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Model to support the response to DFSV in Katherine

June 2023

SVA Social Ventures Australia

Executive summary

The challenge of domestic, family and sexual violence in Katherine

- Continuing high rates of domestic, family and sexual violence (DFSV) in Katherine point to a need to think outside the box on **ways to break the cycle of violence**.
- There are **many different services in Katherine** that work with victim-survivors, users of violence and the broader community at different stages of their journey through the DFSV system.
- The **strengths of the Katherine service sector are apparent**, with good collaboration and strong relationships across services, and many motivated staff members dedicated to making positive change for individuals and their families.
- However, there are **many service sector gaps** that make it difficult to break the cycle of violence. These include:
    - a shortage of preventative services
    - stretched crisis support for victims and no crisis support for users of violence
    - a shortage of legal support for DVOs; and
    - the absence of culturally appropriate psychosocial supports including counselling and behaviour change programs.
- Compounding these gaps, Katherine services identified **other constraints** impacting their response to DFSV, including:
    - recruitment challenges; and
    - limited sector-level coordination (including the absence of a DFSV network)
- There are therefore **many opportunities** to improve the response to DFSV in Katherine.

A way forward

- This report sets out **a list of initiatives** identified by Katherine stakeholders as **essential to breaking the cycle of violence** and creating positive change for victim-survivors, users of violence and the broader Katherine community (see page 12).
- Many of these identified **initiatives are interconnected: investing across multiple initiatives** will allow for a more **comprehensive** and **coordinated** response to DFSV in Katherine.
- This report then focuses on **two** specific initiatives from this list:

1. How the **court process** might be **redesigned** to better respond to DFSV - this report finds that the Alice Springs Specialist Approach provides a relevant model for what an improved court process in Katherine might look like.

2. What an **intensive case management program for users of violence** might look like in Katherine - this report identifies a number of conditions for success and some of the specific questions that would need to be answered through a design process.

- Importantly, a condition for the success of both these initiatives is the presence of a **culturally appropriate behaviour change program** in Katherine. The implementation of the two initiatives described in this report should therefore include consideration of investment into a behaviour change program.
- Finally, it is important to note that changing established systems takes time. Right now, **there is momentum to make change** in Katherine, and therefore, a real opportunity for the sector **to come together** to **drive the implementation of critical initiatives.**

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Purpose, scope and methodology: NT Legal Aid and Wurli Wurlinjang have identified an opportunity to design a model to improve the response to DFSV in Katherine

Purpose

- Wurli Wurlinjang Health Service (Wurli) and NT Legal Aid Commission (NT Legal Aid) see an opportunity to drive a collaborative response to **domestic, family and sexual violence (DFSV) in Katherine,** tailored to the needs of Indigenous people.
- In response to this need, SVA Consulting (SVA) was engaged by NT Legal Aid to develop a model describing how current and potential services and approaches can **work better together**, and **with the court**, to improve **safety** and **break the cycle of violence**, so that victims and perpetrators have access to the right support and services at the right time.

Scope

- This report describes:
  - **The existing DFSV service system** in Katherine, critical gaps in the system that impact on an effective response, and a list of initiatives identified by stakeholders as what is needed to support a more effective response to DFSV in Katherine.
  - **Elements of a specialist court process** for Katherine that would improve the DFSV response
  - **Features of an intensive case management program** in Katherine designed to provide ongoing, holistic support to users of violence
- *Implementation* of the model (including the more specific tasks like developing Court practice guides and legal education materials) is outside the scope of this report. Implementation is expected to be carried forward by local organisations, once conditions for success, including funding, are in place.

Methodology

- The model was developed between December 2022 and June 2023. It involved **desktop research** as well as **engagement with stakeholders** in Katherine, Darwin and Alice Springs.
- The stakeholder engagement plan included **face-to-face** meetings with individual providers in Katherine. This engagement was led by the consultancy, Top End Dreaming (T.E.D.), supported by SVA, over three consultation rounds in Katherine:
  - 13-15 Feb 2023 – this round of consultation focused on service providers in Katherine who work with **users of violence**
  - 27 Feb – 1 March – this round of consultation focused on service providers supporting **victim-survivors**
  - 13-15 March 2023 – the final round of Katherine-based consultations focused on the **Katherine legal sector**
- Consultations also included interviews with **Darwin** and **Alice Springs-based** stakeholders, a meeting with key members of the **judiciary** and regular engagement with the **Project Reference Group,** which was set up by NT Legal Aid at the start of this project to:
  1. Provide strategic direction to ensure the project's aims would be achieved.
  2. Ensure a co-design approach with relevant stakeholders.
  3. Resolve escalated risks and issues with the project and provide approval of key decisions.
  4. Promote collaboration in the legal and health sectors in project delivery.
- The full stakeholder list can be found in **Appendix 1**.

Context: Continuing high rates of DFSV in Katherine point to a need to think outside the box on ways to break the cycle of violence

Rates of DFV in the NT are high, and reports of incidents are on the rise.

- The NT has one of the highest rates of DFV in Australia, revealing a pressing and complex issue.
- The **victimisation rate** for DFV-related assault in the NT is more than double the rate of WA, more than 3 times the rate of SA and more than 5 times the rate of other jurisdictions.*
- The number of DFV reports in the NT is **on the rise**. This year saw 2293 reports of DFV-related assaults, a 26% increase from the year before.
- At the same time, **NT rates of DFV offending** per 1000 population also increased by close to 27% over that time, to 30 per 1000 population.**

In reality, rates of DFV rates are likely much higher.

- Many incidents of DFV go unreported due to complex factors like fear, shame, financial dependence or lack of awareness of available supports.
- The data therefore only tells part of the story and real rates of DFV are likely much higher.

In Katherine, the number of reported incidents of DFSV are also increasing.

- In 2023, there were **708 reports** of DFV-related assault, a close to **60% increase** from the previous year (447 reports).**
- In 2023, there were **31 reports** of sexual assault in Katherine, a **73% increase** from last year (18 reports).

In Katherine, offending rates per capita are particularly high compared with the rest of the NT.

- In Katherine, the DFV offending rate is 65 per 1000 population, over **double the state average.****
- 2021 census data shows Katherine's town population as 5,980 people. Based on the above offending rate, a starting estimate of the number of offenders in Katherine could be **389 offenders.**
- Of course, this number is subject to many variables. Data can be inaccurate, many DFV incidents go unreported and many offenders are repeat offenders. This number does however provide **a useful starting estimate** of the number of offenders that Katherine service providers might work with.

DFSV in Katherine in 2022-23

745

Number of reports of DFV and sexual assaults

389

A starting estimate of the number of DFV offenders in Katherine

Increasing rates of DFSV in Katherine point to a need to:

- consider the strengths and gaps of the current service sector response; and
- explore new solutions to break the cycle of violence.

*Australian Bureau of Statistics (ABS), Recorded Crime, Victimisation, Australia (Released date 28 July, 2022). Data is not available for Queensland or Victoria. *Victimisation rate refers to the total number of persons aged 15 years and over who experienced a crime type in the last 12 months, expressed as a percentage of all persons aged 15 years and over*

**NT Balance Crime Statistics | NT Police, Fire & Emergency Services

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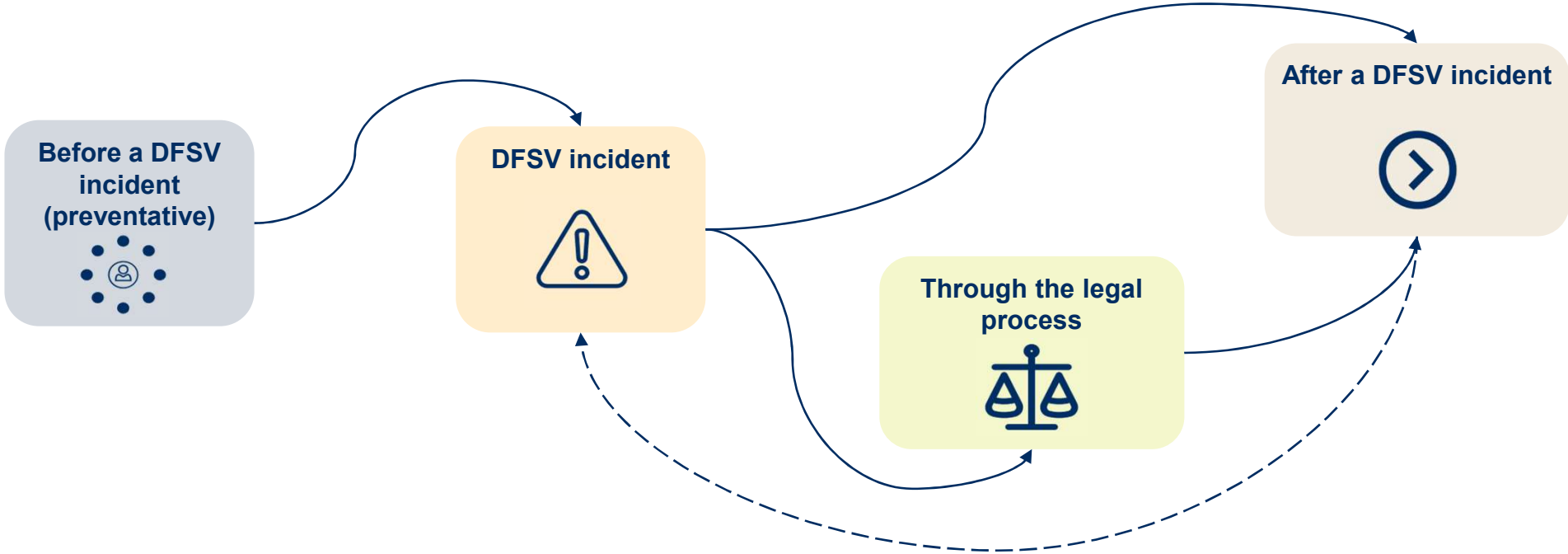
Existing system: Katherine services work with victim-survivors, users of violence and the broader community at different stages of a "journey" through the DFSV system



The journey through DFSV is often cyclical.

- This "journey" is often **non-linear**. Individuals might **cycle** through different stages of this journey multiple times, as repeat offenders and/or victim-survivors and/or witnesses.
- Also, not all those who experience DFSV **go through every stage** of this journey. For example, charges might not be laid after a DFSV incident, which means that individuals will not go through the legal process (but might nonetheless access crisis support and other services at other points of the journey).

For individuals experiencing DFSV, there are a number of entry points into the support system.

- Each stage of the "journey" represents **a *possible* point of entry** for victim-survivors, users and violence and the broader community into appropriate support networks.
- The following pages **list the services available** in Katherine for victim-survivors as well as for users of violence, at each stage along this "journey."

Support for **victim-survivors** in Katherine is centred around crisis response, particularly for individuals considered at "serious risk" of harm

The existing system – support for **victim-survivors***

Stage	Organisation	Program name	Description
Before a DFSV incident (preventative)	Catholic Care	No More	Community education program to raise awareness about gender-based violence
	Jawoyn Association	Banatjarl Strong Bala Wimun Group	Weaving Together for Support and Change (WTFSC): a culturally led violence prevention program. The women's group currently meet once a week to discuss priority issues for the community, with a focus on DFSV.
During a DFSV incident	Kalano	Night Patrol	First response to DFSV incidents (alongside the police)
	NTG	Police	First response to DFSV incidents – can refer victims to social supports through the *Support Link* system
	Katherine Women's Crisis Centre (KWCC)	Crisis Centre	Crisis accommodation, referrals to other social support services
Through the legal process	NT Legal Aid	NT Legal Aid Social Worker	A court-based social worker supporting all court attendees with referrals to social supports, including victim-survivors and perpetrators
	KWILS	DVO representation	Legal representation for women in relation to DVO matters
	NAAFLS	DVO representation	Legal representation for Aboriginal people in relation to DVO matters
	Witness Assistance Service	Court support	Assists applicants in DVO matters with understanding the court process, preparing victim impact statements, referring victims to other ongoing support
After a DFSV incident	NTG	Family Safety Framework	Intensive collaborative case management for victims in situations deemed by police at "high risk" of injury or death
	KWCC	Walking Together Program	Referrals to other social support services, development of safety plans (targeting young people)
		Critical Intervention Outreach Service	Outreach case management, including referrals to other social support services, development of safety plans
	Wurli Wurlinjang	Strong Indigenous Families	Therapeutic services for children and case management services for the family; family safety planning; case management; referrals; community education
	NTG	Sexual Assault Referral Centre	Sexual assault counselling

**Victim-survivors interact with other broader systems that provide support and referrals, including the health/hospital system and child protection through Territory Families, Housing and Communities. Interaction with these systems should be considered in an integrated response.*

Support for **users of violence** is more limited. Legal representation is available only if criminal charges exist too and social support programs only tangentially address DFSV

The existing system – support for **users of violence**

Stage	Organisation	Program name	Description
Before a DFSV incident	Catholic Care	No More	Community education program to raise awareness about gender-based violence
	Jawoyn Association	TBC	Based on the success of Banatjarl Strong Bala Wimun Group, Jawoyn is looking at setting up a men's group around DFSV (this is not funded yet)
During a DFSV incident	Kalano	Night Patrol	First response to DFSV incidents (alongside the police)
	NTG	Police	First response to DFSV incidents
Through the legal process	KWILS	DVO representation	Legal representation for women users of violence in relation to DVO matters
	NAAJA	Criminal representation	Legal representation for men and women in relation to DVO matters, but only when there are criminal charges
	NT Legal Aid	Criminal representation	Legal representation for men and women in relation to DVO matters, but only when there are criminal charges
		NT Legal Aid Social Worker	A court-based social worker supporting all court attendees with referrals to social supports, including victim-survivors and perpetrators
	Catholic Care	Men's Court Support Program	A court-based social worker supporting men (both victim-survivors and perpetrators) with referrals to social supports (note that this is a new position)
	Wurli Wurlinjang	Strongbala Justice Program	Can provide a court support worker for users of violence
After a DFSV incident	KWCC	Critical Intervention Outreach Service	Outreach case management, including referrals to other social support services
	Department of Attorney General and Justice	Family Violence Program	A 5-day intensive psychoeducational DFSV education program (court-ordered or self-referred), run approximately 4 x per year in Katherine
	Kalano	Venndale	Self-referred or court ordered 12 week clinical residential alcohol and other drug (AOD) rehabilitation program (not specific to DFSV). It includes an information session with Catholic Care's NO MORE DFSV education program
	Wurli Wurlinjang	Strongbala Justice Program	Self-referred or court ordered AOD program (not specific to DFSV) – participants attend sessions every day for 3 months. This includes some DFSV education.

However, we heard from stakeholders that there are many service sector gaps that make it difficult to break the cycle of violence and create long-term, sustained change

- There are critical sector gaps at all stages of the DFSV journey, which impact on the ability to provide **effective** support to break the cycle of violence. Some gaps affect victim survivors or users of violence **specifically**, but many **cut across** both these groups and the broader community, as shown below.

Stage	Gaps in support for victim-survivors	Gaps in support for users of violence
Before a DFSV incident (preventative)	**Preventative services**: We heard that preventative services are limited. This affects victim-survivors, users of violence and their communities, as root causes of DFSV are not targeted and community perceptions of violence as the "norm" remain. *"We really need preventative education for young people, because DFSV is a cycle"; "A lot of people in communities are in denial about sexual assault and DFSV – education is the answer"* **Training of service providers in DFSV:** We heard there is a gap in training about DFSV for services, and opportunities for a more trauma-informed practice by workers on the ground *"There is real room for education and training about the cycle of violence. Accessibility and cost is such a barrier to education"*	
During a DFSV incident	**Sufficient, appropriate crisis accommodation:** We heard the KWCC safe house works hard to support victims in times of crisis, but that it is often at capacity. We heard suggestions that an Aboriginal-controlled safe house would further support the existing crisis response.	**No men's crisis accommodation** Crisis/emergency accommodation for men was consistently raised as a serious gap in the system. While Ormonde House provides accommodation services, it does not necessarily accept men with DFSV history *"We need a safe place for the men to go, a facility to remove men from a heightened environment. Services could then go to that place in the morning, talk to the case workers, then link the men to the right services" – stakeholder interview*
	Overstretched police: we heard that police are currently overstretched and under resourced, impacting on their ability to respond effectively to DFSV. There is a need for targeted police training in DFSV and trauma-informed practices	
Through the legal process	**Court architecture:** The architecture of the court was raised as a real concern for the safety of DVO applicants and witnesses. There is only one large waiting room, so applicants and defendants are visible to each other.	**Lack of legal representation:** Currently, there is a real gap in the legal support services available to users of violence. Support for DVOs is provided but only when criminal charges are also on foot. KWILS is the exception, supporting women users of violence. However, consistent DVO support is not available for all.
	Absence of suitable court-ordered programs: For both victim-survivors, users of violence and their families, we heard that the absence of suitable culturally-appropriate court-ordered programs was deeply problematic, preventing an effective legal response. *"The court wants to put defendants for 10 weeks into Venndale. What is the cultural component of this response?" - stakeholder interview*	
	DFSV training for court stakeholders: We heard that court stakeholders are not routinely trained in DFSV	

Real gaps exist in the DFSV support services available, particularly for users of violence.

- Breaking the cycle of violence requires specific DFSV social support for victim-survivors, users of violence and their communities, particularly after a DFSV incident. In Katherine, these services are not necessarily available.

Stage	Gaps in support for victim-survivors	Gaps in support for users of violence
After a DFSV incident	**DFSV counselling:** DFSV counselling services are limited. The Sexual Assault Referral Centre (SARC) provides sexual assault counselling, but there is no specific domestic violence focus.	**Men's behaviour change program:** Katherine does not have a men's behaviour change program. This means that users of violence in Katherine have no specialised DFSV rehabilitation support. *"There is just no men's behaviour change program. The Katherine court frequently refers men to the Family Violence Program but this is not enough" – stakeholder interview*
	Wrap around support: While the Family Safety Framework does provide wrap around support to victim-survivors considered "high risk", victim-survivors who do not meet this threshold have no avenues for wrap-around intensive case management support. *"A real gap is for low risk early intervention. We need to focus on this" – stakeholder interview*	**DFSV counselling:** There is no specialist DFSV counselling service for users of violence
		Wrap around support: There is no wrap around, intensive case management for users of violence, to provide long-term holistic support. *"The gap is how to create long term behaviour change. This takes a men's behaviour change program, support, group work, in depth education and skills development" – stakeholder interview* **Note: KWCC has recently set up a new outreach case management service supporting users of violence. The program is in its early stages.*

"There is such a lack of support after an incident. A DVO is issued, then there is no support until there is a breach. There is a period of time where there is a void – the woman leaves with a DVO and that's it. There are some services (like KWILS and NAAFLS) but there is more room for integrated support for victims" – stakeholder interview

Compounding these gaps, Katherine services identified other constraints impacting their response to DFSV, including recruitment challenges and limited sector coordination

Recruitment in Katherine is difficult and a high staff turnover leads to a loss of valuable knowledge and networks

- Many services identified that recruitment and retention of staff was a real difficulty.
- Positions are advertised but can remain unfilled for long periods of time. Understaffing then puts pressure on existing staff members, impacting on a service's ability to deliver programs and support clients.
- Individual services are stretched and are not resourced to advocate or take actions outside their scope of work (like program development or network coordination)
- High staff turnover not only impacts on an individual service, but on the sector more broadly. Many services refer to each other and rely on strong staff relationships between services to be able to support clients effectively, which can be lost through staff turnover.

"We are over capacity and we struggle for staff" – stakeholder interview

"The position has been empty for a year. The position […] is out for recruitment, but it still hasn't been filled" – stakeholder interview

"The legal service is out of operations due to staffing" – stakeholder interview

"People move […] you lose touch about who is in what service" – stakeholder interview

Services also noted that there is currently no collaborative response at a sector level to DFSV.

- We heard that Katherine services have strong relationships amongst themselves and work collaboratively to provide support to *individuals*. There is however no sector-level coordination (for instance providing opportunities to jointly influence policy, coordinate funding applications etc.)
- There are many networks and forums in Katherine (like KISP, CHAIN, Housing Support Program), but none of these are specifically focused on DFSV.
- Efforts have been made in the past to support a more collaborative sector response, through the Big Rivers Family Violence Network (BRFVN) and workshops to map out a strategy for the DFSV response in Katherine. These efforts have lost momentum, creating frustration amongst service providers.
- The absence of a DFSV network impacts on the ability of services to share information, undertake joint advocacy or better coordinate grant applications.

"The reference group was useful, but it just stopped. If the role was filled, at least we would be able to raise issues" – stakeholder interview

" We have networks for everything, but despite this, there is a real need for a DFSV network" – stakeholder interview

Finally, services flagged that Katherine faces many other social challenges that are interconnected with DFSV. Housing was consistently raised as a critical issue.

- Housing is interconnected to DFSV. A critical shortage of long-term and short-term accommodation in Katherine means that victim-survivors and users of violence both have limited options to remove themselves from violent situations.
- Services consistently identified that improving DFSV outcomes would require a real focus on improving access to housing.

"It all comes down to housing – there is nowhere for people to go, and huge overcrowding which leads to violence. There is no short-term accommodation" – stakeholder interview

"Our biggest issue is housing. Housing is deeply connected to DV" – stakeholder interview

"If there was enough housing, this would reduce issues" – stakeholder interview

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In this context, stakeholders have identified a wide range of opportunities to improve the response to DFSV in Katherine

Opportunities to improve the DFSV response in Katherine

For the whole community
Includes systems change and primary prevention

1 ●	**An improved court process** designed to achieve long-term outcomes in the response to DFSV (described in Section 2 of this report)
2	**A specialist DV counselling** service in Katherine, including Aboriginal counsellors
3	More **court-based support workers** to support applicants and defendants through the legal process and refer them to appropriate services ** Catholic Care has received funding for a Men's Court Support Worker and is currently recruiting to the position*
4	Tailored **DFSV education programs** for individuals and service providers (including for police, for *young* people and for the broader community)
5	A **DFSV network** to promote sector-wide collaboration, information sharing and coordinated advocacy
6	**Family support accommodation –** a place where couples/families who are experiencing DFSV but who want to stay together can live for a period of time and together access DFSV and social support services (taking a family healing approach)
7	More **short-term** and **long-term housing**, recognising that housing stress and overcrowding are intrinsically linked with DFSV

For users of violence

1 ⚠	**A culturally-appropriate men's behaviour change** program to promote long-term behaviour change and break the cycle of violence
2	**Men's crisis accommodation** – a safe place for men to go to (this could also be a referral entry point to other social support services)
3 ●	**Wrap around, intensive case management** for users of violence, ensuring long-term, collaborative support (described in Section 3 of this report)
4	**Increased legal support** for DVO matters, to ensure that all defendants can access legal support at the right time (this ties into the improved court process). **NT Legal Aid has recently received funding for a DVO lawyer*

● *These initiatives will be the focus of the next sections of this report*

⚠ *A men's behaviour change program is a key component of both an improved court process and intensive case management*

For victim-survivors

1	**Wrap around support (including early intervention) for all victim-survivors** – recognising the real benefit of the collaborative approach taken by the Family Safety Framework (see page 26 for more detail on this), expanding this type of collaborative case management to all victim-survivors
2	**More women's crisis accommodation**, including culturally appropriate and/or community-controlled options

- DFSV is a complex issue that requires a **multifaceted response**.
- Many of the **initiatives** listed here are i**nterconnected: investing across multiple initiatives** will allow for a more **comprehensive** and **coordinated** response to DFSV in Katherine, leading to better outcomes.
- Achieving better outcomes will also require reviewing how **other systems** that are interconnected with DFSV might play a role in the response. These include the health system and the child protection system.

The next section of the report focuses on reviewing the court process and, alongside this, introducing intensive case management as a path towards breaking the cycle of violence

For users of violence and victim-survivors, the court process is a point of contact with a support system that they might not otherwise engage with.

- Engagement by individuals with the social support system is key to breaking the cycle of violence, but this **engagement is not always a given**. There are many reasons why users of violence or victim-survivors might not engage with services, including fear, feelings of shame, lack of awareness about available services and concerns about privacy (which is particularly true in the small community of Katherine).
- **The court process for a DVO** is a point where victim-survivors and users of violence are **already within the system.** They likely have been recorded into the Support Link police referral system at the point of a DVO incident, could already have engaged with legal support, interacted with social workers, or will otherwise me more likely be physically present in court on a hearing day.
- This is particularly true for defendants in DVO applications, who are required to attend court as part of the DVO process, but might not otherwise have been in contact with the system prior to that.
- The fact that the judge also has **the ability to make particular orders for defendants** makes the court process a key engagement opportunity to support behavioural change in users of violence.

The court process provides an opportunity to make a targeted, tailored intervention to break the cycle of violence.

- The court process, including the lead-up to an appearance in court, the actual court day, and the post-court process (including attendance at court-ordered programs) is therefore an opportunity to actively engage with users of violence and victim-survivors.

The path to breaking the cycle of DFSV is complicated and in part hinges on the availability of specialist services like a behaviour change program

- Many stakeholders spoke of the fact that at its core, DFSV is about the use of **violence.** This is why many stakeholders highlighted the need for a men's behaviour change program to be able to specifically target the violent behaviour and break the cycle (noting that while some women also use violence, a key issue in Katherine is men's use of violence).

However, it is also clear that other issues like AOD dependency, housing and financial strain might compound or catalyse the use of violence.

- Some users of violence might change their behaviour through attendance at a behaviour change program. However, others need more intensive support to address other compounding social issues.
- However, the social support system to address these other needs is complex and we know that in Katherine, there are gaps, which make it harder to navigate.

Therefore, there is a need to consider how more long-term, intensive support can be provided, to guide individuals through this complex system, alongside a behaviour change component

- The question is how holistic, wrap around support can be provided alongside (or embedded into) any future behaviour change program in Katherine.

The rest of this report focuses on:

1. How the **court process** might be redesigned to better respond to DFSV, including conditions for success; and
2. What an **intensive case management program** might look like in Katherine, including conditions for success

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The need for change: The current court process in Katherine is not sufficiently responsive to the unique needs of people experiencing DFSV

- In Katherine, the court process currently **does not take a specialist approach to DFSV** that responds to the specific needs of people who experience DFSV, whether the victim-survivor, the user of violence or their families and communities.
- **The sector has been saying that this is problematic for a long time**, and many of the criticisms of the system are already captured in the 2019 Domestic and Family Violence Journey Mapping Report. These are included below, to recognise and emphasise that significant work has already gone into identifying the gaps in the system and **priorities for change**.
- The development of the Domestic and Family Violence Journey Mapping Report involved **extensive service sector engagement**.
- Insights were brought together to conclusively show that **the legal system does not adequately promote the safety of victim-survivors and their children, nor the rehabilitation of users of violence.**

Key findings

Key reflections from workshop participants on the journey map and the research identified a system[4]:

- that is disjointed and disconnected.
- where victim/survivors have inadequate support.
- that is overloaded.
- where long time frames affect outcomes.
- where there is not a focus on victim safety.
- that is not breaking cycles of abuse, which is critical for making individuals and communities safer.

Finally, there was a question of whether the justice system alone is best placed to respond to identified issues.

Source: Domestic and Family Violence Journey Mapping Report, A. Richmond, 2019

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Katherine stakeholders have described a number of shortfalls in the current legal process, echoing the themes of the DFSV Journey Mapping Report

Stakeholders raised a number of concerns with the current legal response to DFSV. Many want to see the court process done differently:

- **Legal support:** Applicants and defendants are not suitably supported through the court process:
  - Legal representation is only available for DVOs where criminal charges are also on foot. There is a real gap in legal support for defendants
  - There is insufficient engagement by court stakeholders with victims or their support services, which leads to issues like victims not knowing bail conditions and release dates
- **Engagement:** There is a perception that there isn't sufficient engagement by defendants with the court process.
- **No DV list:** There is no DV list, and while many matters are listed on the same day, some are heard throughout the week, making it harder for lawyers and social support workers to appropriately support individuals (for instance safety planning for victim-survivors)
- **Safety:** The court architecture does not promote safety. There is only one waiting room, so applicants and defendants typically sit together, creating risk of re-traumatisation
- **Lack of culturally appropriate programs:** A significant issue is that outside the government-run Family Violence Program, there are no culturally appropriate programs in Katherine that the Court can order attendance to (e.g. a men's behaviour change program).
- **No alternatives to court:** It is questionable whether the DVO system is itself appropriate to respond to DFSV. The current court process does not provide opportunities for restorative justice or other alternatives that promote family healing.
- **DFSV training:** We heard that court stakeholders are not routinely trained in DFSV. There is also a gap in community education about court and DVOs.
- **Timing:** DVO matters are drawn out, placing stress on witnesses who have to remember incidents that happened a long time ago.

*"There is no focus from a systems perspective on victims and perpetrators. Courts **don't necessarily engage** with victims like helping with explaining bail conditions. On DVO applications, the men are **not represented or well represented**, and they **don't understand** the process" – stakeholder interview*

*"There is really **poor communication** coming out of the court house in terms of whether DVOs have been served. They might be in the system, but unclear whether they have actually been served" – stakeholder interview*

*"The court would **have to look/feel different**. It can't just be another court program. The authority of the court is questionable to many men. How can we make the court culturally relevant?" – stakeholder interview*

*"Lots of applications for DV are made with no response. Where are the men? Why are they **not turning up to court**?" – stakeholder interview*

*"We really **need a DV list**. Most matters are heard on Monday, but some are scattered throughout the week, which makes it hard to do safety planning" – stakeholder interview*

"The issue in Katherine is that there are very few court ordered programs. There might be alcohol rehab, but criminal lawyers scramble to find options to build into orders for defendants" – stakeholder interview

*"The issue is there is **nowhere for the court to send offenders** – there are not enough culturally appropriate services" – stakeholder interview*

*"There are incidences of collusion (ie in corrections) – this shows a lack of awareness about DFSV. Crime lawyers **really need DV training**, so they can also work to keep perpetrators accountable" – stakeholder interview*

The Alice Springs Approach: The court in Alice Springs has developed a Specialist Approach to DFSV which includes a number of elements

- The Specialist Approach refers to a range of measures introduced from 2020 onwards at Alice Springs Local Court to improve the response to DFSV.
- It was developed on the basis that the core response of the Alice Springs Court was not sufficiently promoting safety of victim-survivors.
- The key elements of the Alice Springs approach are described in the 2022 Internal Evaluation Report of the Specialist Approach, summarised below.

No.	Element of the Alice Springs Specialist Approach	Description
1	**A major court refurbishment**	Improving the architecture of the court to improve safety and reduce re-traumatisation. Refurbishments have included: • A separate entrance and waiting area for vulnerable witnesses and applicants in DFV matters; • A specialist DFSV court room designed to limit visual contact between applicants, witnesses and defendants (including improved facilities for vulnerable witnesses to give evidence via audio-visual link (AVL))
2	**The creation of a new Specialist List, including new practice directions and listing practices**	Developing new Practice Directions 30A-1 and 30A-2 setting out: • The framework for the management of matters referred to the Specialist List • The conduct of DVO proceedings with no related criminal file • The timetable and case management process for the hearing of contested DFV related criminal matters.
3	**Orders to attend programs – supporting accountability**	When going through the Alice Springs Specialist List, the court can order the defendant to attend a prescribed rehabilitation program (in Alice, the only option currently is the Tangentyere Men's Behaviour Change Program). The Lead Judge of the Specialist List then has the power to monitor the defendant's progress in the program. The defendant's regular return to court (for monitoring by the judge of their progress in the program) creates accountability.
4	**Legal advice and representation**	Ensuring access to legal advice to both defendants and applicants in DVO applications. Note that lack of funding for legal services has made this challenging to achieve.
5	**Specialist support services at the court and regular Case Coordination Meetings**	Ensuring specialist DFV Support Services for both defendants and applicants are co-located at the Court to: • provide information to defendants and make suitability assessments when they are being considered for the specialist list • provide risk assessment, safety planning and support for protected persons (including those at high risk of violence) To ensure a coordinated approach to the management of risk issues, Specialist List matters are discussed at **the DFV Case Coordination meetings** between the Local Court, WOSSCA, CAWLS and Tangentyere Council. Note that **information sharing** protocols have raised concerns around privacy. This is a key area for consideration and improvement.

A key feature of the Alice Springs approach was the appointment of key positions including a DV Registrar and a Lead Judge

No.	Element of the Alice Springs Specialist Approach	Description

6	**Key roles – appointing a Lead Judge and a Domestic Violence Registrar**	The implementation of the Specialist Approach included the appointment of a Lead Judge and a Domestic Violence Registrar.
		• **The Lead Judge** plays a key role in creating a more therapeutic environment in court, that increases the accountability of the defendant. As noted in the recent evaluation of the Specialist Approach: "Stakeholders have stressed the importance of the person appointed to this role having an advanced understanding of the nature and dynamics of DFV and in the need for continuity in this role."
		• **The DV Registrar** has been identified as a critical component of the Approach, playing a key coordination role. The DV Registrar's role includes:
		  • Coordination of the administration for the Specialist List
		  • Coordination of risk assessments
		  • Coordination of DFV Case Management meetings
		  • Coordination of DFV training for stakeholders
		  • Stakeholder engagement

7	**Frequent consultation and collaboration**	An **Operational Working Group** chaired by the Lead Judge meets quarterly to discuss systemic and procedural issues of the Specialist Approach and its implementation. The DV Registrar also meets informally with court stakeholders when necessary
8	**Increased DFSV training**	The Approach includes specialist DFV training for judges, court staff, lawyers and other court stakeholders

Areas for improvement – Setting up a Cultural Advisory Group

The 2022 Internal Evaluation of the Specialist Approach identified points of strong success, as well as a number of areas for improvement.

A concern about the current model was that it was not adequately focussed or attuned to cultural considerations for Aboriginal people.

A recommendations was made to set up a **Cultural Advisory Group**, made up of Aboriginal people who are experts in DFSV and legal responses to DFSV.

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Stakeholders support the introduction of a model like the Alice Springs Approach in Katherine. The absence of a men's behaviour change program is however a hurdle to doing this

Stakeholders have identified shortfalls in the Katherine court process that are similar to those in Alice Springs being addressed by the Alice Springs Specialist Approach.

- Pages 9 and 16 list existing shortfalls in the Katherine court process that are similar to those seen in Alice Springs, including:
    - Inappropriate and unsafe court architecture
    - Insufficient legal representation of defendants
    - The need for specialist support services at court
    - Insufficient DFSV training for court staff
    - The need for culturally appropriate, tailored orders that support rehabilitation of offenders

Stakeholders in the service and legal sectors support the introduction in Katherine of a model inspired by the Alice Springs Specialist Approach.

- We heard strong support for a review of the court process in Katherine.
- The similarities of Katherine's needs with those of Alice Springs, make the Alice Springs Specialist Approach a relevant model on which to base an improved court process in Katherine.
- A recurring theme was the need for the courts to be able to respond to the broader social needs of defendants (particularly health, including AOD), through tailored orders

However, stakeholders see some hurdles in Katherine that would impact on the success of a Specialist Approach, in particular the absence of a Men's Behaviour Change Program.

- The Men's Behaviour Change Program is a core element on an improved court process.
- Until there is a Men's Behaviour Change Program accessible to offenders in Katherine, the court does not have an avenue to make tailored orders to support the rehabilitation of offenders, which defeats the purpose of the Specialist Approach.
- While the need for a Men's Behaviour Change Program was a recurring theme in conversations about a tailored court process, stakeholders did identify a number of other preconditions for success. These are listed on the following page.

"Because of the court's architecture, there is no way of getting victims into the back room, without seeing defendants in the foyer, or their families. We have had times where there has been yelling and threats in the foyer" – stakeholder interview

"We could adopt a lot of what Alice has done and we would do it well because of how linked the services in Katherine already are" – stakeholder interview

"I am positive and supportive about all ways of approaching things from this different perspective" - stakeholder interview

"Without a men's behaviour change program, it is very hard to run a specialist approach" – stakeholder interview

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Stakeholders identified priority conditions that will need to be in place to begin reviewing the Katherine court process. Some of these will require immediate funding

- Many of the **priority conditions** identified by Katherine stakeholders reflect the elements of the Alice Springs Specialist Approach, which is why the Alice Springs Specialist Approach is a relevant case study in what might be introduced in Katherine.

No	Priority condition	Stakeholder feedback	Related element of the Specialist Approach	Immediate funding requirement?
1	**Collaboration across the sector** • We heard that setting up the Alice Springs Specialist Approach took many years of sector collaboration. • Change in Katherine will therefore require an ongoing, coordinated and collaborative sector effort, with defined shared values and a clear delineation of roles and responsibilities to drive change	*"It is important for people to know that it is a long journey of collaboration"* *"Change in Alice Springs started as a groundswell, with lots of strong leadership from the services and the local court. It took years to develop"* *"We need a framework for what the components of the approach are, what each person's role is, ways of communication, consideration of laws around information sharing"*	6. Key roles – appointing a Lead Judge and a Domestic Violence Registrar 7. Frequent consultation and collaboration	Yes – funding for a coordinating role to support greater sector collaboration
2	**Creating a coordination role / DV Registrar position to drive reform of the court process** • Tied to condition 1, we heard that it will be critical to fund a coordinating role to drive the reform process. This role could sit outside the court, but given the need to coordinate court stakeholders, this position would ideally be within the court.	*"The first thing that needs to be done is a DV Registrar position, who would have very specific skills about how to go forward with a DFSV matter" – stakeholder interview* *"If it is about changing court process, the coordinator role would ideally be in court, but it could also be outside of the court if someone has relationships and an understanding of court work and registry processes"*	6. Key roles – appointing a Lead Judge and a Domestic Violence Registrar	Yes – funding for a coordinating role to drive the court reform process
3	**Training the sector in DFSV (including utilising existing free RAMF* training)** • Laying the foundations for a trauma-informed response by the service sector (within the court and outside the court) is important. • Free RAMF training is available for providers in Katherine and could be better utilised	*"Training for registry staff would be very important. They aren't aware that they can access RAMF training for free. Anyone working in the specialist court can do the RAMF training"* *The NTG Risk Assessment and Management Framework (RAMF) training is a standardised training for all workers who come into contact with people who experience DFV. The free training takes place over 2 workshops. Training is available across the NT, including Katherine.	8. Increased DFSV training	No – can leverage existing free RAMF training, but additional training may be required in the future

A culturally appropriate behaviour change program is key. Without it, the court is not able to make a tailored order, which defeats the purpose of the specialist approach

No	Priority condition	Stakeholder feedback	Related element of the Specialist Approach	Immediate funding requirement
4	**Developing a men's behaviour change program in Katherine, responsive to community needs** • This was consistently raised as a key priority as it is the necessary component of a tailored DFSV court response	*"Without a men's behaviour change program, it is very hard to run a specialist approach" – stakeholder interview*	3. Orders to attend programs – supporting accountability	Yes – this program does not exist in Katherine and would therefore need to be fully funded
5	**Setting up an intensive case management program** • Offenders in Katherine have complex needs, particularly related to health. A holistic response requires continued, ongoing support of offenders. This support might be embedded in a men's behaviour change program or could be free-standing	*"In an ideal world, there would be a men's behaviour change program, but also integrated case management" – stakeholder interview*	5. Specialist support services at the court and regular Case Coordination Meetings	Yes – funding would be needed for case manager positions as these do not currently exist in Katherine
6	**Refurbishing the court room to make it safer for witnesses, supporting a trauma-informed court response** • Appropriate court facilities are an essential part of an appropriate, trauma-informed DFSV response	*"An appropriate physical space is important for trauma informed practices and letting witnesses feel safe. We need to have basic facilities" – stakeholder interview*	1. A major court refurbishment	Yes
7	**Cultural input and continued awareness of the progress/status of Community Courts, Law & Justice groups and restorative justice initiatives in Katherine** • These alternate processes to the court system present opportunities for a greater cultural response to DFSV. • These are currently not in place /available in Katherine, but should be considered as part of a future holistic response to DFSV • Importantly, any model should be designed and implemented with Aboriginal voices at the forefront.	*"The community courts process can support a specialist approach" – stakeholder interview* *"It is important to think about what "authority" means. Authority comes from the community, say matching offenders with an elder. The Community Court concept could function in Katherine" – stakeholder interview* *"Change should be Aboriginal-led" – stakeholder interview*	Areas for improvement – Setting up a Cultural Advisory Group	No – awareness could be maintained through regular sector meetings identified at Priority Condition 1

Until a specialist approach is explored, there are some changes that could be made to the current court process in order to support an improved response to DFSV

Implementing a Specialist Approach in Katherine will take time, collaboration, and, as identified in the previous pages, additional funding.

In the meantime, there are **improvements** that could be made **to the existing court process** to support a the DFSV response, **without a need for substantial additional funding**.

1. **DFSV education for all court stakeholders (through free RAMF training)**

- Stakeholders identified improved DFSV training as a real need, to better equip judges, lawyers, registry staff and any other court stakeholder with the necessary tools to handle DFSV cases with sensitivity, empathy and DFSV expertise. DFSV education reduces the potential for collusion, empowering court stakeholders to create a safer, more compassionate and supportive environment for victim-survivors within the legal system.
- There is existing free RAMF* training available, which could be utilised more broadly by all stakeholders involved in the court process.

2. **Improved communication with victim-survivors from the court on DVO timelines**

- Stakeholder identified that services, including those supporting victim-survivors, are not consistently kept up to date with DVO timelines. For instance, stakeholders noted lack of clarity on whether a DVO has been served or not, as well as lack of clarity around release dates of offenders.
- There is an opportunity for the court to improve its communication on DVO timelines. This ensures that victim-survivors are informed and aware of the progress and status of their case, reducing uncertainty during a distressing time. Transparent and timely communication also allows victim-survivors to plan and make informed decisions regarding their safety and well-being.

**As noted above, the NTG Risk Assessment and Management Framework (RAMF) training is a standardised training for all workers who come into contact with people who experience DFV. The free training takes place over 2 workshops. Training is available across the NT, including Katherine.*

"First things first, we need an induction around DV for everyone in the sector (and regular trainings say every 3 months), so all services in Katherine all know the same information about DFSV" – stakeholder interview

"DFSV training for registry staff would be very important" – stakeholder interview

"Orders are served by the court in an ad-hoc way. Staffing problems (like the absence of a bailiff) mean we don't know when the order has or has not been served. This is a big systemic problem." – stakeholder interview

"There is really poor communications coming out of the court house in terms of whether DVOs have been served. The DVOs might be in the system, but it is unclear whether they have actually been served." – stakeholder interview

"Offender release dates aren't communicated to victims. Defenders on bail might be sent back to the original house where the victim is. Even Katherine Women's Crisis Centre doesn't get told the dates" – stakeholder interview

Expanding on these two changes

There are likely other changes that could be made to the current court process to support an improved DFSV response. There is an opportunity for legal services in Katherine to come together (for instance at the existing legal services network meeting), develop a detailed list of possible changes to the existing court process and advocate for their implementation.

Contents

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The need for ongoing intensive case management for users of violence was raised by a number of Katherine stakeholders

Katherine stakeholders identified that users of violence do not necessarily engage with the support system.

- Disconnection from services was raised as a real issue, preventing holistic support.
- There is a sense that people can slip through the cracks, not receiving the right support at the right time, and that a real gap is around long-term case management.
- The services listed on pages 7 and 8 provide specialised, point-in-time support to users of violence at particular stages in the DFSV journey. However, there are currently no services that support users of violence across *all* stages of the journey

We heard that having a consistent engagement point with the support system would be useful to keep users of violence engaged and to ensure they receive the right support at the right time

- This could take different forms:
    - a service that victim-survivors or users of violence could reach out to/ be referred to for ongoing support
    - or conversely, a way for services to come together to identify and reach out to/access at risk people, for instance a regular network meeting (successful elements of the Family Safety Framework format or other coordinated approaches like existing KISP meetings could be adopted to support users of violence in a similarly collective and coordinated way)

Intensive case management for users of violence was raised as a possible response

- Stakeholders identified long-term individual intensive case management as a worthwhile initiative. This type of response would be a way to keep users of violence engaged in the support system.
- Intensive case management could also be used to support men who do not want or are not ready to attend a (hypothetical) Katherine-based men's behaviour change program. It could be used to support those individuals towards wanting to change their behaviour.
- Stakeholders emphasised that long-term individual case management is critical to reducing recidivism

"Most applications for DV are made with no response. Where are the men? Why are they not turning up to court? Are they trying to get legal help? There is no engagement with the system" – stakeholder interview

"We need a case worker as a stand-alone independent service for perpetrators, working alongside criminal lawyers or by themselves, based at the court. Defendant needs to know that if they go to court, they can access a service provider there" – stakeholder interview

"We need other services in town (health, legal providers etc) to know that a case worker is there, so that they can refer the defendant to that person. The defendant could then opt in to seeing them" – stakeholder interview

"As an idea, look at the KISP meetings, where all the services come together to discuss an individual. Defendants need holistic support all at once" – stakeholder interview

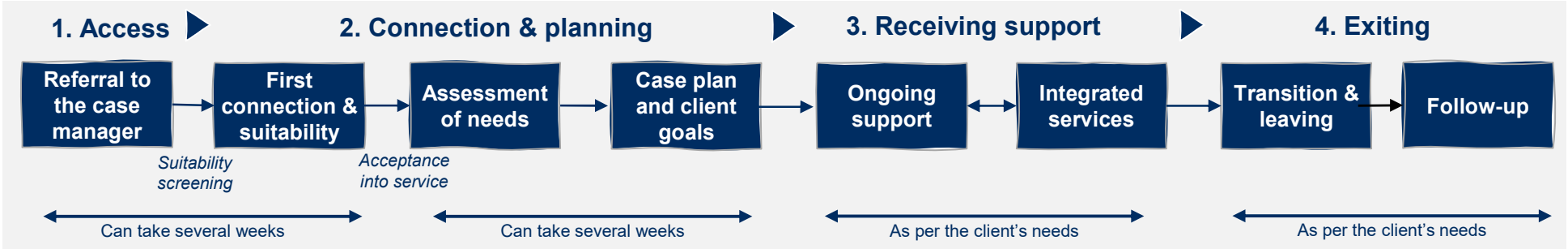
I like the idea of intensive case management because not every man is going to be suitable for a men's behaviour change program. Some men might not want to engage with behaviour change (unless mandated by the court) and some might not be ready. Case management can support them to be ready – stakeholder interview

"[For users of violence] Intensive case management is not just feasible but highly desirable. You can only reduce recidivism if you deal with the background issues that are considerable, complex and quite long term" – stakeholder interview

Intensive case management through a dedicated case manager will promote better engagement with existing support systems in Katherine

- The goal of intensive case management is to assist individuals to remain engaged in existing support systems. It provides an opportunity to address the more complex individual needs, like AOD, health, housing and financial strain by promoting the collective wrap-around support of other services.
- The key element of this model is the existence of a **dedicated case manager** who works one-on-one with the client over their journey through the system.

Features of intensive case management



Access

- **Initial enquiry / referral** is made by another service or by the individual
- Intake received and picked up by the Case Manager (CM)
- Initial information captured in database

Connection & planning

- **First connection** is made by CM with the individual.
- CM decides if the service is suitable for the individual
- CM accepts the individual into the service
- CM completes **initial client needs assessments**
- Initial paperwork completed which may include informed consent for information sharing for key referrals / services
- **Case plan** made by CM

Receiving support

- Client may need or request **specific supports** (e.g. financial and or legal issues) beyond what the CM can provide
- CM makes an appointment for an **integrated service** (e.g. lawyer) and briefs the staff member from the other service on client details
- CM co-ordinates any follows-up or any further supports as required based on client goals and needs
- Case plan reviewed by the CM & updated regularly

Exiting

- CM manages **transition out** of service (which could involve an exit survey to measure impact)
- CM **follows-up** with client periodically to check-in and proactively offer support.

The **integration** of services requires clearly identifying the responsibilities of each integrated service, including **referral protocols** and **information sharing protocols**.

The existing **Health Justice Partnership** in Katherine (described on page 28) is an example of how service integration can take place

There are existing DFSV services in Katherine that have features of intensive case management. There is an opportunity to learn from these about what already works well

Collaborative/integrated approaches for victim-survivors

The NTG Family Safety Framework

- The Family Safety Framework (FSF) is "an action-based integrated service response to victim survivors of DFV who are at serious risk of injury or death."
- The Katherine FSF is led by NT Police, in partnership with other government agencies (like Territory Families, Housing and Communities) and NGOs/ACCOs (Kalano, KWCC, Wurli etc.).
- The Katherine FSF members meets weekly to support victim-survivors who meet a key criteria of being "at high risk of injury or death."
- The FSF includes a number of key elements: a shared risk assessment form, a clear referral process, information sharing protocols, regular meetings and training.

Features that align with intensive case management:

- **Access:** clear referral pathways outlined in the Family Safety Framework Guidelines
- **Connection and planning:** clear risk assessment process; discussion of new referrals, identification of necessary actions by FSF members
- **Receiving support:** Wrap-around, multiagency support of high-risk victim-survivors; Ongoing, individualised support; Information sharing protocols between members of the FSF

Note: The FSF does not have individual case managers, but rather features a regular meeting during which key DFSV services come together to identify client needs and allocate responsibility to address these across the different FSF members

Collaborative/integrated approaches for users of violence

KWCC Critical Intervention Outreach Service

- KWCC have recently started the Critical Intervention Outreach Service working with users of violence.

Features that align with intensive case management

- **Access:** flexible referral process, from self-referral to NGO referral and FSF referral
- **Connection and planning:** Individual case managers work with the clients to understand needs
- **Receiving support:** The program supports referrals to other services; the program provides "continuity of care and long-term support"

- When thinking about setting up an intensive case management program in Katherine, it will be important to **consider what services are already available** and **what collaborative/integrated approaches are working well in the DFSV space.**
- Existing approaches like the FSF, the Critical Intervention Outreach Service (and others) may have **key resources** (e.g. guidelines, information sharing protocols) and **established processes** (e.g. regular meetings, risk assessment processes) that if appropriately funded, could be **expanded** to provide more, tailored, individual case management in the DFSV space.

> *"We need early intervention for people who don't meet the FSF, an invite-only individual case support network. Why don't they just expand the FSF eligibility criteria?" – stakeholder interview*

Outside the DFSV sector, "KISP" is an example of how services in Katherine collaborate through an intensive case management model to support people experiencing homelessness

Katherine Intensive Support Program (KISP)

- KISP is a collaborative **case management** program run by Wurli, described as:

  *"a culturally enriched, evidence-informed support and coordination Service for Aboriginal and Torres Strait Islander people experiencing homelessness, housing overcrowding or living rough while living with severe health co-morbidities including addiction. KISP works with the individuals, via a **case management approach**, with the aim to collaboratively provide services to individuals" (Wurli website)*

- KISP includes a Collaborative Case Management Group chaired by Wurli's KISP team. The group **meets once a fortnight** to engage all agencies in town that do or are likely to provide services to the target individuals described above. The Collaborative Case Management Group discusses individual client cases, jointly developing support plans.
- Organisations frequently attending the Collaborative Case Management Group include Kalano, the Salvation Army Hub, Venndale, Department of Housing and Katherine Hospital clinicians.
- Over time, Katherine-based legal services identified a high level of **legal need** among **KISP participants**, prompting NT Legal Aid and the Wurli KISP team to set up a "Health Justice Partnership" described on the following page.

- KISP was set up through extensive **sector collaboration**. The pilot project, which was launched in 2019, included a Reference Group made up of Katherine agencies supporting clients with complex needs.
- The KISP Reference Group provided feedback on the implementation of KISP, coming together to identify shared needs, and in doing so, demonstrated the sector's **preparedness to collaborate** towards shared goals.

KISP Reference Group – Source: KISP First Evaluation Report, July 2019

- KISP is a collaborative **case management program**, and while not specifically tailored to DFSV, staff at Wurli will likely have **knowledge** on **what works** and **what does not** in the Katherine context when it comes to i**mplementing** an intensive case management program.

In Katherine, there is also a Health Justice Partnership: a model that supports collaboration between the health and justice systems, which could be expanded or replicated

Katherine Health Justice Partnership

- The Katherine **Health Justice Partnership** (HJP) is an **agreement** between NT Legal Aid **and** Wurli's KISP (described on the previous page) to:

  "provide access to the legal services for vulnerable people who might not otherwise get legal help, thereby improving their quality of life and outcomes" (HJP MoU)

- The Katherine HJP has been running since 2020, providing **integrated health, legal and social support** to KISP participants.
- The objectives of the Katherine HJP are shown below. They include providing collaborative wrap-around referral pathways as well as direct legal assistance to KISP participants.

Source: Health Justice Partnership Project First Evaluation Report, 2021

A Health Justice Partnership could be considered to respond to DFSV

- Katherine stakeholders identified "**siloed**" systems as a challenge to the DFSV response in Katherine, with the court/legal system operating out of step with health and social programs.
- A **Health Justice Partnership** is a potential model to address this.
- Health Justice Australia describes the Health Justice Partnership model as:

  "collaborations to embed legal help in healthcare services and teams. They provide an opportunity to identify and address the complex systems that compound disadvantage and, with that, legal need, health and wellbeing."

- This model of "**joined-up" legal and health service delivery** has emerged as a successful method to overcome the barriers that prevent meaningful change when health and legal need are addressed independently. Many Health Justice Partnerships have been set up in communities across Australia.
- A Health Justice Partnership in Katherine focused on DFSV could **formalise the relationship** between **legal services** and **a future intensive case management program**, consolidating service integration.

Learnings from the existing Katherine HJP could be replicated when setting up service integration in the DFSV context.

- Many services in Katherine are familiar with the HJP ways of working.
- The process of setting up the Katherine HJP included NT Legal Aid and Wurli entering a **Memorandum of Understanding** to identify the aspirations, contributions and commitment of each partner in working with KISP participants to ensure their legal and social support needs are met.
- **Learnings** from this process could be **replicated** when setting up service integration in the DFSV context.

The success of intensive case management in Katherine will depend on a number of conditions being met

- The following conditions were raised by stakeholders in the context of discussing intensive case management for users of violence.

#	Condition	Stakeholder feedback
1	**One, or multiple, organisations willing and appropriately resourced to employ case workers (employing organisation)** Stakeholders identified a number of desirable characteristics of an employing organisation: 1. Credibility in the community, with long-term community relationships. 2. A record of stable, constant service delivery with good results 3. Appropriately staffed. This could include access to a network of staff from other locations to fill resourcing gaps when Katherine experiences staff turnover 4. An ACCO, or an organisation with a strong partnership with an ACCO. There is also a question of whether this program might be embedded in a future men's behaviour change program. See condition 4 for how this might strengthen the response to DFSV, as it could be mandated by the court.	• *"The organisational context is important. There are large organisations like Kalano and Wurli, that have considerable scope of service delivery. They have the cultural context that provides a sense of safety and familiarity"* • *"The organisation would at least need to have a strong link with an Aboriginal organisation"* • *"The best way to get cultural authority is to put the control of the program in an ACCO"* • *"The host organisation should be an existing provider, with good credibility in the community as well as stable, constant service delivery with good results"*
2	**Availability of suitably qualified case workers** Recruitment and retention of suitably qualified case workers is necessary, with a focus on trauma-awareness. Noting the high staff turnover in Katherine, we heard that the host organisations having access to a network of staff from other locations could be valuable	• *"You would need social workers with training and experience in working with trauma, and cultural practice. They need to be able to do thorough assessments* • *"Access to resources and staff from other places who can travel into Katherine to do training and on the ground support – means that there is consistency of service provision"*
3	**Strong service sector collaboration** There must be strong, formalised relationships across the Katherine service network that allow for the delivery on an integrated service. We heard that there is already good collaboration in Katherine. Exploring ways to formalise these (including through MoUs) would further consolidate these strong relationships.	• *"The service needs good links with the legal services"* • *"In Katherine, services work well together and connections are strong. There is genuine willingness to work together"* • *"Collaboration already happens, there is already so much good will that establishing case management sharing would be easy to do"*

The existence of a behaviour change program was raised again as a condition for success, ensuring a user of violence is kept accountable for their actions while receiving support

#	Condition	Stakeholder feedback
4	**Clear referral processes** There needs to be multiple entry points into the service. Early intervention is ideal, which is why options for self-referral, or referrals by other services is necessary. The court process is also a key referral point as defendants are more likely to be physically present in court or engaged with the system (as described on page 13). There is a question of whether intensive case management could be embedded in a future men's behaviour change program, or whether the program could in, conjunction with men's behaviour change, be a Declared Domestic Violence Rehabilitation Program that could be ordered by the court.	• *"Right now, there is a big gap. DFSV needs to be flagged before there is an injury or a DVO. Social support services have a big role to play, because police only intervene in at a point of crisis"* • *"There is room for intervention at the early stage in the journey – starting before offenders become recidivist"*
5	**Coordination with a men's behaviour change program** DFSV is ultimately about *the use of violence*. This means that while other social supports might be provided, ultimately there must be therapeutic / clinical processes to support violent behaviour change. Supporting a user a violence with other social needs, but without supporting behaviour change, creates a risk of enabling violence. Coordination with a behaviour change program keeps the user of violence accountable for their behaviour.	• *"The risk of intensive case management is enabling the user of violence. Intensive case management would need to be in consultation or alignment with a men's behaviour change program. If there is no therapeutic or clinical process to change the behaviour, how can a case manager keep the person accountable?"*
6	**Information-sharing protocols** An integrated response across multiple services requires a shared understanding of how client data can be used. Strong protocols are particularly important in the DFSV context in order to support the safety of victim-survivors.	• *"When it comes to information sharing, a key question in Katherine is how people are protected and helped through the sharing of information"* • *"Specialist programs need to information share"* • *"Information sharing needs to be approached with caution because of the risk to the victim"*

Ultimately, the program will be most successful if co-developed with the community

#	Condition	Stakeholder feedback
7	**Community / service sector input into the final design of the intensive case management model** Community input on the details of the intensive case management model will be key to ensuring it meets community needs. There are existing forums in Katherine that could be used as engagement points with services, including the Justice Reinvestment Framework and other existing community networks.	• *"You would need a model of practice that could be shared to the community for input. This could draw on the justice reinvestment framework, which is also looking at putting forward funding requests with a focus on youth. These groups should be drawn on to make comment/be part of a consultation. The program will be stronger if there are options for community input into the model of practice"*
8	**Investment in preventative services as part of the intensive case management process** Stakeholders in Katherine identified the need for preventative, community-based work to educate families and ultimately break the cycle of violence.	• *"Community development needs to be part of the case worker role. It can't just be therapeutic and social work. There also needs to be community plans to reduce violence. We need to embed change into the whole community. How do we work with communities to ensure individuals are not acting out?"* • *"We really need preventative education for young people because DFSV is a cycle"*
9	**Consideration of how to voice of victim-survivors is kept at the forefront** Prioritising the safety and voice of victim-survivors is necessary. An intensive case management program would have to consider whether it would include a requirement for the client to engage with the victim-survivor. Such a requirement would support the voice of the victim-survivor being heard by the service, reducing the risk of collusion.	• *"Would there be that requirement for contact with ex partners? If you don't have the requirement, then you miss the voice of victims in the process. Having the voice of victims is always important. You need an opportunity for their voice to be included. If not, there is a risk of collusion and you also put the woman at risk"*

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The specific details of the intensive case management program will need to be co-developed with services and the community, answering some important questions

#	Area	Question
1	**Key organisations**	• Which organisation/s will take on supervision of the case managers? • Would this program be embedded into a future men's behaviour change program, would it be a stand-alone service or would it be embedded into any other existing program?
2	**Number of case managers**	• What is the level of need in Katherine? How many case managers will be employed?
3	**Target group**	• What will the criteria be for entry into the intensive case management program?
4	**Duration and frequency of support**	• How frequently will the case manager and the client be in contact? • How many hours of support will be provided?
5	**Intake and needs identification**	• What frameworks will need to be considered as part of the intake and risk assessment process?
6	**Referrals**	• What services will be integrated? How will this take place (e.g. an MoU)? • What will the information sharing protocol look like?
7	**Interaction with the court process**	• How will intensive case management interact with the court process, including a potential Specialist Approach to DFSV?

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Changing established systems takes time. Right now, there is momentum to make change in Katherine, and therefore, a real opportunity for the sector to drive action

The DFSV sector in Katherine knows the strengths and challenges of the existing DFSV response and sees the need for change.

- Stakeholders have identified many gaps in the DFSV response, spanning the need for more services, to new infrastructure, to new court processes.
- The strengths of the sector are also apparent, with good collaboration and strong relationships across services and many motivated staff dedicated to making positive change for individuals and their families.

Given the long list of initiatives identified as key sector needs in Katherine, there would benefit in supporting a coordinated response to drive their implementation.

- This report has focused on reviewing the court process and introducing intensive case management. However, the list of other needs is long and there are many initiatives Katherine might pursue to improve the response to DFSV. Implementing these initiatives would benefit from a coordinated approach.

There is now an opportunity to think about what the next practical steps might be towards making change.

- The stakeholder engagement that went into developing this report has been an opportunity to further bring the sector together and to have joint, more detailed conversations on the change that is needed in Katherine to improve the response to DFSV.
- To set in motion any changes to the DFSV system (including the court process or intensive case management), and to otherwise advocate for any other DFSV-related initiatives in Katherine, it will be important to continue building the momentum of a collaborative sector response.
- The Katherine DFSV sector will need to consider the best forum to continue conversations and drive action, whether that be a DFSV network, project working group, steering committee or another governance structure.

Strong governance arrangements around any next steps will be critical.

- Creating change will require strong leadership and governance. This will include continuing to document shared needs, and importantly, identifying shared ways of working.

Defining "shared principles" across the sector will help define *how* Katherine services work with each other and the community going forward.

- The points below were recurring themes raised by stakeholders. They could form the basis of an ongoing conversation around **principles**.

Emerging principles

1	The victim-survivor's **safety**, and that of their children, must always be at the centre, underpinning all responses to DFSV
2	Users of violence must take **responsibility** and **be held accountable** for the actions
3	All responses must prioritise **inclusion** and **participation**, and have a **strong cultural voice**
4	A priority is to create **consistency** in the sector's response to DFSV
5	Taking a **family healing** approach is key, putting the voice of victim-survivors at the centre

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Appendix – list of consulted stakeholders

Name	Role/organisation
Anna Davis	Director, Domestic, Family and Sexual Violence Interagency Coordination and Reform Office, NTG, Darwin
Audrey Melaney	Counsellor, SARC, Katherine
Byron May	NT Police, Katherine
Claire Hockin	Regional Manager, NT Legal Aid, Katherine
Dani Mattiuzzo	Community Justice Centre Trainer, Katherine
Deb Aloisi	CEO, Binjari Aboriginal Corporation, Binjari
Eric Thomas	Wurli Wurlinjang - Strong Bala coordinator, Katherine
Fiona Hussin	Deputy Director, NT Legal Aid, Reference Group Member, Darwin
Monica Corbett	Former Walking Together Coordinator, Katherine Women's Crisis Centre, Katherine
Harley Dannatt	Senior Civil Solicitor & Project Manager, NT Legal Aid, Reference Group Member, Katherine
Jo Gamble	CEO, Katherine Women's Crisis Centre, Reference Group Member, Katherine
Judge Stephen Geary	Judge, Katherine Local Court
Judge Thomasin Opie	Judge, Darwin Local Court, Reference Group Member
Judge David Woodroffe	Judge, Darwin Local Court
Karin Le Breton	Counsellor, SARC, Katherine
Larissa Ellis	CEO, Women's Safety Services of Central Australia, Alice Springs
Lloyd Babb	NT Director of Public Prosecutions, Darwin
Maree Corbo	Community Safety Manager, Tangentyere Council, Alice Springs

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Appendix (continued) – list of consulted stakeholders

Name	Role/organisation
Maria Le Breton	Domestic Violence Registrar, Department of the Attorney-General and Justice, Alice Springs
Marlene Butler	Regional Manager, Catholic Care NT, Katherine
Mark Gasparis	Director Family and Community Engagement, Kalano, Katherine
Matt Fawkner	Director of Families, Territory Families, Housing and Communities, Big Rivers Region
Matthew Connop	Regional Manager, NAAJA, Reference Group Member, Darwin
Melinda Tew	Director, Community Justice Centre, Darwin
Michelle Hillman	Strong Indigenous Families Coordinator, Wurli Wurlinjang, Reference Group Member, Katherine
Mission Australia Katherine Team	Mission Australia, Katherine
Moogie Patu	Manager, Family Violence Program, Department of Corrections, Darwin
Narrelle Gastray	Family Violence Program Manager, Catholic Care NT, Darwin
Pamela Stanley	Acting Manager, Witness Assistance Service, Katherine
Penny Drysdale	Senior Policy Lawyer, Domestic, Family and Sexual Violence (DFSV) Interagency Co-ordination and Reform Office, NTG, Darwin
Pip Gordon	Coordinator, Jawoyn Association - Banatjarl Strongbala Wimun Grup, Katherine
Loveena Kruger	Jawoyn Association - Banatjarl Strongbala Wimun Grup, Katherine
Raymond Marshall	Men's housing support, Ormonde House, St Vincent De Paul, Katherine
Robert Griffiths	NT Police, Katherine
Shirley Garlett	Strong Indigenous Families Coordinator, Wurli Wurlinjang, Reference Group Member, Katherine
Siobhan Mackay	CEO, KWILS, Reference Group Member, Katherine
Tammy Frean	Social Support Worker, NT Legal Aid, Katherine
Tracey John	Regional Operations Manager, Anglicare NT, Katherine
Warren Scott	NT Police, Katherine