of the FSF. The interviews with women victims/clients highlighted that they often have multiple contacts with services, the reasons for which are not always clear-cut or overlap (see Box 2, Chapter 4).

Many Indigenous practitioners were also not very familiar with the FSF, which seemed to relate to their relatively junior position in their agencies and to many having not attended the FSF training at the time of the interview, for a combination of reasons. For more detail about this element of the evaluation see supplementary volume, Report 5 (unpublished). Box 1 summarises the key findings.

54 It is, however, not entirely surprising that women were not specifically aware of the FSF as it is a systems response. Often women will not recall the specific agency that provided them with services in a crisis scenario, much less remember the name of a systems response.
Box 1: Key findings from interviews with Indigenous practitioners

Sample: 26 Indigenous practitioners in a cross section of agencies; most local and many in their jobs for years; most in support roles

Knowledge and direct experience of various elements of the project
- Just over a third had completed FSF training; most comments positive; but few work directly with victims of F&DV.
- Very few had used the risk assessment form or made a direct referral into FSF (due to positions/nature of job).
- Four who had been involved with FSF clients said ‘sharpened focus’ and ‘could get more for her earlier’.
- Just under half had heard of the Information Sharing Protocol but most were not aware of the details.
- Very few knew about, or had contact with, the VSAS. One said two workers were needed.
- More than half had heard about the men’s behaviour change program. One was keen to see capacity for young men/new fathers to get places in the program.
- Most participants lacked detailed knowledge or understanding of the Alice Springs Integrated Response project overall, and had very limited experience of key components.

Other findings
- Large majority of the participants were not troubled by conflict of interest issues when their family is involved in F&DV cases that come before their service - they report that their agency has good processes for dealing with potential conflicts.
- Participants from the community-controlled organisations rated their organisations more positively, and were engaged on tasks over which they had more control and support.
- A clear perception that the response to family and domestic violence in Alice Springs has improved over the last three years.
- A major barrier to service improvement was identified as inadequate cultural awareness training for non-Indigenous staff.

What they would like to see
- FSF training to include using the risk assessment form with reluctant clients
- High quality, locally relevant cultural awareness training which uses knowledge of local staff
- Continuing work on both changing public attitudes through education campaigns, and working with perpetrators that includes complementary programs for women

Of the 26 Indigenous practitioners who participated in interviews and group discussions for the evaluation, very few had used the risk assessment form or made a direct referral into FSF due primarily to their positions within a service and/or the nature of their jobs. Feedback from the four who had been involved with FSF clients included that the FSF had ‘sharpened focus’ and had assisted to ‘get more for her earlier’. Just under half of the Indigenous practitioners had heard of the Information Sharing Protocol but most were not aware of the details. It seemed that most of the Indigenous practitioners lacked detailed knowledge and an overall understanding of the project, and had very limited experience of key components, most notably the FSF.

3.6 Focus and impact of the FSF
Two key questions discussed by stakeholders were whether the project focus on the FSF and high-risk victims was right, and whether women were safer. There were differing views among stakeholders on these questions.

The number of cases being moderated is on average about four per month yet, as the police and court statistics reveal, this represents only a fraction of the number of F&DV victims and offenders being dealt with in the justice system (see Appendix 3). Several stakeholders did question whether what was characterised as an ‘intense effort’
with a focus on high-risk victims was a good use of time and energy especially as they were not sure that it did make women safer. They also questioned the notion of ‘high-risk’ when meetings occur fortnightly. However, other comments made by key stakeholders suggested or implied that the focus was appropriate for the context given the very high and harmful levels of family and domestic violence in Alice Springs, and a crisis orientation among services that were overstretched. A non-government service provider commented that it was a significant step to be able to focus on high-risk victims:

For so long violence against Aboriginal women has been so minimised in such a systemic way and when I think back to where I started 10 years ago at least there is acknowledgement that violence against Indigenous women is the most severe, the most common, that women die at high rates. So in some ways, we had to get it to this point, to get the funds and now it is [a question of] how we play it from here.

Some stakeholders admitted they did not know with any degree of certainty whether women were safer once they were moderated off the Framework. As a non-government service provider put it:

Gut feeling that we’re not really doing anything. Main reason women became safe is that men are locked up. The Shelter reduces the crisis and gets most of the work. Key question is whether we are making women safer at crisis point. Greater awareness now, maybe more is being done. Assessment and information is good. Offender is locked up but not sure whether it has happened as a result of a referral. However, FSF is valuable. Value outweighs it being canned. [It means we] share information, know each other – victims, offenders, professionals.

Others were more convinced that high-risk victims were safer, and underlined that there had only been a relatively small number of re-referrals back to FSF. One stakeholder said that they liked ‘to think [that the FSF] prevented the deaths of at least 12 women in the past year’. Even where questions were raised about whether women were safer, key stakeholders agreed that the FSF was worth retaining and expanding to other parts of the NT and to the cross-border region. This has, of course, now happened with the Territory-wide Domestic and Family Violence Reduction Strategy 2014-2017: Safety is Everyone’s Right incorporating the 2015 rollout of the FSF to three additional NT centres, Katherine, Tennant Creek and Darwin, with two remote locations to follow.

3.7 Impact of the FSF on women’s safety: service contacts pre- and post-FSMs

To explore whether women were safer as a result of the FSF, two key agencies were asked to check their records to see whether the number of contacts with women had changed in the 12-month period before and after the date for the FSM at which their referral was first accepted. A sample of the first women referred was followed up by the Alice Springs Women’s Shelter (ASWS) and by the Alice Springs Hospital (ASH). More detail on the method and the findings of this element of the evaluation can be found in the supplementary volume, Report 7 (unpublished). A summary of the findings follows.

**Alice Springs Women’s Shelter**

ASWS records were checked for the first 34 women referred into the FSF for one year before and one year after the date of their FSM (initial referral). Table 3 shows the women’s experiences of violence, as recorded in the ASWS files, for the two periods. The total number of physical assaults and threats, as well as the total number of perpetrators, for the sample was less in the post-FSM period, as was the average per person.
Table 3: Women’s experiences of violence before and after FSM (as disclosed to ASWS and recorded in their client files)

<table>
<thead>
<tr>
<th>Variable</th>
<th>12 months prior to FSM referral</th>
<th>12 months post FSM referral</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of physical assaults</td>
<td>91 (av. 2.8 per person)</td>
<td>65 (av. 1.9 per person)</td>
</tr>
<tr>
<td>Number of threats</td>
<td>35 (av. 1 per person)</td>
<td>28 (av. 0.8 per person)</td>
</tr>
<tr>
<td>Number of perpetrators</td>
<td>79 (av. 2.3 per person)</td>
<td>62 (av. 1.8 per person)</td>
</tr>
<tr>
<td>Number of women assaulted by partner/ex-partner only¹</td>
<td>13</td>
<td>8</td>
</tr>
</tbody>
</table>

¹ Those assaulted by a partner or ex-partner only before the FSM, and those assaulted by a partner or ex-partner after the FSM are not necessarily the same person.

Total number of women = 34

Source: ASWS client files

Analysis provided some insight into the F&DV experiences of the predominately Aboriginal women both before and after the FSM although the sample is small and relies on what is disclosed and recorded in files.

• Some women experience occasional assault and others continued to experience multiple assaults. This pattern continued in the periods before and after the FSM, although the number of physical assaults and threats decreased in the 12 months following the FSM.

• Women experienced violence from a number of perpetrators, although the majority were from partners or ex-partners.

• There were some instances of family ‘retribution’ recorded in the files, but there were more mentions of women being assisted by ‘safe family’ than of retribution, both before and after the FSM.

As the ASWS is the predominant victim contact and support agency for referrals of cases into the FSF, the review of the service’s record of contact for the 34 women also provided an opportunity to examine the impact of the FSF on the service and the response from the service.

Table 4 shows that the number of engagements between the ASWS and clients, in total and on average for the 34 women, increased in the period after the FSM. Other findings from the analysis of the sample’s records for the 12-month period following the FSM included:

• a large increase in the number of self-referrals from women to the ASWS; however, the pattern of direct referrals from other agencies of women into the ASWS did not change significantly before and after the FSM

• a decline in the women’s use of the ASWS accommodation

• a substantial increase in the use of the ASWS Outreach Service

• an increase in the number of planned exits from the ASWS service and a decrease in the number of unplanned exits

• an increase in ASWS interactions with other agencies in relation to the clients.
Table 4: Women’s engagements with ASWS before and after FSM  
(as disclosed to ASWS and recorded in their client files)

<table>
<thead>
<tr>
<th>Variable</th>
<th>12 months prior to FSM referral</th>
<th>12 months post FSM referral</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of engagements</td>
<td>175 (av. 5.1 per person)</td>
<td>226 (av. 6.7 per person)</td>
</tr>
</tbody>
</table>

Total number of women = 34

Source: ASWS files

The file records show there was no change in the proportion of women where legal protections were noted in the 12 months before and after the FSM. However, not all relevant legal documentation was available to ASWS and/or on the files of the women.

A further finding related to when the ASWS referred a woman into the FSF. The file analysis indicated that there was variation in the ‘trigger events’ for a decision by ASWS to refer a woman into the FSF. It could be a single very serious assault that results in significant injury, a pattern of abusive and controlling behaviour, or information received from concerned family which has raised red flags for the relevant ASWS case worker.

In conclusion, it seems that, for the sample of 34 women, there was an overall reduction in the number of assaults that were disclosed to the ASWS in the post-FSM period. Importantly, the FSF has clearly had a big impact on the ASWS, most notably on its Outreach Service.

Hospital admissions

ASH records of admissions were examined with the assistance of hospital staff for the first 32 women referred into the FSF for a period of two years before the FSM date and two years after the FSM. The records show that the majority (70%), of assaults for which the women were admitted to hospital over the four-year period, were due to family and/or domestic violence.

Overall the records yielded less data on an almost identically sized sample of women than did the ASWS records.

The ages of 30 of the women in the sample in the year they were referred to FSMs, ranged from 17 years to 51 years. Almost half (14) were in their 30s and the average age was 32 and a half years.

For the sample of 32 women, the total number of hospital admissions over a four-year period was 659. The total number for each woman ranged from two to 83 admissions, and the average was 21 admissions.

Two of the women had no assaults recorded for the four-year period. Of the remaining 30 women, the numbers varied from as low as one and as high as 18 admissions for assaults.

Of the total 659 admissions:

- 214 (32%) were recorded as relating to an assault
- 149 (23%) were recorded as linked to family and/or domestic violence assaults.

Comparing the number of family and/or domestic violence assaults pre- and post-FSM for each woman, 10 (33%) had more in the post-FSM period, two (7%) had the same number, and 18 (60%) had fewer recorded assaults. When family and/or domestic violence assaults are compared, 20 (66%) had fewer recorded assaults in the two-year post-FSM period.

Table 5 presents the results for the total sample (that is, for all the women) for the pre- and post-FSM periods, by the different categories of assaults57. The most common form of assault recorded for the four-year period was that perpetrated by a partner or former partner (41%), followed by assaults by a relative (22%), assaults not identified as being perpetrated by a partner/ex-partner/relative (20%), and assaults where both a partner/ex-partner and a relative were involved (3%).

57 Based on what was recorded as the relationship between victim and perpetrator, the assaults were categorised into five types: domestic violence assault (DV assault) where the perpetrator was identified as a partner or ex-partner; family violence assault (FV assault) where the perpetrator was identified as a relative (family of origin or in-law relationship); family and domestic violence (FDV assault) where more than one perpetrator was identified and both a partner/ex-partner and a relative were involved; non-family and/or domestic violence assault (non-F&/or DV assault) assaults where it was clear that the perpetrator was not a partner/ex-partner/relative; and assaults where the relationship to the victim was not known.
There was a drop of 19 per cent in the total number of assaults in the post-two year period, from 118 to 96. However, what is interesting about the table is that it shows that every category of assault declined in the post-two year period, except for family violence assaults (and the family and domestic violence assaults, but the numbers are small).

Domestic violence assaults declined by 43 per cent and non-family and or domestic violence assaults by 46 per cent. In contrast, family violence assaults increased by 62 per cent.

Table 5: Women’s admissions to the Alice Springs Hospital pre- and post-FSM

<table>
<thead>
<tr>
<th></th>
<th>Domestic violence assault</th>
<th>Family violence assault</th>
<th>Family and domestic violence assaults</th>
<th>Non-family and/or domestic violence assault</th>
<th>Assault (unknown relationship)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Two years before FSM</td>
<td>62</td>
<td>13</td>
<td>2</td>
<td>28</td>
<td>13</td>
<td>118</td>
</tr>
<tr>
<td>Two years after FSM</td>
<td>35</td>
<td>34</td>
<td>4</td>
<td>15</td>
<td>8</td>
<td>96</td>
</tr>
<tr>
<td>Total</td>
<td>87</td>
<td>47</td>
<td>6</td>
<td>43</td>
<td>21</td>
<td>214</td>
</tr>
</tbody>
</table>

Total number = 32

Source: Alice Springs Hospital records

The sample of women is small and there may be any number of reasons why a woman is presenting more often to the hospital for injuries recorded as related to family and or domestic violence related assaults. There was also a number of assaults where no information on the perpetrator was recorded.

A cautious conclusion is that two-thirds of the women (66%) had fewer injuries as a result of domestic violence assaults that required hospital admission in the two years after a FSM than in the period before it. If the FSF was making a difference and improving the safety of women, then it was in relation to domestic violence and other non-family and/or domestic violence assaults. However, based on the hospital records, the FSF does not seem to be protecting women from family violence where no single perpetrator is typically responsible for repeated incidents. From what was recorded, family violence rarely involved the same family member perpetrating successive assaults.

The other conclusion that was drawn from the hospital admissions records is that there was a minority of the women, no more than one sixth of the sample, whose lives seem to involve extremely high levels of violence as well as being characterised by multiple admissions to hospital for other reasons, for example ill-health and/or non-assault related injury.

### 3.8 Family Safety Framework (FSF) training

The Integrated Response Project Management Plan sets out the third objective of the project: to strengthen specialist knowledge and expertise in relation to the dynamics of F&DV. This was anticipated to be achieved through professional development programs for staff from police, justice services, legal services, victim support agencies and programs for men who use F&DV.

The initial priority, however, for the project management team was to provide training in the FSF to practitioners in Alice Springs. At the outset, it was not envisaged that the development and organisation of the training would directly consume the project manager’s time. Rather, it was thought that, through a train-the-trainer approach, the initial training would be followed by agency-based and brokered specialised training.

Once the FSF training commenced, however, it soon became apparent that the uptake by local agencies and their staff was very high, and the training, in effect, became central to the project’s aim of improving understanding of F&DV; this occurred in the process of increasing knowledge of the FSF. As a result, to date, the almost exclusive focus in realising the project’s third objective has been on the FSF training. As a senior public sector manager put it:
I think it has been a lot more work than people expected, certainly the training, but also the participation
to the level of preparation that’s required prior to the [session]. Everyone talks very highly of it. One of
the unintended consequences was the notion of bringing a whole lot of front-line workers up to a certain
minimum level of the dynamics around family and domestic violence and risk processes, communication
and information sharing. That’s probably been the most important component of the whole process. So
you’ve got people with a shared language around DV.

In interviews, many key stakeholders were very supportive of the FSF training which they saw as instrumental
in bringing about system and practice change beyond just the FSF. Having commenced in June 2012 with a focus
on senior executive and management level personnel in FSF agencies, the training expanded both in terms of
the content to include an introduction on family and domestic violence, and in terms of the range of participants.
Offered free of charge and delivered by three agency managers, the Alice Springs Integrated Response Project
Manager, the ASWS Co-ordinator, and the Officer in Charge (OIC) of the Police DVU, more than 300 practitioners
had participated in a training session by April 2014. The standard version in 2014 ran for six hours, with one and
half hours for the general introduction, and the rest of the time on the FSF.

A breakdown of 351 training participants58 by sector and agency in a period of almost two years up to mid-2014
is available in Appendix 2. Staff from 36 organisations (11 of which were FSF agencies) had attended training
sessions; 15 were non-government organisations, 18 NT government departments and three Australian government
agencies. All of the FSF agencies except for one59 have been very engaged in the training and sent employees
along.

There have been both single agency and multi-agency sessions, and several that have brought together sectors.
For example, in 2013, a session was convened by Anglicare for the housing sector, and another was held for legal
professionals from a range of agencies, including representatives from the Director of Public Prosecutions (DPP),
Clerk of the Court, the Central Australian Women’s Legal Service (CAWLS), NT Legal Aid, DCF Legal Officer,
Central Australian Aboriginal Family Law Unit (CAAFLU) and Central Australian Aboriginal Legal Aid Service
(CAALAS).

A summary of feedback responses by participants indicates that the training is well-regarded. For the 25 sessions
run from June 2012 to October 2014, 315 participants self-completed forms on their satisfaction with the training
after they had participated60. The overwhelming majority of responses were positive: 39 per cent agreed and 59 per
cent strongly agreed the content was appropriate and comprehensive, and similar proportions gave these ratings for
its delivery. Almost all (96%) indicated they would recommend the training to others, and 39 per cent agreed and
54 per cent strongly agreed they would apply knowledge and skills from the training.

The commitment of the project’s management team and facilitators to review and improvement is demonstrated
in the way the feedback on the training has been collected and analysed. Open-ended comments were recorded
on a spreadsheet by the project team and analysed under three main narrative themes – collaboration in practice,
quality of presentation, and relevance to workplace and to Alice Springs context. For each theme, comments were
also collated as constructive feedback to facilitators. A further collation and analysis was done of comments that
provided suggestions for change.

Demand for, and satisfaction with, the training is high, and with high turnover in the workforce, it is necessary to
run it frequently. One stakeholder argued that the training fosters an agreed language, increased knowledge of the
risk assessment process thereby increasing confidence to make FSF referrals, and reinforced messages. According
to another, the training was addressing a ‘vast unmet need’, with many people and sectors, including in remote
areas, expressing interest in participating.

The creation of a half-time training position within the project management team in 2014 has enabled further
development of training modules including a specialist best practice prosecutions in F&DV cases training package
for Alice Springs prosecutors. In interviews in mid-2014 key stakeholders mentioned specific sectors or training
they would like to see included:

• family and domestic violence training (non-FSF specific) for services such as truancy officers, public

58 Excludes police who attended shorter (half-day) tailored sessions.
59 The Department of Education had only sent one representative who became the Education Department’s FSF representative. This is in keeping with
the way the prevention component of the project, which focused on resources and courses for young people, was conducted as a separate and distinct
program to the project, with not much interaction with the project and other components aside from providing feedback and updates at the Project
Reference Group meetings.
60 Using a Likert scale, participants were asked to rate seven statements about the training relating to content, delivery and overall relevance.
housing safety officers, ambulance officers and medics

- training on the impact of family and domestic violence on children, for DCF and other agencies
- FSF training for those who work in remote communities in the cross-border region, such as community health nurses.

Conducted in May and June 2014 as part of the evaluation, the online practitioner survey involved approaching each participant in the FSF training since its commencement. Not all could be contacted, but in the end 83 practitioners from a cross-section of sectors and agencies participated in the survey (see supplementary volume, Report 4 (unpublished) for more detail on FSF training, the survey method and results). The survey responses to questions about the training were generally positive.

The survey results relating to the half-day tailored training for the police were separated out from the results for the rest of the participants who undertook the full day of training. For the main survey almost all of the respondents said the FSF training was useful, with 54 per cent saying it was very useful and 40 per cent useful. Open-ended responses indicated that training had improved respondents’ understanding of family and domestic violence, and increased their confidence to respond. A majority (82%) also believed the training had resulted in changes to how their services responded to family and domestic violence.

Police who had participated in the half-day training were less positive, with just over half (56%) saying it was useful for them and 44 per cent not knowing whether it had changed their service’s response to family and domestic violence.

Overall, the survey responses from all participants also indicated they were using what they had learned, with 69 per cent saying they had used the risk assessment form and 44 per cent having made a referral to the FSF.

There were 37 responses in the survey to the open-ended question about what other kind of professional training and/or training on family and domestic violence that they would like to see made available. A common theme in the comments was the need for training on family and domestic violence as part of an induction into a service, and for regular follow-up training. In addition, several sectors or groups were identified as needing to be involved in the training such as Aboriginal hostels, services that work with families, Corrections, and male employees of agencies.

Another common theme was the need for culturally-informed, or awareness, training, as well as calls for training on how to engage Indigenous clients, including victims, and on how to encourage reporting of family and domestic violence by Indigenous people. Other recommendations were for training that covered firstly, working with male perpetrators or with the Men’s Behaviour Change Program and secondly, with both women and children, or with just children. There were also recommendations for the creation of opportunities to acquire more qualifications (for example, the Swinburne Graduate Certificate in Social Science - Male Family Violence) or for specialist counselling skills.

In summary, from the key stakeholder interviews and the survey results it was apparent that the features of the training that make it attractive include the following:

- The training is short (one day), run often, free, and most importantly, delivered by local and experienced representatives of three key agencies. As one stakeholder put it, they embody and model what the project is about, that is cooperation across sectors and between government and non-government, and drawing on local commitment and knowledge.
- The training is for, and about, an issue that everyone recognises as a huge (and often regarded as intractable) social problem that affects many in the community. Practitioners appreciated three key particular aspects: improved understanding of the problem, clear guidance on how to respond, and being informed about a tool (the risk assessment form) that they can use in their everyday practice.

As noted earlier the interviews held with 26 Indigenous practitioners from a range of services indicated that only a minority (just over a third) had been involved in the FSF training. This relatively low proportion was in part due to the timing of the interviews as several practitioners had been scheduled to attend a training session just before the interviews were conducted, but which had been cancelled. The other reason for non-participation in the training proffered by participants was that few of them work directly with victims of F&DV. Of those that had participated in the training, most made positive comments about it. However, several saw the need to make the training more ‘applied’ (for example through role playing) and suggested including a session on how to use the risk assessment form with reluctant clients.

61 Public housing safety officers work proactively with public housing tenants, neighbours and visitors to resolve and reduce anti-social behaviour at public housing properties.
A strong message from the interviews with Indigenous practitioners was the perception that locally relevant cultural awareness training across services in Alice Springs was inadequate. Such training, particularly for large government services, is often delivered from Darwin with content relevant to the northern regions of the NT. A strong case was made for high-quality, locally relevant cultural awareness training which uses the knowledge of local staff.

The lack of local content in cultural awareness programs is seen as a barrier to quality improvement in all services. Given that 62% of survey respondents, in a cross-section of services, said that more than half of their clients were affected by, or involved in, family and domestic violence, such place-specific cultural awareness training can play a significant role in enhancing and informing responses to F&DV.

3.9 Conclusions

With a detailed, predictable and robust framework and processes, the FSF is the key mechanism that produces inter-agency collaboration for high-risk F&DV cases. The most obvious outcome has been the common recognition of strong improvements in inter-agency relationships, information sharing, collaboration in practice, and shared understanding of the problem.

There is a flow of approximately four accepted cases per month into the FSF. Much of the information provided for FSMs comes from a small number of agencies, and these agencies are most likely to also be responsible for action items. Available data on actions and outcomes suggest many cases result in additional protection being offered to women (and their children) and the increased probability of a perpetrator being apprehended by police. In the latter case, the perpetrator may be jailed for example, for breaching a DVO or for a criminal assault. An important development with the FSMs has been the regular provision of information about prison release dates which women identified as a high-risk time for them.

However, the FSF has also had a significant impact on issues such as inter-agency coordination, information sharing and following through on action items. Although police now have a full-time position to assist with FSF data collection and FSM secretariat duties, additional resources could be made available for a) the administration and coordination burden for key FSF NGOs and b) practical assistance for victims/clients.

Based on recorded contact with the ASWS and the Alice Springs Hospital it seems that women referred to the FSF have experienced improvements in their safety. The victim interviews also indicated that women feel safer because of the provision of services through the ASWS. They were not necessarily aware of the FSF, and some stakeholders outside of the FSM representatives are not familiar with the detail of the FSF apart from the referral process. This was noticeable in interviews with Indigenous practitioners.

The content of the FSF training is valued by many practitioners with a focus on the use of the risk assessment form and familiarity with the FSF practice manual. The training is also playing a critical role in communicating key messages about F&DV and how practitioners and agencies can respond. It is undoubtedly helping to achieve the project goals of a common language and shared vision in relation to F&DV.

There are opportunities to continue to improve practices with both the FSF and the training, and to leverage off what has been achieved to date. Stakeholder suggestions included, for example, collaborative case management outside of the FSF, and additional training packages on specific topics and/or for specific groups. More broadly, a key finding from the Indigenous practitioners was that service delivery, including responses to F&DV, would be improved immeasurably by having locally relevant cross-cultural training that involved and employed the knowledge of local Aboriginal practitioners.
Chapter 4 Victim Support and Advocacy Service

Project objective 4: Provide additional support and access to services through the creation of two new positions— one to support victims and one to assess and refer defendants to men’s behaviour change programs and other relevant support services

4.1 Introduction

Aside from the FSF there are four other components to the project. The evaluation was asked to consider two of these: the Victim Support and Advocacy Service (VSAS) and the Men’s Behaviour Change Program (MBCP). This chapter presents the results of the evaluation that related to first of these, the VSAS.

The chapter draws on a range of sources including a VSAS progress report submitted to the project management team; key stakeholder interviews conducted in mid-2014, ongoing discussions with several key people during the course of the evaluation, a review of the VSAS that was undertaken as part of the evaluation in September 2014, and the results of data collected on the Service for the evaluation in the second half of 2014. Much of this material is in the supplementary volume, Reports 8 and 10 (unpublished). Additional data from the police prosecution file audit and recent trends in court matters related to F&DV provide some context for the challenges of victim support and advocacy. These are discussed more fully in the Chapter 6.

4.2 Development and implementation

The fourth objective set out in the Project Management Plan the is to provide additional support and access to services through the creation of two new positions— one to support victims and the other to assess and refer defendants to men’s behaviour change programs and other relevant support services.

The position related to victim support has been funded with the creation of the VSAS. Comprising one full-time worker within the ASWS, the VSAS was introduced at the Alice Springs Court of Summary Jurisdiction in January 2013. The position that relates to the assessment and referral of defendants has not yet been established. It was held in abeyance until the MBCP was up and running.

Over time, the VSAS has changed its focus and personnel, and the account of the service is in two parts, the initial development and first year or so of its operation, followed by more recent developments.

A working group was formed in 2012 to develop guidelines for the Service and a draft program logic was devised. An opportunity was identified to support victims during the criminal justice process in the summary courts, to make safety plans and to assist the domestic violence prosecutor to ‘proof’ victims. Between the time of the incident and a hearing up to three months may elapse, and although the defendant is scheduled to appear at what may be up to three hearings, the victim does not need to appear in court. As a result, the victim was viewed as receiving ‘ad-hoc or no further preparation or support in terms of the legal process for the hearing’. During this time, it was argued that there is ‘a strong likelihood the victim feels compelled to show support for the defendant and to appease his family’ and a ‘strong likelihood she will state a desire to withdraw charges’.

Activities in the draft program logic for the VSAS were listed as fortnightly meetings with the Witness Assistance Service and the Domestic Violence Prosecutor; contact with victims pre-court where possible; a presence at, engagement with, women at court; safety assessments; referrals to support services; and acting as secondary consultant to legal and other services in the courts.

Three key ‘partners’ who have helped build the Service with the ASWS have been the NT Police and the civilian specialist Domestic Violence Prosecutor who worked closely with the VSAS, the NT Director of Public Prosecutions Witness Assistance Service (WAS) manager, and the AGD and DCF project managers.

62 See ‘mud map’ (Appendix 1) that provides a visual representation of a victim’s journey through the justice system following a reported F&DV incident in what was identified as an opportunity to provide a victim support service.

63 Although helping to ‘proof’ victims for prosecution was identified as a potential role in the planning stages, it did not become part of the service description of the VSAS. This recognised the distinction between the role of the prosecutor representing the public interest and the VSAS representing victims’ interests.

64 The Witness Assistance Service covers the whole of the NT but as a relatively small service in Central Australia, largely provides support and assistance to victims and witnesses in contested Supreme Court cases.

65 Although not a key partner, a position administered by Anglicare which has been in existence for a number of years has some tie-in to the Service. The Victims of Crime Counsellor does not have an explicit focus on family and domestic violence, but does see victims and has made a number of referrals to the VSAS. The two workers have had several meetings.

66 WAS has three staff in Alice Springs and cover the Central Australian region, including bush courts, which limits their capacity to support witnesses. As noted in footnote 62, WAS primarily concentrates on Supreme Court matters, but the manager played a critical role in the early stages of developing the VSAS, including assisting with the service specifications, provision of information and acting as a liaison point.

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A DCF Service Agreement for funding and management of the service signed with the ASWS specified that the service would ‘provide additional support and access to services through the creation of a service to support victims during court processes and for referral and advocacy’.

The VSAS was to benefit from being situated within the ASWS whose purpose and role is the provision of support and safety for women and children affected by family and domestic violence, and especially with its Outreach Service. The VSAS had immediate and ongoing access to the expertise and experience of the ASWS including access to its service network and relationships within Alice Springs communities, notably Aboriginal communities.

The first six-month progress report from the ASWS on the VSAS indicates that in initial stages all women in the foyer area of the court were approached. Major tasks for the VSAS worker were described as supporting women to write victim impact statements, providing women with information about court processes and an understanding of what is required of them, and familiarizing them with court facilities. In addition the VSAS worker was involved in assessing need for special supports including interpreters and vulnerable witness applications. In the first six months the VSAS worker was involved in six requests for vulnerable witness support of which four were accepted by the court67.

Three main challenges are singled out in the progress report: low legal literacy amongst court users, women feeling stressed and anxious and unable to focus on any issues beyond the court processes, and many women wanting to ‘drop charges’. Although it is not possible for the protected person to drop charges, women often say they want to do so, frequently under pressure from family and partner, and under the erroneous impression that they can. Those working with victims say that women often feel that they are the ones ‘in trouble’ when called to give evidence at court and that fear of the legal process is a disincentive to participate. Providing information, guidance and support (practical as well as emotional) within and alongside the court setting was therefore a priority. In such circumstances, it is often difficult to have a frank and in-depth discussion and to develop safety plans.

In the draft program logic, the expected outputs from the Service were listed as prioritisation of cases on the family and domestic violence court list, contact established prior to court day, women engaged, safety plans developed and reviewed, referrals made and referrals received. The first six-month progress report and comments by several stakeholders demonstrate that it was very challenging to act on several of these outputs. The progress report states that 109 individuals had been supported: 105 Indigenous and four non-Indigenous women. One male victim was provided with support during the six-month period. A graph in the report summarises the type of reasons the women were in court and the kind of support offered. The most common category of reasons for the women being in court was a desire to drop charges, and the second was a domestic violence hearing, followed by an inquiry into the status of a case.

The first progress report from the ASWS concluded that the VSAS had been established within the court system and that there was an improved sense of the needs of women who presented at the court. The report stated that the intention was to further develop the role by seeing women prior to court and by focusing on high-risk women who are witnesses in more serious matters.

The establishment of VSAS meant a re-orientation in services for the ASWS with concerns expressed about how the Service would fit in with the ASWS’s core business. In the early stages, women at the ASWS were asked their views about having court support and, in the main, it appears there was support for such a position. One women reputedly said ‘you sit with us at the hospital, you sit with us with DCF, you sit with us with the police, so why don’t you sit with us at the court?’ which underlined how it was seen as a continuation of existing ASWS work.

The VSAS found it took some time before women had confidence in the Service. When women became aware that the Service was provided by the ASWS, not the courts or police, they became more comfortable in seeking assistance. Some of the more dehumanising elements of the court hearing experience for women victims were described as ‘being talked at’, and a ‘boys club interested in winning’, with not much support for the women victims. In circumstances where women might be intimidated by family outside of the court as well as by the perpetrator in court and at the hearing, the Service was viewed as vital, as it was concerned with whether the woman ‘is safe getting to court, safe at court, and safe after court’.

During the second half of 2014, the VSAS was adjusted and processes refined, with an increasing focus during 2014-15 on criminal matters, in particular matters listed for hearings. While the original documentation for

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67 The current process appears cumbersome and it is not straightforward to achieve vulnerable witness status. Amendments to legislation relating to vulnerable witnesses should be considered, along with changes to practice that make standard support for vulnerable victims giving evidence.
the VSAS talked about providing support, assessment and engagement, the ASWS has fine-tuned the VSAS to contextual and organisational developments. This process has more recently been influenced by changes in VSAS personnel and the experience and disciplines of particular workers. Discussions continued regarding precisely who should be provided victim support and advocacy in the court environment, for what purpose and under what strategic direction.

There is particular concern to establish protocols for the routine and early availability of case information. This process would enable the VSAS to make early contact with victims and to ensure regular updates as the case evolves. Changes within the Court and VSAS continued to have a significant impact. One of these was the cessation of the specialised domestic violence prosecutor position. This meant there was no longer a single liaison point within the DPP for the VSAS and the loss of specialisation contributed to a reduction in prosecutors’ knowledge of, and focus on, F&DV matters.

4.3 Perceptions of stakeholders

The VSAS was less well-known among key stakeholders interviewed in mid-2014 compared with the FSF. The majority of key project stakeholders interviewed had little, or only second-hand, knowledge of the Service, mostly through the updates provided to the Project Reference Group and through talking to others. The ASWS is one of the few social services aware of the Service’s implementation and operations. A sole VSAS worker is employed to provide victim support, primarily in the Court of Summary Jurisdiction in Alice Springs which means that even criminal justice stakeholders have not necessarily had much exposure to the VSAS. Only a few key stakeholders were aware of the rationale for the Service and had been directly involved in its development.

Several criminal justice stakeholders said they had heard positive reports on the VSAS, that it was helping police prosecutions and police were making referrals to the Service. One stakeholder asserted women are more likely to appear in court when they are supported by the VSAS. If this is the case it may help dispel some initial resistance to the Service which, one stakeholder said, was there at the outset because of a perception amongst judicial officers that women victims didn’t come to court.

A police stakeholder said they would like the service to continue but believes that some processes could be improved. Specifically, there seems to be a breakdown if key people (such as the VSAS worker) are unavailable. It was argued by several stakeholders that there should be a formalisation of the agreement by which the prosecutors and police supply information (timing and content) to the VSAS, and that states what will be done by whom to assist a victim to attend court.

The VSAS was described by another key stakeholder as ‘excellent’ in the often trying and stressful conditions of court where women can be confused, anxious and distracted by young children. Having acknowledged that it can be very challenging to achieve contact with women prior to court hearings, the same stakeholder said the most significant area that needs to be more consolidated and extended is the contact with women prior to court hearings. The same stakeholder acknowledged that the capacity of the Service is currently limited to one full-time position and said additional funds to help with childcare and food would help reduce the difficulties of providing support and to try to do basic safety planning with women in a court setting.

The survey of practitioners conducted in mid-2014 revealed that, like key project stakeholders, fewer knew of the VSAS compared with the FSF. More than half of the respondents (60%) indicated they knew of the Service. Of those that knew of the Service, only one-third felt they knew enough to comment on its impact. Of these, the majority said victim advocacy and support was better (54% said ‘much better’ and 35% said ‘a bit better’). In keeping with the themes which emerged in the interviews with project key stakeholders, the results suggested only a handful of practitioners were familiar with the details of how the Service worked, but those that were thought that it was improving support for victims.

4.4 Victim interviews

Through ASWS, women who had contact with the VSAS and were assessed as safe to approach were interviewed about their experiences of services for this evaluation. In the interviews it became apparent that the ASWS and its various services were uniformly seen as key to interviewees’ improved feelings of safety. However, women were
not always sure about the identity of specific services they had received as there were often multiple contacts at different times.

The most consistent message was that the ASWS Outreach Service was invaluable. Just over half of the women remembered the VSAS worker and her role was primarily described as being ‘company in court’. Several did refer to the worker providing information on a partner’s court case, and education about violence and its impact. The feedback on the VSAS was limited, but positive, and related to the support women received in going through the justice process rather than any improved outcomes. Interestingly, the women commented that they needed to feel safe before they could begin to think clearly and ask questions. This emphasises the difficulty of attempting safety planning in a court setting. This and other findings from the interviews are summarised in Box 2.

**Box 2: Key findings from interviews with women who had contact with VSAS**

<table>
<thead>
<tr>
<th>Women’s safety</th>
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<tbody>
<tr>
<td>• All respondents reported feeling safer as a result of the services they received.</td>
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<tr>
<td>• Getting the ‘right’ DVO was nominated as the most important service in improving respondents’ sense of safety.</td>
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<tr>
<td>• It was important for women to feel that they were in a safe place, both physically and emotionally, before they could concentrate on talking to any service providers.</td>
</tr>
<tr>
<td>• The biggest risk to safety described by the women was what happened when their partner comes out of jail.</td>
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<tr>
<td>• Continuing to live in the same community poses a safety risk for women, but they feel that they have no option because both they and their partners are from the same community, and neither feels they can leave because they cannot move away from family.</td>
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<table>
<thead>
<tr>
<th>Quality of service provision</th>
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<tbody>
<tr>
<td>• Almost all respondents felt that they had received excellent services that had met all their needs.</td>
</tr>
<tr>
<td>• The majority of women (80%) understood what was said to them and 87% felt comfortable enough to ask questions.</td>
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<thead>
<tr>
<th>Services provided</th>
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<tbody>
<tr>
<td>• Many of the participants were confused about the events and services they encountered.</td>
</tr>
<tr>
<td>• Most respondents described receiving help on a number of issues: legal advice, housing, emotional support and awareness-raising were most frequently nominated.</td>
</tr>
<tr>
<td>• Respondents who have been through the FSM did not report receiving more services than the rest of the interviewees (this is not a reliable reflection on the impact of participation in the FSF).</td>
</tr>
<tr>
<td>• ASWS’s Outreach Service received particularly positive feedback for the flexibility and persistence of the services delivered”.</td>
</tr>
<tr>
<td>• Feedback on the VSAS was positive, and related to the support they received in going through the justice process, rather than any improved outcomes.</td>
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<table>
<thead>
<tr>
<th>Other findings: Attitudes to violence and gender roles within families</th>
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<tbody>
<tr>
<td>• Families (specifically grandparents) of both men and women are seen as the first place to seek help for intervention in violent relationships.</td>
</tr>
<tr>
<td>• Advice to women in violent relationships was most likely to be that they should change their behaviour to accommodate the feelings and actions of their partner (as opposed to confrontation).</td>
</tr>
<tr>
<td>• A clear role is seen for men to get help to change violent behaviour.</td>
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</table>

69 Several participants mentioned that they had a number of different conditions of DVO before they found what worked for their partner. This suggests the conditions of the DVO were important.
4.5 More recent and detailed VSAS data

The snapshot of data on VSAS service provision for a four-month period in the second half of 2014, established and collected as a trial for the evaluation, showed that the VSAS was recorded as providing assistance in 145 cases, an average of more than 36 per month. Criminal matters constituted the majority (58%) of the legal matters for which VSAS provided assistance. The next most common group included clients who were involved in both criminal and civil proceedings (23%). Only six clients (4%) were recorded as being involved in a civil (DVO) matter. This distribution of the type of legal matter reflects the more recent priority the VSAS places on assisting client-victims involved in criminal matters.

All the clients were women, the majority being Aboriginal women (81%), and most were assisted in relation to criminal proceedings against a male partner or ex-partner. More than half of the recorded VSAS contacts occurred outside of the court setting, with 57 per cent of clients having no recorded contact at court. Where clients had attended court, six options for the reasons for their attendance were given in the data collection spreadsheet. Where reasons were recorded, the most common was to give evidence (61%), followed by withdrawing charges (17%) and varying a DVO (11%).

Data indicated that in court-related activities undertaken by the VSAS worker with clients, the provision of up-to-date and accurate case information was the most common form of activity. It was apparent from the data that considerable time and effort is invested by VSAS in locating women in order to act as a liaison point and to provide information to both clients and criminal justice personnel. A summary of the key findings from the data is provided in Box 3. A detailed report on the data is available at supplementary volume, Report 10 (unpublished), and key outputs are recorded in Appendix 2.

Box 3: Key findings from the VSAS data, September – December 2014

<table>
<thead>
<tr>
<th>Client profile</th>
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<tbody>
<tr>
<td>• 145 clients, average 36 per month</td>
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<tr>
<td>• all women</td>
</tr>
<tr>
<td>• 81% Aboriginal</td>
</tr>
<tr>
<td>• 66% primary residence was Alice Springs (half township, half town camps), 16% NT desert community, 5% SA desert community</td>
</tr>
<tr>
<td>• almost half had ‘poor’ proficiency in reading English; 74% ‘adequate’ or ‘fluent’ in speaking English</td>
</tr>
<tr>
<td>• the client’s relationship to the accused – partner (53%) ex-partner (27%) and family (12%)</td>
</tr>
<tr>
<td>• the most common reason for attending court was to give evidence (61% of clients) followed by withdrawing the charge (17%) and to vary a DVO (11%)</td>
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<table>
<thead>
<tr>
<th>VSAS profile</th>
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<tbody>
<tr>
<td>• contact at court with 57% of clients</td>
</tr>
<tr>
<td>• contact outside of court with 79% of clients</td>
</tr>
<tr>
<td>• 52% single contact, 27% 2+ contacts</td>
</tr>
<tr>
<td>• the most common court-related VSAS activity was to provide case information</td>
</tr>
<tr>
<td>• the majority of legal matters were criminal (58% of clients). Few civil matters (DVO) (4%); both civil and criminal (23%)</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Challenges facing VSAS</th>
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</thead>
<tbody>
<tr>
<td>• time and effort involved in locating some victims</td>
</tr>
<tr>
<td>• not always able to locate victim</td>
</tr>
<tr>
<td>• not always good communication from other agencies eg: where they had already found victim but didn’t notify VSAS</td>
</tr>
<tr>
<td>• victims sometimes reluctant to give evidence</td>
</tr>
<tr>
<td>• Complicated nature of some cases</td>
</tr>
</tbody>
</table>

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70 This is a considerable increase on the average number of clients per month, given that the first progress report on the VSAS indicated that on average 16 cases were assisted per month.
4.6 Police prosecution file audit

The police prosecution file audit undertaken for the evaluation revealed little by way of changes internal to the prosecution of criminal cases between 2011 and 2014. Stakeholder interviews suggest that the specialist domestic violence police prosecutor and the DPP Witness Assistance Service were undertaking a number of strategies to improve processes but this is not revealed in any substantive way in the sample file audit.

In 2011, for the two-month snapshot period, there was evidence in the files of only one vulnerable witness application, where the victim was aged 16 years. For two matters, a request was made for an interpreter, but for one of them, it was noted that an interpreter was not available. In the same period in 2014, there were still very few references to vulnerable witnesses (the Witness Assistance Service was referred to in six files, and interpreters mentioned in two files). The VSAS was mentioned and called up to assist in two files, and there were references in eight files to victims’ use of safe houses or shelters, in Alice Springs, a community or another regional town.

Box 4 gives a summary of the main findings of the police prosecution file audit in relation to the type and volume of F&DV matters being dealt with, and to what could be gleaned about changes in process in relation to F&DV criminal charges. The police prosecution file audit did reveal much that is directly pertinent to the need for the VSAS:

- A high volume of F&DV matters is being dealt with by police prosecutions and the Alice Springs Court of Summary Jurisdiction. Approximately half of the prosecution files related to DVOs.
- Aboriginal women like having a DVO for two main reasons. The first is because of its potential to offer increased safety due to the conditions imposed, and the second because in some instances they want to continue to live with the defendant (and may not want to pursue criminal prosecution) but do not want him to be around when he is intoxicated. The DVO can reflect this in the conditions ordered by the court.
- Often considerable periods of time elapse between when an incident occurred and when criminal matters were finalised. However, not many matters go to a full trial.
- A large proportion of criminal F&DV criminal matters involve the defendant being incarcerated, either on remand and or as a sentence.
- There was very little evidence of change in processes that would indicate victims are better informed or engaged in the justice system, but improvements in case preparation and evidence collection were evident in the 2014 files.

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71 It should be noted that the variation in detail recorded could be a function of recording practices rather than actual events and actions.
72 A conclusion drawn from the victim witness statements viewed from the police prosecution file audit.
Box 4: Key findings from the police prosecution file audit, September and October 2011 and 2014

**Sample: Police prosecution files for September and October in 2011 and in 2014**

**Scope: Analysis of files that included a F&DV matter (a DVO, a breach of a DVO, or an assault or aggravated assault that involved a domestic or family relationship)**

**Sample overview**
- The total number of F&DV related files was 618 (2011 n=220; 2014 n=398).
- A larger number of F&DV files in 2014 compared with 2011 (by 178 files, an increase of 81%)
- More than a third of all the police prosecution files related to a F&DV matter (34% in September and October 2011, 39% for September 2014)
- On average in 2014 there were 196 files per month related to F&DV
- DVO applications make up half of the files both in 2011 (47%) and in 2014 (49%)
- A file may contain more than one F&DV related charge. In the two months of 2014 there were 104 breaches or contraventions of DVOs and 148 aggravated assaults/assaults

**F&DV aggravated assault/assault charges – court process**
- At least half of the defendants were remanded in custody, usually when first before the court, and although in more than half the cases the outcome was a custodial sentence, these were often backdated to include remand already served.
- Very few matters actually result in a hearing. Although one in five files was listed for a hearing, many were vacated. Very rarely was there evidence in the files of the victim’s involvement in the court process or of the victim being provided information about the case (this does not mean the DIC in charge of the investigation had not done this)
- Amendments to the précis appeared to be negotiated between police prosecutor/lawyers, and it did not seem the prosecutors involved the victim directly, as they relied on the original victim witness statement.
- There were often considerable periods of time between when an incident occurred and when the matters were finalised. More than 40 per cent of cases were delayed, often for months, due to negotiations surrounding the plea and/or charges being contested.
- In the 2014 files there was a reduction in the proportion that were being contested or negotiated and evidence of improved paperwork and therefore better preparation for prosecution (e.g. victim impact statements, witness statements, photos of injuries, and medical statements).
- There were very few references to the WAS, the VSAS or to interpreters in the 2014 files.

The conclusion can be drawn that what happens in the justice system affects victims. The victim interviewees indicated that having the right conditions for a DVO made them feel safer, and the period after an offender is released from prison is when they feel most unsafe. However, based on the file audit, there is not much evidence of the victims being provided with timely and relevant information or opportunities to be involved.

The file audit also indicates that the VSAS is involved in only a fraction of F&DV matters that are dealt with by police prosecutors and the Court of Summary Jurisdiction. Given that the focus of the VSAS in the original design, and its operation in recent times on contested criminal matters, this is not surprising.
4.7 Conclusions

The evaluation research has demonstrated the need, and supported the rationale, for the VSAS. The police and court trend data analysed for the evaluation, coupled with the police prosecution file audit, have underlined the volume and dominance of F&DV matters in the justice system which has increased significantly in recent years. Despite this, stakeholders were critical of the inadequate support and engagement of victims. This was reflected in poor facilities at the court, the narrow band of agencies and positions with victim-focused specialisation, information and service fragmentation, and the lack of effective participation of victims in criminal proceedings.

A review of the VSAS was attached to the second progress report on the evaluation submitted in September 2014. It included a summary of the history and core reasoning behind the VSAS, a snapshot of relevant research and policy literature, some preliminary issues based on stakeholder interviews and observations in court, and some options for future development (supplementary volume, Report 8, unpublished). Since then, additional insights have emerged from the victim interviews, VSAS data sample, and police prosecution file audit.

These data show that the VSAS has evolved in its focus since it was first developed. In its first year, the VSAS worker was often in the court and approached women there. Since mid-2014 the Service has re-focused back on victims affected by contested criminal charges proceeding through the court. This is a return to the original impetus and design of the Service. Even with this focus, the average number of clients per month has nearly doubled in the second year of its operation. It could be argued that the ‘profile’ of the VSAS has declined as a result, as the presence of the VSAS worker in court advertises the existence of the Service. However, the VSAS is accessing only a proportion of all victims whose case is brought to court by police.

Being responsible for the VSAS has had an impact on the ASWS. The ASWS management and VSAS needed to become very quickly immersed in the minutiae of operations and processes of the large and complex justice system. Similarly, justice partners to the VSAS also had to learn more in-depth practices of working with victims and the philosophy of the ASWS.

The advantage of the VSAS being run by the ASWS is the way the VSAS worker has been able to draw upon, and be embedded with, other ASWS staff whose role is to provide victim support and outreach. In particular the VSAS worker has been able to work with caseworkers in the Outreach Service for pre- and post-court home visits. This makes the ASWS Outreach Service an essential part of the continued effective operation of VSAS.

Connections to other services are more tenuous. At the time of this report there are limited and informal arrangements in terms of information flow to the VSAS on relevant cases and clients. The VSAS worker has had to rely on the goodwill of the WAS manager to provide lists of contested matters. The VSAS working group has a small membership, and does not at present include key stakeholder representatives, such as the courts and legal services.

However, a recently developed MOU73 between NT police and ASWS now enables a flow of timely and useful information that at least should improve the VSAS worker’s access to relevant case details and the progress of cases through the justice system.

The interviews with women victims indicated that aspects of the justice system were crucial to their sense of safety, most notably in relation to DVOs and the release of offenders from prison. However, only some could remember the VSAS worker and it was mainly in relation to that worker being a companion in court. The ASWS Outreach Service was the most known and valued victim-support service. The VSAS has the opportunity to provide more specialised and timely support in relation to court matters, but continues to be hampered by limited resources (only one full-time worker) and the challenges of the environment in which the worker operates.

With increased resourcing of the VSAS and reforms in the justice system there will be opportunities for more effective and widespread support for F&DV victims, an outcome that can only contribute to their feelings of safety. Reforms in the justice system should aim to improve:

- the protection of F&DV victims at all stages of the justice process
- victim knowledge of F&DV criminal and civil processes, and outcomes
- victim engagement in, and involvement with, F&DV criminal and civil processes, and outcomes
- the specialised knowledge of, and information flow between, key agencies and stakeholders, on F&DV matters within the justice system.

73 Signed by both parties 5 February 2015.
Chapter 5 The Men’s Behaviour Change Program

Project objective 5: Support men who use violence to change their behaviour through the creation of a best practice MBCP and increasing access to that program for voluntary, court-referred and Corrections clients

5.1 Introduction

The fifth objective of the project, according to the Project Management Plan, is to support men who use violence to change their behaviour through the creation of a best practice MBCP and increasing access to that program for voluntary, court-referred and Department of Correctional Services (Corrections) clients. In part, this chapter covers the development and implementation of a MBCP in Alice Springs.

The MBCP did not become operational until the second half of 2014 and is still in its early stages. This means there is less to say about the program from an evaluation perspective. However, based on interviews with those responsible for implementing and monitoring the program, staff and a number of participants, as well as data for the first six months of the program, some observations are made about its development and progress.

5.2 Development and initial implementation of the MBCP

A critical element of the project

The literature review undertaken for the evaluation identified multiple ways that integration can be conceived and occur. The review referred to the six Ps of an integrated strategy on violence against women; perspective, policy, prevention, provision, protection and prosecution (see Coy, Lovett and Kelly 2008). This approach attempts to integrate responses to different forms of violence against women, such as F&DV and sexual violence, and to integrate across sectors and domains of activity. It underpins the National Council to Reduce Violence Against Women and their Children report, Time for Action, and the subsequent Action Plans of Australian Governments.

Working with perpetrators and holding them accountable, whilst ensuring that women are safe, is one of the cornerstones of an integrated response and is included in the six Ps. Although it is not explicitly stated anywhere in the project documentation, it can be inferred that in Alice Springs this was to occur on a number of fronts. In particular, a crucial part of communicating and underlining the importance of men’s accountability at a community level and of creating opportunities for individual change, was setting up a family and domestic violence MBCP as a key component of the Alice Springs Integrated Response project.

The proportion of the original budget (attached to Project Management Plan, April 2012) allocated to the MBCP was $1.6 million over three years, which was almost half of the total budget for the project.

Thirteen anticipated outcomes are listed in the Plan, including that:

- More men who use family and domestic violence will be supported to take responsibility for their behaviour and to change their behaviour, through increased access to men’s behaviour change programs that meet best practice standards.
- The men’s behaviour change program puts the safety of women and children at the centre of the program, and has good practice arrangements for contacting partners and ex-partners about their safety.
- Funding the creation of a new assessment and referral position would enable men who use family and domestic violence to have improved access to programs to help change their behaviour.

Due to the delays in starting the MBCP, at the time of this report, the court-based position has not yet been created.

First phase: Program design and specifications

Documents generated in the first 14 months of the project make it apparent that substantial effort was made in the early phase to draw on best practice (through the literature and the experience of others) in designing and mapping out the specifications for the program. There is attention to detail and clear direction on what was envisaged in the draft program logic (October 2012) and in the background paper and service specifications (NT AGD, February 2013) for the second expression of interest process.

74 The name of the program that is delivering the MBCP in Alice Springs is Marra’ka Mbarintja, (which translates as ‘Working for a better future by talking straight’). However, for this chapter the acronym MCBP is primarily used, in keeping with the rest of the report.
The draft program logic formulated in 2012\textsuperscript{76} (in Appendix 1) acts as a guide on what was expected from the Program before it was developed and implemented. It describes the program inputs as including a partnership model and framework, six staffing positions, and professional development. The other columns in the program logic cover activities, outputs, and short, medium and long term outcomes. Underpinning the logical flow from inputs to long term outcomes are a number of foundational or connected key areas of concern that are listed in boxes under ‘assumptions’, ‘external influencing factors’, ‘performance indicators’ and ‘important notes’.

Many of the same themes are repeated and elaborated in the background paper and service specifications that were released in February 2013. Both contain statements of definition, value and principle and a commitment to best practice, as well as acknowledgement of the specific environmental context in which the program was to operate.

The definition of a MBCP\textsuperscript{77} given in the background paper and service specifications (NT AGD, February 2013) was:

> A MBCP (sometimes referred to as a family violence perpetrator program) is a group program available for men who have used violence against their partners, ex-partners or other family members. A MBCP aims to help men who use violence change their behaviour. Men’s behaviour change groups are for men who have been violent and controlling towards a current or previous partner and are now starting to think about change. Participants talk, share information, and challenge and support each other to be better men, partners, and fathers.

MBCPs involve a number of components:

- assessment of men who self-refer, are referred by others or who are mandated to attend a program
- participation of men in a group program (usually run over a series of sessions) through which men engage in processes and practices to take responsibility for their use of violent and controlling behaviour, and to change these behaviours
- additional individual work conducted with some group participants in some situations (and when resources allow)
- contact with partners and ex-partners to maximise their safety and support their journeys of healing and empowerment
- follow-up with participants after completion of the program.

An important aspect of MBCP is that they are accountable and responsive to the needs of women and children. The safety of women and children is the paramount consideration. Contact with partners or ex-partners occurs to ensure their safety, explain the program to them and to provide any support they may need.

The background paper and service specifications also outline specifications for program components, staffing, pathways into the service, its delivery including assessment, partner contact arrangements, continuous improvement and evaluation, and a partnership model underpinned by an MOU and the MBCP Advisory Group. Rather than go through these in detail, it is noteworthy that the MBCP being trialled in Alice Springs is:

- informed by a feminist understanding of family and domestic violence, and MBCP best practice and minimum standards with funding provided for mentoring
- delivered by a consortia of partners that includes specific provision for support for partners/ex-partners, and guided by a MBCP Advisory Group of key stakeholders
- developed through engagement with women and children’s services and community-controlled Aboriginal organisations.

The 2012 draft program logic acknowledges that this is not an easy task, noting that ‘this is an innovative trial of a new best practice MBCP – it is exciting but challenging’.

**Second phase: development and establishment**

One of the important notes to the 2012 draft program logic is the statement that the timing and order of the many establishment tasks associated with implementing best practice MBCPs is critical. However, more than a year elapsed before establishment steps could be taken, as the project managers went through a process of both gaining

\textsuperscript{76} A new program logic for the MBCP was developed at the end of 2014.

\textsuperscript{77} The paper notes that the definition in this section is adapted from the No To Violence (NTV) website at http://ntv.org.au. NTV is the peak body representing MBCPs in Victoria.
departmental support and securing a provider. Various factors, according to one key stakeholder, contributed to the delays, including:

- dissatisfaction with the quality of applications to the first Expression of Interest
- a change in the NT government and having to ‘re-pitch’ the need for a MBCP
- a lack of understanding and support at a senior level in bureaucracy and among key agencies
- having to revise specifications and go through a second Expression of Interest process.

During this protracted period of identifying and contracting a provider, the same stakeholder said that members of the Alice Springs Integrated Response Reference Group became ‘very frustrated’. This was evident in consultations and interviews conducted for the evaluation during the first half of 2014, with comments made about the process being ‘political’, ‘tricky’ and ‘non-transparent’. Another comment was that ‘it was a long, weird process that took months and months’.

By the beginning of 2014 a consortium consisting of Tangentyere Council (service delivery), the ASWS (support to partners) and Jesuit Social Services (action research) had been appointed to develop and deliver the MBCP, with Tangentyere Council as the lead agency in the partnership. Following extensive preparation and implementation in the first half of 2014, the program commenced in October 2014.

The service specifications for the MBCP in Alice Springs (dated February 2013) make clear an expectation that the Service will draw on known best practice and expertise, and adopt minimum standards similar to those developed by No To Violence (NTV) - Male Violence Prevention Association, a Victorian state-wide peak body of organisations and individuals working with men to end their violence and abuse against family members. The process of meeting these expectations in an environment where there is limited experience in running such programs, and difficulties in the selection of a provider, have contributed to what one stakeholder called a ‘Rolls Royce model of service development’. In terms of what was envisaged, the 2012 draft program logic listed the following establishment activities:

- identifying providers
- building cohesive partnership
  - roles and responsibilities
  - written agreement/MOU
- building program taking into account
  - research and evidence about what works
  - best practice standards for MBCP
  - good models in Central Australia and elsewhere
  - input of women’s services
- developing policies, procedures, referral processes, intake criteria, information sharing arrangements
- recruiting staff.

After the identification and contracting of providers was finally completed, most of 2014 was spent undertaking the other establishment activities. Some of the major activities and milestones that the evaluation team are aware of include a number of field trips by consortium members in the first half of the year, including one to Warburton in WA to see how the Cross Borders Indigenous Family Violence Program78 works, and another to Victoria to visit a range of program service providers. The purpose of these trips was to see and understand how programs work in a similar context and in a very different context.

By May 2014, several consultants had been appointed to assist in the development of the program. A key part of the role of Cultural Consultant, based in Alice Springs, was to help transfer the program into the appropriate local context. The person appointed to this position was described by a stakeholder as ‘[someone] who is widely known in the sector and has worked in a variety of programs in Alice Springs and beyond’. He worked with and advised consortium members and the external consultants on developing the program procedures and content. In Phase

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78 Started in 2007, the Cross Borders Indigenous Family Violence Program runs family violence programs for men in the communities of the NPY Lands of Central Australia.
Two of the project, the MBCP plans to appoint a new Cultural Consultant to be involved in service delivery.

No to Violence (NTV), the peak body representing MBCPs in Victoria, was engaged to assist with the development of procedures and a practice manual, and to provide expert advice and mentoring. Two representatives of NTV visited Alice Springs on several occasions, firstly to consult with stakeholders, and then to present to the Project Reference Group preliminary outputs, including a draft referral and intake process, a ‘rolling program’, and an overall approach which was linked to key aspects of the Duluth program for perpetrators. After feedback from key members of the consortium, the project managers and the newly appointed MBCP staff, the practice manual was completed by December 2014.

The recruitment of the MBCP staff occurred in the second half of 2014, with the program manager and a group facilitator engaged by the end of September. It is understood that no-one applied in the first round for the manager’s position but there were many applicants in the second round. The comment was made that the selection criteria had been off-putting as the program sought to attract applicants who had applied experience of running a men’s program combined with knowledge of the local context, including languages and culture.

The Program Manager is from Victoria with many years’ experience in managing and facilitating MBCPs. She also has a great deal of experience in designing and running cross-cultural men’s behaviour change groups and has a history of working with women and children who experience violence. A Senior Group Facilitator was appointed for a short period of time so that program sessions could commence. He was involved in Victoria’s first MBCPs, and is an experienced group facilitator who has supervised various culturally specific programs in Victoria. More recently, and on an ongoing basis, a local group facilitator was appointed.

One of the three consortium partners, ASWS, is responsible for contacting and providing support to the partners/ex-partners of the MBCPs’ participants. The ASWS Outreach Service is delivering this service, with the team leader and one team member of the Outreach Service in regular contact with MBCP staff. The remaining consortium partner, Jesuit Social Services (JSS), is responsible for undertaking action research during the program’s implementation and operation.

A final and important step was taken during this phase with the procurement of premises specifically for the program and located near by the Tangentyere Council complex.

**Third phase: initial implementation**

In the last three months of 2014, the program began with the following activities:

- naming the program, Marra’ka Mbarintja, which translates into ‘working for a better future by talking straight’
- an information session in early October attended by more than 30 local stakeholders
- working in partnership with ASWS to recruit the Partner Support Officer whose role is to liaise with and offer support to the ex- and current partners of the men attending the MBCP
- one-on-one meetings with local stakeholders, including meetings with representatives from the Department of Correctional Services, CAAC, and DCF
- finalising the practice manual
- taking referrals with priority given to known high-risk perpetrators through the FSF
- program delivery with two days per week available for sessions
- weekly team meetings with the ASWS Outreach Service
- investigating options for having a local educational institution run courses to enable local people to obtain qualifications in group facilitation.

By the end of 2014, all of the main ongoing activities for the Alice Springs MBCP that were listed in the 2012 draft program logic had been established, although some elements will undoubtedly change as the program develops.

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79 NTV was to submit to the Alice Springs Integrated Response project by December 2014 a report on their work that reviewed the literature and documentation on which the manual is based.

80 Probably the most well-known coordinated community response to domestic violence, the Duluth Domestic Abuse Project in Minnesota is ‘a system of networks, agreements, processes and applied principles created by the local shelter movement, criminal justice agencies, and human service programs that were developed in a small northern Minnesota city over a fifteen year period. It is still a project in the making’ (Pence and Shepard 1999).

81 This has since been amended to include material gained through the Tangentyere Women’s Committee Family Safety Group project.
There is a plan in place to ensure monitoring of program activities and that there are opportunities to review and reflect on progress. JSS is receiving monthly reports on the program which include referral and partner contact numbers. This is to inform the action research evaluation as it progresses. An action research approach was adopted because, according to an outline of the research project provided in August, the aim is to help partner agencies to evaluate the quality of the program and to retain a reflective approach to the work. The outline indicates that the action research project will incorporate the following:

- the refinement of the program logic map
- active participation that engages all stakeholders in the process (women who have experienced family violence, the ASWS, MBCP staff, partner services, funders and referring agencies) through the MBCP Advisory Group meetings, participant interviews, focus groups and reflective practice sessions
- suggestions for program and policy improvements, and enhanced understanding of the target group, their needs and response to service delivery
- critical reflection by all stakeholders throughout the life of the program (e.g. through MBCP Advisory Group meetings, forums, workshops) to facilitate adjustments that can be implemented whilst the program is still operational.

5.3 Project stakeholder expectations and support

There is considerable goodwill towards the new MBCP in Alice Springs. Although the delays in identifying and contracting a provider for the program have been very frustrating for stakeholders, one saw these delays as beneficial because ‘everything was in place before the program started’. In particular, they noted that programs often started without critical groundwork being done and without good working relationships in place between different agencies and sectors. Because of the past work done through the Alice Springs Integrated Response project, there was already considerable goodwill between sectors and interagency networks. It could be argued that the consortium ultimately successful in winning the contract for the program, would not have come about, or been able to work on embedding the program within the environment and systems, without the history of collaborative commitment and engagement among services to address family and domestic violence.

Certainly, when the evaluation team held meetings and conducted stakeholder interviews in the first half of 2014, the most common refrain, aside from complaints about the delay in establishing a program, was the pressing need to have a program for men to, as one put it, ‘break the cycle’. Several stated that addressing this was their first priority. One stakeholder argued that, under the Alice Springs Integrated Response project, a lot of effort had gone into helping victims and children and it was now time to focus on perpetrators. Another stakeholder expressed the fear that the project’s funding would cease and nothing would have been changed in relation to men’s behaviour.

In the practitioner survey, conducted in mid-2014, there were no questions about the MBCP, but from the open-text responses it was clear that some felt that this should occur as soon as possible.

Quite a few stakeholders were cautious in outlining their expectations of the MBCP, saying it was a matter of watching to see how it would go. Only a small number of men would be affected, and as one stakeholder put it, there is an inherent paradox in having such a program as it is likely to have participants who are the hardest to engage and change and yet its effectiveness would act as a test for the ongoing and wider use of such programs. Another was interested in seeing how many would engage in the program when so many could and concluded that ‘it is going to be a big journey’. Placing the challenges in context, a provider of a women’s service underlined an issue that they saw as confronting all social services:

It is really hard to see someone you know and love as a perpetrator of DV. And this is where we always get stuck. No-one wants to believe that someone they know and love is capable of killing their wife, is capable of treating her badly even a little bit. So this is a strong thing for us, that we just listen to what she is telling us.

The main concerns expressed by stakeholders just prior to the program’s commencement were that:

- women use violence too (and therefore only focusing on men would not achieve change)
- the MBCP would not be sufficiently culturally appropriate
- the proposal to run the MBCP on a weekly basis, with 24 sessions of group work, contrasts with existing local programs which run in a block structure
only a small number of men would go through the MBCP.

In the light of this supportive but uncertain environment, Tangentyere Council made a concerted effort to attract skilled and experienced staff. In hindsight this was a wise move. The Program Manager, who has more than ten years’ experience in the field, commented that she spent considerable time responding to concerns, and being clear about the mandate for the program which was to be run for men over the age of 18 years.

While several stakeholders were keen to see a broader approach to perpetrators to complement the MBCP, it is interesting to note that no-one during interviews raised the need for the court defendant-support position, which was part of the original Alice Springs Integrated Response project design but put on hold until the MBCP was up and running.

5.4 Running the MBCP

The MBCP began to take clients in October 2014. Since that time referral and client numbers have steadily grown. The figures below present key data that have been collected and analysed by staff of the MBCP, accompanied by analysis and commentary from the evaluation team. The full set of data for the first six months of the Program is in Appendix 2.

In light of the delay in the establishment of the program, it is useful to see the extent to which it is being utilised by the organisations and institutions in Alice Springs. Figure 4 presents data on referrals, assessments and clients. Clearly many more men are referred to the MBCP than actually participate.

Based on the data presented in Appendix 2, a total of almost one third (32%) are non-starters because they are either uninterested, out of the area, or inappropriate. It is difficult to know to what extent individual circumstances changed after referral, however it is likely that there is still significant work to do to educate referral agencies on the profile of men that can be accepted and will be likely to benefit from the program. It is important that this work occurs, because at present significant staff resources are spent in following up inappropriate referrals.

**Figure 4: Number of referrals, assessments and engagements, October 2014–March 2015**

![Figure 4: Number of referrals, assessments and engagements, October 2014–March 2015](image)

*Source: Alice Springs MBCP*
For the six-month period, the source of 81 referrals is spread across a range of government and non-government agencies. A total of 13 categories of referrals emerge in the data, which includes FSF (53%), SupportLink82 (7%) and self-referrals (4%), with the remainder being spread across nine agencies83.

The largest single source of referrals is the FSF. An agreement to prioritise these referrals was stipulated in the program specifications. Nonetheless their dominance raises issues about the targeting of the program. These men are the perpetrators of the most high-risk situations for family and domestic violence in Alice Springs at any given time. The preponderance of referrals from this group suggests that the program is targeting the most severe end of the perpetrator group. It is arguable that this group might also have the most entrenched patterns of behaviour, and be the most difficult to change. However, there is also a clear need that they be offered assistance to change their behaviour. Interviews with some service providers suggest that they would like to see the program target young perpetrators who are just starting to show violence in their interactions with their partner.

During the first few months of 2015 the program was not turning away any clients because of lack of capacity, so for the moment all referrals have a chance to be included. However, as the program becomes more established, it is likely that some process for determining priority of places in the program will have to be negotiated and implemented. The creation of the new position to assess and refer men from the court system will generate further referrals. The likely pressure on places in the MBCP creates a risk that self-referrals may not get places.

It is important that any process created for triaging referrals to the MBCP, maintain some level of capacity for family- and self-referrals. This is partially to avoid having a MBCP where all participants are mandated by the court, thereby creating a very different atmosphere from a MBCP where participants are there because they genuinely want to change. It would also ensure that referrals made by individuals (rather than agencies) remain functional, and so encourage further community action on addressing men's violence.

This point is further emphasised when the figures for attendances per week are analysed. These are presented in Figure 5. There is a clear rising trend, which suggests that it will not be long before it is difficult to find a place for all referrals. MBCP staff reported that they were starting a second group in late May 2015. It is also clear that attendance is not stable. Staff comment that the main reason for the instability is that clients from the Central Australian Aboriginal Alcohol Programs Unit (CAAAPU) who attend as a block must have staff to supervise them. This means that if arrangements cannot be made at CAAAPU’s end (for example, they have no staff available to accompany them), none of the clients attend.

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82 Contracted by the NT Police, SupportLink enables police to refer people they have contact with to social services via a single referral gateway embedded within the police system.

83 CAAPU (11%), Tangentyere (6%), Corrections (5%), CAALAS (4%), NT Legal Aid (4%), CAAFLU (4%), DCF (3%), Mission Australia (3%) and CAAC (3%).
Figure 5: MBCP attendances per week, October 2014-March 2015

Source: Alice Springs MBCP

The demographic and cultural details of clients reveal that:

- Nine per cent of clients who engage with the program are non-Indigenous.
- Just over one third of clients speak local Aboriginal languages, which suggests that they are from Alice Springs (or relatively close by). The remainder are from a wide range of language groups, which suggests that many are living away from their homelands in Alice Springs.
- Many of the men are in temporary housing of some kind – either through their attendance at an alcohol rehabilitation program or transitional housing. This highlights the difficulty program staff experience in both contacting and maintaining contact with clients.
- The majority of clients are in the 20 to 40 years of age range (59%) while the remaining clients (41%) are more than 40 years old; there were none aged 18 to 20 years.

5.5 Participants’ feedback on the program

For the evaluation, seven participants were interviewed. A more detailed account of these interviews can be found in supplementary volume of appendices, Report 9 (unpublished). Box 5 presents a summary of the findings. As can be seen from the summary, the men were overwhelmingly positive about the MBCP and its impact.
5.6 Activities of the MBCP targeted at women – partner/ex-partner support

The MBCP has two areas of activity targeted towards women. The first is the Partner Support position. This position is operated in partnership by the ASWS and the MBCP, with the staff member formally part of the ASWS team. The role of this worker is to make contact with partners and ex-partners to:

- monitor the level of risk of the women, as there is a possibility that participation in the MBCP might actually stimulate a violent response in the man, and to conduct safety planning
- track whether and how the MBCP participant’s behaviour is changing.

This position has been in operation since the commencement of the program. All partners of men who are accepted into the MBCP are offered participation in the program, and to date, most have accepted the support offered.

An initial risk assessment is done, based on any previous contact with the ASWS. The level of risk determined through this is given to the MBCP staff. The women are then visited regularly. The feedback they provide can be incorporated into the MBCP, although care is taken that this is done in a general way that does not give any indication that the issue has been highlighted as a result of women’s input. Education is provided to partners about the cycle of violence and how to keep themselves safe.

The workload of this position has been high. For each referral to the MBCP, the support worker undertakes a full review of the ASWS file, which may take as long as a day, in order to provide the MBCP with details of that person’s behaviour/history/engagement with the ASWS. As many of the men who have engaged in the program are...
considered by ASWS to be high-risk, this level of safety checking and the level of support offered are viewed as essential. Table 6 presents a summary of the client numbers.

**Table 6: Number of clients and nature of contact, ASWS partner support worker, October 2014 – May 2015**

<table>
<thead>
<tr>
<th>Category of client</th>
<th>Number</th>
<th>Nature of contact with ASWS support worker</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clients that have engaged</td>
<td>17</td>
<td>Intensive support especially if the partner has disengaged from the group and at crisis periods such as removal of children</td>
</tr>
<tr>
<td>Clients that declined/unsuitable</td>
<td>11</td>
<td>At least one session, usually a phone call and visit</td>
</tr>
<tr>
<td>Clients unable to be contacted</td>
<td>10</td>
<td>Attempts made over two to three weeks</td>
</tr>
<tr>
<td>Client with other ASWS worker</td>
<td>15</td>
<td>Where the client already had a relationship with an Outreach Service worker a joint session was held to provide information, but Outreach worker monitors behaviour</td>
</tr>
<tr>
<td>Client to be advised/pending</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Clients with no referral from MBCP</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>61</td>
<td></td>
</tr>
</tbody>
</table>

*Source: ASWS records*

It would appear that there are structural bottlenecks that exacerbate the difficulties. The first is that, in accordance with the ASWS safety policy, the worker must be accompanied by another member of staff when making visits to clients. This is entirely proper. However, because there is only one worker in this role, it means that they must always wait for a staff member from ASWS to be available to accompany them. Sometimes this is achieved by piggy backing on visits to a nearby location. However, it inevitably means that the worker cannot use time efficiently. It is difficult to see any solution to this issue; however, it needs to be acknowledged that it limits the number of clients in the worker’s caseload.

The second implementation issue with this position is that there does not appear to be any mechanism for exiting a client so the workload steadily grows. At times clients are transferred to Outreach Service staff for support, but more often any need for support remains the responsibility of the MBCP partner support worker, even if the man is no longer attending the MBCP. This is clearly unsustainable, and will eventually mean a diminution in the quality of care provided to new clients. Limits need to be put on the scope of the position, and clear processes created for referral of clients to other staff within ASWS, or other agencies.

5.7 Links to the Community Engagement Strategy: Tangentyere Women’s Committee, Family Safety Group Project

Funded under the community engagement component and addressing two key objectives of the Alice Springs Integrated Response project’s Community Engagement Strategy, the Tangentyere Women’s Committee (TWC) Family Safety Group project commenced in mid-2014. Early in 2015, as part of the Family Safety Group project, a family and domestic violence training program was run for the TWC with the aim of teaching an influential group of women from the Alice Springs town camps about family and domestic violence. A secondary aim was for training staff to learn from the women, and be able to ‘bring women's voices into the room’ while they work with the men. This is a key element in making the MBCP culturally appropriate. The MBCP manager became the line manager for the TWC co-ordinators and undertook to deliver the training program at the MBCP premises.

The training has taken place over six weeks since February 2015. The first cohort has completed the training and further sessions are scheduled. The women commented that the course did not so much teach them new things, as give them a language to talk about what they already do. Many of the women are advocates for their town camps, and go-to people for other camp residents and their extended family networks84. The training has provided an opportunity for them to think about how they can fulfil this role more effectively. An example of this is that they

84 This role is also referred to in the victim interviews in which women reported that the grandmothers and other strong women are the first port of call when women find themselves in violent relationships. This course is an example of acknowledging their role, and offering support to link women in to appropriate services.
have created small cards with phone numbers for police and other services to give to women whom they know to be in violent relationships. They decided that the best way to do this was to wait until things have calmed down, and then visit quietly to give the woman a card and talk with her about her safety.

The women commented that for many residents of the town camps, it is a ‘shame job’ to be seen going to the ASWS. The training provided women with a chance to discuss this, and agree to encourage women from the town camps to use the service. The participants in the original training group are now mustering participants for a second course. They comment that it is a difficult issue with a lot of sensitivity around it. Women in a violent relationship tend not to want to come to training.

The TWC’s role in teaching MBCP staff about the ‘women’s voice’ in the issue has been formalised, with the development of the training course manual.

This group of women who refer to themselves as the Family Safety Group have decided to continue meeting, and have taken on a number of other roles. Firstly, they are advocating for women within the Central Australian Aboriginal cultural sphere. They have made posters and pamphlets about women’s right to safety and are distributing them widely. This reinforces feedback from Indigenous staff working in different agencies in Alice Springs and involved in responses to family and domestic violence that it is becoming more normal for Aboriginal people in Central Australia to condemn violence in relationships in a public way. The media are showing interest in the group, and the women commented that it was good to have a positive voice from women themselves. The women are having regular meetings with the police in order to improve the relationship between town camp residents and the police, and with other specialist service providers, and they have scheduled advanced training. Finally, they are scheduled to meet the Chief Minister of the Northern Territory (the Honourable Adam Giles MLA) to discuss the issue of violence against women in the town camps.

The women report that they would like to expand the role of the group to include child protection issues. The TWC is guided by an Advisory Group in much the same way as each of the other key components of the Alice Springs Integrated Response. This provides connectedness to a wider service sector and allows the women to draw on the skills and contacts of others.

In response to the successful running of the women’s program the Four Corners, which is the parallel group for men in Tangentyere Council, have requested that family and domestic violence training be run for their members. This steady spreading of information and food for thought about family and domestic violence is a testament to the wisdom of placing the program within an Indigenous organisation. Many of the people contacted in this way are influential elders and community leaders involved with an important Indigenous organisation in Alice Springs. It is unlikely that they would be exposed to the ideas presented in the course through any other avenue. Having the course delivered to them where they feel safe and comfortable is ideal for them to be able to think about the messages being given.

The productive links between the MBCP staff and the work being done as part of the Family Safety Group project demonstrate that lateral linkages are being generated through the Alice Springs Integrated Response project. There are opportunities for synergies between participants in the F&DV training run as part of the Family Safety Group project, and the support for partners and ex-partners of MBCP participants. Individual women whose partners are attending the MBCP may be interested to participate in the training. In addition it is important that the messages being provided by the MBCP and through the F&DV training are consistent.

5.8 Conclusions
Implementing a MBCP for Indigenous men in Alice Springs that adheres to MBCP minimum standards and good practice along with being responsive to local circumstances involves trialling what Blagg (2008) refers to as ‘an innovative, hybrid initiative’.

After a substantial period of delay, the program is now up and running. Given the amount of care and thought that has gone into developing the design and specifications for its delivery and management, it has promising foundations. There is also considerable support (as well as many questions) among stakeholders for the program, and the partnership ethos that has characterised the Alice Springs Integrated Response project and is continued in the consortium responsible for the program should enhance the likelihood of an active and flexible approach to its continued development. Having significant inputs from skilled and experienced mentors (locally and from elsewhere) and the ongoing feedback through the action research evaluation has also provided a solid basis for the program.
There are a number of lessons to be learned from the progress to date:

- Despite the concerns over the extent to which the program could be culturally appropriate and the lack of Indigenous staff at the time of the evaluation, it is clear that the men are finding it relevant, and are comfortable in the environment in which it is presented. As one staff member commented ‘let’s not ‘other’ this – the attitudes and dynamics in Alice Springs are essentially the same as those in other places’.

- Having a good level of funding for the establishment phase of the program paid dividends in allowing Tangentyere Council to research the options, and travel to Warburton (WA) and Victoria to see some of them in practice. This in turn meant that they strengthened links with NTV which has proved very fruitful for the quality of the program.

- The recruitment of a highly experienced Program Manager has been of benefit to the program in maintaining clarity on the mandate and in establishing the program on a positive note.

- The placement of the program with a community-controlled Indigenous organisation has meant that it has capacity to influence community leaders who may not otherwise come into contact with the attitudes and ideas being taught. This is important in the process of wider community change, and is an efficient way to use the resources put into the program.

- It may provide dividends for the staff of the MBCP to make sure that organisations around Alice Springs have a clear understanding of the clients who fit the program’s mandate. This will save time in following up on inappropriate referrals.

- While it is too early to be definitive, there is considerable positive feedback from the clients about the current weekly structure of the MBCP. It would appear that it is viable, and can be effective in giving the clients stimulation and support to change their behaviour.

- The program appears to be successful in engaging its clients, and they report that they are learning a great deal. This is being achieved in a mixed Indigenous and non-Indigenous group with non-Indigenous but highly skilled staff. Efforts have been made to ensure that the program is culturally appropriate, and these have undoubtedly improved the curriculum. However, it also seems likely that the material provided by NTV which is based on wide experience of delivering men’s behaviour change programs to many cultures, essentially meets the needs of both Indigenous and non-Indigenous men. It may be that the quality of delivery of the material is at least of equal importance to the cultural framing of the material itself. The lesson in this is that it is important that programs are sufficiently well funded to enable them to recruit highly skilled staff.

- In order to avoid becoming a program that only caters for mandated clients (and the associated loss of access and accountability to the local community), care needs to be taken to maintain capacity for self and family-based referrals.

- It is essential that the Partner Support position continue, however, processes need to be in place to reduce the risk of the worker becoming overwhelmed and the service stretched too thinly.

- The links between the MBCP and the Tangentyere Women’s Committee Family Safety Group project show how lateral integration is emerging and being fostered across the project’s different components.

There are, however, many challenges ahead. The literature review on MBCPs undertaken for the evaluation (see supplementary volume, Report 2, unpublished) drew attention to the lack of established good practice for Indigenous family violence MBCPs that are both responsive to the specificities of the local socio-cultural environment and yet create an accountability web for men that does not put women and children at further risk. No doubt many lessons will be learnt, including insights into:

- processes that accord with good practice while still taking into account the mobility of participants and their partners/ex-partners
- recruitment and retention of qualified staff, and fostering opportunities for local people to obtain qualifications suited to program work
- engagement with the social service sector and the community more broadly
- appropriate measures of program impact
- the contribution of such a program to an integrated response to family and domestic violence.

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85 The advantages and difficulties of having local Indigenous staff involved in the delivery of programs (because of their cultural competence, as opposed to their training and expertise in the delivery of the MBCP), are more fully discussed in supplementary volume, Report 9 (unpublished).
Chapter 6 Impact and successes of the project

6.1 Introduction

This chapter brings together various themes touched upon in previous chapters. The focus is on the impact of the project, and the factors that have contributed to successful elements. The first section considers the context of Alice Springs, and the high levels of, and trends in, F&DV. Several other contextual themes evident from the evaluation that are important to consider relate to the workforce and to client mobility. These are also raised before the next section which looks more carefully at the size of the project. It is critical to calibrate expectations against what was actually invested in, and implemented during, the first three years of the project. The fifth section discusses a range of impact indicators with an emphasis on what has been achieved. The last two sections concentrate on factors that contributed to successful elements of the project, and the challenges that lie ahead for future initiatives.

6.2 Understanding the context

The first chapter of this report referred to the constellation of contextual factors that were identified in the Project Management Plan. Particular stress was placed on the extent and severity of violence in Alice Springs, much of it F&DV and often involving alcohol. The research undertaken for the evaluation has certainly provided further evidence of the extent of F&DV and how it disproportionately occurs in Alice Springs at rates above that for the rest of the NT, at least according to police and court data. Appendix 3 to this report contains in full the trends in police, and court data that were obtained and analysed for the evaluation, but several figures are duplicated here to underline the point above. The data in Figure 6 shows that, according to police data, Aboriginal females:

- are far more likely to be the victim of an assault, particularly those related to domestic violence, than non-Indigenous females
- are more likely to be the victim of an assault related to domestic violence than other kinds of assault
- are victims of domestic violence-related assaults at a rate higher (3.6 times higher based on the average monthly rate for 2013) than that recorded for Aboriginal females in the remainder of the NT

Figure 6 also shows a steady increase in the rate that Aboriginal women are recorded as victims of assault (domestic violence-related and non-domestic violence-related) for much of the six years but a dramatic decline at the beginning of 2014. This is discussed further below.

Figure 7 presents data on Indigenous male defendants in the courts, in Alice Springs and the remainder of the NT, as a rate each year for assaults related to domestic violence and those that are not. It shows that the rates for Indigenous male defendants for domestic violence-related assaults are far higher than those for non-domestic violence-related assaults in Alice Springs, and both kinds of rates recorded for the rest of the NT. Noticeably, the trend in Indigenous defendant rates for domestic violence-related assaults for Alice Springs is similar to that found in the police data.

Hospitalisation separation data for assault-related injuries shows that in 2013-14 Indigenous females in the Alice Springs Hospital (ASH) made up 66 per cent of all Indigenous women hospitalised for such injuries in the NT public hospitals, and that Indigenous women are nearly twice as likely as Indigenous men to be in the ASH for such injuries.
Figure 6: Number of Indigenous and non-Indigenous female victims of assaults related to domestic violence, and of assaults not related to domestic violence, per 100,000 relevant population, monthly police data, 2008-mid-2014, Alice Springs and Remainder NT

Source: Police Real-time Online Management Information System (PROMIS) 1/8/2014
Both the police and court trend data, and the police prosecution file audit also emphasized the volume of F&DV matters that are being dealt with by the justice system in Alice Springs. For a town of approximately 25,000 people, the numbers are staggering. For example, in the Alice Springs court in 2013-14 there were:

- 694 finalised domestic violence related assaults (and 221 non-domestic violence related assaults)
- 424 occasions of breaches of Domestic Violence Orders (DVOs)\(^{87}\) (28% of the total number of breaches recorded for the whole of the NT)
- 1,167 applications for DVOs (94% of which were police applications).

In addition, there has been a very large rise in the volume of F&DV civil and criminal matters dealt with by the police and the court in Alice Springs. This is shown in the six-year trend data found in Appendix 3, up until the recent decrease in monthly police data for assault in 2014. From 2008-09 to 2013-14, the Alice Springs courts had a 65 per cent increase in DVO applications and a 72 per cent increase in finalised domestic violence assault matters. According to the police prosecution file audit approximately half of the F&DV files being dealt with relate to DVOs, of which there were 194 in September and October 2011 and 104 in the same months of 2014. This is an increase of 86 per cent, but the increase is even more dramatic when compared with the first year that such orders became available (see Bolger 1991).

The increase and the volume of both criminal and civil F&DV matters must have a huge impact on justice services. However, except for the police’s Domestic Violence Unit, and the VSAS, there are no specialist F&DV services.

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\(^{87}\) The official court data made available for the evaluation refers to ‘restraining orders’ but this equates to DVOs, which is the term used in the report.
or positions within, or connected to, the system that respond exclusively to F&DV matters and those affected by F&DV.

Non-justice social services in Alice Springs are also coming into contact with many clients who are affected by F&DV. According to the majority of practitioners surveyed for the evaluation (62%) from a cross-section of sectors and agencies (including police and justice), more than half of their clients were affected by, or involved in, F&DV. However, the only service in Alice Springs, it could be argued, that solely focuses on F&DV in Alice Springs and has expertise in the field, is the ASWS.

Two issues related to the Alice Springs workforce became apparent during the evaluation:

- There is a minority of practitioners/managers who are long-term residents who have worked for many years in Alice Springs. Several of these are on the Alice Springs Integrated Response Reference Group and have been key supporters of the project. This would suggest attention to succession planning is required.
- Indigenous practitioners are often in non-management positions, and of those interviewed, many were not members of any of the project’s reference or working groups. It seemed many agencies were not taking advantage of their local cultural knowledge that would improve the quality of service responses to F&DV.

A final issue raised in the Project Management Plan was the mobility of many Indigenous people in the region, and that Alice Springs acts as a regional centre for the cross-border remote communities. Having clients who may be in temporary accommodation and who often move in and out of Alice Springs, poses considerable challenges for services, not least in the amount of time it can take to locate someone. From the client profiles of the VSAS and the MBCP, and based on what could be gleaned from the police prosecution file audit, the majority of people are staying in Alice Springs at the time of a violent incident or service contact, but a sizeable minority have a remote community or another regional town as their main place of residence.

6.3 The size of the project

Given all of the above, and what has been implemented so far in the project, it is important to consider how much of a change in F&DV can be expected in three years. Two measures are used here to indicate what the project has entailed, in the way of new or changed service provision to those affected by F&DV. They are first, the current ‘average throughputs’ for various components, and second, the investment in dedicated human resources created through the project funding.

Table 7 presents the estimated throughputs for the various components of the project, as an average per month, based on output data in Appendix 3. The number of individuals per month is small for the FSF and the MBCP, but with the former it reflects the focus on crisis intervention and with the latter, that the program is in its early stages. The VSAS has a higher number of clients on average per month, but even this number is considerably less than the estimated number of victims/protected persons who have matters being dealt with in the Court of Summary Jurisdiction. Again, the proportion is not surprising, given that the VSAS in recent times has concentrated on working with victims of contested criminal matters. Nevertheless, it does draw attention to the much larger pool of defendants and victims that are not directly being assisted by the project.

Another throughput measure is the estimated number of practitioners participating in FSF training per month. Based on the numbers who were involved in the first two years of the training (see Appendix 2), on average 15 practitioners are involved in the training every month. This is important to note because it seems the training is a factor that has contributed to the broader, more diffuse impact of the project.
Table 7: Estimated throughputs (numbers per month) for project components, and for police prosecutions and the Alice Springs Court of Summary Jurisdiction

<table>
<thead>
<tr>
<th>Activity</th>
<th>Estimate per month</th>
</tr>
</thead>
<tbody>
<tr>
<td>FSF</td>
<td>4 referrals accepted</td>
</tr>
<tr>
<td>VSAS</td>
<td>36 clients</td>
</tr>
<tr>
<td>MBCP</td>
<td>6-8 participants at weekly sessions</td>
</tr>
<tr>
<td>Alice Springs Police prosecutions (Sept-Oct 2014)</td>
<td>196 F&amp;DV files</td>
</tr>
<tr>
<td>Alice Springs Court of Summary Jurisdiction (2013-14)</td>
<td>190 F&amp;DV related finalised matters</td>
</tr>
<tr>
<td></td>
<td>142 F&amp;DV victims/protected persons</td>
</tr>
</tbody>
</table>

Sources: Various elements of the evaluation

Table 8 shows the positions (and FTE) that have been created through project funding.

Table 8: Dedicated project human resources

<table>
<thead>
<tr>
<th>Element</th>
<th>Positions</th>
<th>Current total (FTE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project management team</td>
<td>1 Project manager*</td>
<td>2.5</td>
</tr>
<tr>
<td></td>
<td>0.5 training and professional development position*</td>
<td></td>
</tr>
<tr>
<td>VSAS</td>
<td>1 Position**</td>
<td></td>
</tr>
<tr>
<td>FSF</td>
<td>1 Position**</td>
<td>1.0</td>
</tr>
<tr>
<td>MBCP</td>
<td>1 Manager**</td>
<td>5.2</td>
</tr>
<tr>
<td></td>
<td>3 Staff**</td>
<td></td>
</tr>
<tr>
<td></td>
<td>0.2 evaluation position**</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1 Outreach/partner support position**</td>
<td></td>
</tr>
<tr>
<td>Prevention</td>
<td>1 PT position</td>
<td>0</td>
</tr>
<tr>
<td>Engagement</td>
<td>2.5 positions**</td>
<td>1.0</td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td>10.7 FTE</td>
</tr>
</tbody>
</table>

*appointed in the first half of 2014 ** appointed in the second half of 2014

At the time of this report the equivalent of more than 10 full-time positions is dedicated to work related to the project. However, 1.5 FTE was not created until the first half of 2014 and seven positions did not start until the second half of 2014. Up until 2014, there were only two full-time positions funded through the project. There was also work going on under the prevention stream, through funding for NAPCAN, but this ceased in 2014. For the first few years of the project, much of the activity undertaken for the project was through in-kind contributions from the agencies involved. As more components of the project have come online, most notably the MBCP, there has been a rapid escalation in the quantum of additional dedicated project personnel.

Any attempt to assess the impact of the project has to bear in mind that much of what has been done is through existing staff and related resources. One of the themes that arose from the key stakeholder interviews in mid-May 2014 was the unexpected and unfunded administrative burden that the project had created, especially on the key FSF agencies. The fact that many agencies have continued to be actively involved is testament to the commitment that was engendered during the early days of the project and has created a project that is ‘good value for money’.

6.4 Impact indicators

**On levels of F&DV in Alice Springs**

The Project Management Plan included a range of performance indicators for the two overarching aims of the project. These were a range of crime, hospital, and child protection data as well as ASWS statistics. Past trend data was collated for the evaluation (see Appendix 3) but in no way, at this stage, can they be used to indicate the impact
of the project. As the Project Management Plan acknowledged and given the size of the project, there are other factors that are likely to be influencing past and more recent trends, such as the mandatory reporting of F&DV, and agency capacity (for example, DCF in 2013\textsuperscript{88}). A more recent example is the sudden decline in assaults (both domestic violence and non-domestic violence related) recorded by police in the first half of 2014. However, all stakeholders who were asked about this drop attributed it to the introduction of police TBLs.

This is not to say that such data should not be monitored. It tells project stakeholders important information about the environment in which the project operates; for example, the increased pressure on justice stakeholders of more F&DV cases and what capacity is there to meet the demand. In addition, it enables project stakeholders to consider what might be furthering the project’s objectives and whether, in the longer term, the project is contributing to any discernible trends. For example, although the numbers are small and volatile each year, the number of F&DV related homicides recorded in Alice Springs are clearly viewed as benchmarks by some stakeholders of whether the project as a whole, and in particular the FSF, is having an impact.

There are more specific indicators of the impact of the project in relation to the two overarching aims of the project, but these are discussed in the next chapter.

**On responses to F&DV in Alice Springs**

The majority of stakeholders consulted for the evaluation believe the response to F&DV in Alice Springs has improved in the past two or three years. For example:

- The majority of practitioners who participated in the mid-2014 survey said the response had improved in the past two years, with just over two-thirds indicating it was either much better (35%) or a bit better (33%). If those that did not know are excluded, a total of 88 per cent said the response was better.
- The majority of the Indigenous practitioners interviewed (65%) in early 2015 said it had improved in the past three years. One quarter (25%) felt that it hadn’t, and 10 per cent weren’t sure and didn’t want to comment.

Based on stakeholder interviews and on the practitioner survey, there are two key ways that the response was seen to have improved as a result of the project. They are a) in the quality of service provision (particularly police response times), and b) in the way services communicated and worked together. There is a sense from many stakeholders that service providers feel more knowledgeable about F&DV and better equipped to respond to F&DV, in part because of the FSF training.

As is highlighted in the next chapter, the project has had a significant impact on the flow of information between agencies, which has engendered trust and a willingness to work together. In the practitioner survey conducted in 2014 for the evaluation, as Table 9 shows, the results indicated that the areas that were most likely to have seen better service responses than two years previously, were ‘understanding of F&DV’ and the ‘coordination of service delivery between agencies/services’. In open-text answers to a question about factors that help improve responses, the most common related to:

- first and foremost, collaboration/integration/coordination/networking
- second, information sharing/communication/being not afraid to speak out
- third, training/education/awareness.

\textsuperscript{88} In Appendix 3, there are a number of figures showing trends in DCF data over a seven year period. Whilst the rate of child protection notifications in Alice Springs has increased consistently over the period (see Figure A3.16), there was a major drop in the rate of substantiated investigations in 2012-13 (see Figure A3.19) and in the rate of children on Care and Protection Orders in 2013 (see Figure A3.22). Stakeholders explained the decrease in investigations and orders as being due to a shortage in DCF staff in Alice Springs at that time.
Table 9: Practitioners’ perceptions of changes in service responses to family and domestic violence in the past two years (%)

<table>
<thead>
<tr>
<th></th>
<th>Better</th>
<th>About the same</th>
<th>Worse</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accessibility of services/agencies</td>
<td>40</td>
<td>43</td>
<td>3</td>
<td>15</td>
</tr>
<tr>
<td>Standards of service response</td>
<td>55</td>
<td>23</td>
<td>3</td>
<td>19</td>
</tr>
<tr>
<td>Capacity of services/agencies</td>
<td>37</td>
<td>36</td>
<td>7</td>
<td>20</td>
</tr>
<tr>
<td>Coordination of service delivery</td>
<td>63</td>
<td>17</td>
<td>4</td>
<td>16</td>
</tr>
<tr>
<td>between agencies/services</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Understanding of family and domestic</td>
<td>68</td>
<td>20</td>
<td>1</td>
<td>11</td>
</tr>
<tr>
<td>violence</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

n=75 (both police and other practitioners)

Source: Evaluation survey of practitioners 2014

However, the respondents were not complacent about the current state of play; many were still seeking to see improvements in sharing of information, adequate resourcing and investment of time, and practical strategies that improve collaboration and integration, such as forums, meetings and networks. In some instances the comments clearly related to a sector or mode of service practice, with, for example, references made to ‘intelligence’, ‘case reviews’, ‘case management’ and ‘listening to clients’. Providers were also very mindful of learning more grounded actions and supports that they can put in place to help victims and perpetrators live violence-free lives. That is, learning practical and realistic ways to make people ‘safer’.

Based on feedback from multiple stakeholders received during the course of the evaluation, the project to date was seen as instrumental in achieving the following:

- a purposeful and more focused response to F&DV, so that many key stakeholders and service providers did not feel so ‘swamped’
- an improved ‘safety net’ for victims most at risk of further F&DV, and increased support in relation to women who are affected by criminal justice cases
- increased profile and commitment to respond to F&DV through key Aboriginal stakeholders involved in the MBCP and the Tangentyere Women’s Committee Family Safety Group.

6.5 Critical factors that contributed to project successes

Based on key project stakeholders comments, a range of factors are seen as contributing to the project successes. These include:

- building a shared identity and ownership during the developmental stage
- professional and skilled project leaders
- detailed and thorough design and planning
- commitment, passion and persistence of key stakeholders (in particular Police and the ASWS)
- governance and management structures tailored to the NT
- two lead agencies, which has encouraged more buy-in from government and non-government agencies, and enabled the project to have a prevention and child focus, as well as on justice elements
- dedicated project manager positions
- Reference Group as a powerful and influential advisory group, with a cross-section of representatives from the non-government sector, Aboriginal organisations and government
- the FSF, as the ‘glue’ that provided a mechanism by which agencies could work together to make a difference. In particular, the MOU was viewed as essential in enabling agencies to work together, and the
FSF training promoted among practitioners a common understanding of F&DV and increased confidence to make mandatory reports, as well as assess risk and refer to the FSF

- the increased attention that has been paid to victims’ support, through the FSF and through the VSAS
- the level of funding and careful implementation of the MBCP that allowed the time and resources to research programs and access expertise, and to recruit skilled staff.

It was evident during the course of the evaluation that other factors, flagged in an earlier chapter, have assisted the project’s development and, more broadly, contributed to improvements in the response to, and in recorded levels of, F&DV:

- The Central Australian Family Violence and Sexual Assault Network assisted in the development of the project and acted as an ongoing forum for agency/service relationships.
- Early and routine referral was introduced by the police in Alice Springs with SupportLink to improve police referrals and service responses to all victims, and is being continued as part of the NT-wide Safety is Everyone’s Right Strategy.
- The Outreach Service run by the ASWS which has been operational since the beginning of 2010 has played a crucial role, according to an evaluation of the Service, in referring women and children into the FSF. It has also provided support for those who are referred, and acted as a crucial adjunct to, and support for, the work of the VSAS.
- Policing operations and initiatives in 2013 and 2014 have included most notably Operation Halberd and basing a constable at the hospital to take victim statements, both of which explicitly focus on family and domestic violence; and pro-actively enforcement of liquor laws through Operation Leyland, commonly referred to as Temporary Beat Locations (TBLs).

6.6 Challenges ahead

A very solid foundation has been laid with several project components. For Phase Two of the project, $2.4 million over two years is available to continue to expand and progress the project in Alice Springs. In particular, the MBCP will settle into its mature stage, and become part of the inter-sectoral range of responses to F&DV. Approximately one third of the budget is allocated to fund the program, and it will be exciting to see how well it is used and its wider impact.

Two components, the FSF and the VSAS, present opportunities to refine and consolidate on experience to date; and two components, prevention and community engagement now have opportunities to develop strategic directions for the next stage. A promising development has arisen with the introduction of the Tangentyere Women’s Committee and the establishment of the Family Safety Group project.

It is always challenging to maintain momentum with a project, to continue to build and adapt, while simultaneously consolidating what has been achieved. The Alice Springs Integrated Response project has paved the way for a NT-wide F&DV strategy. In order to continue to be leaders in forging an integrated response to F&DV, there are key areas the stakeholders need to address and which are reflected in the recommendations in the next chapter.
Chapter 7 Addressing the evaluation questions, and recommendations

7.1 Introduction

The evaluation was asked to address five key evaluation questions. This chapter concentrates on answering these questions, with a section for each question. The questions are:

EQ1: To what extent has the project contributed to its aims?
EQ2: To what extent the project has achieved its objectives and anticipated outcomes as articulated in the project plan?
EQ3: Whether the Integrated Response project is a timely and effective response to family and domestic violence?
EQ4: Whether agencies have developed collaborative and cooperative practices across the sector?
EQ5: Whether the five project components interact with each other and the extent to which they demonstrate integrated practice?

In the evaluation specifications there were also seven secondary questions related to the way the project was established, governed and managed in its first phase. A further section looks at these questions. The final section lists and explains the recommendations that have emerged from the evaluation.

7.2 The first evaluation question: to what extent has the project contributed to its aims?

The Alice Springs Integrated Response project has two aims. The first is to increase the safety for women and children experiencing F&DV. Based on the research undertaken for the evaluation, it was concluded that there is:

- a widespread perception among key stakeholders, practitioners and Indigenous practitioners in Alice Springs that the response to F&DV is better than three years ago
- clear evidence of more and improved coordinated services, but contribution to victim safety is more difficult to determine
- a feeling among victims that services had made them feel safer, both the ASWS Outreach Service and VSAS having contributed to this
- indications from the level of service contact that women were safer after going through the FSF
- evidence of the contribution of non-project initiatives (for example, ASWS Outreach Service, SupportLink, policing of F&DV and TBLs) to improved service responses and to reductions in levels of recorded victimisation
- improved responses to partner/ex-partner violence but not necessarily to family violence
- insufficient evidence surrounding how the project has affected children.

In relation to the point about improved responses to partner/ex-partner violence (‘domestic violence’), but not necessarily to family violence, Table 10 shows estimates of the proportion of clients affected by domestic violence that various project components are working with, compared with the proportion that are affected by family violence. The majority of F&DV seems to involve partners/ex-partners, but the police prosecution file audit and the figures on the type of assaults that led to women being admitted to hospital suggest there is a significant level of family violence, albeit less than domestic violence, that is occurring.
Table 10: Estimates of proportions of clients/cases affected by domestic violence and by family violence, by various evaluation and project data sources (%)

<table>
<thead>
<tr>
<th>Source</th>
<th>Partner/ex-partner violence</th>
<th>Family violence</th>
</tr>
</thead>
<tbody>
<tr>
<td>FSF</td>
<td>93%</td>
<td>5%</td>
</tr>
<tr>
<td>VSAS</td>
<td>80%</td>
<td>12%</td>
</tr>
<tr>
<td>MBCP</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>Police prosecution file audit – F&amp;DV aggravated assaults (Sept-Oct 2014)</td>
<td>69%</td>
<td>30%</td>
</tr>
<tr>
<td>Hospital admissions due to F&amp;DV assaults (sample 32 women referred to FSF)</td>
<td>62%</td>
<td>34%</td>
</tr>
</tbody>
</table>

Note: each row does not always sum to 100%, as in some cases there were other kinds of violence recorded.

The second aim of the project is to improve accountability of men who use F&DV and to support them to change their behaviour. The evaluation research revealed:

- justice data indicates more men are being held accountable through DVOs, breaches of DVOs and criminal prosecutions
- indications of improved victim support and confidence that contribute to justice outcomes that hold men accountable
- more rigorous policing responses through the FSF to men who use F&DV
- male participants in MBCP feel more accountable and claim to be better able to avoid perpetrating F&DV
- increase in coordination and awareness among services of offender-oriented programs.

All of the above are having an impact on public attitudes to F&DV as indicated by the evaluation finding that Indigenous practitioners believe that public attitudes are changing for the better.

7.3 The second evaluation question: to what extent the project has achieved its objectives and anticipated outcomes as articulated in the project plan?

The Project Management Plan for the first phase of the project had seven objectives and 13 anticipated outcomes. Table 11 shows the seven objectives and an indication of whether each of them was realised. The second objective, to implement the FSF, is the only objective that has an unqualified positive response. The others reflect the fact that there was a progressive implementation of the project, and not all of the components were in place for much of Phase One. The main conclusion is that there has been a trial of only two components of the project – the FSF and the VSAS – and that it will only be in Phase Two that an integrated response will be in place and tested.
### Table 11: Achievement of project objectives in Phase One

<table>
<thead>
<tr>
<th>Objective</th>
<th>Realised?</th>
</tr>
</thead>
<tbody>
<tr>
<td>O1: Trial and evaluate the Alice Springs Integrated Response project</td>
<td>Yes – but the trial is limited to two elements, and this is reflected in the evaluation</td>
</tr>
<tr>
<td>O2: Implement the Family Safety Framework</td>
<td>Yes</td>
</tr>
<tr>
<td>O3: Strengthen specialist knowledge and training</td>
<td>Yes – but limited to training related to operation of the FSF</td>
</tr>
<tr>
<td>O4: Provide victim and defendant support</td>
<td>Yes – victim support</td>
</tr>
<tr>
<td></td>
<td>No – defendant support</td>
</tr>
<tr>
<td>O5: Creation of a Men’s Behaviour Change Program</td>
<td>Yes – but just started</td>
</tr>
<tr>
<td>O6: Use community engagement processes to develop project</td>
<td>Yes, evident in development and implementation of project elements, and two objectives of the project’s Community Engagement Strategy are being realised through the funding of the TWC Family Safety Group project late in Phase One</td>
</tr>
<tr>
<td>O7: Expand violence prevention activities with young people</td>
<td>Yes – new resources, but limited activities with schools in Alice Springs</td>
</tr>
</tbody>
</table>

The majority of the 13 anticipated outcomes identified in the Project Management Plan have been achieved. As Table 12 shows, nine of the 13 have been realised to an extent that is referred to as ‘mature’ while the remaining four are still uncertain, as it is early in the implementation of the elements that will produce these outcomes.

### Table 12: Achievement of 13 anticipated outcomes

<table>
<thead>
<tr>
<th>Stage</th>
<th>Number</th>
<th>Details</th>
</tr>
</thead>
</table>
| Mature           | 9      | • better coordinated services  
|                  |        | • common assessment tool  
|                  |        | • clear procedures (FSF)  
|                  |        | • improved services  
|                  |        | • specialist F&DV training  
|                  |        | • improved victim support  
|                  |        | • local resources for young people  
|                  |        | • more young people understand respectful relationships  
|                  |        | • Aboriginal organisations represented in project governance arrangements and in project development |
| Early days       | 4      | • improved access to programs for men  
|                  |        | • new assessment and referral process for men  
|                  |        | • MBCP good practice (safety of partners/ex-partners  
|                  |        | • community leaders supported to promote violence prevention  

7.4 Third evaluation question: whether the project is a timely and effective response to family and domestic violence?

The evaluation has indicated that in Alice Springs there is a more proactive and purposeful intervention to F&DV through project initiatives including:

- project planning, management and review
- the FSF
- the closer working relationship between victim/women’s services and justice sector (especially police and police prosecutions)
- building links and networks via MBCP
- the improved capacity of ASWS through VSAS to support victims to be better informed and protected by the justice system.

Contextual factors occurring parallel to the project that have contributed to improvements include:

- proactive policing under Operation Halberd
- targeting of alcohol supply through the TBLs
- the improved capacity of ASWS to respond and support victims in a flexible and adaptive manner and early referral of victims to support services through the ASWS Outreach Service.

In considering whether this constitutes an effective response, evidence on how much the project is meeting its stated aims (see previous section) needs to be taken into account. The cautious answer is yes, but for a limited number of victims and perpetrators. The evaluation recommendations point to the realignment of some project components and highlight additional initiatives aimed at expanding the impact of the response.

7.5 Fourth evaluation question: Whether agencies have developed collaborative and cooperative practices across the sector?

In its first phase, the project has been a model of partnership practice. This is evident both in outputs and outcomes from the project. In terms of outputs, the project has:

- clear documentation
- alignment of vision, principles and values
- sharing of information between agencies (both government and non-government)
- reflective practice sessions
- routine processes
- respectful interaction and dialogue
- engagement of senior leadership and mid-level workers.

The outcome of improved collaboration and cooperation was demonstrated by the consistent feedback from a wide range of key service providers and practitioners. In particular, strong nodes of collaborative practice are being built around:

- FSF training – practitioners in range of services and agencies
- FSM attendees – key frontline and support agencies
- VSAS – police prosecution, police and the ASWS Outreach Service
- MBCP – potential to build through the agencies represented at FSMs, and the networks created through the Tangentyere Women’s Committee Family Safety Group project

7.6 Fifth evaluation question: whether the five project components interact with each other and the extent to which they demonstrate integrated practice?

As the project was not fully implemented at the time of writing, it is too soon to consider how well all five components interact with each other. In particular the MBCP needs time to settle in. and a specific community engagement project has only recently started. Although the prevention activities through NAPCAN were
implemented, they seem to have been undertaken in relative isolation, as a program that was linked in to NAPCAN national activities but not to the local project. There has been, as well, only limited engagement in the FSF by the Department of Education. Where coordination has been occurring across components it is in relation to:

- FSF generating most visible forms of integrated practice
- same key agencies involved in FSF, VSAS, and MBCP
- police and ASWS key agencies that have demonstrated more integrated practice.

Much of this integration has centred on crisis intervention. To continue to improve collaboration and integrated practice means re-visiting the chief engines of coordination. The project has the advantage of dedicated project staff, and an established Reference Group that provides oversight and guidance. For future initiatives there need to be specific drivers and engagement by stakeholders on the priorities of the project.

Terms to describe collaborative activity have shifted over time (Healey, Humphreys & Wilcox 2013) but the core to each of the terms is people and organisations working around a shared problem. Currently there are sectors/agencies/services/practitioners in Alice Springs that are marginal or not involved in the project, such as family support programs and legal services. Some of these will need to be enlisted in developing and improving components of future initiatives. From what has been achieved so far, the evaluation would suggest the need to prioritise the justice system, and the support and engagement of victims in the process, and links to the MBCP. In addition, for two of the components, prevention education for young people and community engagement there needs to be the kind of planning and design by stakeholders that went into the crisis-oriented components. In future initiatives more could be done to strengthen collaborative management of cases after FSF crisis intervention. The intention would be for the agencies to continue to work together beyond the crisis for sustainable, long-term client outcomes.

7.7 Addressing the secondary evaluation questions

There were seven secondary evaluation questions that the evaluation was asked to address. Some of these have already been answered in responses to the main evaluation questions. Table 13 provides a brief summary of the evaluation’s conclusions in relation to each of the questions.
Table 13: Addressing the secondary evaluation questions

<table>
<thead>
<tr>
<th>Secondary evaluation question</th>
<th>Evaluation response</th>
</tr>
</thead>
<tbody>
<tr>
<td>SEQ1: How crucial was the engagement with stakeholders in the establishment phase in</td>
<td>Critical</td>
</tr>
<tr>
<td>contributing to the success/outcomes of the project?</td>
<td></td>
</tr>
<tr>
<td>SEQ2: How effective is the governance structure and processes?</td>
<td>Good to date; needs ‘refreshing’ for Phase Two</td>
</tr>
<tr>
<td>SEQ3: What are the range of costs and resource investments associated with the</td>
<td>Unforeseen and unfunded costs for key agencies, especially associated with FSF and for</td>
</tr>
<tr>
<td>Integrated Response and various elements?</td>
<td>the police and ASWS</td>
</tr>
<tr>
<td>SEQ4: What are the perceived achievements, strengths and weaknesses of the project?</td>
<td>See Chapter 6</td>
</tr>
<tr>
<td>SEQ5: Has there been development or enhancement of local networks/relationships?</td>
<td>Extension and strengthening of local networks and relationships</td>
</tr>
<tr>
<td>SEQ6: Has there been capacity building within agencies to respond to family and domestic</td>
<td>Limited resource capacity building within local agencies. The police and ASWS have</td>
</tr>
<tr>
<td>violence?</td>
<td>an additional position each.</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>But capabilities within agencies have improved through training.</td>
</tr>
<tr>
<td>SEQ7: Have there been any system changes implemented?</td>
<td>Changes have occurred, but focused on crisis intervention.</td>
</tr>
</tbody>
</table>

7.8 Recommendations

The main conclusions from the evaluation are that:

- The project has built a strong collaboration of core agencies with a network of more informed and confident practitioners.
- The project has created focused and purposeful attention to F&DV.
- The FSF is the critical building block, driver and architecture of change to date. It provides a solid foundation for future expansion.
- The project has expanded and improved responses to victims and perpetrators, particularly to adults in intimate partner relationships. Future initiatives should pay closer attention to children and to family violence.
- F&DV dominates the justice system in Alice Springs. The system needs to build internal leadership and specialist expertise that leads to effectiveness and corresponds to the project’s aims and principles.
- The safety of victims is affected by what happens in the justice system.
- Victim support remains thinly spread and fragmented in the community and the justice system. Future initiatives should prioritise and consolidate the focus and investment.
- The lack of local content in cultural awareness programs is a barrier to quality improvement in services.

Recommendations fall into four broad areas outlined here and are spelt out in more detail in the six recommendations that follow. The first area is to review and sharpen the role of various governance elements to focus on the engagement and support of local key stakeholders and paying close attention to local circumstances.
This should include the Project Reference Group and various working and advisory groups. The main aim is to re-articulate the agenda and membership of the latter groups and their priorities.

The second area is to invest in and embed systemic changes within services and the justice system. Victim support and their early and continued involvement in justice processes impacting on them should be at the forefront of justice responses to F&DV. Both justice and social services need to consider and review how well they have incorporated F&DV into their routine business, and how they can improve cross-cultural awareness and training, and employing local knowledge and expertise, so that the workforce is adequate to the challenges ahead.

The third area to focus on is how the project can better respond to children and to family violence. Both of these are part of the overall objectives of the project, but there was evidence from the evaluation that suggested neither was being adequately addressed. Whilst maintaining attention to DV the project should improve the knowledge base about children’s presence in F&DV situations, and information about the characteristics of family violence that can help guide the next steps.

The fourth area is to monitor developments, and provide policy and practical support outside the project to add to and support the goals of the project. For example, ASWS Outreach Service is vital to the continued effectiveness of the VSAS, and policing practice reforms and strategies including the implementation of SupportLink, legislative reforms, and alcohol supply reduction strategies, can have a significant impact on levels of community violence.

The six specific recommendations are:

**Recommendation 1:** To maintain local support and commitment for future initiatives it is recommended that:

- the membership of the Project Reference Group and the purpose of Reference Group meetings be reviewed
- the working and advisory groups be re-organised with a clear purpose and plan of activity, and meeting schedule
- key agency representatives be encouraged to mentor others in their agencies to be engaged and aware of the project, to ensure there is a smooth transition should current representatives leave
- the budget be reviewed with specific resourcing recommended for:
  - building capacity within the project management team to help key agencies with administration, including data collection and reporting requirements
  - additional investment in victim support and advocacy services
- the response of the project to children and to family violence be re-considered while maintaining the current emphasis on partner/ex-partner violence which, in relation to children, will require:
  - DCF undertaking a review of its policies and practices in supporting women to take protective actions for children when F&DV is present; and its policies and practices in holding to account men who use F&DV
  - the project undertaking further investigation into protective strategies for children and young people where F&DV features in their lives
- the different project components be subject to ongoing monitoring and review to ensure support is being provided to victims of family violence, and that men who use F&DV are being held accountable
- a short-term local consultant be appointed to facilitate the design and implementation of future initiatives, as at the outset of Phase One.

**Recommendation 2:** In relation to the FSF it is recommended that:

- practices be improved and greater attention given to gaining women’s consent so that they are aware of what is intended and the possible consequences, both positive and negative. The aim is to work towards the situation where women clients are more involved in developing and implementing an action plan
- a pool of resources be made available to the FSF in order to leverage practical crisis support for victims, children and offenders (for example, transport), making it easier for the agency representatives to undertake action

---

89 SupportLink, a NGO referral hub for Alice Springs police, underwent an initial trial in Alice Springs alongside the implementation of the FSF.

90 This applies in particular to ASWS. For example, although the evaluation team helped establish a VSAS data collection method, this needs further work and support. It was also noted that some progress reports from several agencies were not very informative (eg: early NAPCAN reports). Police reports have improved recently because of the new ISO position.
• the training provided on the FSF be further developed to enable workers to explore ways of working with victims and offenders who may be reluctant to seek help

• more comprehensive records be kept of the FSM; that is, of agency attendance and representation at meetings, action items agreed, including whether actions agreed have actually been undertaken and with what results

• agency representatives at the FSM meetings consider how they can enable Indigenous staff to participate more in the FSF given the high demands of confidentiality. Representatives can, for example, create processes to mentor, supervise and support Indigenous staff to learn and practice the skills necessary to become a representative. The intention would be to widen and deepen capacity of Indigenous staff not just in service delivery and liaison, but in management, representation and leadership roles tackling F&DV

• collaborative case management be trialled outside of but tied to the FSF, involving a second tier of agency representatives who meet regularly. A trial may involve initial project facilitation especially in managing the links with the FSM, however, the aim would be for collaborative case management to become sustainable outside of project support.

Recommendation 3: In relation to the VSAS it is recommended that:

• the ASWS Outreach Service and VSAS be developed as a consolidated central services coordination and delivery system for victims of F&DV, especially with regard to those victims who make contact with police

• funds be made available for the development and implementation of an electronic case management database of victims that combines information about contacts that an individual may have with the Outreach Service, the VSAS, and the ASWS

• the funding originally allocated for the offender assessment and referral position be re-directed into a second VSAS position

• the information exchange procedure between the VSAS and justice sector is extended to include prosecution, court and the NT Department of Corrections, based on the existing memorandum between VSAS and police.

Recommendation 4: To support the work of the VSAS it is recommended that in the justice sector:

• a sub-group (with a wider membership that includes the courts and legal services, and remit than the current working group) be established to develop, implement, oversee and monitor improvements to the responses of the civil and criminal justice process to victims of F&DV
  - the sub-group should develop best practice guidelines for the protection of the human rights and dignity of victims within the totality of the justice system response, including their access to information
  - the sub-group should consider options for early referral of perpetrators to the MBCP as part of a protection order and/or as part of criminal proceedings, and how best to ensure informed and engaged victim support in these processes

• police continue development of measures for early evidence collection, and that police, prosecutors and courts increase the use of video and digital technology in order to reduce reliance on direct testimony of victims and to reduce scope for intimidation of witnesses

• the court give detailed consideration to re-organising court listing procedure to consolidate all criminal charges arising from F&DV incidents

• a senior specialist F&DV prosecutor position be reinstated whose primary role is to establish and oversee rigorous preparation, police liaison, streamlined administrative procedures and victim/witness support, and which oversees the work of prosecutors conducting F&DV prosecutions

• support for victims within the court be improved including provision of secure and pleasant waiting areas

• vulnerable witness protections within the court setting be routinely made available to adult victims of F&DV.
Recommendation 5: In relation to the MBCP, it is recommended that the program:

- ensures its ongoing capacity to accept self-referrals and referrals from family
- continues to work with key stakeholders to streamline referrals and with Community Corrections on opportunities for court-mandated participation. A full-time position for defendant support and referrals, as originally envisaged in the project design, at this stage; in Recommendation 3 it is advocated that this funding be re-directed to a second VSAS position
- continues to build links with and support the Tangentyere Women’s Committee Family Safety Group project
- makes available more strategies to engage with men (other than arrest, a restraining order, or the MBCP); and that these engagements be proactive and sustained. For example, involving individuals who are known to and respected by the offender from sporting codes, employers, health providers and other family in order to create a ‘support and monitoring circle’93
- develops a program for young adult men who have young children
- fosters strong links to substance use programs to address the alcohol related component of the behaviour
- ensures compliance with national standards for MBC programs if and when they are developed.

Recommendation 6: To support the project, it is recommended that services in Alice Springs:

- continue and/or support non-project specific enabling factors such as police attention to F&DV and focus on alcohol supply reduction strategies, and outreach services for F&DV victims
- include material about the desert cultures of Central Australia in cultural awareness training delivered to staff who will work in the region, by sourcing appropriate external trainers and/or encouraging local staff to conduct parts of the workshops
- identify, support and educate key family and community members about F&DV and possible referral pathways. Victims and Tangentyere Women’s Committee Family Safety Group members who were interviewed emphasised the importance of Indigenous extended family networks in both preventing violence and supporting women in violent relationships.

93 In the area of mental health, drug and alcohol, and sex offending, for example, there are established models for managing risk and helping an individual maintain commitment to a treatment plan in community settings (see, for example, Bates et al. (2007)).
References

Al-Yaman, F, Van Doeland, M, and Wallis, M 2006, Family violence among Aboriginal and Torres Strait Islander peoples, cat. no. IHW 17, Australian Institute of Health and Welfare, Canberra.


Bolger, A 1991, Aboriginal women and violence, Australian National University North Australia Research Unit, Darwin.


Robertson, B 1999, The Aboriginal and Torres Strait Islander Women’s Taskforce on Violence report, Dept.of Aboriginal and Torres Strait Islander Policy and Development, Brisbane.


# Appendix 1

## Key project documentation

**Contents**

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<td>A1: 2-4</td>
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<td>‘Mud-map’ of court process (2012)</td>
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<td>Figure A1.2</td>
<td>Draft VSAS program logic (2012)</td>
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<tr>
<td>Figure A1.3</td>
<td>Draft MBCP logic (2012)</td>
<td>A1: 8</td>
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<tr>
<td>Figure A1.4</td>
<td>Alice Springs Integrated Response to Family and Domestic Violence - partnership map (November 2014)</td>
<td>A1: 11</td>
</tr>
</tbody>
</table>
Table A1.1: Project objectives, outputs and performance indicators
(Based on the Project Management Plan dated March 2012)

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Outputs</th>
<th>Performance indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Objective 1: Trial and evaluate a more coordinated and integrated response to F&amp;DV in Alice Springs across police, justice services, victim support services and programs for men who use F&amp;DV</td>
<td>MOU in place between DCM, DOJ and DCF</td>
<td>Project Reference Group established</td>
</tr>
<tr>
<td></td>
<td>Project Management Plan agreed</td>
<td>Shared definitions and principles agreed</td>
</tr>
<tr>
<td></td>
<td>Project Manager appointed</td>
<td>Partnership map and statement developed and agreed</td>
</tr>
<tr>
<td></td>
<td>Project Reference Group established and terms of reference agreed</td>
<td>The partnership is rated as healthy, robust and worthwhile by members of the Reference Group</td>
</tr>
<tr>
<td></td>
<td>Shared definitions and principles developed and agreed</td>
<td>Individual components of the project are operating in a co-ordinated way across agencies</td>
</tr>
<tr>
<td></td>
<td>Partnership map and statement developed and agreed</td>
<td>Improvements to the system and individual services have been identified and implemented</td>
</tr>
<tr>
<td></td>
<td>Evaluator appointed</td>
<td>An evaluation is completed and learnings identified</td>
</tr>
<tr>
<td></td>
<td>Evaluation completed</td>
<td></td>
</tr>
<tr>
<td>Objective 2: Implement an inter-agency Family Safety Framework to identify and ensure a co-ordinated response to women and children at highest risk of further violence</td>
<td>Family Safety Framework policies and procedures developed and agreed</td>
<td>Family Safety Framework policies and procedures developed and agreed</td>
</tr>
<tr>
<td></td>
<td>Common Risk Assessment Tool agreed and circulated</td>
<td>No. of fortnightly Family Safety Meetings held</td>
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<tr>
<td></td>
<td>Fortnightly Family Safety Meetings</td>
<td>No. of agencies signed up to Family Safety Framework</td>
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<tr>
<td></td>
<td>Communication strategy implemented</td>
<td>Family Safety Framework communication strategy implemented</td>
</tr>
<tr>
<td></td>
<td>No. of cases assessed with the Common Risk Assessment Tool</td>
<td>No. of cases referred to Police Office in Charge</td>
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<td></td>
<td>No. of cases referred to Police Office in Charge</td>
<td>No. of cases referred to Police Office in Charge</td>
</tr>
<tr>
<td></td>
<td>No. of high risk cases tabled at Family Safety Meetings</td>
<td>No. of high risk cases tabled at Family Safety Meetings (no. of women / no. of children)</td>
</tr>
<tr>
<td></td>
<td>No. of actions to enhance safety agreed to / completed</td>
<td>Agencies report improved communication, information sharing and accountability</td>
</tr>
<tr>
<td></td>
<td>No. of staff trained in using the Common Risk Assessment Tool as part of the Family Safety Framework</td>
<td>Agencies perceive the Family Safety Framework is improving safety</td>
</tr>
<tr>
<td></td>
<td>No. of staff trained in using the Common Risk Assessment Tool as part of the Family Safety Framework</td>
<td>A reduction in risk of violence for the cases (ie. women and their children) tabled at Family Safety Meetings</td>
</tr>
<tr>
<td>Objective 3: Strengthen specialist knowledge and expertise in relation to the dynamics of F&amp;DV through professional development programs for staff from police, justice services, legal services, victim support agencies and programs for men who use F&amp;DV</td>
<td>Shared definitions and principles of F&amp;DV developed</td>
<td>Shared definitions and principles of F&amp;DV developed</td>
</tr>
<tr>
<td></td>
<td>Identification of education and training needs and priorities</td>
<td>Identification of education and training needs and priorities</td>
</tr>
<tr>
<td></td>
<td>No. of training programs delivered</td>
<td>No. of training programs delivered</td>
</tr>
<tr>
<td></td>
<td>No. of agencies who participate in training</td>
<td>No. of agencies who participate in training</td>
</tr>
<tr>
<td></td>
<td>No. of individual staff trained</td>
<td>No. of individual staff trained</td>
</tr>
<tr>
<td></td>
<td>No. of staff trained in using the Common Risk Assessment Tool as part of the Family Safety Framework</td>
<td>No. of staff trained in using the Common Risk Assessment Tool as part of the Family Safety Framework</td>
</tr>
<tr>
<td></td>
<td>No. of staff trained in using the Common Risk Assessment Tool as part of the Family Safety Framework</td>
<td>Training is perceived as relevant and as improving capacity to respond effectively to F&amp;DV</td>
</tr>
<tr>
<td>Objectives</td>
<td>Outputs</td>
<td>Performance indicators</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Objective 4: Provide additional support and access to services through the creation of two new positions – one to support victims and one to assess and refer defendants to men’s behaviour change programs and other relevant support services</td>
<td>Victim support position developed and recruited</td>
<td>Victim support position developed and recruited</td>
</tr>
<tr>
<td></td>
<td>Defendant support position developed and recruited</td>
<td>Defendant support position developed and recruited</td>
</tr>
<tr>
<td></td>
<td>No. of victims who receive support</td>
<td>No. of victims who receive support</td>
</tr>
<tr>
<td></td>
<td>No. of men who receive assessment and referral</td>
<td>No. of men who receive assessment and referral</td>
</tr>
<tr>
<td></td>
<td>No. of men who enter men’s behaviour change programs</td>
<td>No. of men who enter men’s behaviour change programs through this pathway</td>
</tr>
<tr>
<td>Objective 5: Support men who use violence to change their behaviour through the creation of a best practice MBCP and increasing access to that program for voluntary, court-referred and corrections clients</td>
<td>Partnership model developed between Community Corrections, non-government agency (to be determined) and women’s service Advisory Group established Best practice Men’s Behaviour Change Program developed (building on IFVOP, Cross Borders Program, interstate models and incorporating best practice standards, research and evidence about what works, and input from women’s services) Policies and procedures developed Written agreement in place with women’s service/s re partner contact arrangements Staff recruited No. of groups run No. of groups evaluated No. of referrals to the program No. of men accepted into program No. of men who completed program No. of men followed-up post program No. of partners and ex-partners contacted No. of partners and ex-partners supported and who have a safety plan in place No. of talks and activities for men about F&amp;DV in a community (non-program) setting</td>
<td>Partnership model developed between Community Corrections, non-government agency (to be determined) and women’s service/s Advisory Group established Best practice Men’s Behaviour Change Program developed (building on IFVOP, Cross Borders Program, interstate models and incorporating best practice standards, research and evidence about what works, and input from women’s services) Policies and procedures developed Written agreement in place with women’s service/s re partner contact arrangements Staff recruited No. of groups run No. of groups evaluated No. of referrals to the program (and the source of referrals) No. of men accepted into program No. of men who completed program No. of assessments at completion of program indicating a change in attitudes, beliefs, behaviour No. of men followed-up post program No. of partners and ex-partners contacted No. of partners and ex-partners supported and who have a safety plan in place No. of partners and ex-partners who report feeling and being safer during the program and at follow-up No. of talks and activities for men about F&amp;DV in a community (non-program) setting</td>
</tr>
<tr>
<td>Objective 6: Use community engagement processes to inform the development of the project, ensure relevance to local Aboriginal communities and maximise the uptake of programs and services</td>
<td>Hosting of a reflective practice forum on community engagement in relation to F&amp;DV No. of community leaders consulted about the project No. of community-based violence prevention activities supported No. of community members who participate</td>
<td>Level of participation of Aboriginal NGO representatives in Reference Group meetings and project planning processes Hosting of a reflective practice forum on community engagement in relation to F&amp;DV No. of community-based violence prevention events and activities supported Estimated no. of community members who participate in each violence prevention event/ activity</td>
</tr>
<tr>
<td>Objectives</td>
<td>Outputs</td>
<td>Performance indicators</td>
</tr>
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<td>---------------------------------------------------------------------------</td>
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<td>--------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Objective 7: Expand the availability of violence prevention initiatives targeting young people, including the development of new resources and programs that build on local understandings of F&amp;DV and its solutions</strong></td>
<td>local organisation</td>
<td>No. of community consultants/researchers recruited and trained</td>
</tr>
<tr>
<td></td>
<td>No. of community consultants/researchers recruited and trained Consultations with children and young people and key adults identified as important to them, conducted to inform respectful relationships resource development Feedback provided to the Project Reference Group Central Australian version of the LOVE BITES program and local educational resources on respectful relationships developed for children and young people aged 5-18 years in school and community settings No. of local workers/teachers trained to run respectful relationship programs No. of respectful relationship programs/activities in non-school settings (and the range of settings) No. of young people who participate in non-school settings</td>
<td>No. of F&amp;DV incidents attended by NT Police in Alice Springs No. of recorded assaults in Alice Springs related to F&amp;DV Also broken down to assault type (common assault, serious assault not causing injury, serious assault resulting in injury) Proportion of assaults in Alice Springs related to F&amp;DV No. of homicides in Alice Springs related to F&amp;DV Proportion of homicides in Alice Springs related to F&amp;DV per 100,000 population F&amp;DV related hospital admissions and emergency department presentations in Alice Springs Proportion of Child Protection cases in which F&amp;DV is a factor Number of women and children accommodated (and who could not be accommodated) at the Alice Springs Women’s Shelter</td>
</tr>
<tr>
<td><strong>Overall goals:</strong> to increase safety for women and children experiencing F&amp;DV; and to Improve accountability of men who use F&amp;DV and to support them change their behaviour.</td>
<td>consultations with children and young people and key adults identified as important to them, conducted to inform respectful relationships resource development Feedback provided to the Project Reference Group Central Australian version of the LOVE BITES program and local educational resources on respectful relationships developed for children and young people aged 5-18 years in school and community settings No. of local workers/teachers trained to run respectful relationship programs No. of respectful relationship programs/activities in non-school settings (and the range of settings) No. of young people who participate in non-school settings</td>
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</tr>
</tbody>
</table>
Figure A1.1: 'Mud-map' of court process

- Victim
- Safety
- Medical
- Opportunity

Family and Domestic Violence complaint

Police and courts

- 20-60 defendants per day @ Alice Springs CSJ
- Victim does not appear at mention hearings. This time interval provides an opportunity for early intervention:
  - Safety planning with the safety and support worker from ASWS and proofing with DV prosecutor

Victim
- Currently
- Ad hoc or no further formal preparation or support in terms of the legal process for hearing
- Strong likelihood of victim feeling compelled to show support for the defendant and to appease him and his family.
- Strong likelihood she will articulate a desire to withdraw charges

Defendant appears:
- In custody
- On bail
- By video link from jail

Offender
- Watch House
- Arrested if at scene
- Arrested at a later date

Defendant appears:
- as for 1st Mention

1st Mention
- Bailed to appear
- or
- Remanded in Custody

2nd Mention
- Guilty Plea

3rd Mention
- Not Guilty Plea

Hearing

Time of offence
- 1 - 2 days
- 2 wks – 2 months
- Up to 3 months
### Project logics

**Figure A1.2 Draft VSAS program logic**  
**Alice Springs Law Courts – F&DV Victim’s Safety and Support Service Program Logic**

<table>
<thead>
<tr>
<th>Inputs</th>
<th>Activities (and participation)</th>
<th>Outputs</th>
<th>Outcomes (Short and Medium)</th>
<th>Outcomes (Longer term) (ie. Social Impact)</th>
<th>Performance indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specialist worker</td>
<td>Fortnightly meetings with WAS and DV Prosecutor Contact with victims pre-court where possible Engage with women at court Safety assessments</td>
<td>Prioritisation of cases on FDV list Contact established prior to court day # women engaged # safety plans developed and reviewed # referrals made # referrals received</td>
<td>Women are more engaged in court process Better quality briefs by Police DV prosecutor Victims get all the way through the DVO process Women feel more empowered Women who use the service are safer Court processes are more accessible and relevant Court is more understanding of women’s needs More consistent messages to men who use violence Increasing understanding by family (his) of impacts of F&amp;DV on children (and women)</td>
<td>More consistent response to F&amp;DV Reduction in repeat victimisation Greater likelihood of conviction Community expectations of greater access to justice Justice system is responding to victim’s needs</td>
<td>Convictions rates for Aggravated Assault matters within the Court of Summary Jurisdiction # DVOs issued # Safety plans developed Frequency of use of vulnerable witness facilities Use of interpreters Number of F&amp;DV clients engaged in external support services</td>
</tr>
<tr>
<td>Working group</td>
<td></td>
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<tr>
<td>Induction process</td>
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<tr>
<td>Orientation process</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Funding to employ worker</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Structure for service (incl: guidelines)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Training/up skilling</td>
<td>Women’s services Courts/judicial/legal personnel</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home agency support to worker(s) (including Outreach Team)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Court’s systemic support to the service</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Assumptions (make them explicit)

1. Increased support through the court process increases access and understanding of justice system
2. The more victims understand and are engaged women are in the court processes, the more likely they are to adhere to the outcomes.
3. Greater access to justice for women is desirable
4. Greater access to justice will produce greater safety for women and children
5. Women will feel empowered
6. Men will increasingly be held accountable for their violence
7. Men's use of violence against women and children can be reduced
8. Police Prosecutions and Witness Assistance Service are committed to working collaboratively with the Victims Support Service and all services based at the court are supportive of the service
9. Legal and other services located at the courts will support the implementation of the new service
10. Perpetrators of domestic and family violence want to reduce the impact on their children.
11. Victims feel pressure from extended family to not engage in the court process if it results in the perpetrator going to gaol.

External influencing factors

1. In Alice Springs WAS doesn’t have the capacity to provide witness assistance services in the CSJ
2. Physical space limitations of the court buildings
3. Societal expectations and assumptions re F&DV
4. Attitude and responses of legal and other services already established at the court
5. Mandatory reporting of serious physical harm from F&DV is in place in the NT
6. Mandatory sentencing for violence offences is in place in the NT
7. This is a three-year project but addressing F&DV requires a long term commitment (ie. at least 12 years according to the National Plan to Reduce Violence Against Women and Children 2010-2022 but more like 20 to 25 years)
8. The success of initiatives at first may be reliant on individual personalities, leadership or relationships – there is a need to put strong systems in place so improvements endure beyond the involvement of any individual participant.
### Figure A1.3: Draft MBCP logic

**Men's Behaviour Change Program (MBCP) Draft Program Logic (dated 02/10/2012)**

<table>
<thead>
<tr>
<th>Inputs</th>
<th>Activities (and participation)</th>
<th>Outputs</th>
<th>Outcomes (Short and Medium)</th>
<th>Outcomes (Longer term) (ie. Social Impact)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Partnership</strong></td>
<td>• Model, framework and MOU</td>
<td><strong>Establishment activities</strong></td>
<td>• Identify providers</td>
<td>• No. of groups completed training</td>
</tr>
<tr>
<td><strong>Staff</strong></td>
<td>• 1 x Male facilitator</td>
<td>• Build cohesive partnership:</td>
<td>• No. of groups evaluated</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• 1 x Female facilitator</td>
<td>• Roles and responsibilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• 1 x Clinical manager</td>
<td>• Written agreement/ MOU</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Cultural consultant / interpreters</td>
<td>• Build program taking into account:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Outreach worker</td>
<td>• Research and evidence about what works</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Women’s worker</td>
<td>• Best practice standards for MBCP</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Program</strong></td>
<td>• Agreed program reflecting best practice (clinical and cultural best practice)</td>
<td>• Good models in Central Australia and elsewhere</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Teaching and facilitation resources</td>
<td>• Input of women’s services</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Referral process, assessment &amp; intake policy and criteria (court, police, agencies, self)</td>
<td>• Develop policies, procedures, referral processes, intake criteria, info sharing arrangements</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Information sharing protocol</td>
<td>• Recruit staff</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Policies and procedures</td>
<td><strong>Ongoing activities</strong></td>
<td>• Receive referrals</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Partner contact arrangements</td>
<td>• Conduct assessments and pre-program work</td>
<td>• Run programs</td>
<td></td>
</tr>
<tr>
<td><strong>Professional development</strong></td>
<td>• Staff induction</td>
<td>• Contact partners</td>
<td>• Link men to follow-up support</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Staff support/supervision</td>
<td>• Ongoing program and evaluation</td>
<td>• Outreach and community engagement activities</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Ongoing program and evaluation</td>
<td>• External advisor/mentor/clinical supervision</td>
<td>• Monitor/evaluate program</td>
<td>• Regular review and quality improvement of program</td>
</tr>
<tr>
<td><strong>Other</strong></td>
<td>• Ongoing Reference Group</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Communication and engagement strategy (with agencies / community)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Action research, monitoring, evaluation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Vehicles</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Groups
- **No. of groups run**
- **No. of groups evaluated**

### Men
- **No. participants**
- **No. men referred to MBCP (x referring agency or pathway)**
- **No. men assessed**
- **No. men accepted**
- **No. men completed program**
- **No. referrals to services**
- **No. evaluation forms completed**
- **No. of men who received follow-up contact post-program  (timing?)**

### Partners/ex-partners
- **No. men whose partners/ex-partners were contacted**
- **No. partners/ex-partners who received support**
- **No. partners/ex-partners with a safety plan**
  (To be undertaken by separate service)

### Reporting
- **No. of reports to referring agencies**
- **Avenues find reports meaningful and useful**

### Community engagement
- **No. of talks/activities for men in community settings**

### Men who complete the program show changed
- Knowledge/understanding
- Thoughts/attitudes/beliefs
- Behaviour in relation to F&DV and respectful relationships
- Reduction in the use and severity of violence
- Reduction in blaming others for violence
- Increase in engagement with services
- Reduction in contact with police for violence-related incidents

### Others
- Partners and ex-partners feel safer and are safer
- Relationships between men and their partners and ex-partners are more respectful
- Children have less exposure to physical and psychological violence
- Community leaders and services have confidence in the program
- Corrections, Courts, police and other agencies understand the MBCP content and process and what can be expected

### Maintenance over time
- Process of continuous improvement results in improvements to program over time
Assumptions
a. People who use violence can change their thoughts, beliefs, actions
b. Patterns of violent offending are different for men and women and so different programs are required
c. Women and children’s safety is the paramount concern in developing and implementing a MBCP
d. Safety includes physical safety, psychological safety and an absence of controlling behaviours
e. All agencies give consistent messages that violence is never acceptable
f. People who use violence must take responsibility for their actions
g. Change is hard, change processes are long term, there is no quick fix
h. People’s lives are complex and many people have experienced significant trauma
i. There is a relationship between all forms of bullying and violence
j. Men, women and children don’t necessarily understand what violence is and so this must be incorporated into programs
k. Gender inequality is a contributing factor to violence
l. MBCPs are effective in helping people change their behaviour
m. Western programs can be effective in helping Aboriginal men who use violence to change their behaviour but they need to be adapted for Aboriginal communities and culture must be interwoven with therapeutic practice
n. Cognitive Behaviour Therapy (CBT) works and can be incorporated with narrative approaches
o. In Central Australia, the patterns of F&DV are the same but the level and severity of violence if greater than other parts of Australia
p. We can recruit and retain qualified staff to work on MBCPs
q. Referring agencies (corrections, courts, police, other agencies) and communities have confidence in programs and see them as effective and reflecting best practice
r. Assessment, screening and intake procedures are critical – MBCPs are not suitable for everyone
s. The MBCP will be open to feedback, monitoring and evaluation and the facilitators will be open to reflecting on, and continually improving, their practice
t. A woman’s agency must be respected – her choices are her own – programs will not pressure women to make certain choices (eg. to leave her partner or to stay with him)
u. While the focus of MBCP is on F&DV, participants’ desire to reduce other forms of violence will be addressed in the programs

External influencing factors
• We need to build the confidence of referring agencies in MBCPs, ie. that they are effective and reflect best practice
• The ‘normalising’ of violence in communities and agencies is a barrier to effectively implementing MBCP and can potentially undo the good work of programs (the ‘normalising’ of violence needs to be addressed within the program)
• The community context in which MBCPs operate plays a role in the extent to which they can be effective in achieving change
  – there is a need for shared:
    o Understanding of what constitutes violence (starting with the community’s own definitions and language in relation to F&DV)
    o Belief that violence is unacceptable
    o Preparedness to take action to stop violence
• There is a need for positive male and female role models within communities who are prepared to take a public stand against violence
• Inter-generational trauma is a significant issue in communities that impacts on the levels of F&DV (the program will need to address this, particularly the effects of violence on children and also parenting strategies and techniques)
• It is critical to challenge gender inequality as part of addressing F&DV
• Effective MBCPs require a delineation of roles and responsibilities and an effective working relationship between men’s services and women’s services – they need to have mutual confidence in each other
• There is a policy of mandatory reporting of serious physical harm arising from F&DV in the NT
Performance indicators
(Note: To be revised at the Steering Committee meeting)
- No. of groups run
- No. of groups evaluated and reviewed
- No. men referred to MBCP (x referral agency / pathway / mandated or voluntary status)
- No. men assessed
- No. men accepted into program
- No. men completed program
- No. of men followed up post program
- No. of men who reported at follow-up
  - Using no or less violence
  - Changed cognitions, feelings, behaviours, attitudes and beliefs towards violence and relationships
- No. of men at follow-up who had no contact with police for violence-related incidents (If violence did recur, was there a reduction in severity and frequency?)
- Increase in men’s knowledge, behaviours and beliefs about respectful relationships at follow-up
- No. partners/ex-partners contacted during the program and at follow-up
- No. partners/ex-partners who received support
- No. partners/ex-partners with a safety plan
- No. partners/ex-partners who report feeling safer
- No. partners/ex-partners who report no or less violence has occurred
- Positive perception of program amongst:
  - Referring agencies
  - Community
  - Men who attended
  - Partners/ex-partners of men who attended

Important notes
- Care needs to be take in naming the MBCP appropriately – the name should not be a barrier to men joining the program
- The impact/influence of violence on children needs to be addressed
- There are many establishment tasks associated with implementing best practice MBCP – the timing and order of these steps is critical
- This is an innovative trial of a new best practice MBCP – It is exciting but challenging. There is a need to monitor progress and for agencies and staff to be open to feedback and new ideas
- There is a need to clarify - What time frame is appropriate for follow-up and measuring outcomes? How can follow-up be undertaken safely and effectively?
- Not all men may be suitable for MBCP and so intake and assessment procedures prior to the program commencing are critical
- Programs are also needed for women who use violence against family members as the number of female offenders is increasing
  - Safety first - Partner contact arrangements
  - ‘Partner contact arrangements’ refers to arrangements that are put in place to contact partners and ex-partners of men who are participating in MBCPs. This is an integral part of the program and is critical to enhancing safety and managing the risk of violence. The purpose of the contact is to:
    - Check with partners and ex-partners that they are safe (including to verify claims that men may have made in the program that violence has stopped)
    - Link partners, ex-partners and any children to relevant services and help them to develop or review their safety plans
    - In some cases, (only where the woman wants to) advise the woman how she can support the man as he goes through the change process (bearing in mind that the responsibility to change rests solely with him)
- The methodology of partner contact arrangements is crucial. Unless good arrangements are in place partners and ex-partners may continue to be at risk of violence while men are in the program
- In accordance with best practice principles, partner contact for the MBCP will be undertaken by separate women’s services working in a formal partnership with the MBCP
- There will be a clear agreed process for contacting partners and ex-partners which puts the safety of partners/ex-partners and any children at the centre of the process
- Partner contact arrangements will be written into policies and procedures, MOUs and other documents for the MBCP
- Clear and transparent information-sharing protocols are critical to this arrangement - both men and partners/ex-partners need to know what they can expect
Appendix 2

Output statistics for the Family Safety Framework (FSF), Victim Support and Advocacy Service (VSAS) and Men’s Behaviour Change Program (MBCP)

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Figure A2.8: Ages of men who have engaged, MBCP, October 2014 – March 2015 ........................ A2: 16
2.1 Introduction

During the course of the evaluation, we were provided with or collected a range of output statistics for the three components we were asked to concentrate on:

- The Family Safety Framework (FSF) and FSF training
- The Victim Support and Advocacy Service (VSAS)
- The Men’s Behaviour Change Program (MBCP)

This appendix to the main evaluation report includes the key statistics available for each component.

2.2 Family Safety Framework (FSF) statistics

**First set of data: 11 July 2012 to 7 August 2013**

As of 13 June 2014 there were 46 Family Safety Framework meetings, resulting in 122 referrals and a total of 120 moderated from the agenda. The NT Police established a victim and offender register, which covered the period of just over a year.

The register showed that until 7 August 2013, 72 women had been referred, and that a total of 86 men were named as the offenders. As five men's names appeared twice, this means there were 81 unique perpetrators. The average length of time referrals were active was 46 days. Importantly, only two victims were re-referred to the FSMs, one on two occasions. This indicates in the first 13 months of operation, 97 percent of high risk victims referred to the FSM had their risk moderated to the point that they were not considered at high risk.

**Table A2.1: Actions and outcomes from Family Safety Meetings held between 11 July 2012 and 7 August 2013**

<table>
<thead>
<tr>
<th>Actions/Outcome</th>
<th>Number</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referred to case management</td>
<td>20</td>
<td>29</td>
</tr>
<tr>
<td>Referred to interstate FSF</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Offender remanded</td>
<td>26</td>
<td>37</td>
</tr>
<tr>
<td>Bailed to other community</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Victim relocating out of ASP</td>
<td>22</td>
<td>31</td>
</tr>
<tr>
<td><strong>Sub-total</strong></td>
<td>70</td>
<td>100</td>
</tr>
<tr>
<td>Declined - not referred into FSF</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Previous DV offender</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Current FSF case</td>
<td>11</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>86</td>
<td></td>
</tr>
</tbody>
</table>

*Source: NT Police Domestic Violence Unit, Alice Springs*

Table A2.1 presents a summary of the FSM actions supporting the case being moderated out/removed from the agenda (n=70) and other categories including current cases (n=16) under the categories used by the police. The most common outcome was for the offender to be remanded (37%), followed by the victim relocating out of Alice Springs (31%), and by a referral to case management (29%). It is expected that with the appointment of a FSF administrator/intelligence support officer this data will be updated, and information compiled on the source of referrals to the FSMs.

Second set of FSF statistics

With the appointment of a full-time officer to provide secretariat support for the FSF, and undertake data/intelligence work, the FSF records were reviewed and information is being progressively updated and captured on the FSF processes and cases.

In terms of the information that was made available for the evaluation, Tables A2.2 and A2.3 summarise the main statistics collated so far on the FSF, for the period July 2012 to April 2015. By 1 April 2015, 72 FSMs had been held. Table 1 shows that for this period of two years and nine months there was total of 200 referrals to the FSF of which 64 were declined. There was a total of 135 moderated cases, and the average number of days for case to be in the FSF was 40 days. Over the period, an average of four cases were being moderated per month.

---

1 In the project documentation, it is noted that the term ‘moderate’ or ‘moderated cases’ is for the preferred term (over ‘closed’ cases) primarily in recognition of the specific local conditions that include a likelihood of offenders receiving a prison term in Alice Springs, with a subsequent need for review of risk at the point of release.
Table A2.2: FSF key statistics, July 2012 – April 2015

<table>
<thead>
<tr>
<th>Total referrals</th>
<th>200*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dual agency referrals</td>
<td>6</td>
</tr>
<tr>
<td>Risk assessment score range (threshold 45+)</td>
<td>70-80</td>
</tr>
<tr>
<td>Declined cases</td>
<td>64</td>
</tr>
<tr>
<td>Moderated cases</td>
<td>135</td>
</tr>
<tr>
<td>Average number of days per referral/case in FSF</td>
<td>40</td>
</tr>
</tbody>
</table>

*1 referral was pending for a FSM

Source: NT Police Domestic Violence Unit, Alice Springs

Table 2, for the same period of two years and nine months, there were 172 victims referred into the FSF, and 23 (13%) were referred more than once. A total of 182 offenders were recorded, and in 12 cases there were multiple perpetrators. Based on the number of victims accepted into the FSF (n=142, 83% of victims referred) and where information was recorded, the majority of victims were Aboriginal (90%), had children (64%), and were at high-risk of harm from a partner2 (74%) or ex-partner (18%). There were very few recorded as involving a family member (3%).

Although it is estimated at least half of the referrals involve children, but half of these do not appear to reside with immediate family. There are often temporary and/or informal arrangements with extended kin for children to stay with them, as well as formalised fostering or guardianship arrangements.

Table A2.3: Victims and offenders referred into the FSF, key statistics, July 2012 – April 2015

<table>
<thead>
<tr>
<th>Total number of victims referred into the FSF</th>
<th>172</th>
</tr>
</thead>
<tbody>
<tr>
<td>- victims pregnant at time of referral</td>
<td>6</td>
</tr>
<tr>
<td>- victims referred more than once</td>
<td>23</td>
</tr>
<tr>
<td>Total number of offenders</td>
<td>182</td>
</tr>
<tr>
<td>- multiple perpetrator cases</td>
<td>12</td>
</tr>
<tr>
<td>Total number of victims accepted into the FSF</td>
<td>142</td>
</tr>
<tr>
<td>Total number of victims accepted into the FSF and relationship to offender is recorded</td>
<td>108</td>
</tr>
<tr>
<td>- partner</td>
<td>80</td>
</tr>
<tr>
<td>- ex-partner</td>
<td>20</td>
</tr>
<tr>
<td>- ex-partner new spouse</td>
<td>3</td>
</tr>
<tr>
<td>- family</td>
<td>3</td>
</tr>
<tr>
<td>- other</td>
<td>2</td>
</tr>
<tr>
<td>Total number of victims accepted into the FSF and Aboriginal status is recorded</td>
<td>119</td>
</tr>
<tr>
<td>- Aboriginal</td>
<td>107</td>
</tr>
<tr>
<td>Total number of victims accepted into the FSF and whether there are children is recorded</td>
<td>111</td>
</tr>
<tr>
<td>- children</td>
<td>71</td>
</tr>
</tbody>
</table>

Source: NT Police Domestic Violence Unit, Alice Springs

Based on the current database, it is estimated that in around 70 percent of cases the offender is arrested and remanded at some point after the first FSM. Based on what has been recorded, it seems the primary agencies tasked for action from the meeting are (in no particular order):

- Alice Springs Women’s Shelter (ASWS) (locate and/ or engage and refer)
- Health (review files advise FSF on presentations / health management plans)
- Department of Children and Families (DCF) (review files and advise, engage and refer)
- Congress and Tangentyere (referrals for offender and victim usually alcohol related support or behaviour change, medical follow ups)

2 For the purposes of collecting data, ‘partners’ can mean a traditional Aboriginal relationship of culturally accepted husband and wife, registered legal Australian marriage, de-facto relationship living together or de-facto not living together, long term or short term intimate relationship between the victim & offender. Due to the highly mobility of the Aboriginal people in the region, and the complexities of family structure and relationships, individuals recorded residential addresses are not necessarily where they reside permanently and partner’s may have separate addresses on the records. Similarly, with children, there can be short-term placements with extended family and what is recorded as a child’s residential address may not be where the child currently lives.
• NT Police (locate victim, locate and/or arrest offender)

2.3 FSF training statistics, June 2012 to May 2014

The total number of session participants from June 2012 to the end of May 2014 was 369. In addition to this number, there were:

- Five sessions of three hour duration delivered to general duties police at the start of 2014. These sessions were tailored specifically to police needs (including limited time to undertake training).
- Three hour intensive sessions provided to 24 commencing FSM representatives, to get them up to speed before commencing as a FSM representative when they have not had the opportunity to undertake the full day training prior to their first meeting.

Based on the participant counts for full day general or tailored FSF training (excluding police half-day session participants), there have been a total of 351 individuals (some attended on more than one occasion). They were from 36 organisations of which

- Three were Australian government agencies
- 18 NT government agencies, and
- 15 non-government organisations (NGOs).

Of the total of 36 organisations, 11 organisations are FSF organisations (four NGOs, six NT government, and one Australian government).

In terms of the 351 individual participants:

- 55 percent were from NGOs
- 43 percent from NT government agencies
- Eight percent from Australian government agencies.

Of the NGOs, the organisations which had the highest number of participants were:

- Congress (83)
- Tangentyere (30)
- Ngaanyatjarra Pitjantjatjara Yankunytjatjara Women’s Council (17)
- Alice Springs Women’s Shelter (17)
- Anglicare (17).

Among NT government organisations, the police had the highest number of participants of 71, including seven who did the main course and 64 who did the short course. For the main training course, the highest number of NT government agency participants were:

- Department of Children and Families (53)
- Community Corrections (26)
- Alice Springs Hospital (20).

More detail is provided in Table A2.4. The FSF agencies (with the exception of the Department of Education) were the most likely of all the agencies to send staff to the training.
<table>
<thead>
<tr>
<th>Organisation</th>
<th>Number</th>
<th>FSF agency</th>
<th>NGO</th>
<th>NT govt.</th>
<th>Aust govt.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alice Springs Women's Shelter (ASWS)</td>
<td>17</td>
<td>y</td>
<td>y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alice Springs Correction Centre (Prison)</td>
<td>9</td>
<td></td>
<td>y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alice Springs Court Registry</td>
<td>1</td>
<td></td>
<td>y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alice Springs Department of Public Prosecutions (DPP)</td>
<td>3</td>
<td></td>
<td>y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anglicare</td>
<td>17</td>
<td></td>
<td>y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Australian Crime Commission (ACC)</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td>y</td>
</tr>
<tr>
<td>Central Australian Aboriginal Congress (Congress)</td>
<td>83</td>
<td>y</td>
<td>y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Central Australian Aboriginal Family Law Unit (CAAFLU)</td>
<td>5</td>
<td></td>
<td>y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Central Australian Aboriginal Legal Advocacy Service (CAALAS)</td>
<td>1</td>
<td></td>
<td>y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Central Australian Affordable Housing (CAAH)</td>
<td>7</td>
<td></td>
<td>y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Central Australian Women's Legal Service (CAWLS)</td>
<td>3</td>
<td></td>
<td>y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Department of Correctional Services (DCS) Community Corrections</td>
<td>26</td>
<td>y</td>
<td>y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DCS Family Responsibility Centre</td>
<td>8</td>
<td></td>
<td>y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DCS Juvenile Justice</td>
<td>3</td>
<td></td>
<td>y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Department of Attorney-General and Justice (AGD)</td>
<td>1</td>
<td></td>
<td>y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Department of Children and Families (DCF)</td>
<td>53</td>
<td>y</td>
<td>y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Department of Education</td>
<td>2</td>
<td>y</td>
<td>y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Department of Education and Children's Services (DECS)***</td>
<td>1</td>
<td></td>
<td></td>
<td>y</td>
<td></td>
</tr>
<tr>
<td>Department of Health (DH)</td>
<td>6</td>
<td>y</td>
<td>y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DH Alcohol and other Drugs (AOD)</td>
<td>1</td>
<td></td>
<td>y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DH Alice Springs Hospital (ASH)</td>
<td>20</td>
<td></td>
<td>y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DH Mental Health</td>
<td>2</td>
<td></td>
<td>y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Department of Housing, Local Government and Regional Services (DILGRS)***</td>
<td>2</td>
<td></td>
<td>y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Department of Housing</td>
<td>7</td>
<td>y</td>
<td>y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Department of Human Services (DHS) – Centrelink</td>
<td>6</td>
<td>y</td>
<td></td>
<td>y</td>
<td></td>
</tr>
<tr>
<td>DHS Multicultural Services</td>
<td>1</td>
<td></td>
<td></td>
<td>y</td>
<td></td>
</tr>
<tr>
<td>Gap Reconnect</td>
<td>3</td>
<td></td>
<td>y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lutheran Community Care</td>
<td>1</td>
<td></td>
<td>y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Northern Territory Police</td>
<td>7*</td>
<td>y</td>
<td>y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ngaanyatjarra Pitjantjatjara Yankunytjatjara Women's Council (NPYWC)</td>
<td>17</td>
<td>y</td>
<td>y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Relationships Australia (RA) Alice Springs</td>
<td>10</td>
<td></td>
<td>y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salvation Army</td>
<td>1</td>
<td></td>
<td>y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>STEPS Group Australia</td>
<td>1</td>
<td></td>
<td>y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tangentyere Council (Tangentyere)</td>
<td>30</td>
<td>y</td>
<td>y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Western Aranda Health Aboriginal Corporation</td>
<td>1</td>
<td></td>
<td>y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Women's Information Service (WISE)</td>
<td>1</td>
<td></td>
<td></td>
<td>y</td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td>**351</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Officers who attended full day training; in addition to the general duties police.
** Does not equal total sessions provided (369); some participants have attended FSF training than one occasion.
*** Now defunct.
2.4 Victim Support and Advocacy Service (VSAS)

First six months (January to June 2013)

The first six months progress report on the VSAS states that 109 individuals had been supported — 105 Indigenous and four non-Indigenous women. It is noted that one male victim was provided with support during the six-month period. The main reasons for a woman attending courts were summarised in the progress report provided by the ASWS, on the first six months of the service, as well as the kind of support offered. The most common category for the women being in court was wanting to drop charges, and the second was a domestic violence hearing, followed by an inquiry into the status of a case.

VSAS data trial, September to December 2014

Over the first phase of the evaluation, the evaluators worked with the VSAS to create data collection instruments. In-depth discussion resulted in an excel spreadsheet that could act both to track cases and to compile core data. After a month pilot period, the spreadsheet was refined and commenced in August. The intention was that the data collection instrument would provide an overview of activities for a six month period. However, due to personnel changes in the VSAS, this proved difficult. In consequence, four months data from September to December 2014 was supplied to evaluators. Details of the data collection instrument used over this period are contained in the Supplementary volume of reports, Report 10.

VSAS clients – a snapshot

Over the four months from September to December, the VSAS recorded providing assistance in 145 cases, an average of 36.3 per month. Some demographic data for five of these was missing, and there was one case recorded but without any variables completed.

All of the clients were women were women and 81% (n=117) were Aboriginal. Nearly all the women were over the age of 18 years (99%, n=138) and a majority (87%) had no visible disability.

Table A2.5: Number of individual persons recorded being assisted by the VSAS by month, September - December 2014

<table>
<thead>
<tr>
<th>September</th>
<th>October</th>
<th>November</th>
<th>December</th>
<th>Missing</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>35</td>
<td>34</td>
<td>43</td>
<td>28</td>
<td>5</td>
<td>145</td>
</tr>
</tbody>
</table>

Note: five missing demographic data (September)
Source: VSAS trial database

PLACE OF RESIDENCE

Two thirds of the clients were recorded as having their primary residence in Alice Springs. Of this group, most lived in the town of Alice Springs (36% n=52) and a further third (32%, n=46) lived in an Alice Springs town camp (Table A2.6).

The next largest group were women whose primary residence was recorded as being in a Northern Territory (NT) desert community (16%, n=23). Seven women (5%) hailed from a South Australian desert community. One woman was recorded as residing in an ‘other’ location and data was missing for six women on place of residence.

3 Other data collection and feedback instruments were discussed in depth with ASWS and its outreach service and VSAS. However, these were not able to be progressed given time and resource limitations to the evaluation.

4 The evaluators wish to acknowledge with gratitude the work of Adele Cameron, Natalie de Jong and Laia Dominguez for their help in developing the spreadsheet and in collecting the data.

5 The VSAS dataset records one case in December but with no variables completed. The case note entry states that the worker spent considerable time trying to locate the client. Prosecution later advised that the victim had relocated in another country and that charges had been dismissed. This case is excluded from the analysis.

6 For the month of October no data was recorded on disability. Therefore the percentage is for 3 months only.
Table A2.6: Place of primary residence of VSAS client by month, number and percent, September – December 2014

<table>
<thead>
<tr>
<th>Place of residence</th>
<th>September</th>
<th>October</th>
<th>November</th>
<th>December</th>
<th>TOTAL (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alice Springs</td>
<td>11</td>
<td>14</td>
<td>19</td>
<td>8</td>
<td>52 (36)</td>
</tr>
<tr>
<td>AS town camp</td>
<td>12</td>
<td>10</td>
<td>14</td>
<td>10</td>
<td>46 (32)</td>
</tr>
<tr>
<td>NT desert community</td>
<td>8</td>
<td>7</td>
<td>8</td>
<td>0</td>
<td>23 (16)</td>
</tr>
<tr>
<td>SA desert community</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>3</td>
<td>7 (5)</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1 (1)</td>
</tr>
<tr>
<td>Missing</td>
<td>7</td>
<td>1</td>
<td>2</td>
<td>6</td>
<td>16 (11)</td>
</tr>
</tbody>
</table>

n=145

Source: VSAS trial database

ENGLISH LANGUAGE SPEAKING AND READING PROFICIENCY

The data collection instrument sought information on the English language reading and speaking proficiency of clients. This is critical information for the development and implementation of any communication strategy or service improvement designed to increase access to justice and to empower clients with knowledge. English is the dominant language of administration, services and justice in Alice Springs. To have proficiency in speaking English –is obviously critical in being able to tell people what is important, what is preferred and one’s viewpoint generally. To be able to read court documents (for example, a protection order or summons to appear), information pamphlets and service information in the English language is also a critical component of an empowerment strategy.

ENGLISH LANGUAGE READING PROFICIENCY

Unfortunately, only a snapshot of English reading proficiency can be provided. In one month the English reading proficiency of 30 clients was recorded. Of this number just over half (52%, n=13) were recorded as having ‘poor’ English reading proficiency. One of these was non-Aboriginal and the other 12 were Aboriginal. All were aged over 18 years. Over a third (39%, n=5) with poor English reading proficiency resided in an NT desert community, four (31%) women resided in Alice Springs town, three (23%) resided in an Alice Springs town camp, and one woman was from a SA desert community.

Just under a quarter (23%, n=7) of women were recorded as having ‘adequate’ English reading proficiency. All were Aboriginal and two were aged under 18 years. Four resided in an AS town camp, two in a NT central desert community, and one was from Alice Springs town.

Five women (17%) were recorded as having ‘fluent’ proficiency in reading English and all were aged over 18 years. Four of these were non-Aboriginal and resided in Alice Springs town, and one woman who was Aboriginal resided in an Alice Springs town camp.

ENGLISH LANGUAGE SPEAKING PROFICIENCY

English speaking proficiency was recorded for 145 of VSAS client-victims. A majority (46%) were recorded as having ‘adequate’ English speaking proficiency and 28% as being ‘fluent’. Twenty women (14%) were recorded as having ‘poor’ English speaking proficiency (Table A2.7).
Table A2.7: English language speaking proficiency, percent and number

| English speaking proficiency |  
|-----------------------------|----------------
| Fluent                      | 28% (40)  
| Adequate                    | 46% (66)  
| Poor                        | 14% (20) 
| Nil                         | 1% (1)    
| Missing                     | 12% (18) 

n=145  
Source: VSAS trial database

English speaking proficiency is obviously critical for the giving of testimony or impact in court as well as telling law enforcement and others about what has happened. Some data about language interpretation is provided later at page. However, fieldwork interviews and observations did indicate strongly that the availability and use of interpreters for victim-witnesses is a significant challenge for the VSAS.

The cases at court

This section describes data relevant to the cases involving the client-victims assisted by the VSAS. The total number of cases recorded by the VSAS from September to December 2014 was 145 (Table A2.8).

Table A2.8: Number of cases recorded as assisted by VSAS, September – December 2014

<table>
<thead>
<tr>
<th>September</th>
<th>October</th>
<th>November</th>
<th>December</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>40¹</td>
<td>34</td>
<td>43</td>
<td>28</td>
<td>145</td>
</tr>
</tbody>
</table>

¹ five had missing demographic data (see Table A2.5)  
Source: VSAS trial database

The majority (58%) of the legal matters for which VSAS assisted client-victims were criminal (Table A2.9). The next most common group included clients who were involved both criminal and civil proceedings (23%). Only six clients (4%) were recorded as being involved in a civil (DVO) matter. This distribution of the type of legal matter reflects the priority the VSAS places on assisting client-victims involved in criminal matters.

Table A2.9: Type of legal matter involving VSAS client per month (number and percent), September - December 2014

<table>
<thead>
<tr>
<th>Type of legal matter</th>
<th>September</th>
<th>October</th>
<th>November</th>
<th>December</th>
<th>TOTAL (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Criminal</td>
<td>27</td>
<td>11</td>
<td>27</td>
<td>19</td>
<td>84 (58)</td>
</tr>
<tr>
<td>Civil (DVO)</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>6 (4)</td>
</tr>
<tr>
<td>Both</td>
<td>6</td>
<td>16</td>
<td>10</td>
<td>2</td>
<td>34 (23)</td>
</tr>
<tr>
<td>Missing</td>
<td>4</td>
<td>6</td>
<td>5</td>
<td>6</td>
<td>21 (15)</td>
</tr>
<tr>
<td>TOTALS</td>
<td>40</td>
<td>34</td>
<td>43</td>
<td>28</td>
<td>145 (100)</td>
</tr>
</tbody>
</table>

Source: VSAS trial database

In just over half (53%) of cases, the relationship of the client-victim to the accused was recorded as ‘partner’, with under a third (27%) described as ‘ex-partner’. The relationship to the accused was recorded as ‘family’ in 12% of cases (Table A2.10).
Table A2.10: Relationship of client-victim to offender per case per month, number and percent, September - December 2014

<table>
<thead>
<tr>
<th>Type of relationship</th>
<th>September</th>
<th>October</th>
<th>November</th>
<th>December</th>
<th>Total (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Partner</td>
<td>21</td>
<td>17</td>
<td>23</td>
<td>16</td>
<td>77 (53)</td>
</tr>
<tr>
<td>Ex-partner</td>
<td>9</td>
<td>13</td>
<td>13</td>
<td>4</td>
<td>39 (27)</td>
</tr>
<tr>
<td>Family</td>
<td>7</td>
<td>3</td>
<td>5</td>
<td>2</td>
<td>17 (12)</td>
</tr>
<tr>
<td>Other</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>5 (3)</td>
</tr>
<tr>
<td>Missing</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>6</td>
<td>7 (5)</td>
</tr>
<tr>
<td>TOTALS</td>
<td>40</td>
<td>34</td>
<td>43</td>
<td>28</td>
<td>145 (100)</td>
</tr>
</tbody>
</table>

Source: VSAS trial database

VSAS contacts with clients

The data collection attempted to collect different information on the VSAS activities such as the number of contacts with clients inside and outside of court, and the different activities in the early stages of a case, at the middle and at the end. It also sought to highlight the different reasons why a client might attend court and, in consequence, inform the types of activities undertaken by the VSAS.

There are a number of reasons that the VSAS client-victim may attend the Alice Springs Court. The data collection provided six options: withdraw charges, vary DVO, give evidence, do a Victim Impact Statement (VIS), get information about the accused, and unknown. The reasons could be entered as multiples. As an indicative month, data collected for September shows that the primary reason for attending court was to give evidence (Table A2.11).

Table A2.11: Reasons recorded for attending court for client-victim, September 2014¹

<table>
<thead>
<tr>
<th>Withdraw charges</th>
<th>Vary DVO</th>
<th>Give evidence</th>
<th>Do VIS</th>
<th>Get information about accused</th>
<th>Unknown</th>
<th>Missing</th>
<th>TOTALS</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>5</td>
<td>28</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>4</td>
<td>46</td>
</tr>
</tbody>
</table>

¹ Numbers do not reconcile with number of cases for the month (n=40) because an individual could have more than one reason to attend court recorded.

Source: VSAS trial database

The work of the VSAS with client-victims is conducted both at the Alice Springs Court and outside at different locations (the ASWS outreach service office, the ASWS, a person’s home and so forth). The contacts with client-victims that the VSAS might have at these different locations can vary in intensity from a single contact to multiple contacts. A contact can be recorded as ‘zero’ when a referral was made but direct contact was unable to be made notwithstanding considerable effort.

For the majority of clients (57%) there was no record of a contact made at court by the VSAS. Even without direct contact with the client the VSAS could also conduct different activities in relation to that person. For over a third of the clients (37%) there was a record of a single contact made with them by the VSAS at court (Table A2.12).
Table A2.12: Number of contacts per client at court per month, September - December 2014

<table>
<thead>
<tr>
<th>Number of contacts</th>
<th>September</th>
<th>October</th>
<th>November</th>
<th>December</th>
<th>TOTAL (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nil contact¹</td>
<td>7</td>
<td>23</td>
<td>33</td>
<td>20</td>
<td>83 (57)</td>
</tr>
<tr>
<td>Single contact</td>
<td>27</td>
<td>10</td>
<td>10</td>
<td>7</td>
<td>54 (37)</td>
</tr>
<tr>
<td>2-4 contacts</td>
<td>6</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>8</td>
</tr>
<tr>
<td>5+ contacts</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>TOTALS</td>
<td>40</td>
<td>34</td>
<td>43</td>
<td>28</td>
<td>145</td>
</tr>
</tbody>
</table>

¹ Missing data was interpreted as ‘no contact’ (telephone communication with VSAS worker, 10 March 2015)

Source: VSAS trial database

There was a different story for the intensity of contacts made by the VSAS with clients outside of the court setting (Table A2.13). Here the majority of clients (52%) were recorded as receiving a single contact with the VSAS outside the court. This relates to telephone contact being established with the client in order to provide case information (see pages 12-13). 7 Approximately one in five clients received two to four contacts or no contact. Seven percent (n=10) received more than five contacts from VSAS outside of the court setting.

Table A2.13: Number of contacts per client outside of court per month, September - December 2014

<table>
<thead>
<tr>
<th>Number of contacts</th>
<th>September</th>
<th>October</th>
<th>November</th>
<th>December</th>
<th>TOTAL (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nil contact¹</td>
<td>6</td>
<td>7</td>
<td>7</td>
<td>11</td>
<td>31 (21)</td>
</tr>
<tr>
<td>Single contact</td>
<td>13</td>
<td>20</td>
<td>28</td>
<td>14</td>
<td>75 (52)</td>
</tr>
<tr>
<td>2-4 contacts</td>
<td>16</td>
<td>5</td>
<td>5</td>
<td>3</td>
<td>29 (20)</td>
</tr>
<tr>
<td>5+ contacts</td>
<td>5</td>
<td>2</td>
<td>3</td>
<td>0</td>
<td>10 (7)</td>
</tr>
<tr>
<td>TOTALS</td>
<td>40</td>
<td>34</td>
<td>43</td>
<td>28</td>
<td>145</td>
</tr>
</tbody>
</table>

¹ Missing data was interpreted as ‘no contact’ (telephone communication with VSAS worker, 10 March 2015)

Source: VSAS trial database

**VSAS activities with clients**

The types of activities that the VSAS conducts with clients were captured in two spheres – activities related to the matter at court, and ‘other support’. The spreadsheet sought to capture these activities at three time points – the beginning, middle and end of the VSAS association with the client’s legal matter. The intention here was to be able to reveal not just the intensity of contact between VSAS and the client, but also the longevity of the interaction.

However, this aspect of the data collection was only minimally successful. The data collection required the VSAS worker to return to the individual case entry at different points in time. It is likely that operational pressures worked against this happening. Only a handful of cases over the four months had any activities recorded beyond the ‘beginning’ of the matter, whether court-related or other. Therefore only those activities recorded at the beginning of the legal matter are reported here (Table A2.14). The table shows that the most common court-related activity the VSAS undertakes with clients is the provision of case information. The VSAS report that whether or not there is direct contact with a client inside or outside of court, if they receive a referral they will attempt to provide the person with information about the progress of their case at court whether criminal or civil. On average

7 The provision of case information is treated as a priority by the VSAS because very few women are provided with follow-up information about the legal processing of the case after police attend an incident. This could be information about the criminal charge and next steps or about an application for a DVO and its implications. On receiving case information from the VSAS, women express thanks and are better able to take steps to manage their own safety (telephone communication with VSAS worker, 10 March 2015).
there were 2.8 activities conducted with each client over the four month period ranging from 10 activities to one. Very little was recorded in the data collection about other support activities that VSAS undertook with clients. Five different activities were listed as ‘other support’ including making an appointment for legal advice, referral to the Shelter, making an appointment for counselling, arranging contact with the Outreach Service and providing information about other support. Where these were noted other support was most likely to be arranging contact with the Outreach Service.

Similarly, there were very few entries for court-related activities conducted with the client at the mid and end of their legal matter. Where these were listed it was most likely the provision of personal support, safety discussions, and after court contact.

Table A2.14: VSAS court-related activities undertaken with client at the beginning of the legal matter, September - December 2014

<table>
<thead>
<tr>
<th>Type of activity</th>
<th>September</th>
<th>October</th>
<th>November</th>
<th>December</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Provided case information</td>
<td>31</td>
<td>30</td>
<td>38</td>
<td>22</td>
<td>121</td>
</tr>
<tr>
<td>b. Liaison with prosecution</td>
<td>30</td>
<td>12</td>
<td>5</td>
<td>3</td>
<td>50</td>
</tr>
<tr>
<td>c. Advocate for victim</td>
<td>14</td>
<td>8</td>
<td>4</td>
<td>2</td>
<td>28</td>
</tr>
<tr>
<td>d. Advocate for vulnerable witness status</td>
<td>5</td>
<td>4</td>
<td>1</td>
<td>1</td>
<td>11</td>
</tr>
<tr>
<td>e. Interpreter needed</td>
<td>8</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>11</td>
</tr>
<tr>
<td>f. Witness aid requested</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>g. Give information about being a witness</td>
<td>23</td>
<td>9</td>
<td>4</td>
<td>3</td>
<td>39</td>
</tr>
<tr>
<td>h. Accompany inside courtroom</td>
<td>9</td>
<td>5</td>
<td>4</td>
<td>5</td>
<td>23</td>
</tr>
<tr>
<td>i. Help write &amp; provide VIS</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>j. Safety discussed</td>
<td>17</td>
<td>15</td>
<td>6</td>
<td>5</td>
<td>43</td>
</tr>
<tr>
<td>k. Personal support given</td>
<td>9</td>
<td>1</td>
<td>3</td>
<td>4</td>
<td>17</td>
</tr>
<tr>
<td>l. Transport given to/from court</td>
<td>7</td>
<td>2</td>
<td>4</td>
<td>3</td>
<td>16</td>
</tr>
<tr>
<td>m. After court contact made</td>
<td>12</td>
<td>0</td>
<td>4</td>
<td>3</td>
<td>19</td>
</tr>
<tr>
<td>n. No additional actions</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Missing</td>
<td>0</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>15</td>
</tr>
<tr>
<td>TOTAL</td>
<td>169</td>
<td>93</td>
<td>80</td>
<td>58</td>
<td>400</td>
</tr>
</tbody>
</table>

n=145  
Source: VSAS trial database
2.5 Men’s Behaviour Change Program (MBCP) - Marra’ka Mbarintja

Program statistics, October 2014 to March 2015

The MBCP collected the statistics on the program and its participants for the six month period, and produced the figures that follow. The last section includes statistics on partner support provided by the ASWS.

Based on the data presented, in the six-month period:

- There have been 81 referrals, 35 assessments, 14 are currently engagement, and eight were closed after engagement (Figure A2.1).
- The source of 81 referrals is spread across a range of government and non-government agencies. There are a total of 12 categories in the data, which includes FSF (51% of referrals), Supportlink (7%), self-referrals (4%) and the remainder are spread across nine agencies (Figure A2.2).
- A total of almost one third (31%) are non-starters because they are either uninterested, out of area, or inappropriate (Figure A2.3).
- There is a clear rising trend in attendances per week (A2.4). It is clear that attendance is not stable.

Figure A2.1: Referrals, assessments and engagement, MBCP, October 2014 – March 2015

<table>
<thead>
<tr>
<th>Referrals (81)</th>
<th>Assessments (35)</th>
<th>Currently Engaged (14)</th>
<th>Closed after engagement (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>80</td>
<td>30</td>
<td>30</td>
<td>10</td>
</tr>
</tbody>
</table>

Source: Alice Springs MBCP

8 CAAPU (11%) Tangentyere (6%) Corrections (5%) CAALAS (4%) NT Legal Aid (4%) CAALFU (4%) DCF (3%) Mission Australia (3%) Congress (3%)
9 “Engagement” is defined as having been assessed and attended their first group.
**Figure A2.2: Source of referrals, MBCP, October 2014 – March 2015**

- FSF (43)
- Self-referred (3)
- Supportlink (6)
- CAAFLU (3)
- Corrections (4)
- DCF (1)
- Mission Australia (1)
- CAALAS (2)
- Tangentyere (4)
- CAAAPU (9)
- NT Legal Aid (3)
- Congress (1)
- Alice Springs Women’s Shelter (1)

**Source:** Alice Springs MBCP

**Figure A2.3: Status of referrals, MBCP, October 2014 – March 2015**

- Inappropriate, 7
- Still following up, 12
- Out of area, 14
- Alias, 2
- Closed after engagement, 8
- Unable to contact, 10
- Prison, 6
- Assessed and awaiting release from prison, 3
- Currently Engaged, 14
- Uninterested, 5

**Source:** Alice Springs MBCP
Figure A2.4: Attendees per week, MBCP, October 2014 – March 2015

Figure A2.5: Attendees per month (cumulative), MBCP, October 2014 – March 2015

Source: Alice Springs MBCP
**Program participants**

The demographic and cultural details of clients reveal that:

- Nine percent of clients who engage with the program are non-Indigenous.
- Just over a third of clients speak local languages, which suggests that they are from Alice Springs (or relatively close by). The remainder are from a wide range of language groups, which suggests that many are living away from their homelands in Alice Springs (Figure A2.6).
- Many of the men are in temporary housing of some kind – either through their attendance at an alcohol rehabilitation program or transitional housing. This highlights the difficulty program staff experience in both contacting and maintaining contact with clients (Figure A2.7).
- The majority of clients are in the 20 to 40 years of age range (56%) while the remaining clients (44%) are more than 40 years old. There were none aged 18 to 20 years (Figure A2.8).

*Figure A2.6: Languages of men who have engaged, MBCP, October 2014 – March 2015*

![Languages of Men](image-url)
Figure A2.7: Housing of men while engaged, MBCP, October 2014 – March 2015

Source: Alice Springs MBCP

Figure A2.8: Ages of men who have engaged, MBCP, October 2014 – March 2015

Source: Alice Springs MBCP
**Partner support**

For each referral to the MBCP, the support worker does a full review of the ASWS file in order to provide the MBCP with a review of behaviour/history/engagement with the ASWS. This may take as long as a day depending on the file. As many of the men who have engaged in the program are considered by ASWS to be some of the most high risk men, this level of safety checking and the level of support offered is viewed as essential.

Table A2.15 presents a summary of the client numbers for the period October 2014 to May 2015. The total number of clients was 61, and of these 17 were engaged and 15 were engaged with the involvement of another ASWS worker.

**Table A2.15: Number of clients and nature of contact, ASWS partner support worker, October 2014 – May 2015**

<table>
<thead>
<tr>
<th>Category of client</th>
<th>Number</th>
<th>Detail</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clients that have engaged</td>
<td>17</td>
<td>Intensive support especially if the partner has disengaged from the group and at crisis periods such as removal of children</td>
</tr>
<tr>
<td>Clients that declined/unsuitable</td>
<td>11</td>
<td>At least one session, usually a phone and visit</td>
</tr>
<tr>
<td>Clients unable to contact</td>
<td>10</td>
<td>Attempts made over two to three weeks</td>
</tr>
<tr>
<td>Client with other ASWS worker</td>
<td>15</td>
<td>Where the client already has a relationship with an Outreach Service worker. Joint session to provide information, but outreach monitors behaviour</td>
</tr>
<tr>
<td>Client to be advised/pending</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Clients with no referral from MBCP</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>61</td>
<td></td>
</tr>
</tbody>
</table>

*Source: ASWS records*
Appendix 3

Trends in key indicator data

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Table A3.1: Total number of homicide incidents, by type of homicide, for the period 1990 to 2012, Alice Springs and the Northern Territory

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Figure A3.6: Number of Indigenous and non-Indigenous female victims of assaults related to domestic violence, and of assaults not related to domestic violence. Monthly data from January 2008 to June 2014

Figure A3.7: Assault, both domestic violence related and non-domestic violence related. Each pair of figures is a different data source. Left column is Alice Springs. Right column is the remainder of NT. Each figure shows the data series, the seasonal component, the trend and the residuals.

Figure A3.8: Assault, domestic violence related only. Each pair of figures is a different data source. Left column is Alice Springs. Right column is the remainder of NT. Each figure shows the data series, the seasonal component, the trend and the residuals.

Figure A3.9: Finalised assault matters, domestic violence and non – domestic violence related, Alice Springs court, 2008 – 09 to 2013 – 14

Figure A3.10: Annual total of occasions of breaches of restraining orders, Alice Springs and Northern Territory, 2008 – 09 to 2013 – 14

Figure A3.11: Restraining order applications, total and police applications, NT and Alice Springs. 2008 – 09 to 2013 – 14

Figure A3.12: Number of court cases for assaults related to domestic violence and assaults not related to domestic violence, where the defendant was an Indigenous male
Figure A3.13: Number of restraining orders against Indigenous and non-Indigenous males in Alice Springs and the remainder of NT. Calculation of rate per 100,000 males is per 100,000 Indigenous males for Indigenous males with a restraining order, and per 100,000 non-Indigenous males for non-Indigenous males with a restraining order.

Figure A3.14: Number of restraining order applications by Indigenous and non-Indigenous females in Alice Springs and the remainder of NT. Calculation of rate per 100,000 females is per 100,000 Indigenous females for applications by Indigenous females, and per 100,000 non-Indigenous females for applications by non-Indigenous females.

Figure A3.15: Number of restraining order applications by police in Alice Springs and the remainder of NT.

Figure A3.16: Number of court cases for breaches of restraining orders by Indigenous and non-Indigenous males in Alice Springs and the remainder of NT. Calculation of rate per 100,000 is per 100,000 Indigenous males for Indigenous males breaching a restraining order, and per 100,000 non-Indigenous males for non-Indigenous males breaching a restraining order.

Figure A3.17: Total number of child protection notifications per 100,000 population, for each financial year.

Figure A3.18: Number of child protection notifications with domestic violence as a report context, for each financial year. Each investigation may involve one or more children.

Figure A3.19: Indigenous status of children in child protection notifications received each financial year for Alice Springs and the remainder of NT. Calculation of rate per 100,000 is per 100,000 Indigenous persons for notifications involving Indigenous children, and per 100,000 non-Indigenous persons for notifications involving non-Indigenous children.

Figure A3.20: Number of substantiated investigations with domestic violence as a contributing factor, for each financial year. Each investigation may involve one or more children.

Figure A3.21: Number of children in substantiated investigations with domestic violence as a contributing factor, for each financial year.

Figure A3.22: Indigenous status of children in substantiations of child protection notifications received each financial year for Alice Springs and the remainder of NT. Calculation of rate per 100,000 is per 100,000 Indigenous persons for substantiations involving Indigenous children, and per 100,000 non-Indigenous persons for substantiations involving non-Indigenous children.

Figure A3.23: Number of children on Care and Protection Orders at 30 June. Calculation of rate per 100,000 is per 100,000 Indigenous population for Indigenous children, and per 100,000 non-Indigenous population for non-Indigenous children.

Figure A3.24: Number of children in out of home care at 30 June. Calculation of rate per 100,000 is per 100,000 Indigenous population for Indigenous children in out of home care, and per 100,000 non-Indigenous population for non-Indigenous children in out of home care.

Figure A3.25: ABS data, fitted polynomial and interpolated population estimates for the Alice Springs LGA.

Figure A3.26: ABS data, fitted polynomial and interpolated population estimates for the remainder of NT.

Figure A3.27: Annual number of hospital separations for assault related injuries, ASH and other NT public hospitals, Indigenous males and females, 2007 – 08 to 2013 – 14.

References
3.1 Introduction

For the evaluation, a range of trend data was sought from relevant NT Departments – police and justice, child protection and health.

The period covered by the data is six years, up until the most recent available year. It is presented primarily as a rate of the relevant population, although there are also some figures that use numbers. A methodological note towards the end of the appendix explains how the rates were calculated.

Unless otherwise specified, the data apply to Alice Springs. For comparison purposes data is also presented on either the rates for the remainder of the Northern Territory (NT), or numbers for the whole of the Territory.

The police data is the most comprehensive being available as monthly data, and includes variables such as Indigenous status and sex of victims and perpetrators, as well as different types of offences.

In addition, the Australian Institute of Criminology provided data on homicides in Alice Springs for the period 1990 to 2012.

There are four sections in this appendix, which cover the following:

- Homicide annual data, for the period 1990 to 2012, and more recent data (2008 to mid – 2014)
- Police data on assaults, monthly and annual data (2008 – 09 to 2013 – 14)
- Court annual data on assaults and restraining orders (both applications and breaches) (2008 – 09 to 2013 – 14)
- Child protection data, including notifications, substantiated investigations, care and protection orders and out – of – home care (2008 – 09 to 2013 – 14)
- Hospital separations for assault related injuries, NT public hospitals (2007 – 08 to 2013 – 14)

Given that the evaluation is of a project that seeks to address family and domestic violence, wherever possible data was sought that identified whether family and/or domestic violence was recorded as being involved.

As such data rely on consistent and reliable recording practices over the period that they are collected, a degree of caution is required in interpreting trends as some may be due to changes in recording or the practices of the agency that records the data.

3.2 Homicides

**Homicide incidents 1990 – 2012**

**TOTAL NUMBER**

As the number of homicide incidents per year is very small, it is hard to discern trends. The Australian Institute of Criminology (AIC), from its National Homicide Monitoring Program¹ (NHMP) provided (with the permission of the NT Police) homicide data for a 22 year period for Alice Springs and the NT). From 1990 to 2012:

- There were 383 homicide incidents recorded in total for the NT, and 91 for the town of Alice Springs.
- Almost one – quarter of the homicide incidents for the entire period were recorded for Alice Springs².
- Of the total number of homicide incidents for the NT that were recorded as involving intimate partners (n=129), 22 percent were recorded as occurring in Alice Springs.
- Twenty five percent of all homicide incidents involving family members were recorded as occurring in Alice Springs.

Table A3.1 shows the number and proportions of homicides that were recorded for three main categories: intimate partners, family members and other. Like the rest of the NT, half of the homicides in Alice Springs involved intimate partners or family members. A slightly lower proportion were recorded as involving intimate partners in Alice Springs (31%) but overall in the NT more than one – third are intimate partner homicides.

---


² Alice Springs was defined by the postcodes of 0870 and 0871
Table A3.1: Total number of homicide incidents, by type of homicide, for the period 1990 to 2012, Alice Springs* and the Northern Territory

<table>
<thead>
<tr>
<th></th>
<th>Alice Springs</th>
<th>NT (except Alice Springs)</th>
<th>NT total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
<td>n</td>
</tr>
<tr>
<td>Intimate partner**</td>
<td>28</td>
<td>31</td>
<td>101</td>
</tr>
<tr>
<td>Family member***</td>
<td>18</td>
<td>20</td>
<td>53</td>
</tr>
<tr>
<td>Other</td>
<td>45</td>
<td>49</td>
<td>138</td>
</tr>
<tr>
<td>TOTAL</td>
<td>91</td>
<td>100</td>
<td>292</td>
</tr>
</tbody>
</table>

*Alice Springs is the geographic area covered by the postcodes 0870 and 0871

**Intimate partner is where the victim and offender are current or former partners (married, defacto, boy/girlfriend)

*** Family member includes the NHMP categories of filicide, parricide, siblicide and other family

Source: AIC NHMP, unpublished data
TRENDS

Figure A3.1 shows that the annual number of homicide incidents has been trending downwards over the 22 years.

**Figure A3.1: Annual number of homicide incidents, Alice Springs, 1990 – 2012**

![Figure A3.1](image)

*Source:* AIC NHMP, unpublished data

Figure A3.2 shows the trends in the annual totals for the three categories of homicides for Alice Springs for the period 1990 to 2012. The numbers are small but the trend line indicates that the three categories have declined over the period.

**Figure A3.2: Annual number of homicide incidents, by type of homicide, 1990 – 2012, Alice Springs**

![Figure A3.2](image)

*Source:* AIC NHMP, unpublished data
Figure A3.3 shows that for the rest of the NT there was a decline in the number of intimate partner and ‘other’ homicide incidents, but that the number of homicide incidents involving family members has remained relatively constant.

**Figure A3.3: Annual number of homicide incidents, by type of homicide, 1990 – 2012, Northern Territory (excl. Alice Springs)**

[Bar chart showing annual number of homicide incidents by type, 1990-2012, with decline for intimate partner and ‘other’ categories and relatively constant for family members.]

*Source: AIC NHMP unpublished data*
Homicide victims 2008 to mid – 2014

More recent police data on homicide victims in Alice Springs (from 2008 to mid – 2014) reveals the following:

- The most common victim of homicides for the period were Indigenous males (12) followed by Indigenous females (10).
- Fourteen victims (41%) of the 34 homicides were categorised as domestic – violence related, with half of the 14 victims being Indigenous females.

Table A3.2 presents the data.

**Table A3.2: Homicide victims, by Indigenous status and sex, Alice Springs, 2008 to 30 June 2014 (first 6 months)**

<table>
<thead>
<tr>
<th></th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014 (first 6 months)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indigenous female</td>
<td>1</td>
<td>2 (2)</td>
<td>0</td>
<td>2 (1)</td>
<td>2 (2)</td>
<td>3 (2)</td>
<td>0</td>
<td>10 (7)</td>
</tr>
<tr>
<td>Indigenous male</td>
<td>1</td>
<td>1</td>
<td>4 (3)</td>
<td>1</td>
<td>2 (1)</td>
<td>2</td>
<td>1 (1)</td>
<td>12 (5)</td>
</tr>
<tr>
<td>Non-Indigenous female</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1 (1)</td>
<td>1</td>
<td>0</td>
<td>4 (1)</td>
</tr>
<tr>
<td>Non-Indigenous male</td>
<td>2</td>
<td>3</td>
<td>1</td>
<td>1 (1)</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>8 (1)</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>4</td>
<td>6 (2)</td>
<td>6 (3)</td>
<td>5 (2)</td>
<td>6 (4)</td>
<td>6 (2)</td>
<td>1 (1)</td>
<td>34 (14)</td>
</tr>
</tbody>
</table>

Note: (..) Numbers in brackets are the number of homicides recorded as domestic – violence related

Source: Promis, unpublished data
3.3 Police data on assault offences

**Annual number of assault offences (2007 – 08 to 2012 – 13)**

Figure A3.4 shows that the total annual number of assault offences climbed steadily from 2007 – 08 to 2009 – 10, before remaining at a similar level for the next three years. During the six – year period the annual number of assaults recorded as associated with alcohol and with domestic violence followed a similar trend. The proportion associated with alcohol was between 66 and 72 per cent while the proportion associated with domestic violence fluctuated between 52 and 67 per cent. In Alice Springs it seems where an assault offence is recorded as associated with domestic violence, more than three – quarters of the offences also involve alcohol, with a remaining 15 per cent being recorded as not known and only approximately seven per cent as not involving alcohol.

However, it should be noted that the trends in annual assault offences for the NT as a whole followed a similar trend over the six year period. What is different about Alice Springs is a consistently higher proportion of annual assaults being recorded as associated with alcohol and with domestic violence, with the NT proportion of assaults associated with alcohol ranging from 59 to 61 per cent and domestic violence 50 and 59 percent.

*Figure A3.4: Annual number of assault offences, association with alcohol and with domestic violence, Alice Springs, 2007 – 08 to 2012 – 13*

Source: NT Quarterly Crime Statistics, June Quarter 2013, Department of Attorney – General and Justice, released 23 August 2013
Rates of assault apprehensions, offences and victims (2007 – 08 to 2013 – 14) for Alice Springs and the remainder of the NT

Monthly police data for assault apprehensions, offences and victims (for domestic violence and non–domestic violence assaults), for the period 2007 – 8 to 2013 – 14 show that there has been a steady increase in Alice Springs from 2007 – 08 to mid – 2013. However, since then there has been a dramatic decrease (see Figures A3.5, A3.6, A3.7). As A3.8 shows, although the remainder of the NT also experienced a decrease in domestic violence related assaults in the same period, it was not as marked as that found for Alice Springs.

What is the also noticeable in Figures A3.5 and A3.6 is that the rates of assault apprehension for Indigenous males and the rates of victimisation for domestic – violence assault for Indigenous females are very high in Alice Springs.

Figure A3.5: Assault apprehension rates for Indigenous and non-Indigenous males committing assaults related to domestic violence, and assaults not related to domestic violence. Monthly data from January 2008 to June 2014.

Figure A3.6: Number of Indigenous and non-Indigenous female victims of assaults related to domestic violence, and of assaults not related to domestic violence. Monthly data from January 2008 to June 2014.

Figure A3.7: Assault, both domestic violence related and non – domestic violence related. Each pair of figures is a different data source. Left column is Alice Springs. Right column is the remainder of NT. Each figure shows the data series, the seasonal component, the trend and the residuals.

Note: Grey line is the project ‘commencement’ ie when the FSF started. 
Figure A3.8: Assault, domestic violence related only. Each pair of figures is a different data source. Left column is Alice Springs. Right column is the remainder of NT. Each figure shows the data series, the seasonal component, the trend and the residuals.

Note: Grey line is the project ‘commencement’ ie when the FSF started.

3.4 Court data on assaults and restraining orders

**Finalised assault matters**

**Figure A3.9: Finalised assault matters, domestic violence and non – domestic violence related, Alice Springs court, 2008 – 09 to 2013 – 14**

![Graph showing finalised assault matters, 2008/09 to 2013/14](image)

**Note:** These figures exclude cases that were “withdrawn” after five years since the offence was allegedly committed to minimise the impact from Police clearing up large number of outstanding warrants between 2011 – 12 and 2013 – 14.

**Source:** Extracted from IJIS on 7 July 2014

**Occasions of breaches of restraining orders**

Over a six year period, from 2008 – 09 to 2013 – 14, the annual total of occasions that restraining orders were breached in the Alice Springs court climbed steadily – from 257 in 2008 – 09 to 424 in 2013 – 14 (an increase of 39%). As Figure A3.10 shows, for the whole of the NT, there has been a similar increase (35%) in the annual total number of occasions. This would suggest that whatever is driving the increase in the number of breaches being determined by the courts is not peculiar to Alice Springs, but applicable to the Territory as a whole.

However, where the Alice Springs trends do differ from the Territory as a whole, are in relation to:

- The proportion of Indigenous male offenders is consistently higher in Alice Springs, than in the whole of the NT. In Alice Springs, the proportion fluctuated over the six years from 85 to 92 percent, while for the NT, the proportion fluctuated between 77 and 83 percent.

- Although the outcome of imprisonment increased each year for both Alice Springs and the NT as a whole, Alice Springs consistently had a higher proportion of outcomes as imprisonment. In Alice Springs the outcome of imprisonment increased from 38 percent to 54 percent over the six years, compared with the NT as a whole, which increased from 35 percent to 45 percent.

- In Alice Springs imprisonment became a more common outcome than a monetary penalty, for breaches, at an earlier point in time. In 2009 – 10 there was an equal proportion of outcomes that were imprisonment (40%) or a monetary fine (40%) and for each of the four years following, imprisonment was a more common outcome than a monetary penalty. For the whole of the NT, imprisonment did not become the more common outcome until 2012 – 13, when it was 41 percent of outcomes compared to 38 percent for a monetary penalty.

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3 The data made available through AGD refers to ‘restraining orders’ which are the same as DVOs. In this appendix the term used throughout is ‘restraining order’ but in the main report, where the data are mentioned, the orders are called DVOs.
Applications for restraining orders

The court data indicates a steady increase in applications for restraining orders over a six year period from 2008 – 09 to 2013 – 14, for both Alice Springs and the whole of the NT. As Figure A3.11 shows, for the NT the annual total of restraining order applications increased over the six year period by 41 percent, while the annual number in Alice Springs increased even more by 65 percent.

For the NT there was a substantial increase in the proportion that were police restraining order applications from 77 percent in 2008 – 09 to 90 percent in 2013 – 14. Alice Springs had a higher proportion in 2008 – 09 (87%) so the increase was not as marked, with 94 percent of all Alice Springs DVOs being applied for by the police in 2013 – 14.

By 2013 – 14 only a small proportion of individuals (and not the police) were applying for restraining orders in the NT as a whole (10% of orders) and in Alice Springs (6%).
The following section shows the annual number, per 100,000 of the relevant population, for Alice Springs and the remainder of the NT, for the period of 2008 – 09 to 2013 – 14 for:

- Court cases for assault related to domestic violence and not related to domestic violence
- Restraining orders against Indigenous and non-Indigenous males
- Restraining orders by Indigenous and non-Indigenous females
- Restraining orders by police
- Breaches of restraining orders by Indigenous and non-Indigenous males

The figures show that for Alice Springs, in the six – year period:

- After a steady increase over five years, there was a decrease in the rate of Indigenous male defendants in assault cases in 2013 – 14, in Alice Springs, for both domestic violence related and non – domestic violence related assaults (see Figure A3.12).
- The rate that Indigenous men have a restraining order against them has climbed steadily since 2009 – 10 (see Figure A3.13)
- Fluctuations in the rate that Indigenous females have applied for restraining orders but that the annual rates are low (see Figure A3.14).
- A steady increase over the six years in the rate that police apply for restraining orders. The annual rate is consistently much higher than that for Indigenous females (Figure A3.14 and A3.15).
- A steady increase over the six years in the rate that Indigenous males have breached restraining orders (Figure A3.16).
Figure A3.12: Number of court cases for assaults related to domestic violence and assaults not related to domestic violence, where the defendant was an Indigenous male.

Note: Excludes the outcome category “acquitted or withdrawn”

Source: IJIS, 7/7/2014
Figure A3.13: Number of restraining orders against Indigenous and non-Indigenous males in Alice Springs and the remainder of NT. Calculation of rate per 100,000 males is per 100,000 Indigenous males for Indigenous males with a restraining order, and per 100,000 non-Indigenous males for non-Indigenous males with a restraining order.

Source: IJJS, 7/7/2014
Figure A3.14: Number of restraining order applications by Indigenous and non-Indigenous females in Alice Springs and the remainder of NT. Calculation of rate per 100,000 females is per 100,000 Indigenous females for applications by Indigenous females, and per 100,000 non-Indigenous females for applications by non-Indigenous females.

Note: These figures should be interpreted with care as the Indigenous status of 39 per cent of applications in Alice Springs and 43 per cent in the remainder of NT was unknown.

Source: IJIS, 7/7/2014
Figure A3.15: Number of restraining order applications by police in Alice Springs and the remainder of NT.

Source: IJIS, 7/7/2014
Figure A3.16: Number of court cases for breaches of restraining orders by Indigenous and non-Indigenous males in Alice Springs and the remainder of NT. Calculation of rate per 100,000 is per 100,000 Indigenous males for Indigenous males breaching a restraining order, and per 100,000 non-Indigenous males for non-Indigenous males breaching a restraining order.

Source: IJIS, 7/7/2014
3.5 Child protection data on notifications, substantiated investigations, care and protection orders, and out of home care

This section presents the annual number, per 100,000 relevant population, for Alice Springs and the remainder of the NT, for the period 2007 – 08 to 2013 – 14, in:

- Child protection notifications
- Child protection notifications with domestic violence as a report context
- Indigenous status of children in child protection notifications
- Number of substantiated investigations with domestic violence as a contributing factor
- Number of children in substantiated investigations with domestic violence as a contributing factor
- Indigenous status of children in substantiations of child protection notifications
- Number of children on Care and Protection Orders
- Number of children in out of home care

For all of these, as the figures highlight, Alice Springs has a higher rate than that found for the rest of the NT.

They also show the consistently higher rate that Indigenous children are involved in child protection matters in Alice Springs, compared with non-Indigenous children in Alice, and for all children in the rest of the NT.

The trends reveal that, for the seven – year period, in Alice Springs that:

- There is a steady rise in the rate of child protection notifications (see Figure A3.17)
- The rate of child protection notifications with *domestic violence* as a report context, escalated after 2010 – 11 with a very large increase noticeable for 2013 – 14 (Figure A3.18)
- A steady increase in the rate of child protection notifications for Indigenous children (see Figure A3.19)
- The rate of substantiated investigations with *domestic violence* as a contributing factor climbed steadily for four years before dropping dramatically in 2012 – 13. The following year saw an increase but to a rate still lower than in 2010 – 11 (Figures A3.20 and A3.21)
- A similar trend was discernible (ie increase and then a sudden drop for one year) in the rates that Indigenous children were recorded as being subject to substantiated investigations, care and protection orders, and out of home care (Figures A3.22, A3.23 and A3.24)\(^4\).

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\(^4\) From what stakeholders said, when shown these trends, it seems the sudden drop was due to staff shortages in DCF in Alice Springs. This would explain why notifications continued to climb, but investigations (and therefore substantiations, orders, and out of home care) plummeted during that year.
Figure A3.17: Total number of child protection notifications per 100,000 population, for each financial year.

Source: DCF Performance Data and Reporting Unit, 1/8/2014
Figure A3.18: Number of child protection notifications with domestic violence as a report context, for each financial year. Each investigation may involve one or more children.

Source: DCF Performance Data and Reporting Unit, 1/8/2014
Figure A3.19: Indigenous status of children in child protection notifications received each financial year for Alice Springs and the remainder of NT. Calculation of rate per 100,000 is per 100,000 Indigenous persons for notifications involving Indigenous children, and per 100,000 non-Indigenous persons for notifications involving non-Indigenous children.

Source: DCF Performance Data and Reporting Unit, 1/8/2014
Figure A3.20: Number of substantiated investigations with domestic violence as a contributing factor, for each financial year. Each investigation may involve one or more children.

Source: DCF Performance Data and Reporting Unit, 1/8/2014
Figure A3.21: Number of children in substantiated investigations with domestic violence as a contributing factor, for each financial year.

Source: DCF Performance Data and Reporting Unit, 1/8/2014
Figure A3.22: Indigenous status of children in substantiations of child protection notifications received each financial year for Alice Springs and the remainder of NT. Calculation of rate per 100,000 is per 100,000 Indigenous persons for substantiations involving Indigenous children, and per 100,000 non-Indigenous persons for substantiations involving non-Indigenous children.

Source: DCF Performance Data and Reporting Unit, 1/8/2014
Figure A3.23: Number of children on Care and Protection Orders at 30 June. Calculation of rate per 100,000 is per 100,000 Indigenous population for Indigenous children, and per 100,000 non-Indigenous population for non-Indigenous children.

Source: DCF Performance Data and Reporting Unit, 1/8/2014
Figure A3.24: Number of children in out of home care at 30 June. Calculation of rate per 100,000 is per 100,000 Indigenous population for Indigenous children in out of home care, and per 100,000 non-Indigenous population for non-Indigenous children in out of home care.

Source: DCF Performance Data and Reporting Unit, 1/8/2014
3.6 Methodology note

The calculation of rates per 100,000 population required estimates of the resident population in Alice Springs local government area (LGA) and the remainder of the NT. Annual estimates of the resident population at June 30 in Northern Territory LGAs were extracted from Australian Bureau of Statistics (2014). This source provides estimates from 2003 to 2013. However, the data available from police and justice systems, and the Department of Children and Families extended to 2014, and some data was total counts across the financial year, for which the population estimate at January 1 was more appropriate for calculation of rates per 100,000 population.

For this reason, it was necessary to estimate January 1 populations, and project population estimates to 2014. This was done by fitting a 4th degree polynomial to the ABS June 30 population estimates and using this to calculate population estimates for January 1 each year, as well as estimates for January 1 and June 30 in 2014. This procedure was followed separately for the Alice Springs LGA and the remainder of the NT. The ABS June 30 population estimates, the fitted polynomial and the January 1 interpolated estimates are shown in Figures A3.25 and A3.26. Polynomial fit details are given in Table A3.3.

Figure A3.25: ABS data, fitted polynomial and interpolated population estimates for the Alice Springs LGA
Population estimates were also required for numbers of Indigenous and non-Indigenous males and females, to enable police and justice system data, and that from the Department of Children and Families, to be expressed as rates per 100,000 Indigenous males, females or persons. The numbers of Indigenous males and females in the Alice Springs LGA and for all of NT in the 2006 and 2011 Censuses were obtained from Australian Bureau of Statistics (2012a and 2012b). From these numbers, Indigenous males, females and persons as fractions of the total population were calculated for Alice Springs and the remainder of the NT (Table A3.4).

Table A3.3: Polynomial fit details

<table>
<thead>
<tr>
<th>Location</th>
<th>Alice Springs</th>
<th>Remainder of NT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Equation for polynomial</td>
<td>Population = 26785.0 + 219.6*(yr-2007) +</td>
<td>Population = 183376.2 + 6642.2*(yr-2007) +</td>
</tr>
<tr>
<td></td>
<td>276.0*(yr-2007)^2 - 81.1*(yr-2007)^3 +</td>
<td>62.8*(yr-2007)^2 - 248.6*(yr-2007)^3 +</td>
</tr>
<tr>
<td></td>
<td>6.2*(yr-2007)^4</td>
<td>28.7*(yr-2007)^4</td>
</tr>
<tr>
<td>Adjusted r squared</td>
<td>0.9949</td>
<td>0.9900</td>
</tr>
</tbody>
</table>
Table A3.4: Indigenous population as a fraction of the total population.

<table>
<thead>
<tr>
<th></th>
<th>Alice Springs LGA 2006</th>
<th>Alice Springs LGA 2011</th>
<th>Remainder of NT 2006</th>
<th>Remainder of NT 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indigenous males</td>
<td>0.093</td>
<td>0.095</td>
<td>0.146</td>
<td>0.141</td>
</tr>
<tr>
<td>Indigenous females</td>
<td>0.109</td>
<td>0.109</td>
<td>0.146</td>
<td>0.140</td>
</tr>
<tr>
<td>Indigenous persons</td>
<td>0.202</td>
<td>0.204</td>
<td>0.292</td>
<td>0.281</td>
</tr>
</tbody>
</table>

It can be seen from Table A3.4 that there is little change in the fractions between 2006 and 2011. Accordingly, simple linear interpolation and extrapolation was used to obtain fractions for 2007 through to 2014. These fractions were multiplied by the corresponding population estimates to obtain estimates of the numbers of Indigenous males, females and persons.

3.7 Hospital separations for assault related injuries, NT public hospitals

Hospital separation data for assault related injuries was provided by the Department of Health for a seven year period, from 2007 – 08 to 2013 – 14. Annual total numbers were provided for the Alice Springs Hospital (ASH) and the rest of the NT public hospitals, by Indigenous status and sex. They were also divided into the totals for adults (18+) and for those under 18 years of age. To be consistent with the police assault data, which relates to either females or males with no distinction by age, the total numbers are presented here by Indigenous status and sex. It should be noted that for the most recent year, 2013 – 14, for all the NT public hospitals three percent of the assault related injuries for females involved those under 18 years of age, and four percent of males. The proportions for Indigenous persons were somewhat higher (6% of females and 7% males were aged under 18) but still constitute a tiny fraction of the total numbers.

Table A3.5 shows the total number of hospital separations recorded for assault related injuries over the seven year period, 2007 – 08 to 2013 – 14. Indigenous people are over-represented in the total number of separations at both ASH (94%) and other NT public hospitals (79%). The most striking number in Table A3.5 is the very large and disproportionate number of Indigenous females at ASH, comprising 66 percent of all Indigenous females for the whole of the NT who were recorded as being in a public hospital for assault related injuries. The Indigenous males hospitalised at ASH were 44 percent of the NT total for the same period. Almost twice as many Indigenous females were hospitalised or assault related injuries compared with Indigenous males in ASH during the same period.

Figure A3.27 shows the trends in the annual total of hospital separations for assault related injuries for the same seven year period, for Indigenous females and males, at ASH and at other NT public hospitals. For every year, Indigenous women hospitalised at ASH were the largest group. Over six year period, to 2012 – 13, the annual number increased by 37 percent before decreasing by 14 percent in 2013 – 14. Similarly, the annual total of hospital separations for Indigenous males at ASH increased over six years, by 24 percent, and then decreased by 18 percent. This would indicate that the more serious assaults that result in injuries that require hospitalisation declined for both Indigenous men and women in Alice Springs in 2013 – 14. A similar trend was found in the police monthly data for Indigenous female victims of domestic violence related assaults in Alice Springs (see Figure A3.6).

The annual total for all the other NT public hospitals also increased for Indigenous females but only for four years, to 2011 – 12, by 58 percent, before declining in the next two years by 23 percent. The trend for Indigenous males fluctuated over the seven year period but not by much.

Table A3.5 Overall total number of hospital separations for assault related injuries\(^{(a)}\), ASH and other NT public hospitals, by sex and Indigenous status, from 2007 – 08 to 2013 – 14

<table>
<thead>
<tr>
<th></th>
<th>Alice Springs Hospital</th>
<th>Other NT public hospitals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indigenous females</td>
<td>5,491</td>
<td>2,865</td>
</tr>
<tr>
<td>Indigenous males</td>
<td>2,452</td>
<td>2,940</td>
</tr>
<tr>
<td>Non-Indigenous females</td>
<td>99</td>
<td>205</td>
</tr>
<tr>
<td>Non-Indigenous males</td>
<td>397</td>
<td>1,325</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>8,439</strong></td>
<td><strong>7,335</strong></td>
</tr>
</tbody>
</table>

(a) data extracted any Diagnosis Codes in the range X85 to Y09 (ICD – 10 – AM)

Source: Admitted Patient Data Collection via the Inpatient Activity Universe, NT Department of Health
Figure A3:27 Annual number of hospital separations for assault related injuries\(^{(a)}\), ASH and other NT public hospitals, Indigenous males and females, 2007 – 08 to 2013 – 14

(a) data extracted any Diagnosis Codes in the range X85 to Y09 (ICD – 10 – AM)

**Source:** Admitted Patient Data Collection via the Inpatient Activity Universe, NT Department of Health
References

