Central Australian
Aboriginal Congress
ABORIGINAL CORPORATION | ICN 7823

Submission to the

Joint Standing Committee on Aboriginal and Torres Strait Islander Affairs

Inquiry into Community Safety, Support Services and Job Opportunities in the Northern Territory

December 2022

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Aboriginal health in Aboriginal hands.

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Recommendations

Recommendation 1. Any approach to address family violence in Aboriginal communities must recognise the rights to self-determination of Aboriginal peoples as established under international agreements to which Australia is a signatory, including the *United Nations Declaration on the Rights of Indigenous Peoples*.

Recommendation 2. That the Australian Government establish a constitutionally enshrined First Nations Voice to Parliament as recommended in the *Uluru Statement from the Heart* as the overarching framework under which family violence in Aboriginal and Torres Strait Islander communities may be addressed.

Recommendation 3. Long-term, ongoing investments in evidence-based, culturally responsive, early childhood development programs for Aboriginal children, delivered through ACCHSs and integrated with family support services are a critical primary prevention strategy for Aboriginal family violence.

Recommendation 4. Action to reduce Aboriginal poverty is needed to reduce levels of community violence. This should include (a) an increase in JobSeeker and similar citizenship entitlements with an additional loading on such payments for those in remote or very remote areas to address significantly higher costs of living in those places; and (b) redesign citizenship entitlement administrative systems to ensure they are socially and culturally appropriate for Aboriginal people, especially those in remote areas.

Recommendation 5. Increased investment in housing for both remote and urban areas as an important underpinning strategy to support women's independence and address mental health and social and emotional wellbeing issues, including family violence.

Recommendation 6. Aboriginal community-controlled organisations, especially Aboriginal community-controlled health services, should be recognised as preferred providers for government funded services to address family violence, in recognition of their greater service effectiveness, their higher levels of employment of Aboriginal people (especially women), and their formal structures for involving Aboriginal communities in decision-making.

Recommendation 7. That a Northern Territory Alcohol Data Monitoring Group is established, in accordance with the draft terms of refence provided by the Aboriginal Medical Services Alliance Northern Territory (AMSANT), to consider the potential alcohol-related harms at a regional level from a broad range of data sets. If it is clear that there has been a significant increase in harms, especially family violence, and other strategies have not been able to reduce the harm then consideration should be given for re-instating the Stronger Futures Alcohol Reforms.

Recommendation 8. In order to address the shortage of an Aboriginal workforce to address alcohol and other drug issues, government should (a) support the establishment of a national 'Aboriginal Health Worker' profession at Certificate II level to provide an entry point for community members to the health professions; and (b) establish a national scheme of scholarships and cadetships directed especially through ACCHSs to support the training of Aboriginal psychologists and social workers.

Recommendation 9. That coordinated, sustained national action and funding is required to provide support for Aboriginal women experiencing or at risk of family violence, including at least: (a) reorientation of police and justice systems to ensure that family violence against Aboriginal women is treated equitably and with the seriousness that it deserves through specialist family violence units, with responses informed by local Aboriginal social and cultural knowledge; (b) establishment of mechanisms for coordination, information-sharing and case management amongst local agencies for

Aboriginal women including those at lower levels of risk; and (c) needs-based funding for culturally appropriate support for Aboriginal women experiencing or at risk of family violence, including through free culturally safe crisis accommodation; women's support services (outreach and centre based); and advocacy services.

Recommendation 10. That, recognising their important role in preventing and responding to violence against Aboriginal women, the establishment of integrated, evidence-based women's health and family support services for Aboriginal women be funded and supported in Aboriginal community controlled health services across Australia.

Recommendation 11. That a male cultural space ('Men's Shed') be piloted in Central Australia, incorporating male cultural leadership and therapeutic trauma-informed and healing focused care. Based on participatory action research principles, the pilot should investigate the possibility of the space including supported accommodation for mandated residential care for male perpetrators.

Recommendation 12. To reduce the risks of re-offending, and drawing upon experiences of Aboriginal courts and specialist therapeutic courts, all courts dealing with those accused of Aboriginal family violence should: (a) be culturally safe; (b) involve senior Aboriginal community members to assist with understanding the factors driving offending behaviours and in determining effective sentencing; and (c) include access to specialist therapeutic advice to assist with understanding any mental health or other issues related to offending and to ensure referral of offenders to appropriate services such as drug and alcohol treatment or mental health services.

Background

1. Central Australian Aboriginal Congress (Congress) is a large Aboriginal Community Controlled Health Service (ACCHS) based in Alice Springs. We are one of the most experienced organisations in the country in Aboriginal[1] health, a national leader in primary health care (PHC), and a strong advocate for the health of our people.

2. Congress services over 17,000 Aboriginal people living in Alice Springs and remote communities in Central Australia including Ltyentye Apurte (Santa Teresa), Ntaria (Hermannsburg), Wallace Rockhole, Utju (Areyonga), Mutitjulu and Amoonguna.

3. Our submission is based on our experience of delivering comprehensive primary health care including multidisciplinary clinical care; health promotion and disease prevention programs; and action on the social, cultural, economic and political determinants of health and wellbeing. In particular, Congress has long been an advocate for safe communities and the prevention of violence, especially through campaigning for effective population-level controls on the availability of alcohol.

4. On 9 December 2022, the Congress CEO (Donna Ah Chee), supported by our Chief Medical Officer Public Health (Dr John Boffa) addressed the public hearing of this Inquiry in Alice Springs. This submission expands on many of the issues raised in our statement.

5. Following the hearing, the Committee requested additional information from Congress as follows:

    a. *Can you please provide an overview of your drug and alcohol strategy, including your current workforce in this area and strategic priorities?*

    b. *What sort of pathways are available for supporting First Nations young people to become youth workers and drug and alcohol support workers? What could be done to improve these pathways to effectively increase the number of AOD support workers who can provide locally informed and culturally appropriate services?*

    c. *What kind of legislative and/or regulatory reforms would improve your capacity to prevent and reduce the impacts of substance use in the communities you work in?*

    d. *What kind of legislative and/or regulatory reforms would work to address the structural causes of the major health issues that your services deal with?*

6. In this submission, we address the first two of the Inquiry's terms of reference in relation to the sunsetting of the *Stronger Futures* legislation; and community safety and alcohol management, with a particular focus on the prevention of family violence. We will then provide information addressing the additional questions asked by the Committee. Note that we address Term of Reference (b) on community safety and alcohol management before turning to Term of reference (a) in relation to the *Stronger Futures* legislation.

Our response to the terms of reference

Term of Reference (b): Community safety and alcohol management

7. The great majority of community safety issues on Aboriginal communities are those related to family violence. Congress uses the term 'family violence' to refer to domestic violence (DV) or intimate partner violence (IPV) as it includes abuse that occurs within a broad spectrum of family relationships including between siblings, parents, children, grandparents, aunts and uncles and other members of the kin network [1]. Our response to this term of reference are therefore focused on family violence and its causes.

8. There are no simple, single systemic cause of family violence. Many factors contribute, some of them specific to the experience of Aboriginal peoples of past and continuing processes of colonisation; others are common to other populations experiencing marginalisation and disadvantage. This 'ecological model' is summarised in *Figure 1*.

9. In complex social issues such as family violence, causation is complex and not simple. Complex causality has been well described for more than thirty years [2]. Nevertheless, some still argue for a 'single cause' of family violence when it is better understood as resulting from a 'web of causes' in which many factors reinforce and perpetuate each other in a complex network of interactions. This understanding leads to a focus on practical interventions where the strength of a complex cause can be assessed through the impact on family violence when it is reduced or removed. A good example of this approach is the impact that evidence based alcohol supply reduction measures have on reducing the incidence of severe family violence – see section on *Alcohol* below.

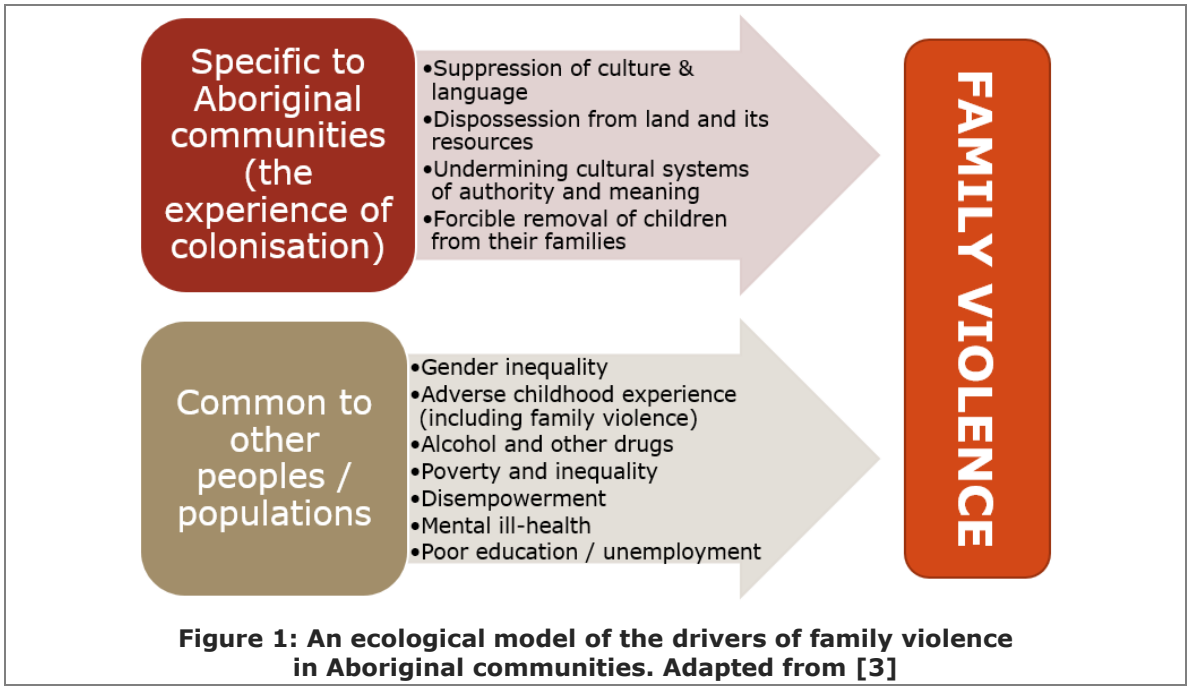

Figure 1: An ecological model of the drivers of family violence in Aboriginal communities. Adapted from [3]

10. We describe what we believe are some in the key drivers of family and community violence in Aboriginal communities in the following paragraphs. We should be clear however that describing the drivers of violence at a population level in no way excuses violence at an individual level. Those who commit violence need to be held to account and justice sought for their victims. However, if we are interested in policies and

strategies to reduce the levels of violence at a whole of population level, we need to look beyond the choices of individual perpetrators.

Colonisation

11. There are a number of interrelated factors stemming from the colonisation of our First Nations peoples that contribute to high levels of violence in some places. These include the suppression of culture and language; the disruption of traditional authority; forced and frequently violent dispossession from the land and its cultural meaning and physical resources; and the forcible removal of children from their families [3]. As one leading Aboriginal spokesperson has reflected:

> *Two things – the disempowering effects of colonisation and the removal of traditional authority structures that kept violence from occurring and spreading – seem to me to be important facts we should all keep in mind as we seek for answers for the waves of Aboriginal family violence that threaten to drown some of our communities [4].*

12. Much of the lateral violence that occurs within Aboriginal communities and families is related to these factors and the intergenerational effects of violence itself, and the ongoing experience of racism and discrimination. The intergenerational trauma stemming from this experience underpins many health and wellbeing issues in Aboriginal communities [5].

13. The 2008 *National Aboriginal and Torres Strait Islander Social Survey* showed that Aboriginal and Torres Strait Islander people who had been removed from their family were more likely to experience violence: 12% of men and 14% of women who had been removed reported a recent experience of physical violence, compared to 7% of both men and women who had not [3].

14. Any approach to addressing the high prevalence of violence in some Aboriginal communities must therefore recognise these underlying processes of colonisation and their effects, and must be founded on the rights of Aboriginal peoples as established under international agreements to which Australia is a signatory, including the *United Nations Declaration on the Rights of Indigenous Peoples* [6], which states:

> *Article 18: Indigenous peoples have the right to participate in decision-making in matters which would affect their rights, through representatives chosen by themselves in accordance with their own procedures, as well as to maintain and develop their own indigenous decision-making institutions.*
>
> *Article 22 (2): States shall take measures, in conjunction with Indigenous peoples, to ensure that indigenous women and children enjoy the full protection and guarantees against all forms of violence and discrimination.*
>
> *Article 23: Indigenous peoples ... have the right to be actively involved in developing and determining health, housing and other economic and social programmes affecting them and, as far as possible, to administer such programmes through their own institutions.*

15. Self-determinant structures are needed at an Australian national level to give full effect to these rights. This includes the establishment of a constitutionally enshrined national representative body for Australia's First Nations (a 'Voice to Parliament') plus a Makarrata Commission to supervise a process of agreement-making and truth-telling between governments and Aboriginal and Torres Strait Islander peoples, as

recommended in the *Uluru Statement from the Heart* [7]. These proposals have the overwhelming support of Aboriginal people.

16. A constitutionally enshrined Voice to Parliament would provide the overarching framework within which family violence in Aboriginal and Torres Strait Islander communities may be addressed. It would ensure that the people with the most experience of the impact of family violence have a role in setting the policy agenda that aims to address this issue. There is much evidence in the public health literature that this type of participation on the policy setting process is key to achieving practical health outcomes.

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Early childhood experience

17. Adverse childhood experiences (including violence) are a strong predictor for poor social functioning, impaired well-being, health risks and disease, and contribute powerfully to many major public health and social problems. These include increased levels of depression, suicide attempts, sexually transmitted infections, smoking, alcoholism, higher levels of violence and antisocial behaviour, poor school performance, poverty and poor physical health [8].

18. As children's brains and social-emotional skills develop, they learn to regulate their emotions, attention and behaviour. There are critical periods in the brains development during which new skills are learnt and once these periods are passed it is much more difficult to learn these skills. The critical period for emotional regulation is from 6 months to 2 years and a strong, consistent relationship with a primary carer is key for a baby learning to use its frontal cortex to regulate its brainstem. A baby needs responsive loving care, sleep, an iron rich diet, exercise and play with peers amongst other things for healthy brain development. Disruptions to healthy neurodevelopment lead to problems with the brain's executive functions such as impulsivity due to poor emotional self-regulation, problem solving, coping and decision-making skills [9].

19. Aboriginal children are twice as likely as non-Aboriginal children to be developmentally vulnerable on one or more domains (42% compared to 21%) and two-and-a-half times as likely as non-Aboriginal children to be developmentally vulnerable on two or more domains two or more domains (26% compared to 10%). The inequity is much greater in remote areas and in Alice Springs 43% of Aboriginal children were developmentally vulnerable on two or more domains compared with 7% of non- Aboriginal children [10]. The latest AEDC data from 2021 shows that this is not improving in very remote areas where data has been collected.

20. It is too late to wait until a child is ready for school at around age five to address vulnerabilities in development, as by this point many developmental gateways have been passed, and a child's developmental trajectory already set. After this point,

interventions require increasing amounts of resources and produce diminishing returns as the child gets older [11].

21. However, well-designed, evidence-informed early childhood development programs can offset some of the effects of poor early childhood experience. There is very strong evidence that such programs can reduce the use of alcohol and other substances by young adults; increase school retention rates; and dramatically reduce youth incarceration rates. Such programs also lead to more successful interpersonal relationships in later life as improved emotional regulation and self-control are key to maintaining successful, non-violent relationships. This evidence has been collated, developed and championed by the Nobel Laureate, Prof James Heckman (https://heckmanequation.org/).

22. Such early childhood development programs for Aboriginal children should be provided through ACCHSs wherever possible, as these organisations have established supportive relationships with mothers, families and children through the delivery of culturally-responsive antenatal and perinatal care, and can integrate these programs with other services they deliver [12].

Recommendation 3. Long-term, ongoing investments in evidence-based, culturally responsive, early childhood development programs for Aboriginal children, delivered through ACCHSs and integrated with family support services are a critical primary prevention strategy for Aboriginal family violence.

Poverty, housing and employment

23. Economic disadvantage is a major factor in interpersonal violence, both for victims and people who commit assaults [13]. The link at a population level is made clear by data from Victoria, which shows the levels of family incident offences for each council area, ranked by their socio-economic status (SES). *Figure 2*.

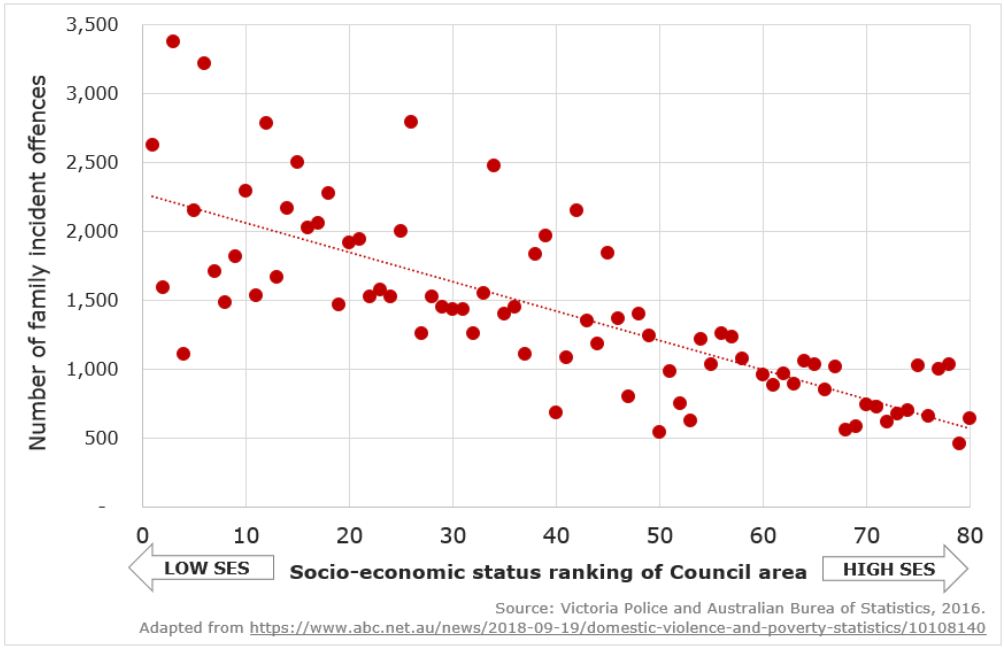

Figure 2: Number of family incident offences in Victorian local Council areas, by their socioeconomic status ranking

24. Poverty is also associated with violence in Aboriginal and Torres Strait Islander communities, with Aboriginal people who report a recent experience of physical violence being much more likely to live in a household which has run out of money for

basic living expenses, or which has had difficulty paying bills on time [3]. Unfortunately, in remote areas in Australia both poverty and inequality are worsening for Aboriginal people, with incomes falling and the income gap to non-Indigenous people widening [14].

25. Aboriginal people are disproportionately dependent on citizenship entitlements such as the Newstart Allowance, the Parenting Payment and the Youth Allowance [15]. These are inadequate to meet the needs of families and their children, especially in remote areas where the cost of living is much higher: in 2014-15, almost a third (29%) of Aboriginal families in remote areas reported that they had run out of money for basic living expenses at least once in the previous year [15].

26. In addition to the inadequacy of the payment levels, it is very common for Aboriginal families (including women with children) to not receive their entitlements due both to inflexible and inappropriate program rules and to low English literacy. As one study in a remote Aboriginal area found:

> *Most people do not have sufficient English language and literacy to independently fill in Centrelink forms, negotiate the MyGov website or handle over-the-phone interactions with Centrelink … Those who report to Centrelink by phone often do not understand what is said to them; they often guess the answers, or say yes to obligations they cannot meet because they think it is the 'correct' answer [16]*

27. As well as the adding to the general poverty of a community, the resulting financial insecurity can reduce the capacity of Aboriginal women to leave abusive relationships.

28. The proportion of Aboriginal people in remote areas who are employed has stalled, increasing reliance on citizenship entitlements such as JobSeeker, the Parenting Payment and the Youth Allowance. The payment levels of these entitlements are inadequate for families (especially in remote areas) and the systems are frequently inflexible and inappropriate for Aboriginal people. Addressing these issues is required to reduce poverty and support women's economic independence, an important factor in them being able to leave relationships where violence is threatened or occurring.

29. Overcrowding, poor housing and homelessness are major barriers for women seeking independence. Housing is a key determinant of health and wellbeing, and poor housing affects physical health as well as mental health and social and emotional wellbeing including family and domestic violence [17, 18]. Housing overcrowding also impacts on early childhood development and school attendance due to overcrowding [19]. This is a prime example of the complex way in which different 'causes' of family violence interact with each other.

30. Aboriginal community controlled health services are major employers of Aboriginal people, and particularly of women. Nationally, our sector employs 4,000 Aboriginal and Torres Strait Islander people, making it the largest employer of our people in Australia. While specific figures are not available, we know from experience that a high proportion of these staff are women, thus contributing to the economic independence of Aboriginal and Torres Strait Islander women. In addition, a high proportion of the Boards of ACCHSs are women, giving them positions of importance where their experience and knowledge can give voice to the experience of women and ensure that it informs service delivery. Congress' own organisational structure is reflective of strong Aboriginal women who are on the Board, Executive, cultural advisors, and senior managers.

31. ACCHSs also have a range of inter-linked structural advantages in delivering services and hence improved outcomes compared to non-Indigenous services (government or private). These structural advantages include:

    a) *a holistic approach to service delivery*, including through addressing the social determinants of child and family wellbeing, based on a lived understanding of the Aboriginal conception of health;

    b) *culturally responsive services*: Aboriginal community-controlled health services are able to provide their care within a culturally responsive setting, based on local knowledge, an Aboriginal governance structure and workforce, and strong relationships with the communities that they serve;

    c) *better access, based on community engagement and trust*: a strong practice of community engagement founded on strong relationships with the community, in turn based on a sense of ownership and history. Aboriginal people consistently prefer to use Aboriginal organisations such as ACCHSs over mainstream services giving them a strong advantage in addressing access issues, particularly when dealing with culturally sensitive issues relating to sexuality, pregnancy, childbirth and addiction;

    d) *Aboriginal governance*: individuals and communities are encouraged and enabled to participate in decisions on service delivery, including though formal governing Boards, including a high proportion of Aboriginal women in governance positions;

    e) *an Aboriginal workforce*: community-controlled services are significantly better at attracting, training and retaining Aboriginal staff leading to greater cultural appropriateness of services as well as benefits through providing employment and capacity building in the Aboriginal community, especially for Aboriginal women;

    f) *high levels of accountability*: Aboriginal community-controlled health services are highly accountable to their funders for the services they provide through robust data collection and a reporting regime which is above the requirements of mainstream health and wellbeing services.

32. Such advantages were recognised by a Senate Inquiry which recommended that [20]:

> *… future selection criteria and funding guidelines should give weighting to the contribution and effectiveness of Aboriginal and Torres Strait Islander organisations to provide to their community beyond the service they are directly contracted to provide.*

Recommendation 4. Action to reduce Aboriginal poverty is needed to reduce levels of community violence. This should include (a) an increase in JobSeeker and similar citizenship entitlements with an additional loading on such payments for those in remote or very remote areas to address significantly higher costs of living in those places; and (b) redesign citizenship entitlement administrative systems to ensure they are socially and culturally appropriate for Aboriginal people, especially those in remote areas.

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Term of Reference (a): the sunsetting of the Stronger Futures legislation;

33. Since the expiry of the *Stronger Futures in the Northern Territory Act 2012* (Alcohol Protected Areas) provisions in mid-July 2022, there has been much debate about whether alcohol 'causes' family violence[2]. While we would agree that the consumption of alcohol can never be an excuse for violence in induvial cases, the overwhelming evidence from around the world is that the use of alcohol is a major contributor to community violence [21]. Studies in Australia have confirmed that alcohol is frequently involved in domestic violence, and is associated with a higher chance of physical violence and of injury in such incidents [22]. It is not just a symptom of violence but a contributor in the complex web of causes.

34. Aboriginal communities overwhelmingly identify alcohol as a contributor to the violence they experience, not only through its direct affects where the perpetrator and/or the victim have been drinking, but also through its role in undermining culture and peaceful norms of behaviour [1]. This is a point that Aboriginal leaders in Alice Springs, including from Congress, have been making very clearly for some time[3].

35. We also have exceptionally good evidence in the Northern Territory about how healthy public policy on alcohol can substantially reduce the harms to Aboriginal women through family violence. This is not anecdotal evidence, but high quality data based on publicly available datasets.

36. During the 2010s, the Northern Territory Government introduced a range of alcohol reforms to deal with the jurisdiction's long-standing issue with high levels of alcohol-related harm, including family violence. This included [23]:

    - Point of Sale Interventions (from 2018 called Police Auxiliary Liquor Inspectors or PALIs) at all bottle shops in three regional centres (2013);
    - a Banned Drinkers Register (BDR) to reduce the access to take-away alcohol by problem drinkers (2017);
    - a floor price to prevent the sale of cheap alcohol (2018);
    - a new Liquor Act that includes risk-based licencing and greater monitoring of on-licence drinking (2019); and
    - a commitment to high quality, ongoing independent evaluation.

37. These reforms were informed by the evidence from around the world on what works to reduce alcohol related harm. Over the first full year of operation of the floor price and PALIs from 1 October 2018 they demonstrated very significant reductions in wholesale sales of alcohol, which fell by 7% across the Northern Territory as a whole. Reductions in sales were greatest in those cheap types of alcohol associated with the greatest harms, with cask wine supply falling 51% and fortified wine sales down 37% following the introduction of the reforms [24].

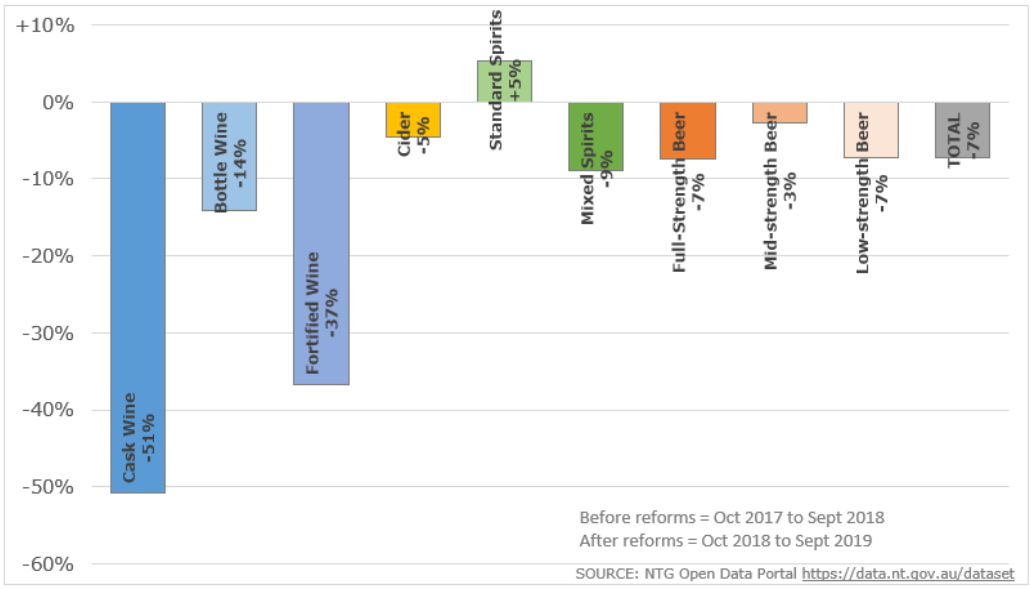

Figure 3: Wholesale supply of alcohol (litres of pure alcohol) Pre- and Post- Alcohol Reforms, Northern Territory

38. As a consequence, in the year following the introduction of the reforms there were dramatic falls in alcohol-related harm across the Northern Territory. Domestic violence assaults, as recorded by the NT Police, fell by 11% (equivalent to around 460 fewer DV assaults) in the year following the introduction of the reforms. The effect in some areas was greater – for example, Alice Springs saw over 220 fewer DV assaults after the introduction of the reforms, a fall of 22% (*Figure 4*) [25].

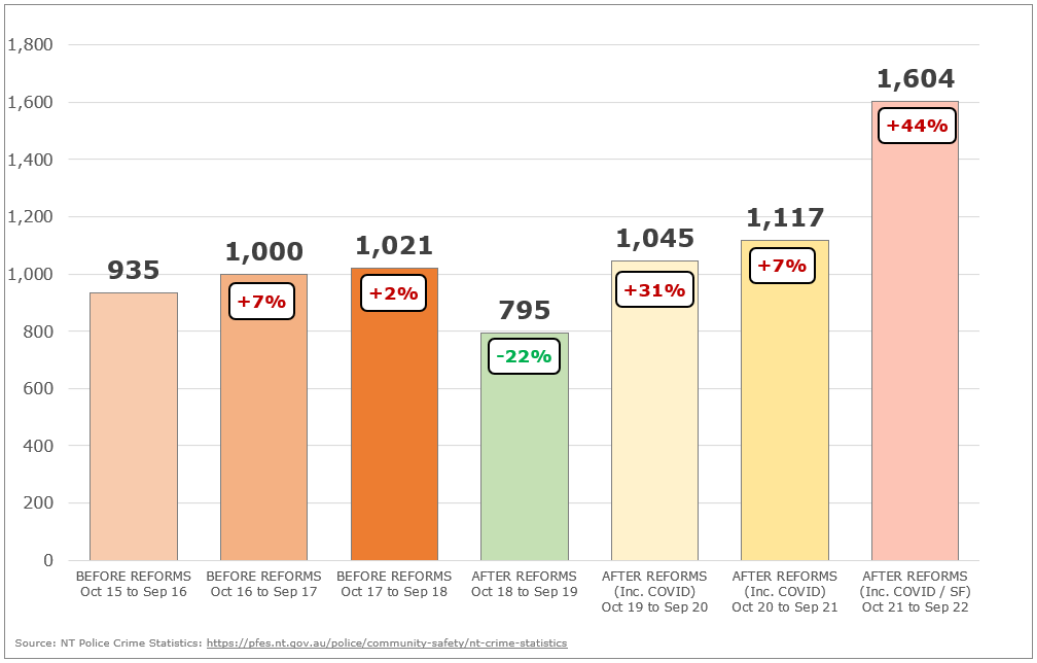

Figure 4: Number of DV Assaults, Alice Springs, 2015-2022 and annual % change

39. Unfortunately, the COVID-19 pandemic from March 2020 had a significant effect, with domestic violence assaults increasing markedly. While the reasons for this are yet to be examined in detail for the Northern Territory, it is consistent with other Australian and international research showing that the COVID-19 pandemic was associated with both the onset and escalation of family violence [26].

40. The positive effect of the NT Government's Alcohol Reforms package has been further undermined by the expiry of the *Stronger Futures in the Northern Territory Act 2012*

(Alcohol Protected Areas) provisions in mid-July 2022. Under these provisions, introduced in the wake of the Northern Territory Emergency Response, 34 town camps, six *Aboriginal Land Rights Act* communities and 74 Community Living Areas were declared 'dry'. The provisions had a sunset clause, expiring on 17 July 2022.

41. Given the lack of any substantive consultation with Aboriginal communities, Congress advocated strongly for the Northern Territory Government to pass legislation to extend the provisions for two years. During this time proper consultations could be held which ensure that all voices in the community were heard. During this consultation period communities should be able to 'opt out' of the provisions if they wish with a formal indication that this is what they want to do. Congress, along with many other community organisations predicted that unless this action was taken, there would be a wave of alcohol fuelled violence, much of it directed at Aboriginal women.

42. However, the NT Government did not act: no substantive consultations were held, and communities that wished to remain 'dry' had to 'opt in' to continue the restrictions. As far as we are aware, no community in Central Australia has done so. The NT Government argued that continuing the *Stronger Futures* provisions would be racially discriminatory (as they only apply to Aboriginal lands and communities) and questioned the link between alcohol and family violence.

43. Congress argues stating that the Stronger Futures alcohol provisions are discriminatory misses the point. While it is true they affect Aboriginal people disproportionately, and may therefore be argued to be discriminatory, Congress along with many other Aboriginal organisations and leaders argues that unleashing severe, preventable alcohol related harms particularly upon Aboriginal women and families is also profoundly discriminatory. They have the right to live peaceful lives without the threat of violence to which alcohol so strongly contributes.

44. Further, the legislation that created these Alcohol Protected Areas in 2007 and again under the *Stronger Futures Act* in 2012, are, in our opinion, special measures under the test decided in the most recent High Court decision on this matter, *Maloney v R* in 2013[4]. Discriminatory practices can also be exempted in the Northern Territory if they are special measures, under s57 of the *Northern Territory Anti-Discrimination Act 1992*. Positive discrimination should not be misunderstood as racism as long as there is clear evidence of benefit and support from Aboriginal leaders and organisations.

45. The impact of the PALIs (Police Auxiliary Licensing Inspectors) depends largely on the *Stronger Futures* alcohol measures. The PALIs stationed at take away outlets require those purchasing take away alcohol to show a residential address that is <u>not</u> on alcohol-prohibited land. However, with the loss of the *Stronger Futures* measures people from formerly alcohol-prohibited communities who come to town and stay in a town address can now lawfully purchase alcohol along with all other people living in the former prohibited living areas.

46. The impact of PALIs was also reduced from March 2022, three months prior to the removal of the *Stronger Futures* legislation when Police were not able to recruit to these positions, leaving many alcohol outlets unattended. Historically, it has been very clear that unless all outlets are covered the PALI mechanism does not work as heavy drinkers soon learn to go to the outlet without PALI cover. This loss of PALIs explains why in the Alice Springs region there a sharp increase in family violence and other alcohol-related assaults from March onwards, an increase which continues after July 2022. The PALIs cease to be effective either because they are unfilled or because they no longer have the power to act due to the removal of the *Stronger Futures* provisions.

47. Unfortunately, predictions of increased violence against Aboriginal women due to the increased access to alcohol have been shown to be true. The number of DV assaults and the proportion that are alcohol-related has significantly increased [25]. *Figure 5*.

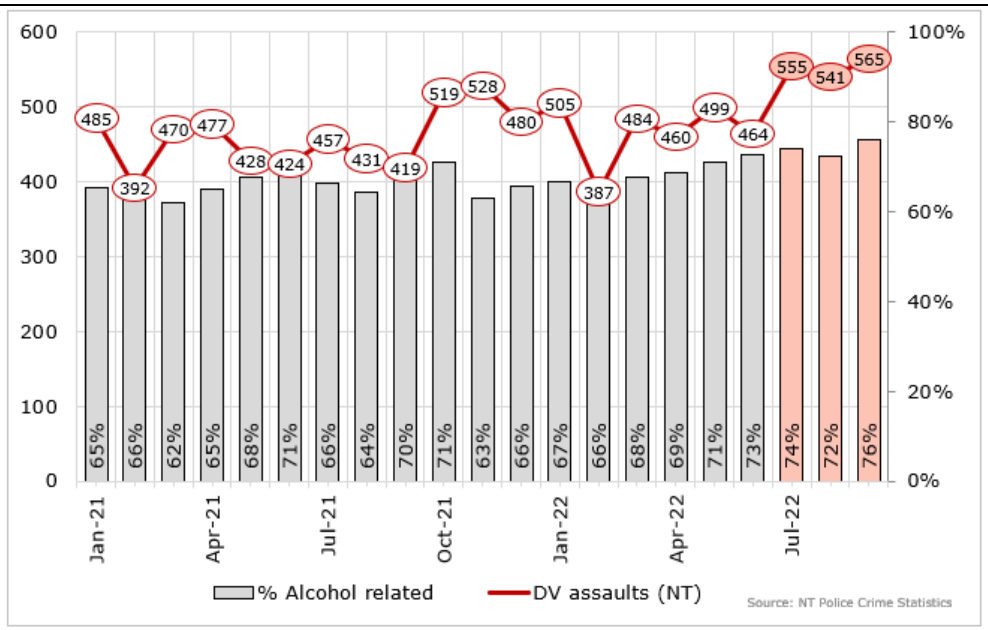

Figure 5: Number of DV assaults, and % of DV assaults that are alcohol related, Northern Territory, 2021-2022

Recommendation 7. That a Northern Territory Alcohol Data Monitoring Group is established, in accordance with the draft terms of refence provided by the Aboriginal Medical Services Alliance Northern Territory (AMSANT), to consider the potential alcohol-related harms at a regional level from a broad range of data sets. If it is clear that there has been a significant increase in harms, especially family violence, and other strategies have not been able to reduce the harm then consideration should be given for re-instating the Stronger Futures Alcohol Reforms.

Additional information requested by the Committee

Overview of Congress' drug and alcohol strategy

48. Congress has developed a comprehensive model of primary health care (PHC), founded on both addressing the determinants of health and wellbeing at a population level as well as treating poor health and wellbeing as it is expressed in the lives of individual Aboriginal community members. This comprehensive approach is mirrored in the organisation's approach to AOD issues in the region (*Figure 6*).

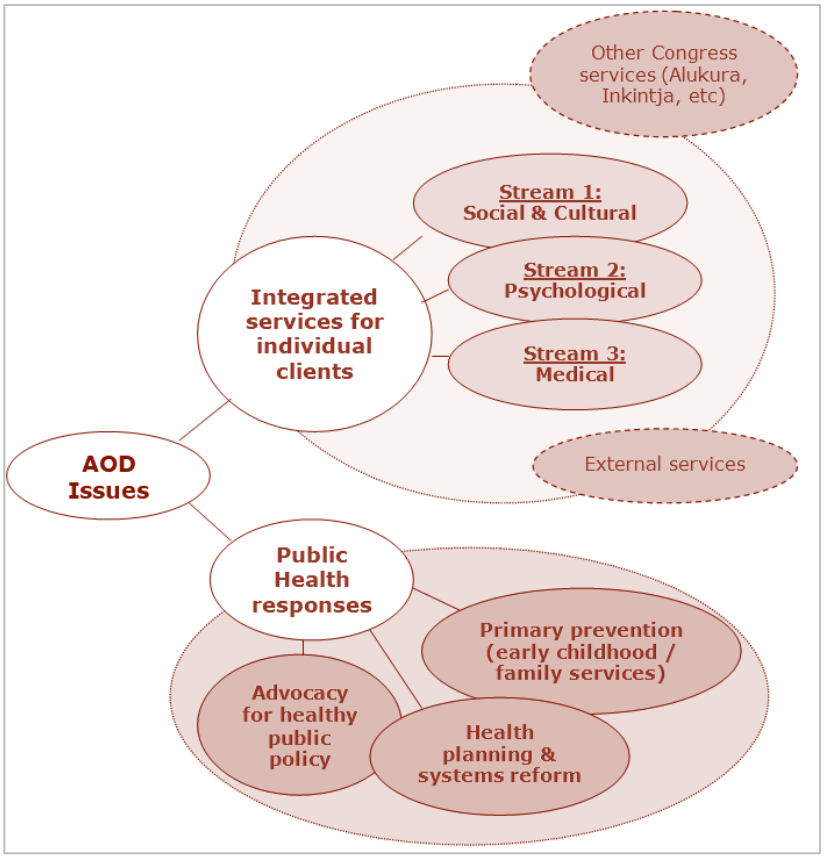

Figure 6: Congress' approach to addressing AOD issues

49. Our approach includes:

a) Public health responses to the health threats caused by alcohol and other drugs, such as:

   i. *Primary prevention* through a suite of early childhood development and family services

   ii. *Advocacy for evidence-based healthy public policy* including increasing the price of alcohol; reducing the supply of alcohol; and targeting the heaviest drinkers through programs such as the Northern Territory's Banned Drinkers register

   iii. *Health planning and systems reform* to reorient health systems meet the needs of Aboriginal communities through a number of key principles, including a holistic definition of health; using a social determinants approach; comprehensive primary health care; and Aboriginal community control

b) An integrated model of care for individual clients based on three streams of care (*Figure 7)*:

   i. *Social and Cultural Support* delivered by a team of Aboriginal workers with cultural knowledge, language skills and an in-depth knowledge of the Aboriginal community, alongside qualified social workers, this stream provides a wide range of assistance to clients such as individual advocacy; social support; cultural support; access to medical care; case management; AOD counselling and brief interventions.

ii. *Psychological therapy* carried out by qualified therapists and social workers, usually at the SEWB Service offices although sessions with clients in community settings are also available

iii. *Medical support* provided by Congress General Practitioners and other members of the PHC team including and pharmacotherapies to manage addiction / withdrawal where indicated.

Stream	Provided by	Support provided
Social and Cultural Support	Within SEWB Service by: • Aboriginal Care Management Workers (ACMWs) • Aboriginal Cultural Integration Practice Advisor • Social workers	• Client advocacy • Cultural support • Social support • Access to medical care • AOD counselling, brief interventions • Case management
Psychological Stream	Within SEWB Service by: • Psychologists • Mental Health Accredited Social Workers	• CBT and related therapies including Motivational Interviewing, Schema Therapy, Mindfulness Therapies • Brief Interventions • Neuropsychological assessment
Medical Stream	From Congress clinics and outreach: • Congress General Practitioners • Registered Nurses • Aboriginal Health Practitioners	• Pharmacotherapies • Chronic disease management

Figure 7: Summary of Congress three streams of care

First Nations young youth workers and drug and alcohol support workers

50. It is well known that Australia is facing a crisis in the health workforce, exacerbated by the COVID-19 pandemic. However, the crisis for formally qualified Aboriginal health professionals has been in evidence for many years. For example, the number of Aboriginal Health Practitioners registered in the NT has fallen over the last 10 years: in 2012-13 there were 228 Aboriginal and Torres Strait Islander Health Practitioners registered in the Northern Territory, in 2020-21 there were 205[5].

51. The reasons for this are complex but include the practice, regulatory and community demands on these positions. Many of the same factors are in play in terms of recruiting, training and retailing other qualified Aboriginal staff such as AOD and youth workers, especially in remote areas.

52. Congress proposes that addressing this situation requires action on the social determinants especially through reducing poverty and inequality; a focus on early childhood development; substantially increased investment in public school education; mass-campaign adult literacy programs such as that run by the Literacy for Life Foundation; and improved housing.

53. In addition, we need to lay down a pathway for community members who want to serve their communities, and provide a stepping-stone for entry level Aboriginal staff to start along that pathway. This means returning to an 'Aboriginal Health Worker' profession founded on 'basic skills' at Certificate II level. This role will have some basic

health promotion and clinical skills, but will also bring their incredibly important cultural, language and community knowledge to the primary health care team. Some of these workers may be content to remain at this level. But others, once they gather confidence and skills, will then more easily progress to becoming 'Aboriginal and Torres Strait Islander Health Practitioners', or to AOD and youth workers.

54. However, we need to also address the shortage of Aboriginal psychologists and social workers – these positions are critical in providing culturally responsive leadership in AOD services, and encouraging and supporting more junior Aboriginal staff. This requires a national scheme of scholarships and cadetships directed especially through ACCHSs to encourage and support Aboriginal community members to obtain these qualifications.

Recommendation 8. In order to address the shortage of an Aboriginal workforce to address alcohol and other drug issues, government should (a) support the establishment of a national 'Aboriginal Health Worker' profession at Certificate II level to provide an entry point for community members to the health professions; and (b) establish a national scheme of scholarships and cadetships directed especially through ACCHSs to support the training of Aboriginal psychologists and social workers.

Reforms to prevent and reduce the impacts of substance use

55. The key evidence-based legislative reform required is to address the availability of cheap, dangerous alcohol in Aboriginal communities and the wider society. The key evidence-based reforms which have proven effective across the world and in the Northern Territory (as documented above) include:

    a) increasing the price of alcohol (especially through imposing a Minimum Unit Price on alcohol sold or through a Volumetric tax);

    b) reducing the supply of alcohol (either through reducing the density and number of outlets; reducing their hours of operation; and ensuring that alcohol is not sold for consumption on 'dry' communities);

    c) targeting the heaviest drinkers through programs such as the Northern Territory's Banned Drinkers register; and

    d) ensuring that services to support individuals based on the 'three-streams of care' model are embedded within ACCHSs.

56. In addition, responding to violence in Aboriginal communities requires a whole-of-government / whole-of-community response, including collaboration between government and Aboriginal community-controlled organisations. There must be formal relationships between the justice system, police, women's services, and Aboriginal community-controlled organisations with the aim of implementing sustainable, evidence-based approaches which (a) hold offenders to account and (b) support Aboriginal women victims of family violence and (c) aim to reduce the risks of recidivism by those who commit family violence. We believe that these must not be seen as contradictory aims, but part of an overall strategic approach to the issue.

57. This requires a profound reorientation

    from a simple criminal justice model towards collective processes of community healing grounded in Indigenous knowledge [27]

and in particular:

> *In stark contrast to dominant approaches to criminalising family violence offenders, a common theme across the literature is the belief that holistic models must incorporate a role for the offender* [3]

58. Below, we describe some specific programs and services which we believe need to be consistently, sustainably, and adequately funded and implemented to address family violence in Aboriginal communities. While these are described from a Central Australian perspective, we hold that many of these will have wider application across the Northern Territory and Australia.

Support for women victims of family violence

59. Congress responded recently to the broadcast on 24 October of the ABC TV Four Corners Program 'How many more?' outlining the crisis of murdered and missing Aboriginal women in Australia. The program highlighted the lack of an adequate police response to family violence complaints that led in some cases to the murder of the woman concerned. Acting Congress Chief Executive Officer, Dr Josie Douglas, said at the time:

> *We are very concerned that too often the policing and justice systems fail to protect Aboriginal women by not taking their reports and concerns about domestic violence seriously ... Women are reporting domestic violence. They should receive the same level of protection and response as any other Australian citizen. But what we often see is a system that fails to intervene even when the danger signals are very clear. We know that much more is needed to be done across the entire system.*

60. Coordination of services supporting Aboriginal women experiencing or at risk from family violence have been implemented in Alice Springs, including the Family Safety Framework (FSF) [28] and Operation Haven [29]. The effectiveness of such models requires them to be resourced to be able to address not just the needs of the most seriously endangered women, but also those experiencing 'lower risk' family violence.

61. to The FSF provides an action based, co-ordinated service response to individuals and families experiencing family or domestic violence who are at imminent risk of serious injury or death. Key elements included sharing of information between agencies; a common risk assessment form used to assess referrals to the FSF; regular meetings of agency representatives to share information, agree on action, and review cases in the FSF; and Family Safety Framework training for agency staff.

62. An evaluation of the FSF found that improvements in inter-agency relationships, information sharing, collaboration, and shared understanding of the problem led to improvements in safety for women referred to the FSF, and increased probability of a perpetrator being apprehended by police [28].

63. The rates of family violence against Aboriginal women are such that support and crisis services such as women's shelters are often overwhelmed. Substantial additional resources are required for:

- culturally appropriate crisis accommodation which should be free for all women;
- support services, including through outreach programs and centre-based women-only spaces that can form a hub for service delivery to Aboriginal women; and
- advocacy services, including to support women through the justice system.

Recommendation 9. That coordinated, sustained national action and funding is required to provide support for Aboriginal women experiencing or at risk of family violence, including at least: (a) reorientation of police and justice systems to ensure that family violence against Aboriginal women is treated equitably and with the seriousness that it deserves through specialist family violence units, with responses informed by local Aboriginal social and cultural knowledge; (b) establishment of mechanisms for coordination, information-sharing and case management amongst local agencies for Aboriginal women including those at lower levels of risk; and (c) needs-based funding for culturally appropriate support for Aboriginal women experiencing or at risk of family violence, including through free culturally safe crisis accommodation; women's support services (outreach and centre based); and advocacy services.

Integrated child and family services

64. Congress operates a range of programs within a framework for early childhood development and family support that make up an integrated and comprehensive approach to this critical area [12]. See *Figure 8*.

		Primary prevention*		Secondary prevention†	
	Description	Child focus	Carer focus	Child focus	Carer focus
Centre based	Most work is done at a centre where a child or families come in to access service	Abecedarian educational day care; immunisations; child health checks; developmental screening	Health advice to parents in clinic (eg, nutrition, brushing teeth, toilet training)	Child-centred play therapy; therapeutic day care; Preschool Readiness Program; antibiotics	Filial therapy; circle of security; parenting advice/ programs; parent support groups
Home visitation	Most work is done in the homes of families where staff outreach to children and families	Mobile play groups	Nurse home visitation; families as first teachers (home visiting learning activities)	Child Health Outreach Program; ear mopping	Targeted Family Support; Intensive Family Support; case management models for children at risk; Parents under Pressure

* The primary prevention targets children with no current problems, but who are at risk of developing them — the identified risk is usually based on low socio-economic status or maternal education level. † The secondary prevention targets children with current problems identified early in life when they are most likely to respond to intervention and before the problems get worse — it is determined by screening or referral to services. ◆

Figure 8: Central Australian Aboriginal Congress integrated model of child and family services

65. These services operate alongside and integrated with Congress Alukura, our women's health service. Located at a women's only site, Alukura operates:

- a maternity service staffed by four midwives, focused on ante- and post-natal for Aboriginal women during and after pregnancy;
- a Women's Health clinic with a Women's Health nurse with a GP and a visiting specialist;
- Cultural Liaison;
- breast screening;
- transport and pharmacy services.

66. Last year, despite the effects of COVID, Alukura saw almost 1,500 female clients and delivered over 4,700 episodes of care.

67. Integrated women's health and family support services such as those developed at Congress are an important part of the service landscape for preventing and responding to family violence. Not only do they support families to grow up a generation of healthy and well-adjusted children, but they provide a continuous presence in the lives of many Aboriginal women, and therefore a critical intervention point if those women are at risk of or suffering family violence.

Recommendation 10. That, recognising their important role in preventing and responding to violence against Aboriginal women, the establishment of integrated, evidence-based women's health and family support services for Aboriginal women be funded and supported in Aboriginal community controlled health services across Australia.

The role of and services for Aboriginal men

68. Research into Aboriginal family violence from diverse areas of Australia has consistently shown that Aboriginal community views, led by both senior women and men, see an important role for Aboriginal men in addressing family violence [1, 3, 27]. In a kin-based social world, where family, culture, language, land and life are inextricably linked together, this should not be surprising. Simply put, men want and need to be part of the solution.

69. In Central Australia, the landmark Male Health Summit held in 2008 at Inteyerrkwe (Ross River), expressed their commitment to caring for and respecting women and in a safe family environment

> *We acknowledge and say sorry for the hurt, pain and suffering caused by Aboriginal males to our wives, to our children, to our mothers, to our grandmothers, to our granddaughters, to our aunties, to our nieces and to our sisters. We also acknowledge that we need the love and support of our Aboriginal women to help us move forward* [30].

70. Amongst other recommendations, the Summit recommended:

- the establishment of community-based violence prevention programs, including programs specific to Aboriginal men;
- the establishment of places of healing for Aboriginal men, including men's shelters/'sheds', short term 'drying out' places for men, and more resources for long-term rehabilitation of Aboriginal men with alcohol and other drug problems, preferably within their own community, including 'half-way' houses to either give 'time out' or time to move slowly back into work/family/training.

71. More recently Congress undertook a large consultation process (the *Kurruna Mwarre Ingkintja* –Good Spirit Men's Place Research Project) with the Aboriginal men in our community and it reconfirmed that many Aboriginal men in Central Australia want to help lead positive change. As one senior man interviewed for the project said:

> *You, me, everybody around us, it affects in some means. You know you're either a witness to it, you're a victim to it, you're you know in the past you may have been an offender. But all this collectively is hurting our people as a whole community. So you need to make sure you tap into those major issues, so people get a self, well an idea of self-awareness* [31].

72. The Research Project recommended the establishment of a male cultural space, under the leadership of a local Aboriginal Male Leadership Group. This would

> *provide support for Aboriginal men to heal from traumatic experiences and support the empowerment of men in their communities in order to create safe and supportive communities for all members and promote emotional well-being [31].*

73. The evidence around the effectiveness of interventions focusing on male perpetrators of domestic, family and sexual violence is limited and often contested [32]. In Central

Australia, attempts to run Men's Behaviour Change Programs (MBCP) for Aboriginal men are reportedly well-received, but need substantial adaptation from mainstream models due to language and cultural differences [28, 31]. Such programs in the Central Australian Aboriginal context also need to be trauma-informed and healing-focused given the high levels of complex trauma amongst Aboriginal men. Culture and spirituality are important in addressing trauma and family violence through supporting resilience, positive social and emotional well-being, and life free of addiction [33].

74. A male cultural place could provide:

- a location for the adaptation and delivery of Men's Behaviour Change Programs;
- supported accommodation for men at risk of family violence, including those mandated to attend and receive therapeutic care, as a way to protect women and families. This would provide an important alternative to the frequent situation where women victims of family violence are forced to remove themselves from home or community in order to seek safety; and
- referrals to Congress' existing trauma-informed, culturally sensitive Social and Emotional Wellbeing (SEWB) services, and integrated family support programs.

Recommendation 11. That a male cultural space ('Men's Shed') be piloted in Central Australia, incorporating male cultural leadership and therapeutic trauma-informed and healing focused care. Based on participatory action research principles, the pilot should investigate the possibility of the space including supported accommodation for mandated residential care for male perpetrators.

Culturally appropriate courts

75. Courts in the Northern Territory deal with Aboriginal male perpetrators of family violence who themselves bear multiple layers of disadvantage within a complex and diverse cross-cultural environment. Many Aboriginal males who appear before the court:

- come from traumatised backgrounds, and may have severe mental health / social and emotional wellbeing issues; and/or
- have issues with alcohol and drugs which in many cases has affected their offending; and/or
- come from Aboriginal cultural environments where English may be a poorly understood second language; and/or
- have undiagnosed FASD or other cognitive and developmental impairments.

76. All of these factors should be considered by the courts as factors in offending behaviours, specifically in order to address the likelihood of future offending. This is not about family violence offenders evading responsibility or remaining unpunished for their criminal behaviour: it is about minimising the risk of future violence by (overwhelmingly) men towards the women and families in their lives.

77. Across Australia, specialist and therapeutic courts have been successful in reducing recidivism by addressing the issues driving a person's offending behaviours and helping them to address these [34, 35]. Such courts use team based approaches including suitable professional therapeutic expertise and Aboriginal community

involvement to refer clients to support services such as drug and alcohol treatment, accommodation, and mental health services such as Multi-Systemic Therapy.

78. Because the great majority of those offending are Aboriginal, all courts in the Northern Territory should be able to operate as 'Aboriginal courts' with culturally safe processes and the ability to involve senior Aboriginal community members to provide the cultural understanding of the factors driving offending. Similarly, given the high level of mental health / social and emotional wellbeing and addiction issues, all courts dealing with Aboriginal offenders should be able to draw upon specialist therapeutic expertise that are able to advise on these issues.

Recommendation 12. To reduce the risks of re-offending, and drawing upon experiences of Aboriginal courts and specialist therapeutic courts, all courts dealing with those accused of Aboriginal family violence should: (a) be culturally safe; (b) involve senior Aboriginal community members to assist with understanding the factors driving offending behaviours and in determining effective sentencing; and (c) include access to specialist therapeutic advice to assist with understanding any mental health or other issues related to offending and to ensure referral of offenders to appropriate services such as drug and alcohol treatment or mental health services.

Reforms to address the structural causes of health issues

79. These are addressed in detail above, especially Recommendations 1 to 6 relating to:

a) formal recognition in Government policy and planning documents of the rights to self-determination of Aboriginal peoples;

b) establishing a constitutionally enshrined First Nations Voice to Parliament as the overarching framework under which violence in Aboriginal and Torres Strait Islander communities may be addressed;

c) long-term, ongoing investments in evidence-based, culturally responsive, early childhood development programs for Aboriginal children, delivered through ACCHSs;

d) concerted action to reduce Aboriginal poverty through

   i. increasing JobSeeker and similar citizenship entitlements with an additional loading on such payments for those in remote or very remote areas

   ii. redesigning citizenship entitlement administrative systems to ensure they are socially and culturally appropriate for Aboriginal people, especially those in remote areas;

e) increasing investment in housing for both remote and urban areas;

f) formally recognising Aboriginal community-controlled health services in all health funding processes and documents as preferred providers, in recognition of their greater service effectiveness; their higher levels of employment of Aboriginal people (especially women); their formal structures for involving Aboriginal communities in decision-making; and the need to avoid service fragmentation. This will require an all-of government agreed definition of what constitutes an ACCHS in recognition that not all Aboriginal controlled organisations are ACCHSs, and not all organisations that deliver services to Aboriginal communities are community-controlled.

References

1. Blagg H, et al., *Understanding the role of Law and Culture in Aboriginal and/or Torres Strait Islander communities in responding to and preventing family violence*. 2020, Australia's National Research Organisation for Women's Safety (ANROWS): Sydney.
2. Gleick J, *Chaos: Making a New Science*. 1987: Viking Books.
3. Olsen A and Lovett R, *Existing knowledge, practice and responses to violence against women in Australian Indigenous communities: State of knowledge paper*. 2016, Australia's National Research Organisation for Women's Safety (ANROWS): Sydney.
4. Anderson P, *History, human rights and family violence*, in *Indigenous Family Violence: Research & Policy*. 2008, Unpublished paper: Canberra.
5. Dockery A M, *Do traditional culture and identity promote the wellbeing of Indigenous Australians? Evidence from the 2008 NATSISS*, in *Survey Analysis for Indigenous Policy in Australia: Social Science Perspectives*, Boyd Hunter and Nicholas Biddle, Editor. 2012, Australian National University, Centre for Aboriginal Economic Policy Research.
6. United Nations. *United Nations Declaration on the Rights of Indigenous Peoples*. 2007; Available from: https://www.un.org/development/desa/indigenouspeoples/declaration-on-the-rights-of-indigenous-peoples.html.
7. *Uluru Statement from the Heart*. Available from: https://ulurustatement.org/.
8. Anda R F and Felitti V J. *Adverse Childhood Experiences and their Relationship to Adult Well-being and Disease: Turning gold into lead*. The National Council Webinar, August 27, 2012 2012 [cited 2016 22 March 2016]; Available from: http://www.thenationalcouncil.org/wp-content/uploads/2012/11/Natl-Council-Webinar-8-2012.pdf.
9. Worling J R and Langton C M, *Treatment of Adolescents Who Have Sexually Offended*, in *The Wiley Handbook on the Theories, Assessment and Treatment of Sexual Offending*, Boer D P, Editor. 2016. p. 1245-1263.
10. Australian Department of Education and Training, *Australian Early Development Census National Report 2015: A Snapshot of Early Childhood Development in Australia*. 2016, Commonwealth of Australia: Canberra.
11. Ramey, C.T., et al., *Persistent Effects of Early Childhood Education on High-Risk Children and their Mothers*, in *Early Intervention*. 2008, Blackwell Publishing Ltd. p. 75-103.
12. Ah Chee D, Boffa J, and Tilton E, *Towards an integrated model for child and family services in Central Australia.* Med J Aust, 2016. **205 (1)**.
13. Jewkes R, Sen P, and Garcia-Moreno C, *Sexual violence*, in *World report on violence and health*, Krug E G, et al., Editors. 2002, World Health Organization Geneva.
14. Markham F and Biddle N, *Income, poverty and inequality*. 2018, Centre for Aboriginal Economic Policy Research,: Canberra.
15. Australian Bureau of Statistics (ABS). *4714.0 - National Aboriginal and Torres Strait Islander Social Survey, 2014-15*. 2016 2 February 2017]; Available from: http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/4714.02014-15?OpenDocument#Publications.
16. Kral I, *Only just surviving under CDP: the Ngaanyatjarra Lands case study*, in *Job creation and income support in remote Indigenous Australia: moving forward with a better system*, Jordan K and Fowkes L, Editors. 2016, Centre for Aboriginal Economic Policy Research: Canberra.
17. Reeves A, et al., *Reductions in the United Kingdom's Government Housing Benefit and Symptoms of Depression in Low-Income Households.* American Journal of Epidemiology, 2016. **184**(6): p. 421-429.
18. Bailie R S and Wayte K J, *Housing and health in Indigenous communities: key issues for housing and health improvement in remote Aboriginal and Torres Strait Islander communities.* Aust J Rural Health, 2006. **14**(5): p. 178-83.
19. Silburn S, et al., *Unpacking educational inequality in the Northern Territory*, in *Research Conference 2014*. 2014, Australian Council for Educational Research: Adelaide.
20. Senate Finance and Public Administration References Committee, *Commonwealth Indigenous Advancement Strategy tendering processes*. 2016, Parliament of Australia: Canberra.

21. World Health Organization, *Violence prevention: the evidence*. 2010, WHO: Geneva.

22. Curtis, A., et al., *Alcohol use in family, domestic and other violence: Findings from a cross-sectional survey of the Australian population.* Drug and Alcohol Review, 2019. **38**(4): p. 349-358.

23. Northern Territory Government. *Northern Territory Alcohol Policies and Legislation Reform*. 2019; Available from: https://alcoholreform.nt.gov.au/.

24. NT Department of Industry Tourism and Trade. *Wholesale alcohol supply data*. 2022; Available from: https://industry.nt.gov.au/economic-data-and-statistics/business/wholesale-alcohol-supply/wholesale-alcohol-supply-data.

25. Northern Territory Police Force. *Northern Territory Crime Statistics*. 2022; Available from: https://www.pfes.nt.gov.au/police/community-safety/nt-crime-statistics.

26. Morgan A and Boxall H, *Economic insecurity and intimate partner violence in Australia during the COVID-19 pandemic*, in *search report, 02/2022*. 2022, ANROWS: Sydney.

27. Blagg H, et al., *Innovative models in addressing violence against Indigenous women: Key findings and future directions*. 2018, Australia's National Research Organisation for Women's Safety (ANROWS): Sydney.

28. Putt J, Holder R, and Shaw G, *Alice Springs Integrated Response to Family and Domestic Violence project*. 2017, Northern Territory Government / University of New England: Casuarina.

29. Northern Territory Police Fire and Emergency Services. *Operation Haven Launched in Alice Springs*. 2018; Available from: https://www.pfes.nt.gov.au/newsroom/2018/operation-haven-launched-alice-springs.

30. Central Australian Aboriginal Congress. *Aboriginal Male Health- Brothers Supporting Brothers- a central Australian Aboriginal perspective*. 2009; Available from: https://nacchocommunique.com/wp-content/uploads/2017/08/congress-aboriginal-male-health-2008.pdf.

31. Lechleitner K, et al., *Kurruna Mwarre Ingkintja – Good Spirit Men's Place research project report*. 2018, Central Australian Aboriginal Congress / Creating a Safe and Supportive Environment (CASSE): Alice Springs.

32. Australia's National Research Organisation for Women's Safety, *Interventions for perpetrators of domestic, family and sexual violence in Australia*, in *ANROWS Insights*. 2021, ANROWS: Sydney.

33. Dudgeon P, Milroy H, and Walker R, eds. *Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice (2nd Edition)*. 2014, Commonwealth of Australia: Canberra.

34. Weatherburn D, et al., *The NSW Drug Court: A re-evaluation of its effectiveness.* Crime and Justice Bulletin, 2008. **121**(NSW Bureau of Crime and Justice Statistics).

35. Department of Justice (Victoria), *Court Integrated Services Program: Executive Summary Evaluation Report*. 2010, Department of Justice: Melbourne.

Notes

[1] In this document we use the term 'Aboriginal' as the most appropriate terms in the Central Australian context to refer to Australia's First Peoples.

[2] See for example *Northern Territory Intervention-era alcohol bans are set to expire after 15 years* (https://www.abc.net.au/news/2022-04-07/nt-aboriginal-communities-alcohol-restrictions-could-be-lifted/100967520 7 April 2022); *'Outrageous and irresponsible': Fyles Government downplays effect of alcohol on DV cases in NT* (https://ntindependent.com.au/outrageous-and-irresponsible-fyles-government-downplays-effect-of-alcohol-on-dv-cases-in-remote-areas/ 26 July 2022); *Central Australian regional council flags jump in alcohol-related harm after NT grog bans lifted* (https://www.abc.net.au/news/2022-11-22/increased-harm-in-central-australia-after-alcohol-bans-lifted/101678182 22 November 2022)

[3] https://www.abc.net.au/news/2022-10-28/domestic-violence-mens-shelter-proposal-alice-springs/101589462

[4] http://www7.austlii.edu.au/cgi-bin/viewdoc/au/cases/cth/HCA/2013/28.html

[5] Aboriginal and Torres Strait Islander Health Practice Board Annual Reports, through https://www.atsihealthpracticeboard.gov.au/News/Annual-report.aspx