

Submission to the

NT Aboriginal Family Violence Strategy Evaluation

Prepared by:
Central Australian Aboriginal Congress
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The NT Domestic Violence Strategy commenced in 1994 and the NT Aboriginal Family Violence Strategy, NTAFVS, commenced in 1995.

1. AREAS OF CONCERN

1.1 Rates of Domestic Violence

The NT government DV Strategy Data Collection Project figures indicate a steady rise in reported incidents of DV during that time. In 1998-99 2552 incidents of DV were reported in the NT. Of these reported incidents:

- • 99% victims are female and 95% offenders are male
- • 80% incidents the offender is a partner or ex-partner
- • 90% Indigenous language speaking offenders are affected by alcohol or other drugs (as against 74% English speakers) ^{1[1]}
- • 68% victims and 71% offenders are Indigenous speakers

This data indicates that DV is a gender based crime and that substance misuse is a significant factor. Given that indigenous people are approximately 28% of the population in the NT, it also indicates that DV is a significant issue for the indigenous community.

Alice Springs hospital, ASH, figures on hospital admissions for assault related injuries do not rely on agencies 'reporting' incidents of DV. These figures indicate an alarming increase in violence against Aboriginal women during the period of the NT Aboriginal Family Violence Strategy.

- • 165 women admitted to ASH in 1995-6
- • 251 women admitted to ASH in 1998/99 ^{2[2]}

This is an increase of 86 women / year over 4 years, with approximately 95% of all women admitted for assault related injuries being Aboriginal women. Public data on admissions to hospital for assault related injuries in 1999/00 and 2000/01 is not yet available, however we understand that the figure is continuing to go up.

In Alice Springs, hospital admissions for assault related injuries for men are also rising, though not at the same rate as for women.

- • 109 men admitted to hospital in 1995-96
- • 153 men admitted to hospital in 1998/99

This is an increase of 44 men / year over 4 years, with approximately 90% of all men admitted for assault related injuries being Aboriginal men.

1.2 NT Aboriginal Family Violence Strategy Workers

The NT government has been unable to successfully recruit and retain people to occupy the two Aboriginal DV Strategy worker positions in Central Australia. Only one of these positions has been filled, and then only some of the time. Two issues are significant to the successful employment of these workers: community control and a high level of skill.

^{1[1]} Until July 1998 the data collection form identified indigenous people as people who nominated an indigenous language as the main language spoken at home. This was the method used in the 1996 Census. From July 1998 the data collection form asked about the cultural identity of victims and offenders.

^{2[2]} These figures on the number of women admitted to ASH for assault related injuries do not include those women admitted to Tennant Creek hospital and subsequently transferred to ASH.

At a previous Alice Springs Indigenous Family Violence Forum on 26th September 2000, Congress indicated that these positions would not be effectively filled unless they were placed in an appropriate Aboriginal community based organisation. The NT government has not responded to this advice.

The long argued Aboriginal community view that the community has to control its own health and other services delivery, is supported by scientific research. It has been established that inequality, the degree of control over your life and relative deprivation are key determinants to health (Evans, Barer & Marmot (eds) 1994; Marmot & Wilkinson (eds) 1999; Wilkinson 1996). For Aboriginal women and the Aboriginal community at large to properly address the problem of DV therefore, increased community control is a necessary pre-requisite for success, in particular increased control by Aboriginal women. In saying this, we acknowledge that following funding cuts to women's centers throughout Central Australian in 1996, the capacity of women to organise and address issues such as male violence has greatly diminished. However organisations such as NPY Women's Council and Congress Alukura are ideally placed to provide the leadership required to develop effective programs and strategies.

It is also essential that DV workers are highly skilled and have a solid knowledge of DV issues as well as local and cultural knowledge. Workers need to be able to work with and deliver assistance to individual women who are victims of violence, to provide community development activities and to develop effective links with other services and organisations (urbis keys young, 2001).

1.3 Media Campaigns

Research undertaken for the WHO indicates that there is no evidence that justifies expenditure of major resources on school based education or mass media public education campaigns, unless these are placed in the broader context of community action (Edwards et al, 1994). While this research was undertaken in relation to alcohol consumption, it indicates that caution must be taken in allocating more DV resources to media campaigns, without first properly evaluating the value of such campaigns.

1.4 General Comments

In the light of the enormity of the problem, the resources for this strategy are so limited that it is impossible to provide an effective service across the NT.

The NTAfVS lacks a clear focus, has severely limited resources, little on the ground support, and does not acknowledge the realities of communities dealing with this type of issue.

The evaluation of the NTAfVS would need to fully investigate available data on rates of DV including mortality and hospital admission data.

2. DV STRATEGIES IN CENTRAL AUSTRALIA THAT HAVE HAD SOME SUCCESS

2.1 Tennant Creek Alcohol Restrictions

Restrictions on the sale of alcohol began in Tennant Creek in August 1995. The October 2000 evaluation of these sale restrictions indicates that there has been a sustained significant positive impact on levels of interpersonal violence and injury.

This is borne out by Tennant Creek data on hospital admissions for assault related injuries. Unlike the data for Alice Springs which indicated a significant increase in hospital admissions for assault related injuries over this time, in Tennant Creek hospital admissions have remained relatively stable

- • 47 women admitted to hospital in 1995/6
- • 48 women admitted to hospital in 1998/99
- • 30 women admitted to hospital in 2000/1

On the basis of this data, and the data published in the NT DV Strategy Data Collection Project which indicates that 90% Indigenous and 74% English language speaking offenders are affected by alcohol or other drugs at the time of the assault, the evaluation of the NT Aboriginal Family Violence Strategy must support recommendations for alcohol restrictions in communities like Alice Springs and Tennant Creek.

2.2 NPY DV program

Ngaanyatjarra, Pitjantjatjara and Yankunytjatjara, NPY, Women's Council Cross Border Domestic Violence Project focuses on protecting women in a variety of ways including ensuring women are safe by removing the offender through the courts if necessary, by providing sustained support for women over a number of years, by giving women a strong voice to advocate against DV in their communities, and by campaigning for alcohol sale restrictions.^{3[3]}

2.3 Other programs

We understand that the Police Domestic Violence Units, the DV Legal Service, the Women's Shelter and CAAFLU are essential in the network of services women and families can access.

3. FURTHER RECOMMENDATIONS

3.1 Northern Territory Aboriginal Health Forum, NTAHF

The NTAHF is the appropriate structure to provide the process required for the development, operation and evaluation of the NTAFVS. The Framework Agreement, signed by THS, OATSIH, ATSIC and AMSANT established the NTAHF as a means of ensuring intersectoral collaboration for the effective planning, development and evaluation of health programs.

3.2 NT Aboriginal Family Violence Strategic Plan

Under the auspices of the NTAHF a DV strategic plan should be developed to ensure a planned approach to the problem of DV. Congress recommends that \$200,000 of the \$300,000 allocated under the NTAFVS for the next financial year be allocated through TERIHPC and CARIHPC, \$100,000 each, to develop strategic plans for the

^{3[3]} NPY DV program will submit its own report for this evaluation.

Top End and Central Australia, and that the NTAHF set up a DV working group to oversee this project. In the light of the lack of outcomes as indicated by the available data, regional strategic planning is essential.

4. SUMMARY RECOMMENDATIONS

1. That the NTAFVS support alcohol sale restrictions in communities that have demonstrated support for this, in particular Alice Springs and Tennant Creek
2. That NT Aboriginal Family Violence Strategy workers be employed in Aboriginal women's community based organisations such as NPY and Alukura.
3. That no more resources are allocated for media campaigns unless research justifies this expenditure
4. That the NT Aboriginal Family Violence Strategy be developed through the NT Aboriginal Health Forum.
5. That \$200,000 of the 2001/2002 NT Aboriginal Family Violence Strategy \$300,000 annual funding go into developing a domestic violence strategic plan in the NT.

Abbreviations

AMSANT	Aboriginal Medical Services Alliance of the NT
ASH	Alice Springs Hospital
ATSIC	Aboriginal & Torres Strait Islanders Commission
CAAFLU	Central Australian Aboriginal Family Legal Unit
DV	Domestic Violence
NTAHF	Northern Territory Aboriginal Health Forum
NTAFVS	Northern Territory Aboriginal Family Violence Strategy
NPY	Ngaanyatjarra, Pitjantjatjara and Yankunytjatjara
OATSIH	Office of Aboriginal & Torres Strait Islander Health (within Commonwealth Health)

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