



NT Jurisdiction Report



Purpose for our visit

The Northern Territory (NT) continues to experience the highest rates of domestic and family violence (DFV) in Australia, with a significant number of severe injuries and fatalities.

Since June 2024, at least eight individuals have lost their lives due to DFV-related incidents in the NT. This trend underscores the critical need for a comprehensive, system-wide approach to address the multifaceted challenges contributing to DFV in the region.

The visit aligned with the NT Coroner's inquest into the deaths of four Aboriginal women between 2018 and 2021. Commissioner Micaela Cronin provided expert testimony as part of the inquest and had committed to attending the handing down of the findings. The findings, delivered on 25 November 2024 in Alice Springs, coincided with the commencement of the 16 Days of Activism against Gender-Based Violence.

Alongside attending the inquest, Commissioner Cronin and Assistant Commissioner Jenna Roberts engaged with key stakeholders across Alice Springs, Darwin and Katherine to gain a deeper understanding of systemic issues and collaborative opportunities in addressing DFV.

Where we went

- Alice Springs
- Darwin
- Katherine

Who we engaged with

Meetings were held with representatives from government agencies, community organisations and Aboriginal-controlled services, including:

- NT Minister for the Prevention of Domestic Violence, Hon. Robyn Cahill OAM
- NT Government representatives from:
 - Department of Children and Families
 - NT Police
 - NT Health
- Department of the Chief Minister and Cabinet
- NT Council of Social Service
- Aboriginal Peak Organisations NT
- Women's Safety Services of Central Australia

- Darwin Aboriginal and Torres Strait Islander Women's Shelter
- Banatjarl Wimun Keep Strong Group
- Sunrise Health Service
- Katherine West Health Board Aboriginal Corporation
- Katherine Women's Information and Legal Service
- North Australian Aboriginal Family Legal Service
- Aboriginal Medical Services Alliance NT

Additional virtual meetings were held with:

- Northern Australia Aboriginal Justice Agency
- National Indigenous Australians Agency NT

What we heard

Our engagements revealed critical insights into the systemic challenges and opportunities in addressing DFV in the NT:

Funding and service delivery

Stakeholders emphasised the necessity for a paradigm shift from reactive, crisis-driven responses to proactive, integrated strategies. There is a call for a multidisciplinary approach involving DFV specialists, Aboriginal Health Practitioners, mental health professionals and child development experts to collaboratively address the underlining factors that can contribute to DFSV.

Some stakeholders raised concerns regarding the allocation and transparency of the \$180 million pre-election commitment.

Stakeholders advocated for equitable distribution of funds, prioritising frontline DFV specialist services over enforcement agencies, to enhance preventive and support mechanisms.

The prevalence of short-term funding cycles was identified as a significant barrier to service continuity and workforce stability. There is a strong advocacy for the implementation of five-year funding agreements to facilitate strategic planning and sustained service delivery.

Workforce challenges and the role of Aboriginal medical services

The NT faces acute and unique challenges in attracting and retaining a skilled DFV workforce, particularly in remote and regional areas. Short-term funding exacerbates staff turnover, undermining the effectiveness of interventions.

In smaller communities, the scarcity of specialised personnel often results in workers being perpetually on-call, leading to burnout and diminished service quality. The Commission's Sustainable Workforce Roundtable Report highlights the heightened exposure to trauma among DFV workers, especially those from First Nations communities.

Aboriginal Community-Controlled Health Organisations (ACCHOs) are pivotal in not only bridging service gaps but providing culturally responsive supports. This can result in extending beyond funded mandates to provide DFV-related support. Formal recognition and adequate resourcing of these organisations is essential to leverage their unique position within communities and enhance service delivery.

Support for men and trauma-informed approaches

There is a consensus on the imperative to expand services that support men, particularly in underserved regions.

First Nations men in the NT bear the burden of intergenerational trauma stemming from colonisation, systemic racism, and historical interventions. Addressing this trauma through culturally appropriate, trauma-informed services is crucial.

While Men's Behaviour Change Programs (MBCPs) are integral, stakeholders advocate for a diversified service offering that includes social and emotional well-being programs centred on healing and cultural reconnection while addressing the use of violence.

Intersection of trauma, alcohol and housing

Stakeholders highlighted the intricate interplay between DFV, substance use, housing overcrowding and homelessness. Siloed policy responses can exacerbate the harm; a holistic, integrated approach is necessary to address these interconnected issues effectively.

Concerns were expressed that recent policy changes increasing alcohol availability may exacerbate DFV incidents. A balanced approach that is required to mitigate potential adverse outcomes.

Impact of child protection policies on help-seeking

Some stakeholders raised concerns that the NT's Mandatory Reporting policy is perceived as a deterrent for DFV victims seeking assistance. The fear of police involvement and potential child removal can discourage disclosure, particularly among First Nations women with historical experiences of child separation.

A critical evaluation of policy frameworks is necessary to ensure they facilitate, rather than hinder, access to support services.

We sincerely thank everyone who generously shared their time and insights with us.

