Inquiry into family, domestic and sexual violence

CatholicCare NT and University of South Australia submission to the House Standing Committee on Social Policy and Legal Affairs

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Introductory remarks

CatholicCare NT is a not for profit organisation that has been operating in the NT for over 25 years. We have operational sites and infrastructure in the following communities: Darwin, Palmerston, Katherine, Tiwi Islands, Daly River, Wadeye, Katherine, Tennant Creek, Ali Curung, Alice Springs, Santa Teresa, Finke, Titjikala, APY Lands, Maningrida and Jabiru. Our investment in local communities ensures that our services are driven by local people and are responsive to community need. CatholicCare NT operates a broad range of clinical, case management and community development programs.

CatholicCare NT and The Australian Alliance for Social Enterprise (TAASE) based at the University of South Australia have an established research partnership. The research undertaken within the terms of that partnership includes extensive and in-depth research and collaboration in remote Aboriginal communities throughout the Northern Territory.

In responding to the Inquiry, CatholicCareNT and TAASE have focussed on the following terms of reference (ToR). With an emphasis on the Northern Territory, the accompanying service delivery challenges, and the need for whole of community responses, we have directly responded to the following:

1. Immediate and long-term measures to prevent violence against women and their children, and improve gender equality? [ToR (a)] **AND**
2. The level and impact of coordination, accountability for, and access to services and policy responses across the Commonwealth, state and territory governments, local governments, non government and community organisations, and business. [ToR (c)]
3. The way that health, housing, access to services including legal services, and women's economic independence impact on the ability of women to escape domestic violence. [ToR (d)] **AND**
4. The experiences of all women, including Aboriginal and Torres Strait Islander women, rural women, culturally and linguistically diverse women, LGBTQI women, women with a disability, and women on temporary visas. [ToR (h)]
5. The adequacy of the qualitative and quantitative evidence base around the prevalence of domestic and family violence and how to overcome limitations in the collection of nationally consistent and timely qualitative and quantitative data including, but not limited to, court, police, hospitalisation and housing. [ToR (f)]
6. The efficacy of perpetrator intervention programs and support services for men to help them change their behaviour. Is evaluation funded out of program budgets or from a central evaluation budget within agencies? [ToR (g)]
7. The views and experiences of frontline services, advocacy groups and others throughout this unprecedented time. [ToR (j)]

Box 1: Charlie King: Reflections on the implementation of primary prevention program in the Northern Territory

Eliminating family violence remains a critical and confounding issue for all Australians. Prevention of family violence in Aboriginal and Torres Strait Islander communities has the added complexity of culture, tradition and language. For many years, men were absent from the conversation, but through my work with NO MORE since 2006 I know that as Aboriginal men, we feel a deep desire for all forms of violence to end. We are not happy with the high rates of violence, we hear about it and see the damage that violence is doing to our families, our communities and how it damages us as men.

What I know from talking to men over many years is that solutions must come from deep conversation and engagement with men. Men need to have ownership of the problem and ownership of the solution. Finding solutions through engagement and consultation with men is foundational and vital for change. Consultation with Aboriginal men, and possibly all Aboriginal people needs to be layered with these critical elements; two-way learning, enabling action and community mobilization, and building commitment and investment in finding solutions. It's critical that women are part of the conversation to provide the perspective of a lived experience of violence.

When talking about issues of family, domestic and sexual violence consultation needs to be a two-way process where we impart information and where we also build knowledge and learn about what can work. As communities are energised to take action we need to facilitate pathways that harness momentum into ongoing sustainable change in attitudes and norms that support non violence. The process of engagement and awareness raising needs to have a clear pathway that builds community investment in being part of a change movement. We need everyone to commit and invest, governments, community groups and of Aboriginal men ourselves. Through appropriate consultation and co-development of solutions we can build grassroots commitment and investment to building pathways to sustainable development and change on community.

What we've learned:

1. *Consult.* Understanding consultation is a dynamic process that is vitally important as it lays the foundation for identifying like mined people in the community who share the vision.
2. *Engage the community to raise awareness.* This could be actions and activities like a community march, signage, sporting events that include a linking of arms, enabling the opportunity to continue to identify people who are willing to be part of the change.
3. *Build trust.* Don't let people down, keep visiting, keep talking, give feedback, encourage and provide practical support.
4. *Training and development.* Providing accessible and ongoing training to support local men to be effective activists on their own community
5. *Engage with women.* To gain the perspective of the lived experience and reality of women's lives that can be shared with men in order to identify solutions.
6. *To get absolute commitment.* That women and men are invested in seeing sustainable solutions to violence in their community.
7. *Community sustainability.* Community members are able to develop and maintain violence prevention strategies and solutions within their own community

Charlie King is the founder of the NO MORE campaign. Commencing in 2006, the campaign's aim was to highlight the issue of violence against women and girls across the Northern Territory. Since 2008, CatholicCare NT has supported the initiative and secured funding to scale up the campaign into a community-based program to reduce family and domestic violence across the Northern Territory. Charlie King is a Darwin-based ABC sports broadcaster. He is Aboriginal and of Gurindji descent. In 2019 he was named the senior Northern Territorian of the year.

This submission is framed by CatholicCare NT's development of the NO MORE program across the Northern Territory. Box 1 (above) surmises the lessons that have been learned and the work that needs to continue into the future.

Working through established hubs in Darwin, Katherine, Tennant Creek, Tiwi Islands and Alice Springs, NO MORE is working on a community development approach to engage with civil society

organisations, while also linking with relevant government agencies. The aim is to develop grassroot responses and solutions to reduce the occurrences of family and domestic violence. NO MORE program workers aim to encourage and promote community involvement to identify violence as an issue and work collectively to challenge norms around its prevalence. Focussing on men to both take responsibility and to be a part of the solution is integral. [1]

NO MORE's mission is to promote "gender equality and safety, through changing men's behaviour and attitudes towards women and violence." A detailed campaign and program framework have been developed to frame and guide objectives, activities and outcomes. This aim is to focus on dynamic process change that embrace elements of community development work (CCNT, n.d.(a); CCNT, n.d.(b)). The program objectives and outcomes place an emphasis on mobilising for change and targets quite specific results.

This submission also draws on experiences and narratives from CatholicCare NT's Men's Behaviour Change Program (MBCP), Domestic Violence Counselling Service and the Financial Wellbeing and Capability (FWC) programs (highlighting the importance of program delivery integration).

The Committee should also note and consider the previous CatholicCare NT and TAASE submissions that intersect with the complex issues under consideration by the Committee:

1. Inquiry into homelessness in Australia. Standing Committee on Social Policy and Legal Affairs, 2020.
2. Submission: Social Security (Administration) Amendment (Income Management to Cashless Debit Card Transition) Bill, 2019.
3. Indigenous Evaluation Strategy. Submission to the Productivity Commission, 2019.
4. Expenditure on children in the Northern Territory. Submission to the Productivity Commission, 2019.

Recommendations are provided at the end of the document.

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[1] Jess Hill's awarding winning book *See What You Made Me Do: Power, Control and Domestic Abuse* (Black Inc, 2019)   specifically references he NO MORE program.

1. **Immediate and long-term measures to prevent violence against women and their children, and improve gender equality?** AND:

2. **The level and impact of coordination, accountability for, and access to services and policy responses across the Commonwealth, state and territory governments, local governments, non government and community organisations, and business.**

In responding to ToRs (a) and (c) we draw on our report: Developing the power to say no more to violence against women: An investigation into family and domestic violence primary prevention programs in South Australia and the Northern Territory which examined sports-based primary prevention programs in partnership with CatholicCare NT, Centacare Catholic Family Services and Power Community Ltd (the community arm of the Port Adelaide Football Club). The report is available in full here.

One of the main take-aways is that immediate and long-term measure to prevent violence against women and children should not be viewed as separate responses but as belonging to wider systems and community-based responses. Further, whole of community approaches must seek to create *impact* through co-ordinated efforts across all spheres of government, community sector organisations and business. However, initiatives must be localised and relevant (and not simply co-ordinated awareness raising campaigns). Hence the focus on sport in remote communities where football clubs in particular are a part of the rich social ecology.

Community-Based Primary Prevention: Mainstreaming whole-of-community approaches

In developing a whole of community response there is an opportunity for individuals, community groups and stakeholders to interact and develop holistic responses to a social issue. In doing so the dominant discourse can be challenged, priorities redefined and resources better distributed. Indeed, information sharing and the enhancement of networks is key to community-based primary prevention (Claussen, et al., 2017).

An approach premised on engaging at a community level needs to ensure sustainability, both in financial terms and in its ability to intersect and maintain collaborative relationships. A comprehensive New Zealand study noted that:

> *The future of sexual violence prevention requires the provision of adequate funds to facilitate prevention activities and programs in schools, tertiary institutions, sports clubs, and other child and youth-serving organizations, as well as broader community-level interventions such as social norms campaigns, social marketing, and bystander interventions. When targeting youth, it is important that initiatives focus on the development of positive sexuality and mutual, respectful relationships and not solely on the prevention of sexual violence* (Dickson & Willis, 2017, p. 143)

While there are funding concerns in Australia, the development of a coherent national framework with an emphasis on embedding preventative programs is an important step (Stanley, et al., 2015; DSS, 2016).

Indigenous whole-of-community approaches

A whole-of-community approach speaks to a collective response to a social issue. Notions of a collective social order, particularly when viewed through the lens of reciprocity and cultural obligation,

would, at first glance, make a whole-of-community model seem ideal when working with Indigenous communities. However, some important consideration must accompany any whole-of-community initiative in this setting.

First, Indigenous communities must not be treated as a homogenous group; there is variation and overlap between communities that must be taken into consideration. Second, a top-down stakeholder driven approach is unlikely to resonate and effectively mobilise community members. Trust in outsiders remains low due to historical circumstances and intergenerational trauma. Third, when considering a socio-ecological model, there must be awareness that the structural and institutional factors depicted in that model are part of a colonising apparatus in and of themselves.

There is, however, an inherent tension between the social forces that seek to redress family and domestic violence, while, at the same time, those forces are transmitted through institutional responses that have and often continue to contribute to trauma. The norms, practices and structures that shape social, institutional and organisational factors cannot simply be recalibrated. This means that an 'add and stir' approach will not work. Instead, there needs to be an acknowledgement that multiple systemic barriers have emerged for Aboriginal people from an historical context where the past very much informs the present and will continue to do so into the future. The historical legacy, which is embedded in the everyday, has produced and reproduces cultural dislocation, health issues, lower life expectancy, unemployment, lower levels of education, through to higher levels of violence and incarceration (see Adams, et al., 2017). Indigenous disadvantage is multidimensional, multigenerational and deeply complex in a manner that marks it as quite distinct to other forms of disadvantage in Australia (Hunter, 2009). In this sense, colonisation remains a contemporary experience that continues to manifest in very real ways (Gallant, et al., 2018), with discrimination and inequality being core drivers the reinforce gendered violence (Our Watch, 2015).

Cultural dislocation is a paramount consideration when looking at family and domestic violence in an Indigenous context. While unhealthy concepts of masculinity, controlling behaviours through to the use of violence need to be addressed (as they do anywhere), this needs to be done with an awareness and a response to "the decline of traditional Aboriginal men's role[s] and status" (Blagg, 2015 p. 3). Violence is often a repressive expression of or in response to feelings of powerlessness, particularly when status has been threatened or diminished in some way. Within many Indigenous communities this sense of powerlessness has manifested because of structural inequality across multiple social determinants (see Blagg, 2015; Our Watch, 2015).

Therefore, while a whole-of-community approach offers an opportunity to work collectively, it must be done appropriately. In doing so, it is important to construct culturally based models that incorporate cultural governance, Indigenous knowledges, community co-design, spiritual wellbeing and respect for community practices (Hurst & Nader, 2006). Designs need to be holistic, culturally contextualised, and they must privilege Aboriginal voices (see Blagg, 2015; Martin & Mirraboopa 2003) (more on this below).

Understanding systems (communities).

An expansive whole-of-community response cannot be contained within a neatly defined program – there has to be capacity to develop a systems-wide response. A complex systems approach is useful for this purpose.

Complex systems are adaptive environments where feedback, emergence and self-organisation are defining characteristics. Working with socio-ecological/economic systems should incorporate an understanding that:

- Multiple systems interconnect and overlap. These interactions will define the boundaries of the system and parameters of what is and is not viable.
- These systems and their constituent parts are interdependent. This interdependence can lock in patterns (points of attraction), but it can also lead to shifts in any given system.
- There are multiple attributes, actors and points of scale in a system or systems (e.g. system layers, niches, organisations, individuals)
- History and (negative) feedback define and reproduce systems. Yet there is also sensitivity within these systems that can lead to unpredictable outcomes from small beginnings.
- Systems not only support but also are often the product of dominant power relations and social forces (e.g. gender or racial inequality). It is vital to explore and ask questions about the social, cultural and political make-up of a/the system.
- A regulatory environment within socio-ecological/economic systems will exist. This places an emphasis on the need to understand the formal pathways of authority and decision-making. This can also speak to resource allocation (which is also dependent on the history of the system).
- There is the actuality of the lived experience of the everyday. What are the informal pathways of authority and decision-making? How do communities' function within the parameters outlined above?
- There will be a gap between the aspirational state of a system (which is dependent upon the point of view of who aspires to it) and the lived realities.

Engaging with systems (communities):

When engaging with systems at a programmatic level, it is important to:

- Map the dynamics of the system or systems that the program engages with. This mean asking 'what are the boundaries?' of the system and 'what are the variables?' that most effect the dynamics within a system.
- Identify the scope of the program and where the program is or should be situated with the broader socio-ecology.
- Centre and involve those for whom a programmatic response is sought (e.g. men and women, community members). Top-down messaging and program design are likely to replicate existing power relations and/or encourage resistance or rejection.
- Collaborate and coordinate across sectors and levels. Primary prevention has to be whole of system in more than name.
- Identifying points of leverage, tipping points or pathways of effect within systems. This is where a program will have the most impact (and should be aligned, where possible, with points of measurement). Time needs to be invested, conversations need to be had, and community engagement and mobilisation should occur.
- Work towards challenging or changing social norms (this means identifying system/social norms).
- It is more important to focus on sustainable process change than it is to fixate on *simply* achieving an end state. Without changing processes the desired end-state will be fleeting and will require considerable energy to sustain.
- Incorporate participatory and action-based learning. Systems are replicated through behaviour and decision-making. System change needs to be practised.
- Map where points of resistance or rejection may emerge – and plan for this.
- Raise awareness of the program and its purpose through evidence-informed communication strategies.
- Ensure that self-organisation, feedback and emergence are accounted for in the program planning (e.g. update program planning to account for new realities because of the impact of the program).

Working with complex systems is not simple. It is messy and it takes time. Moreover, it is a co-constituting environment. This means that the very reality within which the work takes place is a product of ongoing interactions. One cannot ever be completely 'outside' of the system.

As a final point, while understanding systems and how to engage with them is very important, fixating on the language of 'systems' and treating abstract ideas as immutable risks stripping away genuine

discussions around importance of community and people. Any primary intervention must be about community engagement and mobilisation. Community members, for whom the programs are aimed at, have to become producers of the work and not just the receivers of other people's work. Planning processes need to be inclusive, there is no singular voice of the community, and the work should aim to facilitate community members to help each other (Schmitz, et al., 2018). In this sense, system change has to be about mobilising people to change the parameters and the social relations within which their everyday existence takes place.

Frameworks for change

Violence against women and girls has been viewed historically as a social inevitability – a social issue to be handled after the event. Yet it is now evident that this violence is the result of social norms that have been predicated on power imbalances. By directly intervening across levels within our social ecology we can look to transform these dynamics (Michau, et al. 2015). To do this, we need to shift from outrage to mobilisation. It is much more difficult to get people to collaborate to change the normative environment that enables gender imbalances that sustain the drivers of violence against women (Copeland & Serisier, 2018).

A framework for change has to be about the parameters of the socio-ecological environment: nudging points of attraction within adaptive systems requires dealing with complex dynamics that are sensitive to non-linearity, interdependence, self-organising phenomena and feedback (both negative and positive). Within these spaces vicious or virtuous cycles define entrenched patterns of behaviour. For these reasons programs wanting to effect change at a systems level cannot be siloed, must employ collective analysis and action, they should collaborate at the community level, and the programs need to be vigilant that they do not get stuck in a simple awareness raising cycle (Michau, et al. 2015).

An emerging and popular framework for collaborating to deal with complex social dynamics is collective impact. Briefly, it is a framework that supports the coming together of community, stakeholders, civil society, through to government agencies. There are five core principles that have been adapted over time (Kania & Kramer, 2011; Cabaj & Weaver, 2016):

1. The development of a common agenda/shared aspiration.
2. Collect data, measure results consistently and commit to strategic learning.
3. The coordination of mutually reinforcing and high leverage activities.
4. A commitment of continuous communication and authentic engagement with all participants.
5. The establishment of a backbone organisation or stewardship to coordinate.

While there is an upsurge of interest with collective impact, slavish and linear adherence could undermine the best of efforts. Used well it allows reflective practice, localised initiatives, strategic co-evolution and community ownership. Indeed, if its use simply supports the creation of further flowcharts of what needs to be 'fixed' and by whom then the dynamics and the social relations that perpetuate gender inequality are unlikely to be challenged. It needs to be more than a complicated 'to do' list. Indeed, for transformative change to occur there has to be an analysis and response to the dynamics of unequal power relations (Michau, et al. 2015). The diagram in figure 1 offers a multilevel analysis of gendered power dynamics and potential transformative paths.
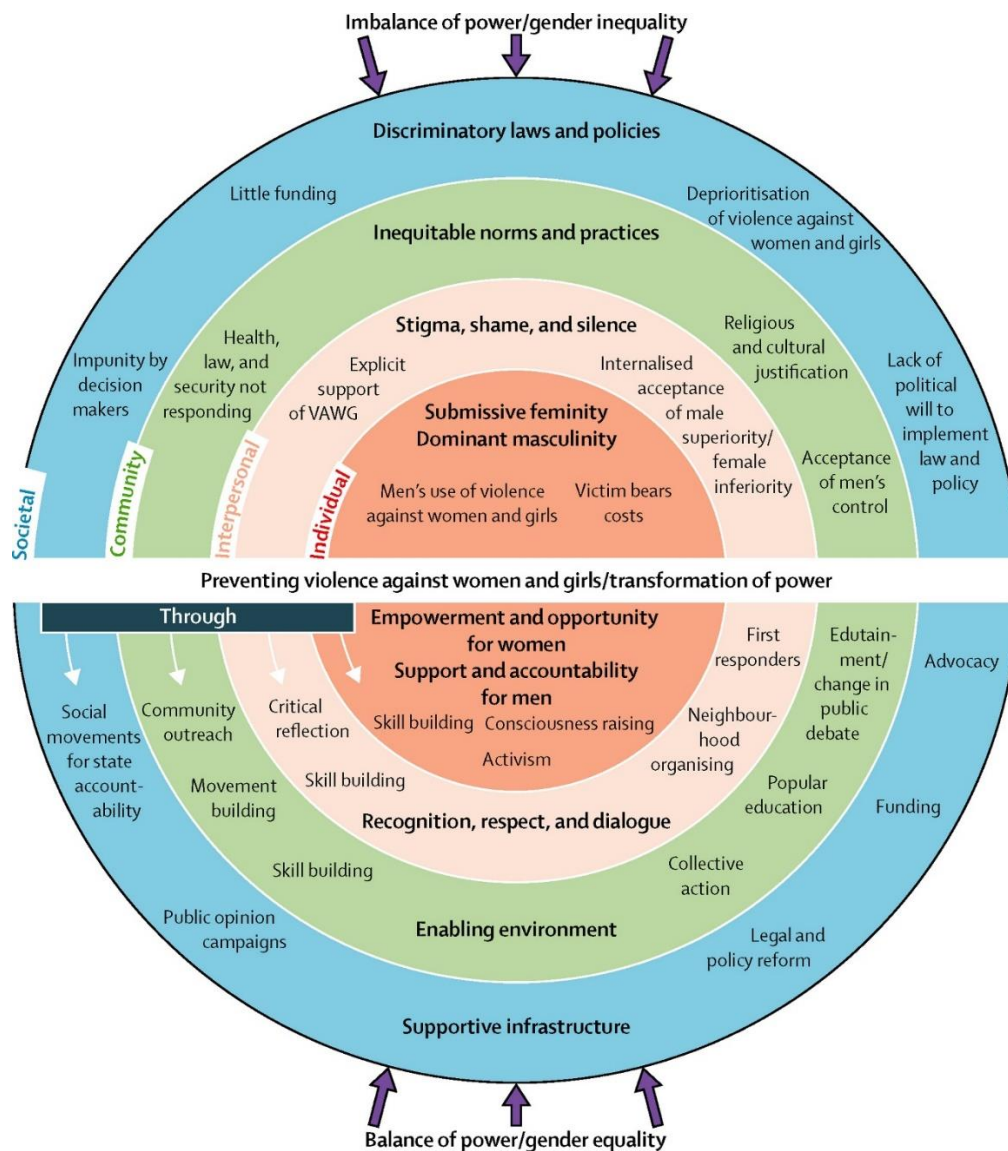
Figure 1:Transformation of power across the ecological model (source: Michau, et al. 2015)

The emphasis, when developing a multilevel collaborative approach, should be on identifying pathways of effect (which can be easily aligned with a collective impact approach). This is about working from a change process standpoint to ensure that program activities and outcomes are aligned with identified pathways within and across 'levels' (i.e. individual, interpersonal, community) (Abramsky, et al. 2016). This may seem simple enough suggestion, but it requires deep and sustained community mobilisation and engagement. Moreover, mobilising communities to commit to a process of change is a slow process that will take time – changing social and community norms cannot be forced upon people (see Michau, 2007).

At governmental levels it is important that issues relating to family, domestic and sexual violence are conisdered across all relevant policy areas – particularly where there are points of intersection across departments and jurisdictions. Mechanisms to ensure that remains an ongoing point of discussion across state, territory and Federal cabinets should be explored.

3. The way that health, housing, access to services including legal services, and women's economic independence impact on the ability of women to escape domestic violence. <u>AND</u>:

4. The experiences of all women, including Aboriginal and Torres Strait Islander women, rural women, culturally and linguistically diverse women, LGBTQI women, women with a disability, and women on temporary visas.

The restrictive complexity of program provision requirements can impact access and support for certain groups of women in acute need.

Women without children, for instance, experience difficulty accessing support due to restrictive requirements. Lauren* has been unable to access supports from services regarding her rights and access supports to assist safety planning and build her resources to leave her abusive relationship.[2] Lauren has no children in her care, and therefore has limited access to many other services in Darwin (as they are funded to support women with children in their care only). CatholicCare NT has been able to support Lauren and a number of other women who have found difficulty accessing services to support their safety.

Women who are on temporary visas are especially vulnerable. Consider the following case study:

> Zoe* is originally from Southeast Asia and was married to an Australia citizen. They have one child who has cerebral palsy. Her ex-partner, who has exhibited violent and controlling behaviours, was court mandated to take part in the MBCP in order to have access to their child. As part of the MBCP, Zoe received support from CatholicCare NT's Women's Safety Worker (WSW). However, when her ex-partner decided he no longer wished to pursue child access and moved interstate with a new partner, Zoe was exited from the program. The WSW was able to ensure that she was linked in with a women's refuge and organised some pro bono legal advice.
>
> While her child is an Australian citizen, she is not. After separating from her partner because of family and domestic violence, he withdrew his support for a spousal visa. While she is seeking legal advice the likelihood of her gaining a visa in her own right is low. Her son is entitled to medical support and her current migration status allows her to stay in the country as a carer. However, she is not eligible for any carer payments, nor is she allowed to work. She has been left in a highly vulnerable situation because of the decisions made by a violent and controlling ex-partner.

Other women on temporary visas have reported being trapped in violent and controlling relationships. Uncertainty around rights and having insufficient resources to leave:

> Hayley* contacted CatholicCare NT because of the controlling behaviour she was experiencing at the hands of her then partner. Much of the controlling behaviour was difficult to evidence, for instance, restricting medical attention and access to other support services. She also felt that she had minimal support from police.
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> Eventually Hayley was able to develop an email relationship with a practitioner at CatholicCare NT. Hayley felt that she was able to converse safely via this medium. Overtime it was possible to document evidence of controlling and violent behaviour

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[2] All names have been changed.

that would have otherwise remained hidden. In time, the practitioner was able to provide an affidavit to support her application to remain in Australia.

It is imperative to acknowledge in the above example that controlling behaviour can be difficult to evidence and/or is not taken seriously by some agencies for women on temporary visas. Where there are language difficulties this can be further exacerbated. Moreover, women in these situations are fearful to leave their violent partners for fear that this will impact their ability to remain in Australia. Perpetrators are able to exploit this and control women through a manipulated sense of reliance upon them.

Even in situations where a woman has come from overseas and have rights to remain in Australia, their non-citizen status is used as form of control and manipulation. Moreover, it is used in combination with other forms of domestic violence ranging from direct threats of violence, social isolation through to financial abuse and control:

> Jenny* is a permanent resident and professionally employed. Since March of this year she has had thirty interactions with CatholicCare NT. Her then partner was a participant in the MBCP, however he attempted to repurpose the messaging from the program to heighten his already extensive manipulation and control behaviours. He also targeted her adult son to the extent of threatening to kill him. At this point separation occurred.

> Her now ex-partner refused to leave the family home even though she was servicing the mortgage in its entirety. She was rendered homeless and found accommodation at a women's shelter for two and a half months. Prior to separation her partner persistently encouraged them to live beyond their means despite her protestations. This included the purchase of a vehicle for his sole use while she had to use public transport. Homeless and in debt, her ex-partner continued to control and manipulate her, threatening to ruin her professionally if she spoke up and claimed, falsely, that she would be deported if she declared bankruptcy. While the latter would not be a consequence of bankruptcy, Jenny was convinced of this 'truth'. With her son moving away, she is now socially isolated, with no access to friends, family or transport.

Women with uncertain visa statuses need to be better resourced to leave. This includes improved access to information and legal support. Many women have to wait long periods to be able to even understand their rights, with limited supports for low-cost or free consultation with immigration lawyers.[3]

Financial abuse more broadly requires greater attention. CatholicCare NT's Financial Wellbeing and Capability (FWC) team has worked closely with peak bodies SAFCA and NTCOSS and a number of community sector organisation to address shortcomings with the Northern Territory's main energy provider's hardship policy. This has resulted in significant improvements for women leaving violent and/or controlling relationships where debts that were solely in their names, debts that continued to grow once a woman was in a shelter, or old debts that were preventing new connections or creating unrealistic and unsustainable arrangements. The establishment of a hardship team by the energy provider that can work with community organisations is a key factor in improving outcomes for women leaving a violent partner.

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[3] CatholicCare NT is a member of the Domestic and Family Violence Network (DFVN) which has been advocating for change and additional supports in this space. The DFVN has noted: "mentions "Since June 2018, when funding for victims of DFV under the IAAAS ended, members of the DVFN have noted that they are increasingly dealing with women and their children in desperate need of specialist legal advice and application assistance regarding their visa status that is now unavailable to them. Residents of the Northern Territory who have temporary visas are reliant on limited pro bono migration advice. If that advice is not available free of charge, women have nowhere to turn but for-fee migration agents, which excludes women who are financially disadvantaged."

The FWC team deals with multiple cases where debt waivers are required for women who have been manipulated and controlled by violent partners. It is through the tenacity of the FWC team that wins have been achieved. However, if financial institutions (and other credit providers) were to more actively incorporate and **implement policies and procedures** based upon the Australian Banking Association's (ABA) industry guidelines on 'Financial abuse and family and domestic violence policies' as a *minimum standard*, then the experience of financial abuse would be significantly mitigated. Being proactive in this area would allow for more constructive dialogue between clients, FWC workers and financial institutions. Meaningful adoption of these principles is currently uneven. The ABA industry guidelines are available [here](#).

5. The adequacy of the qualitative and quantitative evidence base around the prevalence of domestic and family violence and how to overcome limitations in the collection of nationally consistent and timely qualitative and quantitative data including, but not limited to, court, police, hospitalisation and housing.

For the purpose of this submission we wish to raise the issue of developing an appropriate qualitative evidence base when working with and alongside Aboriginal communities. While programs need to be outcomes focused, there needs to be care when referring to 'nationally consistent' data – as data smoothing exercises can silence particular voices. To overcome this CatholicCare NT has developed an organisational evaluation framework that includes a validated quantitative survey instrument to accompany a significant investment in a narrative based qualitative evaluation exercise that focusses on enabling and highlighting Aboriginal voices and experiences.

Qualitative measures should be increasingly favoured as a response to the shortcomings of quantitative indicators, but the gathering of qualitative data with Indigenous participants requires building trust while maintaining rigour. Capacity-building at a community level, and the use of evaluation as a community development tool, needs to be encouraged in order to achieve this. Rather than focusing on the evaluation of individual programs, a more holistic view including related programs, the policy context and other factors impacting on program success needs to be developed (McCausland, 2019).

When working with Aboriginal communities, Indigenous knowledges should be at the forefront of designing and developing evaluation processes. What must not happen is that efforts to appropriately engage are not simply subsumed by mainstream practices (see Gibson, 1999).

Within any research or evaluation environment it is imperative that the methods reflect a sensitivity to how mainstream Western practices – even when researchers and evaluators are mindful of the communities that they are working in – can contribute to "colonial and post-colonial intrusions" (Botha 2011, p. 315). Indeed, the very act of the 'doing' can exacerbate or contribute to the underlying conditions that sustain ongoing inequality and social exclusion.

When designing an evaluation what cannot and should not be sidestepped is that the consequences of colonisation and the presence of continuing trauma is a living and ongoing process. There is an unresolved tension whereby research and evaluation systems are a product of Western or 'mainstream' practices that are 'imposed' in order to find solutions to complex social issues that are the very product of these practices (see Land, 2015, p. 26).

While qualitative methods better align with Indigenous knowledges it is important to remember that they remain Western research practices (Botha, 2011) and the emphasis has to be centred on how

this space can be bridged. This means that any evaluation design must be co-developed and navigate an Indigenist research perspective that works alongside Western practices (see Martin & Mirraboopa, 2003).

Knowledge should not be viewed as unidirectional. There are emerging practices that allow for a more meaningful dialogue between these worlds. Yet this Importantly, this must incorporate iterative program development, delivery and evaluation. This will require ongoing consultation in respect to design and evaluation.

Co-design and co-production should be embedded throughout the life of any evaluation or data gathering exercise. Co-production has become synonymous with innovative approaches to service delivery. It emphasises service user involvement in planning and decision making, and has become the approach of choice for government (Ottmann et al., 2010). Yet as a notion it is not clearly defined in the literature and is understood differently in different organisational contexts. Agencies and evaluators must come to an agreement on their understanding of co-production, how they will go about it, and how it may align with their vision and values (Social Care Institute for Excellence, 2013).

In general, the key features of co-production involve:

- Strengths-based assumptions which define service users as people with assets with skills and which build on people's existing strengths and capabilities
- Breaking down the barriers between service users and professionals (Social Care Institute for Excellence, 2013)

For a more expansive discussion on co-design please see our Productivity Commission Indigenous evaluation submission here.

The above approach to Indigenous expertise and knowledges should be accompanied by Iterative program design that can be responsive to ongoing evaluation should be supported, funding agreements need to support Indigenous evaluation approaches, and KPIs need to incorporate a learning and adjustment period over the first six to twelve months of a contract.

6. The efficacy of perpetrator intervention programs and support services for men to help them change their behaviour. Is evaluation funded out of program budgets or from a central evaluation budget within agencies?

The NO MORE program focusses on a whole of community response with sporting clubs at the centre of localised initiatives. This is particularly important in remote communities where sport is often the focal point of community activity, and the absence of sport can be loosely correlated to increased criminal and violent behaviour. Anecdotal evidence, including from remote community police, indicates the absence of the AFL program over a 6 week period at Christmas coincided with an increase in crime during that period).[4] Again, see our earlier report on the importance of Domestic Violence Action Plans (DVAPs) for sporting clubs and communities to instil a sense of individual and collective responsibly.

However, a whole of community response aimed at disrupting systemic behaviour must also integrate with programs aimed at challenging individual behaviours of men.

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[4] This correlation has been noted previously, particularly in the work of Colin Tatz

CatholicCare NT's men's behaviour change program (MBCP) is based on principles from acceptance and commitment therapy (ACT) developed by Zarling, Lawrence and Marchman (2015). The program aims to reduce offender recidivism and domestic violence re-offenses while helping participants use respectful, adaptive and healthy behaviours in their relationships. ACT is a 24-week program for men or women who have been court mandated, referred or self-referred to CatholicCare NT. Each group session takes 90 minutes.

The program guides participants in behaviour change using the principles of ACT. It includes learning skills such as defining their own personal values, becoming aware of their emotions and thoughts, noticing the consequences of their behaviour, and learning new ways to respond to emotions and thoughts. The facilitators work with participants in a collaborative and compassionate manner, modelling the supportive respective behaviour they are trying to teach. They do not offer advice, engage in problem-solving or provide extensive direct instruction. Instead they help group members come to realisations on their own and develop intrinsic motivations to change.

An evaluation of almost 4000 men who participated in the program in Iowa, United States showed that participants in ACTV had half the recidivism rates for domestic assault and two-thirds less violent charges than those who participated in treatment as usual (a combination of Duluth and CBT).

CatholicCare NT's program is in its infancy, therefore does not yet have the quantum of data to compare, however early indications have been encouraging including partners commenting on change in men very early in the program. To our knowledge CatholicCare NT is the only Men's Behaviour Change Program in Australia using this model.

While CatholicCare NT is committed to ongoing evaluation and has invested significant resources into developing the aforementioned organisational evaluation framework, it is integral that program evaluation be incorporated into program budgets

Through a research partnership, TAASE and CatholicCare NT co-design a research agenda and projects to enable the provision of research and evidence to CatholicCare NT services, and also more broadly through publication and dissemination activities. Partnering with a university brings evaluative and research rigour and consistency – this is a model that should receive sectorial support through appropriate levels of program funding.

7. The views and experiences of frontline services, advocacy groups and others throughout this unprecedented time.

As a primary prevention and awareness raising campaign, NO MORE primarily engages in face-to-face activities including community mobilisations, workshops, men's and women's groups and participation at community events. As all group and face-to-face activity essentially ceased while border and regional restrictions were in place, the initial focus for the NO MORE team was the identification of opportunities for continuing to raise awareness and educate around DFSV during the restriction period, laying groundwork for activities post restrictions, and business as usual evaluation, staff development, administration and reporting.

To continue to provide service to regular clients involved in men's groups and correctional facilities, CatholicCare NT instigated wellbeing checks by telephone to talk with the men who would normally take part in group sessions. These were welcomed by participants who had a range of issues that they were dealing with. CatholicCare NT have also instigated Zoom calls and teleconferencing with other

community-based groups; however, this is still being developed due to technological restraints and participants having to learn new mediums of communication.

During the community closure period there were mixed messages with respect to demand for services. Some communities reported decreases in incidents due to a lack of availability of alcohol and drugs, while workers from other communities reported that this lack of availability contributed to withdrawal issues and increased violence.

Some examples reported to CatholicCare NT from one community include:

- During the day, 15 to 20 women and children would visit the safe house due to family violence towards women and children. Some children reported violence from uncles and older cousins.
- While women went to the safe house during the day, they went back home at night for fear of being assaulted if they did not return.
- Women would go to the safe house to hide their money/ basic cards from the men.
- Clients would not report to the police, citing fear because they could not leave the community. They felt the safest option was to simply 'deal' with the aggression and violence as reporting it could potentially make matters worse.
- Some men with drug and alcohol dependencies who could not leave their homes, allegedly took out their anger, frustrations and boredom on the women and children. This has included jealousy issues, financial abuse, constant observation, and threats and abuse if they did something or looked at someone of whom they did not approve.

Since COVID_19 restrictions have eased the NO MORE team visited approximately 15 different communities. They have been speaking to community members about the issues, understanding the current landscape and looking at how to improve engagement should there be a second COVID-19 wave.

TAASE has also conducted a series of online surveys to measure the impact of COVID-19 across the Australian community sector. Preliminary results can be accessed here.

Recommendations

1. **Maintaining Government focus and prioritisation**. As an issue of national importance, a family, domestic and sexual violence lens needs to be integrated into high-level decision-making processes to ensure that is not relegated because of the onset of other demands. Its priority focus must be maintained:
   a. For instance: The Department of Prime Minister and Cabinet New Policy Proposals guidelines could incorporate a family, domestic and sexual violence lens for the appropriate toolkits that inform a proposal's development prior to it being accepted for consideration by Cabinet.
   b. High level departmental policy development processes should likewise consider applying a similar lens, where appropriate.

2. **Support sustainable whole-of-community initiatives:** While relevant to, but not exclusive to remote Aboriginal communities, whole of community approaches to reducing family, domestic and sexual violence should be responsive to the seven principles outlined in box 1: **Consult; engage the community to raise awareness; build trust; training and development; engage women; commitment, and; community sustainability**. In doing this it is vital that:
   a. Program and evaluation design are iterative, responsive and responsible to communities;
   b. System-based approaches are adopted where possible through the development and co-ordination of shared outcomes *between* programs. Mapping against shared and/or aspirational outcomes should also be encouraged; and,
   c. Community-led decision-making is a core component of any collaborative approach.
   d. The safety of women and children is at the core of every initiative.

3. **Funding arrangements need to reflect the challenges of sustainability, adaptability, leveraging and co-ordinated approaches.** For instance:
   a. Integrated service delivery should be encouraged and supported by funders;
   b. In the Northern Territory context, MBCP funding and reach needs to be extended to align with primary prevention campaigns in remote communities. Current funding arrangements are Darwin/Alice Springs-centric with only limited remote service provision.
   c. Identifying useful points of leverage across the whole of government to achieve desired outcomes. For instance: formally linking community sport funding to NO MORE-type practices (e.g. DVAPs);
   d. Adaptability to allow for program learning and adjustment over the initial contract period; and
   e. Program evaluation needs to be appropriately funded by funding bodies.

4. **Ensure financial institutions do not contribute to cycles of financial abuse.**
   a. Encourage financial institutions to meaningfully implement policies and procedures based on the ABA industry guidelines and in co-ordination with community based financial counsellors.
   b. Undertake a review to ascertain if legislative change is required to further protect victims from financial abuse.

5. **Improve access to family, domestic and sexual violence services.** Remove unnecessary blockages or restrictions for women attempting to leave violent and/or controlling relationships. In particular:

     a. Extend provisions, update legislation and improve resourcing for temporary visa holders so that they:

        i. have safe and secure access to information and services; and,

        ii. are not excluded by an arbitrary window or particular visa rules to apply for family violence provisions under the relevant Act.

     b. Provide emergency resources where personal circumstances may exclude a woman fleeing domestic violence from particular programs (e.g. not having a child, being a temporary visa holder).

6. **Commitment to Indigenous knowledges and approaches**. Data gathering, measurement and evaluation approaches and methods must engage with and incorporate Indigenous knowledges. This will allow for the development of culturally appropriate alternatives that challenge the unidirectional and universalised mainstream expectations that define priorities, programs and evaluations.

     a. Through a consultative process, adopt Indigenist research and evaluation principles as a bedrock to evaluation design and implementation;

     b. Link practices informed by Indigenous knowledges with mainstream and established qualitative research and evaluation approaches;

     c. Ensure that there is sufficient funding for development, training and ongoing support for evaluation methods that are informed by Indigenous knowledges; and,

     d. Elevate the importance of narrative-based qualitative measurement to best practice status.

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