HEALTH AND HUMAN SERVICES

Evaluation of the impact of mandatory reporting of domestic and family violence

Northern Territory Department of Children and Families
August 2012

GOVERNMENT ADVISORY SERVICES
Disclaimer

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The findings in this report are based on a qualitative study of stakeholders’ perceptions and analysis of routine data obtained from key government agencies.

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KPMG have indicated within this report the sources of the information provided. We have not sought to independently verify those sources unless otherwise noted within the report.

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The evaluation team included Liz Forsyth, Jenni Leigh, Karen Iles, Jessica Silvester, Monique Blom, Andrew Dempster, Sarah Low, Kevin Wang, Liana France, Helen Barnes and Giustina Salvestro-Booth.
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<th>Abbreviation</th>
<th>Description</th>
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<td>ACSA</td>
<td>Adults Surviving Child Abuse</td>
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<tr>
<td>CAFVSAN</td>
<td>Central Australian Family Violence and Sexual Assault Network</td>
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<tr>
<td>CAHREC</td>
<td>Central Australian Human Research Ethics Committee</td>
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<tr>
<td>CRM</td>
<td>Community Readiness Model</td>
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<td>CSJ</td>
<td>Court of Summary Jurisdiction</td>
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<td>D&amp;FV</td>
<td>domestic and family violence</td>
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<tr>
<td>DCF</td>
<td>Northern Territory Department of Children and Families</td>
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<td>DFVN</td>
<td>Darwin Domestic and Family Violence Network</td>
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<tr>
<td>DVO</td>
<td>domestic violence order</td>
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<td>MR</td>
<td>mandatory reporting</td>
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<td>NT</td>
<td>Northern Territory</td>
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<td>NTER</td>
<td>Northern Territory Emergency Response</td>
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<tr>
<td>Top End HREC</td>
<td>Human Research Ethics Committee of the Northern Territory Department of Health and Menzies School of Health Research</td>
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### Glossary

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<td><strong>domestic and family violence</strong></td>
<td>Includes physical, sexual and/or emotional/psychological abuse. It can occur between any family members (for example, between spouses, partners, siblings, cousins and other relationships within the family), can be cross-generational (for example, parent and child) and includes women, men and children as potential victims/survivors and perpetrators. The use of the term ‘family violence’ recognises that not all violence occurs in a domestic setting.</td>
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<tr>
<td><strong>harm</strong></td>
<td>The term is intended to refer to ‘harm’ as defined by the Domestic and Family Violence Amendment Act 2009 (NT) s124A(6): “Harm” means physical harm that is serious harm’. The Act further defines ‘physical harm’ with reference to s1A of the Criminal Code and ‘serious harm’ with reference to s1 of the Criminal Code. Appendix B contains these legislative definitions in full.</td>
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| **humbugging**                            | A form of begging or harassment, which can sometimes involve violent acts towards members of a family or community group. Examples include a family member being asked for a loan, or money being taken to be used on gambling or alcohol while other family members are left without food. In some communities, women and elders are the main targets of humbugging. Given the strong kinship obligations felt by Indigenous people, most family members in these communities find it difficult to say no.  


| **mandatory reporting**                   | The term in this evaluation refers to the mandatory reporting of domestic and family violence introduced by the amendment to the Domestic and Family Violence Act 2007 (NT). The term does not refer to the mandatory reporting of child abuse unless explicitly stated. |
| **payback**                               | Traditional payback is a part of Aboriginal customary lore that is integral to the traditional structure of Indigenous culture. Payback events are often violent means of redressing social wrongs. They are confined by limits, rules and customs.  

| **perpetrator**                           | People who commit violence in their domestic or family relationships. Other terms for perpetrators of D&FV can include ‘people who use violence in their relationship’, ‘accused’, ‘offender’ and ‘defendant’. For the purpose of this evaluation, the term ‘perpetrator’ is used to refer to all of these people throughout. |
| **service providers** | The term ‘service providers’ is intended to refer to government and non-government services that operate to address and prevent domestic and family violence in the Northern Territory. These include hospitals, health clinics, women’s refuges, counselling services for both victim/survivors and perpetrators, organisations conducting outreach, community training and support groups, legal services, family services, Aboriginal Controlled Community Organisations, community services, and probation and parole programs. |
| **victim/survivor** | People who are or have been subjected to D&FV or for whom D&FV is a likely threat. |
Executive summary

Mandatory reporting for domestic and family violence (D&FV) was introduced as an amendment to the Domestic and Family Violence Act 2007 (the Act) as a response to the high rate of D&FV in the Northern Territory (NT) and a high-profile coronial inquest into the death of an Aboriginal woman from the Tiwi Islands in 2005.3

The mandatory reporting amendment became operational in March 2009.

Mandatory reporting of domestic and family violence in the Northern Territory

The mandatory reporting amendment to the Act mandates that all people over the age of 18 must report instances of D&FV to the police if:

- ‘he or she believes on reasonable grounds either or both of the following circumstances exist:
  1. another person has caused, or is likely to cause, harm to someone else (the victim) with whom the other person is in a domestic relationship;
  2. the life or safety of another person (also the victim) is under serious or imminent threat because domestic violence has been, is being or is about to be committed.’

The legislation in the NT appears to be a world first. There are no other jurisdictions that have mandated reporting of D&FV to the police by all adult citizens.

The rationale for the legislation is that increased reporting to police enables an intervention that may keep adult victims/survivors, and their children, safe and challenge the culture of silence and inaction around D&FV.

Evaluation of the impact of mandatory reporting of domestic and family violence in the Northern Territory

The terms of reference for this evaluation included evaluating the extent to which mandatory reporting achieves the objects of the Act, the impact on stakeholders and on help-seeking behaviour and individual decisions to report D&FV.

The evaluation included interviews with key stakeholders, such as service providers, victims/survivors, perpetrators, community members and the NT police. Consultations were conducted in five major centres—Alice Springs, Tennant Creek, Katherine, Nhulunbuy and Darwin—and remote communities, via telephone with service providers, from October 2011 to January 2012. The consultations involved 188 individuals across the NT.

Relevant literature and data from NT government agencies were used to complement supplement and/or challenge the experiences and viewpoints of stakeholders.

Based on the evidence collected, the key evaluation findings are detailed below.

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4 Domestic and Family Violence Amendment Act 2009 (NT) s124A(1)a.
Introduction of mandatory reporting amendments into the Northern Territory

Mandatory reporting became operational one month after its introduction into law. This required the NT community to adapt quickly to change.

Findings:

- There are mixed levels of understanding about mandatory reporting within the NT. Service providers, victims/survivors, perpetrators, and the general community demonstrated variable levels of understanding—ranging from no understanding to a very detailed understanding. Confusion existed between this legislation and other mandatory reporting requirements associated with child abuse, professional codes of practice and the definition of ‘serious harm’.

- The level of support from service providers for mandatory reporting, while variable, is generally very positive. The vast majority of service providers perceived the legislation to be a positive component within a broader strategy to address what is a very entrenched problem. Some service providers and victims/survivors qualified their support, noting the potential consequences of making a report (for example, payback) and the undermining of the therapeutic empowerment model.

- There have been some issues for service providers with the implementation of mandatory reporting. Many service providers had to create implementation policies and procedures after mandatory reporting had commenced operation. Some are still designing and/or fine-tuning their mechanisms. Service providers viewed training as key for implementation, but high levels of staff turnover posed a challenge for its effectiveness.

- Experience of the mandatory reporting process has been variable. Some service providers, victims/survivors and witnesses reported ease of reporting, timely and appropriate service-provider and police responses, and a positive outcome. Others reported less favourable experiences, influenced by factors such as the consequences of making a report, the police response, whether the victim/survivor consented to the report, and the outcome.

Impact of the legislative amendments within the Northern Territory

Mandatory reporting has had a range of impacts when viewed from a system perspective.

Findings:

- There has been a statistically significant increase in the number of reports of D&FV–related incidents to the police since mandatory reporting was introduced. There has been a 19 percent increase in the number of reports to police. It is not possible to determine the source of the increased reports.

- There has been a statistically significant increase in the number of domestic violence orders (DVOs) issued by police since the introduction of mandatory reporting. There has been a 50 percent increase when compared to the same period before the introduction of mandatory reporting.

- There has been a statistically significant increase in the proportion of D&FV–related incidents resulting in a DVO. The proportion of D&FV–related incidents resulting in a DVO increased from 19 percent before the introduction of mandatory reporting to 24 percent afterwards.
• There is some evidence to suggest that mandatory reporting has a potentially different impact in Greater Darwin, compared to other major centres and the rest of the NT. For a number of analyses at a regional level, the results for Greater Darwin were different to the other regions. For example, the number of reports to police decreased (other regions increased), the highest increase in DVOs was in Darwin, D&FV–related incidents resulting in criminal charges remained stable (other regions decreased slightly) and there was a steady decline in D&FV–related presentations at the Royal Darwin Hospital (other regions remained constant). The reasons for this potentially different impact were not apparent from the information and data available to the evaluators.

• The enhanced service capacity that accompanied the introduction of the legislation appears to have been beneficial. The addition of specialised D&FV social workers to NT hospitals, the additional funding provided to women’s crisis accommodation refuges and the support provided by the implementation funding were viewed as important for achieving positive outcomes. There have been some difficulties attracting and/or retaining staff to the new positions, caused, in the opinion of service providers, by the fixed-term-contract nature of some of these positions.

• There are a range of deterrents to reporting that impact upon achievement of the Act’s intended purposes. For victims/survivors, the most frequently cited deterrents were violent, or threatened, retribution for making a report; an unsatisfactory prior experience of mandatory reporting; the possible outcome of a custodial sentence for perpetrators; not wanting to have children removed by child protection; and the prospect of becoming homeless. For witnesses, additional deterrents included a perception that police ‘will not do anything’ and not wanting to ‘get involved’.

• Broader social factors act as constraints on the potential positive impacts of mandatory reporting. The constraints referred to most were the impacts of a lack of alternative housing and/or short-term accommodation for victims/survivors or perpetrators, the prevalence of drugs and/or alcohol in many D&FV–related incidents and the availability of services.

• There are concerns about some real or potential unintended consequences as a result of the legislative amendments. The most frequently cited concern by service providers, victims/survivors and perpetrators, was ‘payback’, with violence potentially being directed towards the victim/survivor or the person from the community perceived to be making a report. Some service providers were concerned with a potential ‘narrowing’ of the definition of D&FV through the legislative focus on ‘serious physical harm’ only.

• Existing limitations related to data collection on D&FV across the service system have impacted upon this evaluation of mandatory reporting. Data has not been collected in a consistent manner within some individual services or government agencies, and across the service system. This has resulted in a fragmented and incomplete set of data from which to evaluate the impact of mandatory reporting on D&FV across the NT.

Impact of mandatory reporting on the objects of the Act

The impact of mandatory reporting on the achievement of the objects of the Act was limited by the short period that it has been in operation. Some positive progress was achieved in relation to the object of keeping people safer from D&FV.

Findings:

• It is too soon to expect that the full impact of mandatory reporting would be evident. At the time of this evaluation, in 2011, mandatory reporting had been in operation for less than
three years. Addressing D&FV can often involve long term and/or generational change in attitudes, behaviours and community culture. Additionally, a number of initiatives and programs to address D&FV have been running concurrently with mandatory reporting. For example, programs focused on families, community outreach and anti-violence, such as women’s safe places and ‘cooling down’ or men’s places. As such it is difficult to attribute any impacts solely to mandatory reporting.

- **There is some evidence that mandatory reporting may be contributing to a process for keeping some people safer from D&FV.** Reports to police can result in prosecution and/or a DVO. Increased reports provide the opportunity for increased safety for individuals, at least in the short term.

- **There is no evidence at this stage that mandatory reporting has had any impact on perpetrators taking responsibility for D&FV.** There was evidence from service providers that programs for perpetrators were best placed to inspire this change, but that limitations on access to programs acted as a constraint.

- **At this stage, it appears that there has been no reduction in the amount of D&FV within the community since the introduction of mandatory reporting.** Data about the actual prevalence of D&FV in the NT was unavailable, making it difficult to determine whether violence (reported and unreported) has decreased. Any decrease evidenced in the data does not provide an overall understanding, nor may not be attributed solely to mandatory reporting. Further, there is no evidence of mandatory reporting acting as a deterrent and contributing to prevention in D&FV.

### The impact of mandatory reporting of domestic and family violence on victims/survivors

The impact of mandatory reporting on victims/survivors has reportedly been varied.

**Findings:**

- **Some victims/survivors are reporting and others are not.** Some victims/survivors are making reports to police themselves or are requesting service providers to do so for them. Other victims/survivors are taking steps to deliberately avoid service providers reporting on their behalf.

- **There is a varied experience of reporting to police.** Some victims/survivors reported that mandatory reporting had made it easier to report D&FV, as the police response had improved, whereas others said the police response was a deterrent.

- **There are sometimes outcomes the victim/survivor does not want.** Service providers and witnesses who make reports of D&FV said that these reports were sometimes made against the wishes of the victim/survivor and resulted in outcomes (for example, police involvement or DVOs) that the victim/survivor had told them they did not want.

- **There is no change to the victim/survivor profile.** Mandatory reporting has not resulted in a change to the profile of victims/survivors and there was not enough evidence to determine whether the nature of violence that victims/survivors face has changed.

### The impact of mandatory reporting on perpetrators

Mandatory reporting has had little impact on perpetrators. This is additional to the finding that it does not appear to have impacted upon perpetrators taking responsibility for their behaviour.
Finding:

- **There are increased legal consequences.** The increased number of reports about D&FV necessitates an increase in police investigations and the potential increase in consequences for perpetrators—DVOs or criminal charges.

- **There does not appear to be a change in the profile of perpetrators that is directly attributable to mandatory reporting.** In the periods before and after the introduction of mandatory reporting, the proportion of male and female perpetrators remained relatively stable. The proportion of Indigenous perpetrators has risen by 35 percent. However, the proportion of Indigenous perpetrators was increasing prior to the introduction of mandatory reporting and the rate of increase before and after mandatory reporting has remained stable. Therefore, while Indigenous perpetrators have increased at a steady rate this does not appear to be attributable to mandatory reporting.

The impact of mandatory reporting on witnesses

Mandatory reporting appears to have had two main impacts on witnesses.

- **Increased level of awareness about D&FV.** There was an increased level of awareness that witnesses, and the general community, have about D&FV. But this cannot be solely attributed to the mandatory reporting legislation alone: other influences, such as the social marketing campaign, experiences of mandatory reporting and community outreach programs were major influences.

- **Increased confidence to report an incident.** There was an increased confidence among community members to report D&FV–related incidents.

The impact of mandatory reporting on service providers and the service system

There have been a number of impacts on service providers and the service system. These impacts vary across services.

- **The impact of increased reports on service workload varies.** For initial and secondary response services, the impact was minimal, while for police there appeared to have been a significant impact.

- **There is some confusion among services and staff about what needs to be reported.** Some police officers perceived that this confusion among service providers and staff had led to over-reporting (for example, historical incidents, multiple reports for the same incident or ‘trivial’ examples). Some police officers attributed this perceived over-reporting to an increase in their workload.

- **There is concern from service providers about breaching client confidentiality, potentially leading to a decrease in help-seeking behaviour.** This concern was unable to be verified through the available (but limited) data.

- **The majority of services reported that mandatory reporting was not detrimental to the client’s best interests and did not increase ethical dilemmas faced by staff.** Some services did, however, report a changing focus by the practitioner due to the requirements of mandatory reporting. This was reported as being to the detriment of the client’s best interests and increased the ethical dilemmas faced by staff.
• **Services created or amended internal processes and policies.** These new processes and policies required staff to be trained and supported, in order to implement them in a consistent manner.

• **The impact on police was significant.** Increased reports led to an increased workload. Police officers considered that mandatory reporting had increased the community expectations for police to intervene. Stakeholders reported the police response as variable.

• **Additional funding has had a positive impact.** Increased funding for secondary support services was reported to have had a positive impact on the ability of services to implement the legislation and provide support to people affected by D&FV.

• **There are increased expectations of the system.** Services reported the increased expectations of the community on the service system to ‘do something’ in response to reports. But constraints on service availability impacted on the ability to realise the full impact of the legislation.

• **There has been little to no impact on service collaboration.** Services identified that increased collaboration could improve the implementation of mandatory reporting and the achievement of its full impact.

• **Mandatory reporting has led to an increased ability of service providers to influence change in attitudes regarding D&FV in the community.** It was reported that mandatory reporting has enabled providers to have another conversation about D&FV with community members.

• **Workforce issues constrained the impact of mandatory reporting.** Difficulties in attracting and retaining staff and implementing effective training with a short-term workforce constrained the impact. Furthermore, workforce issues, in particular staffing vacancies and the high staff turnover, impacted the ability to implement an uninterrupted and comprehensive program in the community.

• **Mandatory reporting has enabled the community to accept the obligation of staff and professionals within the sector to report D&FV.** Some services noticed a decline in the number of staff being ‘driven out of communities for reporting’. For Aboriginal staff and professionals, their role is complicated by community expectations to not report family members.

• **Meaningful data collection was generally lacking.** New data collection processes and tools are required to monitor and evaluate the implementation and progress of mandatory reporting, and these require investment by service providers and government agencies. Where these changes were not made, this has impacted on the ability to evaluate the impact of mandatory reporting.

**Considerations**

The findings present a number of considerations that could improve the implementation and impact of mandatory reporting of D&FV in the NT. They are:

1. **The opportunity to increase community awareness and knowledge of mandatory reporting.** This can be achieved by giving further consideration to the messages, channels and tools used in community programs and advertising campaigns, as well as the cultural, linguistic and other characteristics of the target audience.
2. **The opportunity for service providers and government agencies to improve their implementation of mandatory reporting.** Service providers and police identified ways that internal processes, policies, training programs, culture and responsibilities could be improved to enhance the implementation of mandatory reporting. These included better service integration, sharing of data to ensure a ‘wrap around’ of services, partnerships, regular communication between key services and police, and data collection, capture, sharing and reporting. Initiatives to further support providers and agencies to do this could be considered by government.

3. **The opportunity to use the information in this evaluation report as baseline data to inform future evaluations.** Consideration could be given to evaluating the impact of mandatory reporting at a later point in time when the service system has had sufficient time to fully implement processes and procedures to support the legislation, and the full impact of the legislation on achieving the objects of the Act is able to be evidenced.

4. **The opportunity to use the information and data from this evaluation report to inform the service system response to mandatory reporting.** For example, demographic information about perpetrators could be used to better tailor perpetrator programs at a local level.

5. **The opportunity to help victims/survivors and perpetrators understand and uphold DVOs.** The potential safety that DVOs can provide has been constrained by the lack of understanding that victims/survivors and perpetrators have of such orders.

6. **The opportunity to provide support for addressing the violent behaviours in Indigenous communities.** Along with incidents of D&FV, other behaviours such as humbugging can result in violence against family members. The violence can be directed at the person subject to the humbugging or the person doing the humbugging. This resulting violence appears to be constraining the full achievement of the implementation and impact of mandatory reporting.

**Recommendations**

In light of the key findings of this evaluation, and in response to the key considerations identified, the following recommendations are made:

- **Recommendation 1:** Improve the targeting of information on mandatory reporting to increase awareness and understanding within the Northern Territory.

- **Recommendation 2:** Enhance the support given to service providers and government agencies so that responsibilities with regards to mandatory reporting can be effectively met.

- **Recommendation 3:** Improve service system responses to redress the incidence of domestic and family violence within the Northern Territory.

- **Recommendation 4:** Explore opportunities to strengthen responses to domestic and family violence to ensure the safety of victims/survivors.

- **Recommendation 5:** Explore opportunities to develop effective responses to other violent behaviours such as humbugging and retributive violence within Indigenous communities.
• Recommendation 6: Explore opportunities for the service system to provide additional support to perpetrators in order to encourage them to change their behaviours and take responsibility for their actions.

• Recommendation 7: Undertake a further independent review of the impacts of mandatory reporting at a later point in time when service systems have had longer to implement supporting processes, and procedures and the impact of the legislation can be measured.

• Recommendation 8: Undertake further research to better understand the impact of mandatory reporting in the Greater Darwin region.

• Recommendation 9: Enhance data collection approaches to provide a more robust means for monitoring and assessing the impact of mandatory reporting within the Northern Territory.

We recommend a number of actions:

a) Improve the quality of existing systems at an individual agency and service level.
   • Retrain existing staff in data collection.
   • Ensure that policies and guidelines exist within agencies and services to support data collection and recording.
   • Ensure that agencies and services that make mandatory reports to police record the making of these reports in a way that is accessible for data analysis.

b) Establish a working group to progress development of a coherent whole-of-system approach to data capture.

c) Create a system-wide data architecture.

d) Work with agencies and services to start collecting additional data using local systems.

e) Enhance incentives for agencies and services to collect and share data.
1. Introduction

This report is the Evaluation of the Impact of Mandatory Reporting of Domestic and Family Violence in the Northern Territory.

In March 2009, the Northern Territory government introduced amendments to the Domestic and Family Violence Act 2007 (NT) (the Act). These amendments make it mandatory that incidents of domestic and family violence (D&FV) associated with actual or potential serious physical harm are reported to police. The Act makes it mandatory for all people over the age of 18 to make reports. This means that all adults are legally compelled to report D&FV. The mandatory reporting provisions are expected to contribute to the objects of the Act, which are to:

- ensure the safety and protection of all persons, including children, who experience or are exposed to domestic violence;
- ensure people who commit domestic violence accept responsibility for their conduct; and
- reduce and prevent domestic violence.

KPMG has undertaken an evaluation of the impact of the mandatory reporting amendment.

1.1 Purpose of the report

The purpose of this report is to describe and analyse the impact that the mandatory reporting amendment has had. In particular, the report examines the impact on four cohorts: Northern Territory (NT) service providers who respond to D&FV, victims/survivors of D&FV, people who commit D&FV, and people who have witnessed or may witness D&FV.

The report describes and analyses the impact that the amendment has had on help-seeking behaviour, the objectives of the Act and any other impacts (intended or unintended). It also presents key findings and issues for consideration to improve the implementation of mandatory reporting and contribute to the achievement of the Act’s objectives, and to also contribute to any future evaluation of outcomes.

1.2 Report overview

This evaluation report incorporates information and data drawn from a mixed-method research project. The report comprises the following information:

- an outline of key concepts (Chapter 2);
- a description of mandatory reporting in the NT (Chapter 3);
- an overview of the evaluation purpose, scope and methodology (Chapter 4);
- a description of the reporting process before and after the implementation of mandatory reporting, highlighting the key changes (Chapter 5);
- an evaluation of the impact of mandatory reporting on the objects of the legislation (Chapter 6);

5 Domestic and Family Violence Act 2007 (NT) s3(1).
• an evaluation of the impact of mandatory reporting on stakeholders, including:
  – the service providers and the service system that responds to D&FV (Chapter 7);
  – victims/survivors of D&FV (Chapter 8);
  – people who commit D&FV (Chapter 9);
  – people who have witnessed, or may witness, D&FV (Chapter 10);
• a description of other impacts and unintended consequences of mandatory reporting (Chapter 11); and
• key findings and issues for consideration (Chapter 12) and recommendations (Chapter 13).

A set of appendices detailing supporting information is also provided.
2. Key concepts

There are some key concepts surrounding and underpinning the NT mandatory reporting of D&FV response and its evaluation. These concepts are:

- the definition and application of the term ‘domestic and family violence’ (D&FV);
- mandatory reporting as it relates to D&FV; and
- the application of the terms ‘victim/survivor’ and ‘perpetrator’.

This chapter provides an overview of these concepts.

2.1 Understanding domestic and family violence

D&FV is recognised both internationally and within Australia as a significant and complex social phenomenon. D&FV is often thought of as violence between women and men (‘intimate partner violence’ or ‘spousal violence’), but there is wide recognition that D&FV can occur across a broad range of circumstances in which men, women and children, can be either the victim/survivor or perpetrator, or both. In this context, the term D&FV is used to describe a diverse range of circumstances and relationships within which violence can occur.

In the NT, the Act recognises domestic violence as including conduct causing harm ‘against someone with whom the person is in a domestic relationship’, intimidation, stalking and economic abuse in the context of a domestic, family, intimate personal and carer’s relationship.

Exploring these concepts further:

- Violence against women, as acknowledged by the United Nations Fourth World Conference, occurs and is exacerbated as a consequence of unequal power relations between men and women, cultural patterns, social pressures and media, and an inadequacy of legislation and education.

In line with the United Nations, it is noted by the Australian government that violence against women is perpetrated by males against their female partners in the overwhelming majority of cases. Generally, the violent behaviour is part of a range of tactics used by the
perpetrator to exercise fear, power and control over the victim, which can be both criminal and non-criminal in nature. Violence against women may involve physical, sexual, emotional or psychological violence. Sexual violence is particularly relevant in understanding the nature of violence against women. The National Council’s Plan to Reduce Violence Against Women and their Children classifies sexual violence as: ‘rape, sexual assault with implements, being forced to watch or engage in pornography, enforced prostitution, and being made to have sex with friends of the perpetrator’.

- **Violence across a diversity of relationships—family violence** can take many different forms and can occur in many settings. As with violence against women, family violence includes physical, sexual and/or emotional/psychological abuse. Family violence ‘occurs within a variety of close interpersonal relationships, such as between spouses, partners, parents and children, siblings, and in other relationships where significant others are not part of the physical household but are part of the family and/or are fulfilling the function of family’. In this context, family violence incorporates violence against women where it occurs in a family, home or close personal relationship. It also incorporates violence against men in the family context.

Examples of the circumstances/relationships in which family violence can occur include:

- spouse/partner abuse (violence among adult partners and ex-partners);
- child abuse/neglect (abuse/neglect of children or young people by an adult);
- parental abuse (violence perpetrated by a child against their parent);
- sibling abuse (violence between siblings);
- elder abuse; and
- violence against family members with a disability.

In an Indigenous context, family violence;

‘involves any use of force, be it physical or non-physical, which is aimed at controlling another family or community member and which undermines that person’s well-being. It can be directed towards an individual, family, community or particular group. Family violence is not limited to physical forms of abuse, and also includes cultural and spiritual abuse. There are interconnecting and trans-generational experiences of violence within Indigenous families and communities’.

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The impacts of D&FV extend beyond physical harm and threats to safety. It is recognised that D&FV often has an impact on the ability of the victim/survivor to seek help and support and may impact on their:

- ‘readiness to take action in a family law matter
- willingness to come to the Courts
- ability to participate in court events, and/or
- ability to achieve settlement of their dispute through negotiation’.20

It is the broader definition of D&FV, recognising the diversity of relationships in which violence can occur, that is subject to the mandatory reporting of D&FV legislation and that has been applied in the design and conduct of this evaluation.

### 2.2 Mandatory reporting of domestic and family violence

The reporting of crime and behaviour or circumstances not in the social interest is generally expected within many societies.21 Mandatory reporting is common across jurisdictions for a number of social issues including: child abuse, illicit drug-use during pregnancy, professional incompetency, infectious disease and/or elder abuse. In practice, mandatory reporting generally requires a relevant and specified professional or community member to make a report to a specified higher authority on their suspicion or witness of a defined crime, abuse or issue. Mandatory reporting can be viewed as community intervention to prevent, detect or manage social issues.

Mandatory reporting can be used as one strategy within a multi-systemic approach to preventing D&FV. The benefits of mandatory reporting of D&FV to police are premised on an understanding that legislation and more efficient police powers can further protect women (and others) from violence, through higher arrest and prosecution rates and providing a stronger deterrent.22

In the context of this evaluation, the term ‘mandatory reporting’ is used to describe the legislative requirements in the Domestic and Family Violence Amendment Act 2009 (NT), and associated supporting policy/program infrastructure, for individuals to report D&FV (unless otherwise stated).

### 2.2.1 Perspectives on the effectiveness of mandatory reporting as a response to domestic and family violence

There is debate in the literature regarding the usefulness of including mandatory reporting within a systematic legislative and community response to D&FV. Evidence from the United States examining recidivism and incidence of D&FV in relation to police arrest does not support the premise that mandatory reporting will increase arrests.23 Some findings indicate that

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20 Ibid.
arresting D&FV perpetrators has no overall effect in reducing crime.\textsuperscript{24} Other research conducted in the NT has produced evidence to the contrary.\textsuperscript{25}

Additionally, there is some contention relating to mandatory reporting of D&FV and the position of the victim/survivor. It has been argued that mandatory reporting can disempower victims/survivors by encouraging other members of the community to report, which takes the decision out of the hands of the victim/survivor. In the case of D&FV (as per the NT legislation), the victim/survivor may be an adult; it could therefore be argued that they should have the right to decide whether or not the crime is reported, and the circumstances and timing of such a report.\textsuperscript{26} In contrast, other forms of mandatory reporting, for example of child abuse, occur in circumstances where the actual or potential victim/survivor may lack capacity (due to their vulnerability) and/or awareness of the crime, and as such have a limited ability to make a report and protect themselves.

It has been suggested that mandatory reporting can result in more dangerous situations for victims.\textsuperscript{27} It is also recognised that there can be potentially adverse effects on trust, confidentiality and autonomy with a victim’s engagement with service providers.\textsuperscript{28} This is in addition to the barriers already faced by a victim, including discomfort with disclosure, feelings such as shame and fear, financial dependency, and obliged perpetrator protection.\textsuperscript{29}

A key predictor of a victim’s formal self-help behaviour following D&FV is the presence of children also experiencing the behaviour.\textsuperscript{30} Under a mandatory reporting initiative, however, victims/survivors with children may be discouraged from reporting their own experience of D&FV due to the fear that they will lose their children (as making a report may identify their children as at-risk).\textsuperscript{31} This is particularly the case for Indigenous women, whose perceptions may be attributed to past experiences and practices of child removal.\textsuperscript{32}

Furthermore, legislation and policy for D&FV may require differentiation to other forms of violence.\textsuperscript{33} This is due to the distinct nature of D&FV, which often includes an adult female victim. This is unique when compared to violence more generally, which more often involves male victims/survivors and perpetrators.\textsuperscript{34}

\textsuperscript{24} Ibid.
\textsuperscript{25} West, D, ‘Women’s Views: Moving Forward on Mandatory Reporting of Domestic and Family Violence in the Northern Territory’ (2011) Charles Darwin University, Northern Territory.
\textsuperscript{26} Bledsoe et al, op cit (2004).
\textsuperscript{27} Ibid.
\textsuperscript{34} Ibid, citing Lynch & Weirsema (2001).
2.2.2 Comparative international mandatory reporting interventions for domestic and family violence

The key comparative interventions to the Northern Territory initiative for the mandatory reporting of D&FV are within the United States. These interventions are similar to that of the NT, sharing an intention to address D&FV through a mandatory legislative framework for specific adults. Similar examples are not available for other comparable jurisdictions such as the United Kingdom and New Zealand.

United States

D&FV mandatory reporting legislation has been implemented in several states within the United States, including: California, Kentucky, Colorado, New Hampshire, New Mexico and Rhode Island. These mandatory reporting laws generally only apply to healthcare providers, and usually require reporting to be made to law enforcement agencies, regardless of victim/survivor agreement.35 In Rhode Island, medical services provide de-identified information of intimate partner-related injuries for the purpose of data collection.36

Kentucky

Kentucky is the most similar model to the NT, in terms of applying whole-of-community mandatory reporting laws for D&FV. The mandatory reporting requirements are a part of Kentucky’s Adult Protection Law (KRS 209), enacted in 1978.

A key point of difference for mandatory reporting in Kentucky is that reporting is directed to a social service agency, the Cabinet for Health and Family Services. Aligned with a focus towards flexibility and prioritising client health and wellbeing, the Cabinet is not required to make a report to law enforcement agencies. Rather, reporting is for the purpose of assisting victims/survivors with referral and access to support and services, including legal advocacy and social services such as shelters. Any services offered by the Cabinet can be refused by the victim/survivor.37

2.2.3 Mandatory reporting of domestic and family violence in Australian jurisdictions

To date, Tasmania and the NT are the only Australian jurisdictions to introduce mandatory reporting laws for D&FV. Queensland has been exploring this as a potential option but is yet to implement reforms.

Tasmania

Tasmania has a mandatory reporting provision as part of its D&FV legislation, Family Violence Act 2004 (Tas). However, the relevant section of the legislation has not commenced.38 The legislation is different to the NT mandatory reporting legislation as it only applies to

37 Ibid.
‘prescribed persons’, including registered medical practitioners, nurses, dentists, psychologists and school teachers. Similar to the NT legislation, the Tasmanian legislation limits the types of violence that are required to be reported, in relation to the full definition of violence provided in the legislation.

The Tasmanian Attorney-General emphasised the importance of mandatory reporting as reflecting the community’s commitment to not accept family violence, and that the prescribed persons have an ethical duty to report. However, the Australian Law Reform Commission has strongly encouraged consideration of its own evaluation before the legislation commences.

Queensland

In Queensland, there has been some focus on identifying best approaches for responding to D&FV in Indigenous communities, including whether a mandatory reporting approach would be best for addressing such issues.

Consideration of the impacts and effects of such legislation on Indigenous women, particularly in relation to historical and cultural contexts regarding government interventions, led to a recommendation that mandatory reporting of D&FV among health workers not be introduced. It has been suggested that before further mandatory reporting is introduced, the impacts of mandatory reporting on Indigenous women in other jurisdictions be considered.

2.3 The application of the terms ‘victim/survivor’ and ‘perpetrator’

Throughout this evaluation, the term ‘victim/survivor’ is used to refer to people who are or have been subjected to D&FV. It also is used to refer to people for whom D&FV is a likely threat. The term is used to reflect an empowerment framework of intervention and support: it recognises both the experience of powerlessness by being subjected to D&FV and the power that can be reclaimed by victims/survivors through addressing the impacts.

The term ‘perpetrator’ is used throughout this evaluation to refer to people who commit violence in their domestic or family relationships. Another term for perpetrators that is commonly used is ‘people who use violence in their relationship’. This is particularly used within services focusing on supporting men who identify with having issues with their relationship or anger management, but who do not necessarily identify with the term ‘perpetrator’ or perceive that their behaviour amounts to D&FV. In a legal setting, the terms ‘accused’ (someone who is appearing on a criminal charge but is yet to have a finding in their case), ‘offender’ (someone who has been found guilty of a criminal offence) and ‘defendant’ (an offender who is appealing a conviction or a party to a civil matter) are used. For the purpose of this evaluation, the term ‘perpetrator’ is used throughout.

41 Cunneen, C, ‘Alternative and Improved Responses to Domestic and Family Violence in Queensland Indigenous Communities’ (2010) NSW Department of Communities.
3. Mandatory reporting of domestic and family violence in the Northern Territory

This chapter provides an overview of the background and approach to mandatory reporting of D&FV in the NT. Specifically, this chapter includes:

- an overview of the history behind mandatory reporting in the NT, including the government’s decision to introduce mandatory reporting and some background statistics providing context about the prevalence of D&FV in the NT; and
- descriptive details about the components of the mandatory reporting response.

3.1 Key drivers behind mandatory reporting in the Northern Territory

3.1.1 The history

In a 2006 Coronial Report,[42] the NT coroner recommended the government consider a system of mandatory reporting of domestic violence by health professionals after the death of an Aboriginal woman from extensive injuries inflicted by her husband, when the risks to the woman had been known by relevant professionals.

A public consultation process was conducted on this proposal by the Department of Justice. Following consideration of public input, the NT government proposed to extend the requirement to report from professionals to all adults. This shift was seen as a means of encouraging ‘a community response to a community problem’.[43] Speaking in support of the bill to introduce mandatory reporting within parliament, Dr Burns (then Minister of Justice and Attorney-General) noted that:

‘this government believes it is the responsibility of every member of our community to help break the cycle of domestic and family violence, and protect women and children from violence…Mandatory reporting is not about peering over your neighbour’s fence or dobbing people in to the police. It is about no longer ignoring violence and abuse. Mandatory reporting is sending a message to the community, to our friends and neighbours, that abuse will no longer be ignored; that we, the community, will no longer remain silent’.[44]

### 3.1.2 Context of domestic and family violence in the Northern Territory—background statistics

D&FV is a key issue within Indigenous communities in the NT, and also in the broader NT population. The table below provides an overview of these key characteristics and relevant statistics about the NT population, rates of offending and D&FV in the NT.

**Table 3-1: Overview of key characteristics of NT—population, offending and D&FV**

<table>
<thead>
<tr>
<th>Key characteristic</th>
<th>Relevant statistics</th>
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</thead>
<tbody>
<tr>
<td><strong>The population</strong></td>
<td></td>
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<tr>
<td>Significantly higher proportion of Indigenous residents than in other states and territories</td>
<td>• Indigenous people comprise 32 percent of the NT population&lt;br&gt; • 12-13 percent of all Indigenous people in Australia live in the NT</td>
</tr>
<tr>
<td>High proportion of population living in rural and remote locations</td>
<td>• 45 percent of the NT population live in remote and very remote areas&lt;br&gt; • 79 percent of Indigenous people living in the NT live in remote or very remote areas</td>
</tr>
<tr>
<td><strong>Justice: crime and imprisonment</strong></td>
<td></td>
</tr>
<tr>
<td>High rate of imprisonment</td>
<td>• The rate of imprisonment for NT adult residents was 652 per 100,000 adults in 2008-09&lt;br&gt; • The rate of imprisonment in the NT is growing—there was a 10 percent increase in the number of adults imprisoned between 2007-08 and 2008-09</td>
</tr>
<tr>
<td>High Indigenous rate of imprisonment</td>
<td>• The rate of imprisonment for Indigenous NT adults was 2,214 per 100,000 in 2008-09&lt;br&gt; • 82 percent of total prisoners in the NT in 2008-09 were Indigenous</td>
</tr>
<tr>
<td>High proportion of male prisoners</td>
<td>• In 2008-09, the average proportion of male prisoners in the NT was 95 percent. Female prisoners accounted for the remaining 5 percent</td>
</tr>
</tbody>
</table>

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49 Ibid.
### Key characteristic

<table>
<thead>
<tr>
<th>Relevant statistics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increasing incidence of recorded assault and sexual assault NT-wide</td>
</tr>
<tr>
<td>D&amp;FV</td>
</tr>
<tr>
<td>High proportion of assaults in the NT are D&amp;FV</td>
</tr>
<tr>
<td>High incidence of D&amp;FV among Indigenous population and in areas with high proportion of Indigenous people in the NT</td>
</tr>
<tr>
<td>Growth in incidence of assault, particularly in communities with high Indigenous population</td>
</tr>
<tr>
<td>High proportion of D&amp;FV is alcohol-related</td>
</tr>
</tbody>
</table>

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51 Alice Springs Women’s Shelter, Feedback provided to the Northern Territory Emergency Response Review: ‘Rates of Domestic Violence As a Measure of the Effectiveness of the Northern Territory Emergency Response’.
54 Alice Springs Women’s Shelter, op cit.
56 Department of Justice, *Recorded Crime June Quarter 2010*, op cit.
### Key characteristic | Relevant statistics
---|---
18 percent of cases were perceived to not be affected by drugs and alcohol | In 2007-08, almost 3,000 D&FV–related incidents were reported to police in the NT and 2,594 DVOs were issued (over 1,800 of which were subsequently breached)
• High rates of reoffending and revictimisation | 48 percent of Indigenous women who reported a D&FV assault in Alice Springs in 2006 reported more than one assault during the year

*Source: KPMG, based on various sources as noted in footnotes.*

As this table illustrates, D&FV is a significant issue in the NT. As such, the prevalence of D&FV in the NT has been a key driver behind the reforms.

### 3.2 The Northern Territory’s mandatory reporting of domestic and family violence response

In 2009, the NT government introduced amendments to the Northern Territory *Domestic and Family Violence Act 2007* (NT). The initiative is the first of its kind in Australia. Under the amended Act, all people aged 18 years and older in the NT are required to report D&FV to the police if they reasonably believe that someone has suffered, or is likely to suffer, serious physical harm. To support these amendments, funding has also been provided for public education campaigns and to increase services and supports.

The NT mandatory reporting initiative makes D&FV everyone’s business by making identification and reporting the responsibility of the entire adult community.

#### 3.2.1 Overview

The NT mandatory reporting of D&FV legislative amendment, the relevant community marketing campaigns, and additional service funding, all support primary, secondary and tertiary responses to D&FV as follows:

- **Primary:** *violence prevention*—the new requirement to report acts to prevent potential perpetrators of D&FV, as consequences (for example, social disapproval, criminal charges) are likely to result. All adults over the age of 18 years including potential victims/survivors, perpetrators, witnesses and the general public are likely to have an increased understanding of what constitutes D&FV, and that this is not considered acceptable in the community.

- **Secondary:** *early action*—the amended legislation requires community members to report serious physical harm (potential or occurring) as soon as it is practicable and safe to do so, after forming the belief that it is occurring, is likely to occur, or where the safety of someone

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61 Alice Springs Women’s Shelter, op cit.
is compromised by someone they are in a domestic and/or family relationship with. The exceptional circumstance for not reporting is a reasonable belief that someone else has already made the report. The community education campaigns seek to change community, perpetrator and victim/survivor attitudes about what constitutes D&FV, that D&FV will not be tolerated, and what the community’s response will be (mandatory reporting).

- **Tertiary:** increased access to support and treatment—information about, and referrals to, victims/survivors and perpetrators about supports and treatment is available. The NT government committed an additional $15 million in funding over three years (2009 to 2012) to support the amended legislation for the mandatory reporting of D&FV. This funding was provided to key services, including emergency accommodation and counselling services, as well as education initiatives to improve stakeholder understanding and awareness of D&FV.

By operating across the continuum of responses, the initiative aims to impact upon both potential and actual victims/survivors and perpetrators, as well as the broader community.

### 3.2.2 Legislation

The legislation governing D&FV in the NT is the *Domestic and Family Violence Act 2007* (the Act). The Act aims to ensure the safety and protection of all persons, including children who experience or are exposed to domestic violence, ensure people who commit domestic violence accept responsibility for their conduct, and reduce and prevent domestic violence. The Act governs DVOs, legal proceedings and evidentiary matters relating to D&FV.

There are three objects to the legislation:

- ‘a) to ensure the safety and protection of all persons, including children who experience or are exposed to domestic violence; and
- b) to ensure people who commit domestic violence accept responsibility for their conduct; and
- c) to reduce and prevent domestic violence.’

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63 *Domestic and Family Violence Act 2007* (NT).
64 *Domestic and Family Violence Amendment Act 2009* (NT) s3.
The Act was amended in 2009, with new provisions commencing on 12 March 2009 requiring mandatory reporting of D&FV. The amendments require all adults to make a report to police if they have a belief, based on reasonable grounds, that another person has caused, or is likely to cause, harm to someone else with whom the other person is in a domestic relationship; and/or the life or safety of another person is under serious or imminent threat because domestic violence has been, is being, or is about to be committed. Harm is defined as physical harm that is serious. Serious harm is defined as harm that endangers, or is likely to endanger, a person’s life or that is likely to be significant and longstanding.

Appendix B contains the relevant sections of the Act and the NT Criminal Code.

3.2.3 Structural arrangements—the role of police

The role of the NT police in receiving mandatory reports regarding D&FV is a key element in the success of the mandatory reporting initiative. Police have a key role in responding to reports of suspected incidents of serious harm occurring. Responses can include investigating reports, making arrests, charging offenders and issuing DVOs. The police can play a role in ensuring the follow up of perpetrators and victims/survivors by involving service providers in the case. The involvement of the NT police in D&FV can be perceived to provide credibility for the legislation within the community, sending a clear message to perpetrators that consequences are real and are likely to be serious.

An overview of police involvement in the initiative is represented in the following diagram.

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65 Ibid, s124A (6).
66 Domestic and Family Violence Act 2007 (NT) s124A.
67 Ibid.
Figure 1: Step-by-step police involvement in mandatory reporting of D&FV

Protection mechanisms for reporters

Reporters are not identifiable before the court, reporters (practitioners) cannot be held clinically liable for breaching confidentiality, report is not admissible before the court and reporters cannot be compelled to provide evidence on the report before the court (unless the magistrate orders it)

Police contacted via 000, 131444 or in person unless reported has a ‘reasonable excuse’ as per the amended Act

Police assess the information and decide what type of response is required:
- Timeframe — level of response 1-5
- Type of response required — immediate police investigation, referral for investigation to Domestic Violence Prevention Unit (DVPU), issue of DVO
As part of the investigation the Police ensure that appropriate action is taken to ensure the safety and welfare of all persons involved; identify any assistance that may be required; prevent further violence and initiate prosecution/s against identified offenders

Police respond as required
- If immediate response is required — Police attend to the incident and investigate the report and take appropriate action
- If immediate response is not required reports are recorded and referred for further investigation by the DVPU or investigation members

Source: Developed by KPMG, based on information sourced from: Department of Health and Families (2009), Mandatory Reporting of Domestic and Family Violence Frequently Asked Questions, Northern Territory Government, Darwin.
3.3 Intersecting and related programs and initiatives

There are a number of programs and initiatives operating in the NT that intersect and relate to mandatory reporting of D&FV and its objectives. This section describes the NT and Australian governments’ policy reforms and the related initiatives that intersect with mandatory reporting of D&FV and/or seek to achieve similar objectives as the mandatory reporting legislation.

3.3.1 Government policy reforms

The majority of programs and initiatives that interplay with the mandatory reporting legislation are driven by government policy reforms. Some of the most relevant reforms include:

**Northern Territory government**

- **Alcohol reforms**: these NT government reforms include banned problem drinker and mandatory alcohol treatment orders, the banned drinker register, Alcohol Court reforms, and increased rehabilitation services and awareness campaign phases. These reforms are driven by the high rates of alcohol-related crime and are aimed at reducing the alcohol consumption of problem drinkers who are also often perpetrators of violence.\(^69\)

- **Anti-social behaviour programs**: these NT government programs include alcohol management in public places and premises, return-to-country services for itinerants, community patrols and engagement, and a range of youth programs from camps, family responsibility agreements and orders. Similarly to the above, these programs are aimed at reducing the circumstances/environments where there is potential for violent incidences to occur.\(^70\)

- **Working Future initiative**:\(^71\) this NT government initiative aims to improve outcomes for remote areas, so as ‘to make our towns and communities better places to live’. Key initiatives that may relate to D&FV mandatory reporting include the centralisation of services in the Northern Territory to the ‘growth towns’. This will possibly impact the geographic spread of services, which may include relocation of D&FV services in the NT. In addition, there are other programs under this initiative that may improve the general livelihood—including education, health and economic development—of people living in remote towns and communities.

- **Stronger Future in the NT**: this new reform from the Australian government, working in partnership with the NT government, restructures the Northern Territory Emergency Response legislation. Key areas in relation to an impact on mandatory reporting include additional provisions to tackle alcohol abuse, in addition to existing Territory programs, and changes in community safety measures, such as changes to enable customary lore and cultural practice to be considered in bail and sentencing decisions.


Australian government

- **Income Management programs:**\(^{72}\) these are for individuals receiving eligible payments, referred to or wishing to voluntarily participate in the program. Part of an individual’s fortnightly Centrelink payment is reserved for items such as food, rent, utilities and clothing. There is some evidence that income management was being used as a tool by some to prevent humbugging and harassment in Indigenous communities. A 2009 survey of Indigenous people living in declared income management areas found that 24 percent felt that ‘there had been changes, which were mainly positive, including that their family was happier, they had increased access to food and experienced less humbugging. When respondents were asked if there had been changes in their community, 52 percent thought there had been change in a general positive nature. In relation to the effect of income management on D&FV, ‘13 percent of respondents thought there had been more violence, 37 percent thought there had been less, with 5 percent nominating no change’.\(^{73}\) Income management programs may also be beneficial to those individuals in relationships experiencing financial control.

- **Northern Territory Emergency Response:** in addition to income management referred to above, the key components of this Australian government response include supporting families initiatives; safe places, including women’s safe houses and men’s places; night patrols; and restrictions on alcohol, drugs and pornography in prescribed areas. Some initiatives assist in minimising the occurrence and effects of D&FV. The assignment of extra police in most prescribed communities was positively received by stakeholders participating in the evaluation.

These reforms all influence D&FV in some way and so have implications for the impact of mandatory reporting and the achievement of the objectives of the Act.

### 3.3.2 Domestic and family violence initiatives in the Northern Territory

D&FV is a large-scale, complex issue. In communities all over the NT, there are a variety of local D&FV programs and initiatives that may affect the impact of the mandatory reporting legislation.

Some of these initiatives have been funded by the NT government as part of the $15 million (from 2009 to 2012) to support the implementation of mandatory reporting. Initiatives are funded based on key priorities, and include crisis accommodation, D&FV counselling services (for victims/survivors and perpetrators), training programs and community education to change attitudes to D&FV. Examples of some initiatives funded by the department are listed in Appendix T.

Mandatory reporting of D&FV is not a standalone initiative, nor solely a criminal justice response. Where possible, victims/survivors (and perpetrators in some instances) will receive follow up from existing service providers and/or be referred to additional services and supports.

\(^{72}\) These programs were first introduced in 2007 as part of the Australian government’s Northern Territory Emergency Response.

Due to the interrelatedness of the impact of other D&FV initiatives and local programs operating in the NT, it is important to consider the additional impact that these initiatives are presumed to have on the objects of the legislation when considering the impact of mandatory reporting.
4. Overview of the evaluation of the impact of mandatory reporting of domestic and family violence

This chapter provides a brief overview of the approach used to evaluate the impact of mandatory reporting of D&FV.

4.1 Purpose of the evaluation

The purpose of this evaluation is to inform the NT government about the impact of mandatory reporting of D&FV in the NT. This evaluation identifies and analyses the impact of mandatory reporting in three key areas: on stakeholders, on help-seeking behaviour and on the achievement of the legislation’s objects.

Specifically, the evaluation aimed to examine:

- The impact on four stakeholder groups: service providers within the NT service system that respond to D&FV, victims/survivors, people who commit D&FV, and people who have witnessed or may witness D&FV (see chapters 7 to 10). As victims/survivors, perpetrators and witnesses can all seek help for dealing with D&FV, the impact of mandatory reporting on their help-seeking behaviour is also examined within the relevant chapters.

- The impact that mandatory reporting has made to the achievement of the objectives of the legislation, which are:
  - to ensure the safety and protection of all persons, including children, who experience or are exposed to domestic violence;
  - to ensure people who commit domestic violence accept responsibility for their conduct; and
  - to reduce and prevent domestic violence.

Whether or not mandatory reporting has made a difference on D&FV by achieving these legislative objectives is discussed in chapter 6.

4.2 Project scope

Mandatory reporting of D&FV commenced operation in the NT on 12 March 2009. The scope of this evaluation is to examine the impact of mandatory reporting from the date of operation to the present day—almost a three-year period.

This evaluation does not measure or audit the legislative compliance of service providers or government agencies. Motivators and barriers to reporting are examined in relation to the four stakeholder groups. A list of considerations that address the motivators and barriers to reporting is provided in chapter 12 to support improvements in the implementation of mandatory
reporting. These considerations are not intended as recommendations regarding legislative compliance.

This evaluation did not examine the reporting of violence against children. Mandatory reporting of child abuse and neglect against children is covered by separate legislative requirements.\footnote{Care and Protection of Children Act 2007 (NT).}

Considerations for improving the implementation of mandatory reporting of D&FV and for future outcome evaluation work are provided in chapter 12.

### 4.3 Evaluation design

The evaluation design was based on a mixed-methods approach. It combines qualitative and quantitative data and information gathered from a range of sources using different techniques. A range of factors influenced the design. These factors (described in detail in Appendix C) were:

- a program logic for mandatory reporting, outlining the logical connections between the activities associated with mandatory reporting and short, medium and long term outcomes (see Appendix D);
- a set of evaluation questions derived from the program logic and the evaluation’s terms of reference;
- consideration of two major issues associated with assessing the impact mandatory reporting, namely the short timeframe within which mandatory reporting had been in operation, and the influence of other initiatives and programs within the NT on the expected outcomes; and
- a set of guiding principles for engaging with vulnerable people sensitively, working with Indigenous peoples and communities in ethical and respectful ways, and ensuring informed consent and protection of privacy for all participants.

Approval for the design was obtained from the Human Research Ethics Committee of the NT Department of Health and Menzies School of Health Research (Top End HREC)\footnote{ Approval granted on 16 September 2011.} and the Central Australian Human Research Ethics Committee (CAHREC).\footnote{ Approval granted on 15 September 2011.}

The limitations inherent in the evaluation design are discussed in section 4.5 below. D&FV is a sensitive issue, and even more so in light of cultural considerations and the nature of Indigenous communities in the NT.

A number of critical ethical issues were considered within the evaluation design, namely:

- engaging with vulnerable people;
- working with Indigenous peoples and communities; and
- privacy and consent.

These issues, and the approach taken in this evaluation to them, are discussed below.
Engaging with vulnerable people

D&FV can result in trauma for victims/survivors, perpetrators and witnesses. There was the potential that trauma could influence interview responses. Interviewees could potentially experience difficulties in talking frankly to researchers. There could be a greater likelihood of providing ‘yes’ answers to researchers for a number of reasons: for example, the researcher might be perceived to be in a position of authority, the interviewee might not want to answer the question, or they might not understand the question. Additionally, speaking about D&FV could retraumatise people.

These concerns might deter individuals from agreeing to be interviewed. As such, interviewing vulnerable members of the community was anticipated to be a significant challenge. This evaluation was designed to obtain true responses to interview questions, while avoiding retraumatising victims.

Some important methods for engaging with vulnerable people that featured in the evaluation design were to obtain the prior and informed consent of victims/survivors, witnesses and perpetrators, and to engage only with individuals who would not be at risk of retraumatisation.

Potential participants in the research were identified by service providers. Professional advice was sought about the appropriateness, given the progress of their cases, for particular clients to reflect back on previous violent experiences. Given the nature of D&FV, the likelihood of services recommending high numbers of individuals to participate in the research was anticipated to be low.

The evaluation method and questions guiding interviews with vulnerable people were designed to:

- focus on the purpose of the evaluation, asking only those questions necessary to assess the operation and impact of the initiative, and avoiding unnecessary personal questions;
- conduct interviews in a safe, secure and neutral interview environment at a location, place and time that enabled interviewees to be at ease, and in a gentle style;
- use primarily open-ended questions, enabling the interviewee to tell their story;
- ensure only staff who were experienced in working with vulnerable families undertook the face-to-face work with stakeholders;
- use ethical research practice, including prior and informed consent, being clear that refusing to participate would not affect access to services, and making clear our mechanisms to protect privacy;
- ensure individuals knew they were able to access further counselling support via the service provider; and
- provide the services of an interpreter where required and, where possible, use of an interpreter that was not within the social circle or community of the interviewee, but that the interviewee was comfortable speaking in front of (for example, gender and age considerations).

In relation to perpetrators of D&FV, it was acknowledged that some individuals might fear consequences of participating in the research. For example, fears might include participation (or lack of) being recorded on a parole record or new mandatory reports being made against them as a result of discussing D&FV openly.
It was important in the evaluation design that people participating in the research were informed that there would be no consequences in relation to services they were accessing or programs they were mandated to undertake. Furthermore, it was important that individuals (victims/survivors, perpetrators, witnesses and service providers) were informed prior to participation that if they disclosed an instance of D&FV under the scope of the Act, a mandatory report would need to be made by researchers.

These principles were embedded into the evaluation design by ensuring that these issues were brought to the attention of relevant ethics committees and approval for this evaluation granted.

**Working with Indigenous people and communities**

Working with Indigenous people and communities requires a detailed understanding of societies and cultures, appropriate communication and consultation approaches, and ethical and respectful ways of working. This way of conducting research is essential to ensure meaningful participation is provided by Indigenous people and communities. To support and embed these principles, the evaluation was designed in a way that:

- supported the conduct of our discussions with Indigenous stakeholders in a respectful and non-obtrusive way, including using open ended questions and informal consultation methods such as yarning;
- provided stakeholders with information about the evaluation and obtained their prior and informed consent;
- provided interpreters as required; and
- adhered to ethical research standards.77

**Privacy and consent**

When consulting with vulnerable populations, considerations around informed consent and privacy are essential.

This evaluation was designed to ensure that participants in the research consented to participation. As such, the evaluation design included seeking approval from both the Top End HREC and the CAHREC, and undertaking an approved consent process. The approval of the committees was also sought in regards to the privacy arrangements.

With regard to victims/survivors and perpetrators, the evaluation was designed to keep confidential the information they provided. Quotes and other information provided have been de-identified and included in this report in a way that protects their privacy.

Consideration was given in the evaluation design to the ability to protect the privacy of victims/survivors and perpetrators from small communities. A method involving researchers visiting remote communities in the NT and interviewing victims/survivors or perpetrators face to face.

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face was deemed to present a risk to ensuring confidentiality of participation. Furthermore, the experiences of those stakeholders could potentially be identified in the evaluation by virtue of the small population in these communities. Telephone interviews presented similar difficulties for privacy and presented risks regarding retraumatisation. As such, the evaluation design did not include the participation of victims/survivors and perpetrators from remote communities.

4.4 Methods and data sources

The evaluation was informed by data collected using a range of methods. These methods were as follows:

- **Qualitative data gathered through consultations**

  The consultation process was conducted throughout five major centres and ten remote communities in the NT. This process involved service providers, victims/survivors, perpetrators and other stakeholders.

  The information obtained through this consultation process was of a qualitative nature. Quotes taken directly from participants have been used in this report to indicate either a trend in the responses or an individual opinion. In some instances, individuals were able to qualify their statements with reference to their own data sources (not provided to KPMG); in other instances, individuals provided statements that reflected their views, opinions and experiences.

  Consultations with service providers were undertaken using a combination of one-on-one interviews (in person or over the telephone) and a number of focus groups and workshops held in the five major centres chosen for this evaluation.

  Consultation with the NT police was conducted through a number of targeted one-on-one interviews (in person or over the telephone) and focus groups with operational police. Many police officers spoke without access to official data and openly about their individual views and experiences.

  KPMG was able to consult with a group of approximately twenty Aboriginal elders at a workshop organised by the Department of Justice. Many elders were from communities in rural and remote areas.

  Consultations with victims/survivors and perpetrators were organised through service providers and not directly by KPMG. This was agreed with the Northern Territory Department of Children and Families (DCF), and approved by the two ethics committees providing approval for this evaluation, as the most appropriate method of recruiting victims/survivors and perpetrators. In the five major centres chosen for this evaluation, KPMG requested relevant service providers working directly with victims/survivors and perpetrators (women’s shelters, legal services, perpetrator programs, family services, prisons, counselling services, drug and alcohol services and Aboriginal Community Controlled Organisations) in each location, to discuss the evaluation with their clients and seek their participation.

  It was originally intended that one focus group with victims/survivors, one focus group with perpetrators, up to ten one-on-one interviews with victims/survivors, and ten one-on-one interviews with perpetrators would be conducted in each of the five major centres. This
intention was revised in consultation with DCF throughout the evaluation due to the response of service providers to requests and the willingness of individual victim/survivors to participate.

Most service providers thought that it would be inappropriate to approach their clients, or that their clients were not at an appropriate ‘stage’ of their journey where they would be able to focus on this evaluation (for example, they were defending a court case or had just been subjected to serious physical harm).

In response to the inability to gain the intended number of victim/survivor and perpetrator responses, KPMG increased the number of consultations with service providers and afforded the opportunity of one-on-one interviews (rather than just focus groups) with service providers in each major centre. This provided an opportunity to gather more in-depth responses, and to seek the opinions of service providers not only on the impact of mandatory reporting on their service, but also on the victims/survivors, perpetrators and families they worked directly with.

The limitations of engaging victims/survivors and perpetrators are discussed further in section 4.5 below. In response to these limitations, one service provider conducted interviews with victims/survivors on behalf of KPMG. The feedback, using standard questions, was collated and provided to KPMG for use in this report. The limitations KPMG faced with the victim/survivor and perpetrator cohort are not unusual when compared to other similar evaluations of the impact of mandatory reporting.

- **Written submissions from service providers**
  Service providers were given the opportunity to provide written submissions for consideration in the evaluation. Responses were analysed to inform this report.

- **Analysis of specific service data**
  Service providers were requested to provide local service data to support their accounts of the impact of mandatory reporting. Unfortunately, many services were not able to provide data (as it is not routinely collected or accessible) and the services that were able to provide data did so on the basis of a number of limitations, outlined in section 4.5 below.

- **Data from literature**
  Data and information from other research assessing the impact of mandatory reporting, and the accompanying social marketing campaign, were analysed to complement the other data sources used by this evaluation. The limitations regarding these reports are outlined in section 4.5.

- **Analysis of routinely collected data from a number of relevant sources**
  - Police Real Time Online Management Information System (PROMIS; the ‘police data’);
  - Hospital Emergency Department Data from ‘Caresys’ (the ‘hospital data’); and
  - Integrated Justice Information System (the ‘justice data’).

**NOTE:** Where appropriate, analysis involved significance testing for these data. In such instances, the phrase ‘statistical significance’ is used to describe the findings. When used elsewhere in this report, the term ‘significant’ has its ordinary meaning.
• **Literature review**

A review examining recent Australian and International literature has informed this report.

Further detail on each of the methods and data sources is provided in Appendix E. A full list of the organisations that participated in the consultations is provided in Appendix F.

The limitations of these methods and data sources are discussed below.

### 4.5 Limitations

There were a number of limitations that influenced the evaluation. In summary, these limitations were as follows:

**Timeframes for outcome achievement**

The evaluation of mandatory reporting took place between September and December 2011. At this time, mandatory reporting had been in operation for two and a half years.

D&FV is a complex issue, and methods designed to address it can take many years to achieve outcomes. For victims/survivors, moving from a position of powerlessness to one of empowerment (where they can seek help and address the violence) can take many years. And for some, D&FV may occur infrequently and over the course of many years, making a quick solution difficult.

Given the relatively short time since implementation, and the long-term nature of the outcomes mandatory reporting is aiming to achieve, it was envisaged that it would be highly unlikely that the full impact of the legislation would be evident at this point. Therefore, the evaluation sought to assess the impact of mandatory reporting to date.

As such, this evaluation design incorporates a program logic (see Appendix D) that presents the logical connections between the activities associated with mandatory reporting and short, medium and long-term outcomes. The program logic can be used to assess the likely achievement of long-term outcomes by considering whether the actions and outcomes to date have occurred as per this logical ‘map’. For example, if the community is aware of and understands their obligation to report D&FV (short-term outcome), it is more likely that, in the event that serious physical harm is witnessed in the future, community members will act on this understanding and make a report (medium-term outcome).

The progress of the initiative against the program logic has been used to infer the likely achievement of long-term outcomes. The perspectives of stakeholders were also sought to consider the likely achievement of medium- to long-term outcomes in the future.

**The impact of similar initiatives**

Issues such as poverty, homelessness, child abuse and neglect, alcohol and drug abuse, social disadvantage, lack of education, unemployment and social attitudes can both be part of the cause of D&FV and occur as a result of it. There are a range of programs and community initiatives underway in the NT to address these issues, as well as ones specifically directed at D&FV and sexual assault, which may themselves have an impact on D&FV. It is difficult to evaluate the impact of mandatory reporting in isolation from these other programs and initiatives.
This evaluation was designed to take into account other initiatives that might impact on the achievement of the outcomes that mandatory reporting is seeking to achieve. Stakeholders were asked about the source of the impact. For example, ‘has it been mandatory reporting that has caused an increase in the number of reports or something else?’

Similar initiatives are described in section 3.3 of this report.

**Under-reporting of domestic and family violence**

Analysis of available research into D&FV indicates that many incidents are not reported for a variety of reasons. Under-reporting is a widespread phenomenon. As a result, there is no accurate means by which to assess the underlying level of D&FV within a specific location. This has had implications for the evaluation’s ability to assess the impact of mandatory reporting. Without a means of identifying the underlying level of violence, it is difficult to directly attribute any increase in reporting to the legislation (as the increase could reflect an underlying increase in the incidents of D&FV).

**Direct access to victims/survivors and perpetrators**

The evaluation design used service providers to facilitate access to victims/survivors and perpetrators. Limitations associated with accessing the perspectives of victims/survivors and perpetrators directly during the evaluation related to the means of recruitment, the consent process and the timing of consultation visits. There were also additional limitations as follows:

- This approach limited the range of viewpoints of victims/survivors and perpetrators available to the evaluation to those who have accessed services. A culture of silence exists in many communities and families about D&FV. Many victims/survivors do not report to police, present for medical assistance or seek support from service providers. As such, many of these individuals would not have had the opportunity to participate in this research, as they would not have been identified by services as potential stakeholders.

- In a culture of under-reporting many perpetrators do not come to the attention of police and hence do not participate in court-mandated programs. This culture can also dissuade perpetrators from seeking help, as D&FV is a ‘family issue’ or seen as ‘normal’ in the community. This is particularly the case in Indigenous and culturally and linguistically diverse communities. As such, many of these individuals would not have had the opportunity to participate in this research, as they would not have been identified by services as potential stakeholders.

- The availability of service providers to facilitate access to victims/survivors and perpetrators during the consultation periods prevented some potential research participants from being consulted.
In the Colmar Brunton *Evaluation of Domestic and Family Violence Social Marketing Campaign in the Northern Territory* research (discussed below), the number of victims/survivors was very small, while the perpetrator perspective was limited to mainly non-Indigenous men living in major centres.

**Colmar Brunton Social Research**

Participation by victims/survivors and perpetrators in the Colmar Brunton Social Research telephone survey was limited. The number of people who identified as victims/survivors in all phases of the research was too low to be statistically valid. A higher number of self-identified perpetrators were represented, but there are limitations to the usefulness of the data obtained, for the purposes of this evaluation.

At the outset, the survey defined perpetrators as ‘men who seriously injure their partner’. Due to the low response rate, however, and in an effort to gain more participants, the definition was broadened to include:

‘Men who had undertaken the following behaviours with their partner:

- swore, yelled at or shouted
- pushed or shoved
- threatened to physically hit or hurt
- slapped or hit
- done things like choking, cutting or burning.’

The number of Indigenous perpetrators who participated in the survey was too low to undertake statistical analysis of their responses. The viewpoints of these perpetrators were limited to numerical or descriptive analysis only.

Additionally, 89 percent of perpetrators represented in the survey were from Darwin, Palmerston and Alice Springs. The perspective of perpetrators provided by the Colmar Brunton research is therefore limited to the views and experiences of mainly non-Indigenous men (92 percent) living in major centres, who might not necessarily identify as perpetrators of serious physical harm requiring mandatory reporting.

**Timing of consultations**

Consultations were held in each location over one or two days in October and November 2011. Availability of stakeholders limited some face-to-face participation in consultations, but telephone interviews at suitable times facilitated alternative involvement.

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79 Ibid.

80 Ibid, 14.

81 Ibid, 58.
Consent process

Key to this evaluation were the high ethical standards used during consultations. The researchers recognised that the consultation process should be respectful of all those involved, and protect the rights and freedoms of individuals, personal information and the wellbeing of individuals or groups. The participant information and consent procedures were designed to ensure that individuals had a good understanding of the evaluation process, what was expected of them, any potential risks, how any information provided would be used by the evaluators, and where they could seek further information. Participants had the capacity to ‘actively choose’ whether they would like to participate and the opportunity to withdraw.

Undertaking this lengthy and extensive consenting process with certain cohorts of participants proved challenging, due to limited levels of understanding of the research and evaluation process. At certain points of the evaluation, the consent process may have acted as a deterrent for some interested participants.

Access to the witness/general public perspective

Understanding the views of stakeholders who have witnessed D&FV was gained by analysis of the Colmar Brunton Evaluation of Domestic and Family Violence Social Marketing Campaign in the Northern Territory report, but the report was limited in several respects: the survey was conducted over the telephone, and the majority of respondents were from Darwin, Palmerston and Alice Springs (ranging from 59 to 84 percent over the three research waves).

Furthermore, the research did not weight the research to ensure a particular percentage of Indigenous respondents took part. As a result, the proportion of Indigenous participants was low (ranging from 6 to 19 percent over the three research waves).

Available data

There were a number of limitations in using data from government sources. These included:

- There are no common data fields across agencies, making it difficult to compare data sets.
- There is no overall data architecture in place to ensure that the relevant data to evaluate mandatory reporting and D&FV more broadly is captured, and that it is captured in a consistent manner across government departments and other organisations that respond to D&FV. As such, there are gaps in a comprehensive data analysis.
- The absence of unique identifiers for victims/survivors and perpetrators has meant that an evaluation of the impact on those two stakeholder groups has been challenging. Although police PROMIS numbers may be attached to a hospital or service provider file, there is evidence that this is not a consistent practice. Furthermore, a PROMIS number may not fulfil the needs of assessing recidivism or frequency of experiences of D&FV for a victim/survivor from more than one perpetrator.
- There was evidence that some data may have been compromised due to human error or subjective interpretation of the requirement of the data entry or data field.
- Different government departments report according to different geographical boundaries. This has limited the evaluation’s ability to compare data sets.
Consultations with stakeholders preceded the analysis of data from the majority of government sources. It was therefore difficult to validate or explore this data with a variety of stakeholders to test for qualitative explanations in data trends.

The limitations associated with each individual data set are discussed below.

**Police data**

Some of the specific limitations regarding the police data include:

- The source of a report is not captured. This has limited the evaluation’s ability to assess the impact of mandatory reporting on those who report and the responsiveness of segments of the community to reporting.
- There is no flag for ‘serious physical harm, or likely serious physical harm’ in the system. This means that all police D&FV–related incidents are coded the same. This has limited the evaluation in analysing all D&FV–related incidents, as opposed to only those that would fall under ‘serious harm’ and be subject to the legislation.

**Justice data**

- Data on outcomes for prosecutions for D&FV offences was unavailable at the time this report was prepared. This has limited the ability to assess the justice system’s response to D&FV. Only by understanding the full system response can an appreciation for the community’s experience of mandatory reporting and their attitude towards the effectiveness of it in responding to D&FV be gained.
- The data relating to DVOs was limited to summary data for each financial year. As such, it was difficult to determine any seasonal variation across the whole of the NT. The types of DVOs, and terms contained within each DVO, were not categorised separately—the data only accounted for the first instance of a DVO (as opposed to police data, which provided all DVO applications). The data also did not detail breaches and subsequent action in regards to breaches.
- The DVO data did not provide demographic details of the parties or the terms related to children.

**Health data**

Data was provided in relation to D&FV–related presentations at emergency departments across the NT’s five public hospitals, and social worker involvement with patients presenting with D&FV-related injuries. Data related to emergency department D&FV–related presentations is limited.

- The data field used to indicate D&FV has only been used across all five hospitals since June 2010. This evaluation was only able to consider data from an 18-month period after the introduction of mandatory reporting. No comparison was possible with the period beforehand. As such, it was not possible to fully assess the impact of mandatory reporting on hospital emergency presentations.
- The relatively recent introduction of the D&FV indicator into the data collection process may have resulted in data entry errors. Until entry of new data items becomes routine practice, there are often errors or omissions.
- Age was not specified in the emergency department data, making it difficult to understand and analyse the impact of mandatory reporting on different age groups.
The social work data was limited by the number of hospitals that collected data before and after the introduction of mandatory reporting. The exception was Alice Springs Hospital, which has used a D&FV indicator in data before mandatory reporting, but this did not provide a comprehensive base of evidence on which to draw Territory-wide conclusions. As other hospitals have only recently commenced using this indicator, it was not possible at the stage this evaluation was conducted to assess any change arising from the introduction of mandatory reporting.

**Service provider data**

Consistent data across services that respond to D&FV was difficult to obtain. Some of the limitations identified were as follows:

- A range of different service types dedicated to working with different client groups makes it difficult to assess identical or similar data sets.
- Many services do not capture the relevant data at all, or do not store it in an accessible way that could inform this evaluation.
- Where data is stored, there are limitations on its accuracy. These limitations are caused by a range of issues, including workforce availability or skill, technical support and software, and changing reporting requirements to government.
5. Reporting domestic and family violence—process and volume

This chapter describes the reporting process before and after the introduction of mandatory reporting within the NT, highlighting the key differences. It then presents findings from the analysis of report data undertaken to identify whether the legislation has resulted in a change to the volume of reports of D&FV.

5.1 Reporting process of domestic and family violence before the introduction of mandatory reporting

Prior to the introduction of mandatory reporting, victims/survivors, members of the community and service providers had the option of reporting D&FV to police.

Typically, when a victim/survivor would present at a hospital, health clinic, women’s refuge or other service, they would be encouraged by staff to make a report. If the individual did not wish to make a report, staff could still make a report to police. In fact, many services advised that they had policies in place to support reporting all D&FV cases. Many service providers reported feeling that they had a ‘duty of care’ to report D&FV to police, although others would choose not to report to police in order to preserve their relationship with the client: they saw this as important in encouraging help-seeking behaviour and ensuring that the victim/survivor was empowered by choosing if, when and how police would be involved in their case.

Many services would work with the victim/survivor to empower them to decide how to address the violence. This would often involve action and solutions within the community and families. Regardless of whether a report was made to police, victims/survivors presenting to hospitals, health clinics, women’s refuges and other services, were often referred to specialist staff (for example, social workers in hospitals) or specialist D&FV services.

In major centres, a reporting process would involve someone notifying the police either over the telephone (by calling ‘000’ or ‘131 444’) or in person. D&FV–related incidents were coded by police communications to ensure a prioritised response to incidents. Police reported that they were required to investigate all complaints. They would apprehend the perpetrator and, on the basis of their investigations, may have charged the person with a criminal offence and/or issued a DVO. Police reported that they could also proceed with laying charges or issuing a DVO with or without the consent of the victim/survivor.

Before the introduction of mandatory reporting police officers reported that they referred victims/survivors to other services, including hospitals, health clinics, women’s refuges and other D&FV specialist services. Police officers said they played a role in evacuating victims/survivors from domestic situations and communities, and arranging alternative accommodation. Local services, including police, reported that they shared information about victims/survivors and perpetrators on an ad hoc basis.

Before mandatory reporting, a victim/survivor could independently apply to a court for a DVO.

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83 This account of the client pathway is drawn from consultations with service providers.
In remote communities the pathway process was similar, with the only difference being that there were fewer services available to victims/survivors.

### 5.2 Reporting domestic and family violence after the introduction of mandatory reporting

Following the introduction of mandatory reporting, services, staff and individuals in the community are legally required to report to police all incidents or circumstances where they believe someone has been, is being, or is at risk of, suffering serious physical harm from D&FV, except where they reasonably believe that a report has already been made. This is regardless of whether the victim/survivor wants police involvement. The reporting pathway has remained the same, except that choice for the victim/survivor has been removed at some points.

In addition to the legal obligation to report, some service providers stated that they still felt they had a ‘duty of care’ to report to police. They felt that this ‘duty’ extended beyond reporting only instances of serious physical harm as required by the legislation.

Although the entry points to services remain the same, some service providers (for example, some women’s shelters) reported including the additional step of advising victims/survivors that a report to police would be made, either prior to the victim/survivor accessing the service or shortly after presentation. Additionally, some services now ask an individual presenting with an injury (including, but not limited to, serious physical harm) what the cause of the injury is.

When a victim/survivor provides an account of a D&FV incident, or staff suspect D&FV, a report is made to police. This is regardless of whether the victim/survivor consents to police involvement. Many services now have policies in place to support this process.

Some service providers (for example, those more specialised in D&FV) continue to work with the victim/survivor to identify ways that they can address the D&FV themselves, but report that this is more complicated when police are involved. They viewed police involvement as truncating other more informal ways of the victim/survivor addressing the violence in their family setting, such as safety strategies and family mediation.

The process for making a report to police remains the same. Some services have introduced work processes to facilitate more effective and efficient reporting to police.

A police investigation may follow. The first step in the investigation is usually an interview with the victim/survivor. This may take place in a hospital, health clinic or women’s refuge. Some police officers have described difficulties in conducting this initial interview after the introduction of mandatory reporting because of increased difficulty in locating the victim/survivor. This seemed to be the case particularly where victims/survivors did not consent to a report being made to police.

As a result of a report, investigation, and a review of evidence, police may be able to charge perpetrators with criminal offences. They are also able to issue interim DVOs. Amendments made to the Act in 2009 have changed the DVO process and allowed for two categories of DVOs under section 41: court DVOs and police DVOs.

DVOs can be issued by the Court of Summary Jurisdiction (CSJ). During criminal proceedings a DVO that has been previously issued can be confirmed by the court (including police DVOs). Police DVOs can be made by an authorised police officer when a person’s safety needs to be
protected and/or urgent circumstances make it impractical to obtain a DVO from a court.\(^{84}\) The issuing authority may make a DVO if satisfied there are reasonable grounds that D&FV has, or is likely, to occur.\(^{85}\)

Victims/survivors continue to be referred to other specialist D&FV supports (where they are available). Following the introduction of mandatory reporting, some hospitals in major centres\(^{86}\) were able to employ specialist D&FV social workers. Referrals to these staff are common.

Police continue to play the same role with referrals and evacuations. Local service providers, including police, continue to share information about victims/survivors as required (taking into account obligations to protect client confidentiality).

From the perspective of the perpetrator, the process after the introduction of mandatory reporting remains relatively unchanged. The legislation requires people to report. To the extent that this results in increased reporting, perpetrators may be subject to an increased exposure to police investigations and subsequent legal consequences. Through an increased exposure to police, there is an increased opportunity for referrals to the services focused on working with perpetrators to reduce and eliminate violence from their relationships.

Local service providers, including police, continue to share information about victims/survivors as required (taking into account obligations to protect client confidentiality).

### 5.3 Key changes and impacts

The principal change in the client pathway and reporting process is that reporting is mandatory in cases of serious physical harm.

Removing choice in relation to reporting has had the following reported impacts:

- Self-help and the empowerment model of therapeutic support have been impacted by potentially taking the power to report to police out of the control of victims/survivors. Making the decision to report to police, making the report, participating in an investigation and participating in court proceedings are all steps in an empowerment model. Reports made at a point where a victim/survivor is not ‘ready’ may undermine the journey to empowerment and addressing D&FV in the long term. It may also undermine subsequent active participation in the police investigation and court proceedings.

- Self-directed solutions to address violence can be made more complicated when a police process is running in parallel. For example, a victim/survivor may decide to use a range of strategies (such as counselling, family conferences, informal discussions or personal safety strategies) that do not involve police. It was reported by service providers that these other solutions would be made difficult if a criminal process or DVO was in existence. A criminal process or DVO stipulates certain outcomes and can create an adversarial environment.

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\(^{84}\) Domestic and Family Violence Act 2007 (NT) s41:

(1) An authorised police officer may make a domestic violence order under this Part (a police DVO) if satisfied:

(a) it is necessary to ensure a person’s safety:

(i) because of urgent circumstances; or

(ii) because it is not otherwise practicable in the circumstances to obtain a CSJ DVO; and

(b) a CSJ DVO might reasonably have been made had it been practicable to apply for one.

\(^{85}\) Ibid, s18(1).

\(^{86}\) Darwin, Alice Springs, Katherine and Nhulunbuy.
These can be perceived as counter-productive to an informal mediation process focused on finding mutually agreeable, rather than court-imposed, solutions.

- Services have reviewed their work processes and approaches to clients. Many have introduced new policies, work processes/systems and adjusted their way of working with clients. Further detail on the impact on service providers is contained in chapter 7.

A report to police may be delayed in certain circumstances.\(^{87}\)

In the program logic (Appendix D) underpinning mandatory reporting, there is the presumption that removing choice from the pathway will result in more reports being made to police. This presumption would be the case if service providers and others with knowledge of the violence who did not report previously commenced reporting after the introduction of the legislation. Furthermore, this presumption would rely on victims/survivors and individuals within the community presenting to service providers (entering the pathway), reporting D&FV at the same rate or increased their reporting. The following section examines this presumption in light of the data available on the volume of reports.

### 5.4 Volume of reporting

Anecdotal evidence from police officers suggested an increase in the volume of D&FV reports since the introduction of mandatory reporting. The police officers in five major centres described: reports ‘quadrupling since mandatory reporting’, ‘a 25% increase in reports’, being ‘swamped by reports’, and having a ‘workload (which) doubled overnight’ immediately following the introduction of mandatory reporting.

This section presents the results from the analysis of data on the volume of reporting of D&FV-related incidents to the police. The results are first presented for the whole of the NT, and then for specific regions. Analysis of changes in the volume of reporting was based on police data for two periods: 34 months before the introduction of mandatory reporting and 34 months afterwards.

#### 5.4.1 Northern Territory–wide reporting

For the whole of the NT, the analysis of police data indicated that:

- before the introduction of mandatory reporting, the police received 37,233 reports of D&FV which represented 6.1 percent of all incidents reported to police; and
- after the introduction of mandatory reporting, the police received 44,246 reports of D&FV which represented 6.8 percent of all incidents reported to police.

This indicates that there was a 19 percent increase in the number of D&FV reports after mandatory reporting and a 0.7 percent increase in D&FV reports as a proportion of all reports received.

The following figure illustrates the monthly pattern of D&FV reports as a proportion of all reports, and also illustrates the trend within the two comparison periods. In considering this figure, it is also important to note that the total number of all reported incidents increased by

\(^{87}\) Domestic and Family Violence Amendment Act 2009 (NT) s124A(3).
38,582 in the period after mandatory reporting. Of these additional reports, 7,013 (18.2 percent) were related to D&FV.

Figure 2: Proportion of D&FV–related incidents against all incidents reported to police in the NT, proportions and trends, before/after mandatory reporting, May 2006 to November 2011

Source: Police data

To further assess the impact of mandatory reporting on the volume of reports, the evaluation analysed the reporting trend. This analysis indicated that the number of D&FV–related incidents reported to police was already increasing before the introduction of mandatory reporting. However, after the introduction of mandatory reporting, the rate of this increase in the number of reports increased. This increased rate was borderline statistically significant (p value = 0.0526).

There was an unusual pattern of reporting just before and immediately after the introduction of the legislation, and adjustments were accordingly made to the data periods being analysed (comparing data for May 2006 to November 2008 with data for May 2009 to November 2011). The subsequent analysis indicates that there has been a statistically significant increase in the number of D&FV–related incidents reported to police after the introduction of mandatory reporting.
The following figure illustrates the trends in the number of reports in the two comparison periods.

*Figure 3: Numbers of D&FV reports and trends in the NT, before/after mandatory reporting, May 2006 to November 2011*

![Graph showing trends in the number of DV related incidents](image-url)

*Source: Police data*
The evaluation has concluded that the introduction of mandatory reporting has significantly increased the number of D&FV–related incidents reported to the police within the NT. This confirms the expected impact on reporting volume that was evident in the program logic (Appendix D) underpinning the introduction of the legislation.

### 5.4.2 Regional reporting

There has been more variation in the number of D&FV reports to police at a local level. The greatest increase in the numbers of D&FV–related incidents reported within police districts was in Alice Springs, where the number of reports increased by 57 percent (from 6,437 to 10,075) after mandatory reporting was introduced.

Table 5-1 shows the number of reports in the five major centres and the rest of the NT before (pre-MR) and after (post-MR) the introduction of mandatory reporting. It is interesting to note that while there was an increase in the number of reports after the introduction of mandatory reporting in most of the centres, the reports in Greater Darwin had decreased by 10 percent. It is difficult to determine the reason for this difference on the basis of the information available.

**Table 5-1: Number of D&FV–related reports by NT location, before/after mandatory reporting, and percentage change**

<table>
<thead>
<tr>
<th></th>
<th>Pre-MR</th>
<th>Post-MR</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alice Springs</td>
<td>6,437</td>
<td>10,075</td>
<td>57%</td>
</tr>
<tr>
<td>Nhulunbuy</td>
<td>812</td>
<td>1,131</td>
<td>39%</td>
</tr>
<tr>
<td>Greater Darwin</td>
<td>17,957</td>
<td>16,238</td>
<td>-10%</td>
</tr>
<tr>
<td>Katherine</td>
<td>3,289</td>
<td>4,447</td>
<td>35%</td>
</tr>
<tr>
<td>Tennant Creek</td>
<td>3,070</td>
<td>3,511</td>
<td>14%</td>
</tr>
<tr>
<td>Rest of the NT</td>
<td>5,668</td>
<td>8,844</td>
<td>56%</td>
</tr>
</tbody>
</table>

*Source: Police data*

The following figure demonstrates the pattern of reporting for the five major centres and the rest of the NT over the period of analysis, based on the number of reports each month.
Figure 4: Number of D&FV–related incidents reported to police by NT location, before/after mandatory reporting, May 2006 to November 2011

Source: Police data
Figure 5: Proportion of D&FV–related incidents against all incidents reported to police by NT location, before/after mandatory reporting, May 2006 to November 2011

Source: Police data
A variation is also evident when considering the number of D&FV reports as a proportion of all reported incidents. Figure 5, above, demonstrates that the change in the proportion of D&FV-related incidents in Tennant Creek and Katherine changed markedly in the last 12 months of the data collection period. This was statistically significant. The proportion in other major centres stayed relatively stable, while in the remainder of the NT, the proportion of D&FV reports increased.

Further detail for each of the five major centres featured in Table 5-2, regarding the number of reports and the proportion of D&FV–related incidents as a proportion of all incidents, can be found in Appendix H.

Variation in the number and proportion of D&FV reports was also evident among growth towns, regional centres and major centres (a list of the towns and communities within each of these categories is provided in Appendix I). The proportion of D&FV–related incidents against all incidents reported to police was greatest in the NT’s growth towns, both before and after the introduction of mandatory reporting. The proportion of D&FV-related incidents increased in the period following the introduction of mandatory reporting for all categories, except Darwin.88

Table 5-2 below describes D&FV reports as a proportion of all reports for the four categories, both before and after the introduction of mandatory reporting.

<table>
<thead>
<tr>
<th>Regional Categories</th>
<th>Pre-MR</th>
<th>Post-MR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regional Centres</td>
<td>8.8%</td>
<td>11.8%</td>
</tr>
<tr>
<td>Territory Growth Towns</td>
<td>11.5%</td>
<td>16.5%</td>
</tr>
<tr>
<td>Major Centres</td>
<td>7.7%</td>
<td>8.8%</td>
</tr>
<tr>
<td>Greater Darwin</td>
<td>4.7%</td>
<td>4.4%</td>
</tr>
</tbody>
</table>

Source: Police data

5.4.3 Source of reports

While there has been a significant increase in the number of D&FV–related incidents reported to the police, understanding the source/s of these additional reports is difficult. The police communications centre (‘000’ and ‘131444’ telephone lines) and operational police do not record the source of reports in a way that can be analysed for the purpose of this evaluation. Similarly, service providers do not keep data on the number of reports they make to police.89 As a result, the evaluation could not identify the source/s of the increased reporting, or assess whether there had been any change in the reporting source patterns as a result of the mandatory reporting amendments.

88 Nightcliff, Casuarina, Darwin City, Humpty Doo and Palmerston.
89 Where service providers do record that a report was made to police, it is typically in the notes section on a client file, resulting in data that is difficult to extract and inconsistently gathered.
5.5 Summary

The major change in the client pathway and reporting process that occurred as a result of the legislative amendments was that the reporting of D&FV–related incidents involving serious physical harm to police became mandatory. It was expected that the volume of D&FV–related reports would increase, and this expectation has been realised. There has been a statistically significant increase in the number of reports within the NT since the introduction of mandatory reporting.

There has, however, been some regional variation in the volume of reporting. Of particular note is the fact that the number of reports within the Greater Darwin area reduced after the introduction of mandatory reporting—in contrast to all other major centres and the rest of the NT, where the number of reports increased.

The evaluation could not identify the source/s of the increased volume of reports, or assess whether changes in reporting source patterns had occurred in response to mandatory reporting due to the lack of data to support such an investigation.
6. Impact on the achievement of the objects of the legislation

This chapter discusses the impact that mandatory reporting has had on the achievement of the objects of the Act, namely to:

- ensure the safety and protection of all persons, including children who experience or are exposed to domestic violence;
- ensure people who commit domestic violence accept responsibility for their conduct; and
- reduce and prevent domestic violence.

It discusses important factors related to achieving these objectives, before considering each objective in turn.

6.1 Achieving the objectives of the Act

D&FV is a complex social issue requiring a whole-of-service system and long-term approach to change social attitudes and behaviour. This section discusses three broad factors that have implications for assessing the impact of mandatory reporting on the objectives of the Act.

- **The timeframe**—the Act was introduced in 2007, and the mandatory reporting amendments to the Act were introduced in March 2009. It may require time for the community to become aware of and understand the new legislative obligation, and further time to comply with its requirements. At the time the evaluation was conducted, the amendments had been in place for less than three years. The ability to assess their impact on the Act’s objectives has been constrained by the fact that full implementation and adoption by the NT population is still in progress. For example, many services were still designing specific approaches to support effective implementation of the amendments. As a result, the evaluation cannot assess the full impact of mandatory reporting, as it has not yet been realised.

- **The magnitude of the changes required**—achievement of the Act’s objectives requires changes in attitudes and behaviour, which is a complex and long-term process.
  
  ‘It’s too early to assess the impact. It’s only been in for three years. This is long-term behavioural change we are talking about. It’s too early.’ (Service provider, major centre)
  
  ‘When services get the time and the resources to work properly together we will get the outcomes.’ (Service provider, major centre)
  
  ‘These are generational issues we are trying to change. It needs time.’ (Service provider, major centre)

There was support from the vast majority of service providers to keep the legislation in its current form and focus on effective implementation to achieve the objectives of the Act. The objectives had overwhelming support from all stakeholders.

  ‘Mandatory reporting is a good thing. It helps to break the generational cycle. It brings violence out into the open.’ (Service provider, major centre)

  ‘Keep the legislation as it is. We need long-term support to create long-term change. We need long-term funding to support this.’ (Service provider, major centre)
‘Mandatory reporting contributes to awareness raising about D&FV. It’s part of the overall response to D&FV. It’s not necessarily effective but it doesn’t hurt. We certainly can’t repeal it—what message would that send?’ (Service provider, major centre)

In view of the complex processes required to achieve the Act’s objectives, and the relatively short timeframe within which mandatory reporting had been operating, it would be unrealistic for the evaluation to identify significant evidence of impact on the Act’s objectives.

- **Other initiatives**—there are a number of other programs and initiatives currently in place within the NT that address D&FV, and therefore exert influence on the achievement of the Act’s objectives. These are discussed previously in section 3.3. Given the short time period in which mandatory reporting has been operational and the concurrent implementation of other programs, it has been difficult for the evaluation to attribute any changes related to the Act’s objectives solely to the introduction of mandatory reporting.

In view of the above factors, this chapter offers insights into the current progress towards the objectives of the Act, highlighting, where possible, any contribution that mandatory reporting may have made in this progress.

### 6.2 Ensuring the safety and protection of all persons, including children, who experience or are exposed to domestic and family violence

There were mixed views and evidence about whether mandatory reporting has contributed to ensuring the safety and protection of victims/survivors and other community members affected by D&FV. There did appear to be some increased safety and protection provided through an increase in reports to police, which enabled police intervention.

Police intervention in a D&FV incident is a primary mechanism for ensuring the safety and protection of victims/survivors (including children), witnesses and other community members. The significant increase in the rate of reporting of D&FV since the introduction of mandatory reporting has enabled police to intervene in a greater number of D&FV–related incidents. This intervention can then include support provided by services for the benefit of victims/survivors and their children: for example, crisis accommodation, counseling, practical assistance and the involvement of child protection agencies.

DVOs are one way that police can intervene to ensure the safety and protection of individuals affected by D&FV. In the period after the introduction of mandatory reporting, the number of DVOs issued by police had increased by a statistically significant 50 percent. Before the introduction of mandatory reporting (from May 2006 to February 2009,) there were a total of 7,167 DVOs issued, compared to 10,733 in the period afterwards (from March 2009 to November 2011). This increase is depicted in Figure 6, below.

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90 Police data: cumulative total of increase since the introduction of mandatory reporting.
91 Ibid.
An examination of the number of DVOs issued by police in the five major centres and the rest of the NT revealed that there was an increase in the number of DVOs issued in all locations in the period after mandatory reporting was introduced. This increase was greatest in Darwin (72 percent), Nhulunbuy (70 percent) and Alice Springs (66 percent). The rest of the NT, Katherine and Tennant Creek experienced a lower increase (39 percent, 22 percent and 16 percent respectively). These increases are displayed in Figure 7, below, and in Appendix J.
Figure 7: Number of DVOs issued by police by NT location, before/after mandatory reporting, May 2006 to November 2011

Source: Police data
Similarly, the proportion of D&FV–related incidents that involved a DVO increased to a statistically significant degree after the introduction of mandatory reporting. Before the introduction of mandatory reporting, the proportion of D&FV–related incidents resulting in a DVO was 19 percent, while afterwards, this proportion increased to 24 percent. This increase is depicted in Figure 8, below.

Figure 8: Proportions and trends of DVOs issued by police against all D&FV–related incidents reported to police in the NT, before/after mandatory reporting, May 2006 to November 2011

![Diagram showing proportions of DVOs against all reported incidents](image)

Source: Police data

When examined at a regional level, the change in the proportion of DVOs issued in relation to D&FV–related incidents reported to police varied: Darwin increased from 11 to 20 percent; Nhulunbuy also increased, from 21 to 25 percent; the rest of the NT fell from 34 to 30 percent; Katherine decreased from 29 to 26 percent; and Alice Springs and Tennant Creek both increased by 1 percent. Appendix H provides a summary of this data.

As a proportion of D&FV–related incidents reported to police, the number of cases that resulted in criminal charges after the introduction of mandatory reporting declined. The 2 percent decline (from 13 to 11) is not statistically significant. There was a decline in five of the six locations (Darwin remained the same), displayed in Table 6-1, below. Alice Springs and Katherine both decreased from 29 to 26 percent; and Alice Springs and Tennant Creek both increased by 1 percent. Appendix H provides a summary of this data.

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92 Ibid.
experienced a 7 percent decline. It is not possible at this stage to determine whether this reduction is an important emerging trend. Appendix K contains further information about the number of D&FV–related incidents resulting in criminal charges over both periods and by location.

Table 6-1: Proportion of D&FV–related apprehensions against all reported D&FV–related incidents by NT location, before/after mandatory reporting, May 2006 to November 2011

<table>
<thead>
<tr>
<th>Location</th>
<th>Pre-MR</th>
<th>Post-MR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alice Springs</td>
<td>22%</td>
<td>15%</td>
</tr>
<tr>
<td>Nhulunbuy</td>
<td>7%</td>
<td>4%</td>
</tr>
<tr>
<td>Greater Darwin</td>
<td>5%</td>
<td>5%</td>
</tr>
<tr>
<td>Katherine</td>
<td>21%</td>
<td>14%</td>
</tr>
<tr>
<td>Tennant Creek</td>
<td>17%</td>
<td>13%</td>
</tr>
<tr>
<td>Rest of the NT</td>
<td>24%</td>
<td>18%</td>
</tr>
<tr>
<td>Overall</td>
<td>13%</td>
<td>11%</td>
</tr>
</tbody>
</table>

Source: Police data and justice data

Service providers had mixed views about whether mandatory reporting made victims/survivors safer or more protected. In a recent survey of Top End service providers, 72 percent of respondents who worked to support victims/survivors agreed that mandatory reporting had made women safer.93 One service provider interviewed during the evaluation described a recent workshop with perpetrators. Four men in the group indicated they were in prison due to a D&FV report. According to the service provider, these perpetrators indicated they were happy they were reported ‘as they would have caused a lot more harm and violence in the community if they were still out there’.

Other service providers cited their own fears, or the fears of victims/survivors and witnesses, of violent ‘consequences’ that may result from making, or being perceived to have made, a report. They perceived that mandatory reporting had increased the risk of violence towards victims/survivors and witnesses, because now the choice of whether to have the police involved was removed. Of the six victims/survivors interviewed, none said that mandatory reporting of D&FV made them feel safer or more protected.

There did not appear to be a widespread or consistent increase in the central coordination of services to proactively intervene to protect victims/survivors who were presenting (often multiple times at multiple services) with D&FV since the introduction of mandatory reporting. This issue is discussed in more detail in section 7.5.

6.2.1 Children

There was some evidence of mandatory reporting of D&FV having an impact on keeping children safer.

When police are notified of a D&FV incident, and if children are involved, they notify the Department of Children and Families through the Central Intake Team, who are then able to assess the family setting and the safety of the children in that environment. They can then take steps to ensure that the children are kept safe.

93 West, op cit (2011) 36.
The increase in the number of reports of D&FV can provide an opportunity for child protection authorities and services to intervene in incidents where children are present.

There can be, however, some unintended consequences relating to the perceived risk of removal of children from the family environment and the application of DVOs. These are discussed in section 11.2.

6.2.2 Summary

In summary, there was some evidence to suggest that mandatory reporting may have assisted in ensuring the safety and protection of victims/survivors (including children), witnesses and other community members. This has occurred through an increased number of reports to police, which has facilitated an increased number of police interventions. The use of DVOs as a response by police to D&FV–related incidents has also increased, although there are some issues related to the effectiveness of these in keeping victims/survivors safe. These are discussed in chapter 8.

6.3 Ensuring people who commit domestic violence accept responsibility for their conduct

There was no evidence to demonstrate that mandatory reporting of D&FV had impacted on perpetrators accepting responsibility for their conduct.

There was some evidence that the attitudes of perpetrators may be changing and that some perpetrators may be using alternatives to violence. But this evidence is subject to extensive limitations and may not be attributable to mandatory reporting itself. It is more likely attributable to the NT government’s social marketing campaign supporting the implementation of mandatory reporting. This evidence is discussed further in chapter 9.

Service providers working with perpetrators felt that programs directed at assisting perpetrators to change their behaviour may exert some influence, but some of these programs were operating before the introduction of mandatory reporting.

There was evidence of a high demand for perpetrator programs and limitations with existing program availability, which meant that not all perpetrators could participate in such programs. Service providers reported that the demand for their programs had neither increased nor decreased since the introduction of mandatory reporting.

All stakeholder groups identified a need for perpetrators to have meaningful deterrents to violent behaviour. The existing consequences—police involvement, prison, DVOs and other legal consequences—neither deter perpetrators from engaging in violent behaviour nor encourage them to take responsibility for their conduct. These viewpoints are discussed further in chapter 9.

There was some evidence from service providers that earlier intervention with perpetrators conducted in a culturally appropriate way (for Indigenous offenders) was more likely to encourage perpetrators to take responsibility for their conduct. This is discussed further in chapter 9. Mandatory reporting was felt to be one way of identifying perpetrators in order to then link them with support services so as to encourage behaviour change. This was the only impact identified.

94 Colmar Brunton, op cit (2011) 34 and 57.
6.4 Reducing and preventing domestic and family violence

There is inconclusive evidence as to whether there has been a reduction in, or increased prevention of, D&FV in the NT since the introduction of mandatory reporting.

The main indicators available to the evaluation that might provide some understanding in this respect include the number, proportion and severity of D&FV–related presentations at hospital emergency departments, the number and proportion of reports to police, treatment by social workers at hospitals, the number and type of D&FV criminal apprehensions and the experience of stakeholders.

Missing from this analysis, however, is an understanding of the underlying level of D&FV in the NT, which could be used as a benchmark for determining whether D&FV is in fact decreasing or increasing as a result of the introduction of mandatory reporting. The under-reporting of D&FV in the NT would make identification of this underlying level of D&FV exceptionally difficult.

The available indicators may reveal whether more or less people were presenting and reporting D&FV or whether more charges were being laid against perpetrators, but this does not shed light on the underlying level of D&FV. D&FV could conceivably have been increasing despite more reporting, and vice versa.

As such, it was difficult to evaluate the impact of mandatory reporting against this objective. For completeness, the findings from the available data are summarised below.

6.4.1 Evidence from hospitals

Data from D&FV emergency department presentations is one potential indicator of change in the level of violence, or at least the kind of violence for which hospital attention is required. Analysis of the available data indicates that the number of D&FV–related presentations to emergency departments across five NT hospitals declined overall in an 18-month period since 2010 (seen below in Figure 9). This is due to a steady decline at the Royal Darwin Hospital; the number of presentations at the other four hospitals has remained relatively stable.

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95 Royal Darwin Hospital, Alice Springs Hospital, Gove District Hospital, Katherine Hospital and Tennant Creek Hospital.
Figure 9: Number of D&FV–related presentations to NT hospital emergency departments, by hospital and NT total, July 2010 to December 2011

Source: Health data

The proportion of D&FV–related presentations compared to all emergency department presentations at the five hospitals decreased. But the overall decline is attributable to the decline at the Royal Darwin Hospital, from 3.5 percent in July 2010 to 1.3 percent in December 2010; the proportion at the other four hospitals remained steady.

Unfortunately, as noted in section 4.5, the data available from the five hospitals was for the period from July 2010 to December 2011; that is, after mandatory reporting was introduced. Without data on the volume and proportion of D&FV–related presentations in the period before the introduction of mandatory reporting, it is not possible to attribute the decline in the number of D&FV–related presentations at the Royal Darwin Hospital to mandatory reporting.

In relation to the severity of violence, the triage category for emergency department presentations can provide some insight into the severity of the injuries or conditions that individuals presented with. Data from 2010 to 2011 from five major-centre hospitals indicated a decrease in the number of D&FV urgent and semi-urgent cases at each of the five hospitals (see Appendix L). It is difficult to determine whether this decrease indicated a change in the severity and nature of injuries related to D&FV. The number of presentations in triage categories such as resuscitation, emergency and non-urgent was very small, making it difficult to determine the impact. Added to this is the fact that data on triage categories for D&FV–related presentations at emergency departments was for an 18-month period after the introduction of mandatory reporting. There was no data available in the period before mandatory reporting was introduced because it was not systematically collected. This makes it difficult to evaluate the impact of mandatory reporting on this data.
Specialist domestic and family violence support evidence

The level of D&FV is also potentially revealed by the amount of specialist D&FV support being sought by victims/survivors. Crisis accommodation services did not report a change in the number of women and children accessing their service overall, but there was a lack of comprehensive data to support this assertion.

There was some data regarding treatment for D&FV issues by social workers at hospitals, but relevant data was only available for Alice Springs Hospital (Appendix M displays the data from all five hospitals). In Alice Springs, the number of cases involving support from a social worker rose from 1,796 (30 months before the introduction of mandatory reporting) to 2,574 (30 months afterwards), but this data was of little use in determining the impact of mandatory reporting on the objective ‘to reduce and prevent violence’.

6.4.2 Evidence from prosecutions

Data related to prosecutions of perpetrators, and the type of offence they were prosecuted for, is a further indicator regarding a potential reduction in or prevention of D&FV. Overall, there was a slight increase in the number of D&FV–related apprehensions, as shown in Figure 10 below. In the period following the introduction of mandatory reporting, there was an increase of 7.2 percent in D&FV–related apprehensions before NT courts. There were 4,887 cases in the 34 months before the introduction of mandatory reporting,96 and 5,240 in the 34 months after.97 This increase is less than the overall increase in D&FV–related incidents reported to police during the same period (19 percent). This indicates that although there have been more reports made to police after the introduction of mandatory reporting, there has not been a corresponding increase in charges laid. A range of factors could explain this (for example, not all D&FV reports relate to criminal offences).

96 May 2006 to February 2009.
97 March 2009 to December 2011.
The type of crimes that perpetrators were charged with is a further indicator of whether there was a change in the nature of D&FV—for example, whether more serious offences were declining (and therefore the possibility that some D&FV was being prevented).

Overall, there was no change in the nature of the violence that perpetrators were charged with after the implementation of mandatory reporting. The most common category of the D&FV-related charges—‘acts intended to cause injury’—represented 94.6 percent of all D&FV charges. In the period before and after mandatory reporting, the proportion of ‘acts intended to cause injury’ compared to all D&FV–related charges remained stable, with a slight decrease from 94.8 to 94.3 percent. The remaining proportion of D&FV–related charges were represented by the charge categories ‘homicide and related offences’, ‘sexual assault and related offences’, ‘dangerous or negligent acts endangering persons’, ‘abduction and related offences’ and ‘robbery, extortion and related offences’.

The number of cases involving ‘homicide and related offences’ and ‘sexual assault and related offences’ over the period before and after the introduction of mandatory reporting were too small for statistical analysis. There was a drop in ‘homicide and related offences’ (from 40 to 31) and in ‘sexual assault and related offences’ (from 101 to 91).98

98 Justice data.

Figure 10: Number of D&FV–related apprehensions in the NT, before/after mandatory reporting, May 2006 to November 2011

Source: Justice data
When examined at a local level, the number of D&FV–related apprehensions appearing before courts remained relatively stable at each of the five major centres before and after the introduction of mandatory reporting. This is illustrated in Figure 11, below.
Figure 11: Number of D&FV–related apprehensions by NT location, before/after mandatory reporting, May 2006 to November 2011

Source: Justice data
6.4.3 Other evidence

In relation to preventing D&FV, there is some evidence to suggest that there may have been an impact, at least in the short and immediate term. As discussed in section 5.4, there has been a significant increase in the number of reports of D&FV–related incidents since mandatory reporting was introduced. Reports to police may enable them to intervene in D&FV–related incidents, and to take preventative action such as by removing the perpetrator from the domestic or family situation. This has the effect of providing immediate safety for the victim/survivor.

A reported increase in community awareness about mandatory reporting and in the confidence to report may also have had an impact on preventing violence by empowering community members or police to intervene.

In a recent survey of Top End service providers in the D&FV sector, 64 percent of respondents said that mandatory reporting had had minimal or no impact for women who experience D&FV.99 In the interviews conducted for this evaluation, service providers did not feel that mandatory reporting had reduced or prevented D&FV in the NT overall.

6.4.4 Measuring reduction and prevention

There is insufficient and inconclusive evidence to demonstrate whether there has been a reduction in, or an increased prevention of, D&FV in the NT since the introduction of mandatory reporting. Without an understanding of the underlying level of D&FV in the population, it is not possible to conclude whether increases in reports to police, and laying of criminal charges, and a decrease in presentations to hospitals is reflective of an overall increase or decrease in the level of D&FV in the NT.

The ability to measure progress towards the reduction and prevention of violence would be enhanced by a longitudinal study of victim/survivor experiences. This would require client-identified data to be shared between key services such as police, the Department of Justice, the Department of Health and service providers. This way, the frequency, severity and nature of D&FV could be tracked over time to determine whether there has been a real impact in reducing and/or preventing violence for victims/survivors.

6.5 Summary

Mandatory reporting of D&FV appears to have had some impact on the achievement of one of the three objectives of the Act, namely to ensure the safety and protection of all persons, including children, who experience or are exposed to D&FV. The increased number of reports to police following the introduction of mandatory reporting enables police to intervene in D&FV–related incidents. The outcome of their intervention can include the issuing of a DVO and/or charging the perpetrator with a criminal offence. The number and proportion (as against reported D&FV–related incidents) of DVOs has increased significantly after the introduction of mandatory reporting. Although the intention of issuing DVOs is to protect people from potential violence, stakeholders reported issues regarding their effectiveness, as well as issues with their

implementation. They are nevertheless a form of intervention by police made possible through the making of a report.

Some service providers expressed concern about potential violent consequences for people who have made a report to police, or are perceived to have made a report, and exposing victims/survivors to increased harm.\(^{100}\) They cited examples where these consequences were experienced or perceived.

There was no evidence to demonstrate that mandatory reporting is having an effect on perpetrators accepting responsibility for their violent conduct. While there was some evidence regarding a shift in the attitudes of some perpetrators, and the value of perpetrator programs, this did not demonstrate that perpetrators had taken more or less responsibility for their behaviour.

The evidence regarding whether mandatory reporting has assisted in reducing or preventing D&FV was inconclusive. The indicators that could be used to evaluate this impact were either absent or provided only part of the picture. Data from NT hospitals indicates that D&FV–related presentations to emergency departments have declined in an 18-month period after the introduction of mandatory reporting. The value of this finding is limited, however, as there is no data available for the period before the introduction of mandatory reporting with which to compare it. Therefore, it is difficult to evaluate the impact of mandatory reporting on presentations.

Without underlying baseline data about the level of D&FV in the community (not just D&FV reported to police or presenting at hospitals) there is not enough evidence at this time to conclude whether D&FV in the NT has been reduced or prevented by the introduction of mandatory reporting.

\(^{100}\) In such cases, the legislation provides that it is a 'reasonable excuse' not to report as soon as practicable: *Domestic and Family Violence Amendment Act 2009 (NT) s124A(3).*
7. Impact of mandatory reporting on service providers and the service system that responds to domestic and family violence

This chapter examines the impact of mandatory reporting on services within the service system that responds to D&FV.

The service system associated with D&FV is complex, and there has been a variable impact, depending on the service type and its role within the D&FV pathway. For the purposes of this report, where it has been necessary to differentiate services, they have been grouped into three categories:

1. Initial response services: those that are generally a first point of contact, make reports and provide emergency/crisis assistance
2. The police: have the role of receiving reports and investigating incidents
3. Secondary response services: services that provide ongoing support/assistance to victims/survivors or perpetrators

Some services play a dual role in initial and secondary response. For example, a victim/survivor may present with injuries from D&FV at a women’s refuge (initial response). The refuge may refer the victim/survivor for medical assistance (initial response) and report to the police. As a secondary response the women’s refuge may support the victim/survivor with counselling, short-term accommodation, practical assistance and case management.

Examples of initial response services include hospitals, health clinics and crisis accommodation centres. Examples of secondary response services include women’s refuges, counselling services, legal services, perpetrator support programs, drug and alcohol services, family services and programs, Indigenous councils and other victim/survivor or perpetrator support programs.

7.1 Reporting domestic and family violence

The introduction of mandatory reporting for D&FV–related incidents has highlighted a number of issues within the service system response and resulted in a number of consequences for the sector. These are described in this section.

It is important to note that these issues and consequences arose within a context in which the number of reports to police rose significantly following the introduction of mandatory reporting.

7.1.1 The impact of reporting on service workload

Mandatory reporting has had a varied impact on the workload of staff within services.

Service providers—initial and secondary response services

Services that may need to make reports to police include hospitals, health clinics, women’s refuges and other D&FV services.
Service providers that performed initial service responses reported that they might be involved with supporting the victim/survivor in making a report. The time and resources required varied from case to case and depended on whether or not the service had the capacity, or policy in place, to do so. Other factors included the attitude and willingness of victims/survivors to report. With victims/survivors who were relatively empowered, this supporting role could be performed relatively quickly (i.e. making a telephone call to police and assisting with the subsequent investigation by participating in interviews). With victims/survivors who were less determined to report, this supporting role could be much more resource-intensive.

Some service providers reported an increased workload, while others stated that their workload had not changed. Many service providers routinely reported all D&FV cases to the police before the introduction of mandatory reporting, so there was no change in this regard. A survey involving practitioners from secondary support services found that 86 percent of respondents felt that mandatory reporting had had minimal or no impact on their workload. The rest of the respondents thought that mandatory reporting had only a moderate impact.101

‘There’s been no real impact on the service. We always have a lot of reporting and paperwork to do.’ (Service provider, remote community)

Service providers involved in reporting D&FV said that the process of making a report on behalf of a victim/survivor was simple: it involved just a telephone call to police. No barriers to actual reporting in respect of service capacity and workload were identified by services.

‘Mandatory reporting hasn’t necessarily increased our workload. It’s only a phone call.’ (Service provider, remote community)

Service providers do not routinely collect data on the number of reports they make on their own, the number of reports that their clients have made (assisted by the service), or the time and resourcing that this takes.

**Police**

Police who receive and investigate reports have experienced workload and resourcing challenges.

As noted in chapter 5, there was a statistically significant increase in the number of D&FV reports made to the police following the introduction of mandatory reporting. At the same time, the volume of all reports also increased, with D&FV reports making up 18.2 percent of this additional volume. As a result, there has been an increased workload for police.

For many police officers consulted during the evaluation, this increased workload was viewed as part of ordinary policing. They recognised the problem of under-reporting of D&FV and welcomed the increased reporting and opportunity for police intervention: this was viewed as a way of keeping victims/survivors and children safe.

Other police officers cited the introduction of mandatory reporting as a cause for increased workload not only because of the increase in the number of reports and investigations, but also because of the nature of the report itself: i.e. that it can be made in circumstances where the victim/survivor is unwilling to make the report, or without the victim/survivor’s knowledge. Police officers reported that they are required to attend all D&FV–related incidents in person—to

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physically sight and speak with both the victim/survivor and the perpetrator. This was said to add time to the investigation, and increase the workload, especially where the victim was unwilling to speak to police.

‘We spend so much time, hours, trying to locate [victims/survivors] who didn’t want to report in the first place, who don’t want to be questioned and who have multiple names and no fixed address.’ (Police officer, major centre)

Time spent locating victims/survivors who did not want to report D&FV–related incidents to police added to the time spent investigating complaints. This, coupled with the increased number of reports, added to workload and placed pressure on resource capacity.

Sections 5.4 and 6.2 describe the increase in reports of D&FV, and the subsequent police response (for example, the issuing of DVOs), in the period after the introduction of mandatory reporting.

**Summary**

The introduction of mandatory reporting had a limited impact on workloads for service providers making reports, but created increased workloads for the police. This was due to the increased number of reports (detailed in Chapter 5) and the need for police to investigate these reports—some of which, according to police officers, were more difficult and time-consuming to investigate because the victims/survivors did not want police involvement.

7.1.2 **Understanding what needs to be reported**

There appeared to be some confusion among providers of initial response services about exactly what violence needed to be reported. When read together, some ambiguity exists in the different pieces of legislation (see Appendix B).

‘There is confusion regarding the term “potentially life threatening”. We just report everything.’ (Service provider, remote community)

‘You have to look at multiple sections across two bits of legislation to get an understanding.’ (Police officer, major centre)

Explanatory material from DCF and training assisted some providers with their understanding of what type of violence needs to be reported.

The view of some police officers was that ‘over-reporting’ was occurring by some service providers. This was thought to be a result of needing to ‘cover themselves’, from confusion caused by the legislation, or a lack of understanding of the limits to the legislation. This ‘over-reporting’ could then contribute to an increased workload for police.

On the other hand, some services reported D&FV–related incidents that did not involve serious harm but still constituted another criminal offence or instance of D&FV. This could prompt an intervention to stop the violence in the immediate and short term, and potentially prevent an escalation of violence over time. Many service providers claimed that the reporting of all types of D&FV to police should be encouraged.

The limitations on the types of D&FV that are subject to mandatory reporting have created confusion among some service providers about what type of D&FV is required to be reported to, and investigated by, police.
7.1.3 Client/service confidentiality and the impact on self-help seeking behaviour

Mandatory reporting requires services to report instances of D&FV even where a victim/survivor may not wish to have the police involved. By making reporting mandatory, client/service confidentiality is overridden. This section describes a range of factors associated with confidentiality that were identified during the evaluation.

The importance of confidentiality with regards to domestic and family violence

D&FV is often hidden by victims/survivors. In some communities violence is shameful, and speaking to a service about D&FV can be difficult for victims/survivors. Confidentiality in medical, psychological, social work, legal and other support professions is important to assist victims/survivors to acknowledge, recover from and address the cause of D&FV. Creating a safe, confidential and empowering environment for a victim/survivor, in which they may choose when and how they will address violence, is important in the often long journey to recovery and empowerment.

A recent report on mandatory reporting claimed that the ‘current legislation undermines this core value of human service workers’—i.e. the emphasis on working with people within a framework of empowerment—and that this is ‘particularly problematic in domestic violence shelters which traditionally work from a feminist framework [that] sees the imbalance of power as a central problem in society’.

Some service providers interviewed for the evaluation echoed this view. For example:

‘Mandatory reporting undermines trust and disempowers women.’ (Service provider, major centre)

‘I believe the requirement to report re-casts the survivor as helpless and lacking agency within their own relationship [...] I believe it takes away the right people have to choose their own course of action in dealing with violence, ignoring the safety strategies that many survivors have in place and the individual responsibility of people to not use violence.’ (Service provider, quoted in West report)

Confidentiality and professional behaviour

Confidentiality is a strong ethic of many professions. During the evaluation, some service staff reported feeling conflicted and confused about their obligations to their own professional ethical standards, the best interests of the client, and the law.

‘The [mandatory reporting] requirement undermines the special relationship between solicitor and client whereby the client is assured of the confidential nature of their communications.’ (Service provider, quoted in West report)

‘If we have to breach the confidentiality of our client to report against them they will have to find another lawyer. This may mean, due to a lack of services particularly in remote areas, that the perpetrator has to represent themself in court.’ (Service provider, major centre)

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102 Ibid, 47.
103 Ibid, 29.
104 Ibid, 29.
In the recent survey of the D&FV sector within the NT, 19 percent of staff indicated that they ‘do not feel comfortable’ with their obligation to report.\textsuperscript{105} However, 82 percent of respondents indicated that their relationships with their clients had not changed since the introduction of mandatory reporting.\textsuperscript{106}

\textit{Views about implications of breaching confidentiality or reporting on a client’s behalf}

Some service providers raised a range of concerns about the potential impact of breaching client confidentiality. These concerns included the potential of deterring victims/survivors from seeking help, continuing to work with the service provider and/or preventing the victim/survivor from taking steps to address violence.

‘Knowing that you [as a service provider] will breach their confidentiality by reporting to police may deter people from accessing services. This can result in significant health consequences. Most domestic and family violence–related incidents involve head injuries which can be serious if left untreated’ (Service provider, remote community)

Some service providers were concerned that reporting on behalf of victims/survivors could undermine or delay their empowerment journey by shifting the responsibility of addressing violence onto others.

Other service providers directly rejected the idea that a potential breach of client confidentiality, as a result of mandatory reporting, affected help-seeking behaviour. They maintained that with an empowerment approach, the role of services was to support victims/survivors in making reports. This might involve having the service make the report for the victim/survivor in the first few instances. This was seen as part of the ‘journey of trust’.

On the whole, service providers had mixed views about these issues.

\textit{Testing providers’ concerns}

Overall, there was little evidence to support the view that victims/survivors did not access services because of the anticipated breach of their confidentiality.

Service providers across the NT have not reported a decrease in demand for their services, although this could potentially be explained by the large and unmet demand that exists in the NT.

It was difficult for service providers to determine the number of victims/survivors who had been deterred from accessing services and the reasons for this. Services such as hospitals, health clinics, women’s refuges and legal services do not have a way of tracking clients who fail to present. One service provider did, however, provide an example of occasions where women have failed to seek help because of the mandatory reporting requirement:

‘We haven’t had a problem with mandatory reporting until this year. But this year when people ring up to access the service, as soon as you mention having to make a report to police they either hang up the phone or they never turn up.’ (Service provider, major centre)

\textsuperscript{105} Ibid, 28.

\textsuperscript{106} Ibid, 35.
Service providers reported that a common way victims/survivors were able to access help while retaining confidentiality was by citing something other than D&FV as the cause of their injuries or reason for seeking help (for example, claiming they fell over or that they didn’t know who caused their injuries).

Some service providers reported that some victims/survivors were willing for services to make reports on their behalf.

‘Victims come in to access the service and say, “I want to make a statement”.’ (Service provider, remote community)

Service providers described instances where they discussed with their clients the need for them to make a report to police (if the victim/survivor was unwilling to do it themselves) and the client continued to access the service and seek help in the knowledge that their confidentiality would be breached. Others described the ‘relief’ that some victims/survivors experienced when they knew that the service would report on their behalf and they could ‘blame it’ on the service provider when they were confronted by the perpetrator, their family or community.

Due to services reporting against the wishes of their clients, the impact of mandatory reporting on help-seeking behaviour was difficult to measure. There was no direct evidence because the mechanisms through which this evidence can be captured are not in place. Social research targeting victims/survivors who do not seek help could assist to measure this impact.107

7.1.4 Internal processes to facilitate reporting

Mandatory reporting requires that everyone, including service providers and their staff, report D&FV. Internal processes to facilitate reporting were varied across the service sector and within services themselves. Service providers were aware of their obligation to report and many had created policies to support the implementation of mandatory reporting.108 In large organisations, for example hospitals, processes and administrative systems were commonly in place to assist and ensure reporting.

Overall, there was support from practitioners for having policies in place for mandatory reporting.

‘It’s good to have a hospital policy regarding mandatory reporting. Otherwise in a busy hospital it can fall through the cracks.’ (Service provider, major centre)

‘It would be good to formalise not only the response and procedure related to mandatory reporting, but the whole response to domestic and family violence, of which mandatory reporting is a part...In the health professions we have non-negotiable procedures for responding to things like a heart attack. There should be non-negotiable procedures for responding to domestic and family violence [and] mandatory reporting is one of those procedures.’ (Service provider, remote community)

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107 This type of research was outside the research methodology of this evaluation.
108 See also West, op cit (2011) 44 for discussion of policies and procedures.
Some of the challenges identified by service providers with regards to reporting included:\textsuperscript{109}

- Police bringing the victim/survivor to the service and staff assuming that no report was required as police were already involved. The victim/survivor may not have felt comfortable reporting the incident as D&FV to police; they might only reveal it later to a service provider.

- Staff asking a victim/survivor if they had already made a report to police and the victim/survivor responding that they had made a report when in fact they had not. This might result in the service failing to report.

- Victims/survivors receiving treatment and support from a number of staff and a number of services. Staff or service providers who work with the victim/survivor at a later point in time may assume that a report has already been made by a colleague or a service provider with prior involvement.

Administrative systems within services, data sharing across services, a quick and simple way of checking with police that a report has already been made, and policies and training for staff in these procedures could assist to facilitate efficient reporting. In addition to this, some service providers highlighted the need to have locally developed systems so as to ensure ownership and use by staff. This need, however, should be balanced with the need for consistent data capture and monitoring across the NT.

### 7.2 Changing focus of practitioners

A small number of stakeholders have suggested that mandatory reporting has changed the focus of service-sector practitioners. They cite examples where practitioners have focused on their own legal obligations and liabilities, rather than placing the best needs of the client first.

‘The [practitioner] reported being focused on working out whether she needed to report the case to police and felt that she could not focus on her client’s other needs and wishes.’

(Service provider, major centre)

Only 10 percent of service providers, responding to a recent survey,\textsuperscript{110} felt that there had been a substantial change in the number of ethical dilemmas they faced as a result of the introduction of mandatory reporting.

‘These ethical dilemmas were already in place; [mandatory reporting] has [only] changed the frequency.’ (Service provider, quoted in West report).\textsuperscript{111}

### 7.3 Service system response to domestic and family violence

The reporting process is outlined in sections 5.2 and 5.3 of this report. This section is an examination of how well the reporting process—the steps within it and the response from services—was operating following the introduction of mandatory reporting.

The coronial inquest\textsuperscript{112} that preceded the introduction of mandatory reporting highlighted the need for an integrated service response to D&FV. Mandating the reporting of D&FV to police has

\textsuperscript{109} These findings are supported in ibid, 30.

\textsuperscript{110} Ibid, 34.

\textsuperscript{111} Ibid, 35.
the potential to encourage service providers to collaborate more effectively. For example, if all incidents known by service providers and community members are reported to a central point (the police), then a more coordinated approach to case management and the provision of services could be used.

On the whole, service providers supported the idea that they should be working in an integrated way to assist clients through the mandatory reporting process. Unfortunately, at the time the evaluation was conducted, it did not appear that the introduction of mandatory reporting had actually assisted, or resulted in, services working in a more collaborative way. Furthermore, there did not appear to be consistent application of the mandatory reporting process.

‘A predictable and consistent response to domestic and family violence and mandatory reporting from service providers is lacking.’ (Service provider, major centre)

‘People need to see integrity of the system response before they will change and start reporting.’ (Service provider, remote community)

This ad hoc system response might undermine stakeholder confidence in the reporting process and its outcomes.

‘Currently there’s a lot of notification going on, but not much more than that. There doesn’t appear to be increased follow-through from the justice system, services and other supports. If people don’t see the value in reporting they may become disillusioned and stop.’ (Service provider, remote community)

There were some limitations on the ability of service providers to evaluate the impact of mandatory reporting on their individual service, as well as the service system response as a whole. These limitations arose primarily due to the high staff turnover in the sector and the commencement of services after the introduction of mandatory reporting (for example, safe houses). Staff interviewed for the purposes of this evaluation were sometimes unable to comment on the impact of mandatory reporting because they had no perspective on the situation beforehand.

### 7.3.1 Initial response services

There were a number of issues identified with the making of reports by initial response services.

The introduction of mandatory reporting on hospitals and other initial response services has resulted in a need for processes that overcome the challenges of staff turnover and rostering.

‘Every three months we get a new batch of doctors. There is a need for constant training.’ (Service provider, major centre)

Training staff in new D&FV–related processes, and helping them to understand the nature of D&FV itself, are difficult tasks in light of competing education and training priorities, rostering constraints and a high turnover of staff. Ensuring a consistent approach to mandatory reporting was difficult in these circumstances, and the introduction of the legislation has prompted many service providers to examine ways to improve the training and education that their staff receive.

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7.3.2 Police

Police officers are involved in the mandatory reporting process at a number of points: they receive reports, respond, investigate and follow up. Some officers felt the impact of mandatory reporting at each of these points, whereas others remarked that there was ‘no real impact’.

Reporting

The impact of mandatory reporting on the report-taking process appeared to be minimal. Many reports were taken through the police communications telephone centre. There was, however, a tendency for the making of multiple reports for the same incident, either to the police communications centre or police stations directly. While this also happened before the introduction of mandatory reporting, the prevalence seems to have increased afterwards.

‘We [would rather] risk over-reporting than under-reporting.’ (Service provider, major centre)

‘We report everything.’ (Service provider, major centre)

Some police officers said this could result in additional work.

‘There’s an overlap in mandatory reporting. We get multiple mandatory reports made for the same incident. Plus there’s then more reports made due to the overlap with shifts and the hospital and different shifts with police. It results in double counting of mandatory reports and double handling of cases.’ (Police officer, major centre)

Some police officers viewed this over-reporting as a ‘ticking-the-box’ exercise; that is, service providers were making reports in order to avoid incurring penalties under the legislation. Improved forms, processes and relationships with services were viewed as solutions to this problem by both police officers and service providers.

There also appears to be a tension between the demands on service providers’ time and the need for police to obtain timely information. The legislation provides that reports should be made as soon as practicable, but in some instances reports are being made after the fact. This was thought to be a consequence of service providers filling in forms to send to police (notifying them of the incident) at the end of a shift, or at the commencement of a subsequent shift, rather than immediately after an incident. Some police said this delay in reporting made the investigative process more difficult; for example, resulting in difficulties locating the victim/survivor and in additional time spent investigating incidents (and therefore an increased workload).

Response timeliness

The introduction of mandatory reporting was felt by some service providers to have increased the expectations of the general public that the police will ‘do something’ about reported incidents of D&FV. The requirement on police to attend D&FV–related incidents and the triage category (one—the most urgent code) given to D&FV–related incidents by the police communications centre remained unchanged after the introduction of mandatory reporting. Some service providers, particularly in remote communities, noted a slow police response at times. Additionally an Aboriginal elder from a remote community where there was not 24-hour police station said:
‘Sometimes when we call the police or “000”, it get’s answered by someone in Darwin or Alice Springs. They are hundreds of kilometres away and they don’t know where we are calling from. Sometimes they have trouble finding the police officer to respond because they are off duty.’ (Aboriginal elder, remote community)

However, there was no evidence to indicate that police response times to reports had changed. Other providers said that greater numbers of police in remote communities had in fact increased the timeliness of the police response. This additional resourcing was not attributable, however, to the introduction of mandatory reporting.

**Investigation**

Increased time spent investigating D&FV–related incidents appeared to be a result of the introduction of mandatory reporting. When reports were made by witnesses and service providers against the wishes of the victim/survivor, it was reported that there was little or no motivation for the victim/survivor to cooperate with the police investigation. This could result in delays and the need for more resources, and ultimately take operational police off other work.

‘Ninety percent of victims would want us to stop the fighting and nothing further. If police see something though we will take out a domestic violence order regardless of what the victim wants. This can then be time and personnel intensive.’ (Police officer, major centre)

**Domestic violence orders**

The issuing of DVOs and the associated follow-up work was perceived by police to have increased as a result of the introduction of mandatory reporting. This was confirmed by the data, which showed that DVOs had increased both in overall number and as a proportion of responses to D&FV–related incidents reported to police (see section 6.2). What was not captured in these figures was the amount of work, described by police officers, involved in issuing and following up a DVO, particularly with an uncooperative victim/survivor.

‘There was a recent incident here in town that got reported. The woman then left town and avoided contact with police. We had to charter flights to serve the domestic violence orders at the cost of $700. Then she’s back with him later that week. This is a regular occurrence.’ (Police officer, major centre)

‘With domestic violence orders there’s a lot of extra paperwork. But the paperwork has always been there—there’s just more questions involved now, from different departments like child protection. It can prevent us from doing preventative work. We’ve noticed [that] when we don’t have time to do the preventative work the domestic violence incidents go up.’ (Police officer, major centre)

Some service providers perceived the increased number of DVOs to be a police ‘knee-jerk reaction’ in response to public pressure to ‘do something’. There was no evidence available to this evaluation to determine whether that was in fact the case.

**Perceptions of the police response**

Victims/survivors and service providers perceived the police response to reports of D&FV to be variable depending on which police officer an individual had dealt with.

The attitudes of police officers towards mandatory reporting and D&FV could impact on the likelihood that victims/survivors, witnesses and service providers will report. The majority of
police officers interviewed as part of this evaluation, particularly those in senior or specialist roles, were very supportive of mandatory reporting and showed an understanding of the complexity of D&FV. They typically recognised D&FV as a significant problem in the community; in particular, but not limited to, Indigenous communities. They viewed mandatory reporting positively, as it allowed them to intervene.

‘Things are busy. But [it]’s good that domestic violence is being reported.’ (Police officer, major centre)

‘Mandatory reporting is a good thing. It drives reporting up, which should in turn drive domestic violence down.’ (Police officer, major centre)

‘It feels like there is a lot of extra paperwork with mandatory reporting and the DVOs. The paperwork has always been there. With more reports there is more paperwork. But that’s a good thing. Domestic violence should be reported and we should investigate it.’ (Police officer, major centre)

Many police officers also expressed optimism about the potential impact of mandatory reporting on the sentencing of offenders.

‘Mandatory reporting can help with convictions. With mandatory reporting the years of abuse and violence are on the record. This can help make sure that there is a conviction and a fairer sentence handed down by the court.’ (Police officer, major centre)

‘Mandatory reporting is good because it establishes a case history of violence. Previously, police may not have acted on instances because of the wishes of the victim. Subsequent police are then unaware of the history. Now when the victim is ready to name the perpetrator there’s a body of evidence that we can draw on.’ (Police officer, major centre)

Other officers expressed frustration with what they perceived as the use of mandatory reporting of D&FV by some to ‘game the system’—in order to access benefits, or to gain the ‘upper hand’ over their partners. Access to alcohol and money were seen by some police officers as motivators for reporting (in their view fabricated) D&FV.

‘There’s an increased use of domestic violence stories made to get people locked up. They are using a domestic violence intervention to get a power base in the community.’ (Police officer, major centre)

‘Real victims won’t report domestic and family violence—it’s a private matter. The ones who do report are scamming the system.’ (Police officer, major centre)

Some officers, however, while acknowledging that there may be cases where people ‘game’, believed most reports to be genuine.

‘A lot of reports are done out of spite—approximately twenty percent in my view—but the majority are genuine.’ (Police officer, major centre)

These responses are the perceptions and opinions of a small number of police officers, but they demonstrate how variable police attitudes towards and understanding of D&FV are. The specialist D&FV police officers spoken to as part of this evaluation expressed a sophisticated understanding of D&FV and the impact of it on victims/survivors, families and perpetrators. One specialist D&FV police officer noted:
‘Some of the general-duties police don’t have much awareness about mandatory reporting.’ (Police officer, major centre)

**Summary**

The police response to the introduction of mandatory reporting appeared to be mixed. A predictable response from police could increase confidence and, in turn, increase reporting to enable effective police intervention in D&FV. At the time the evaluation was conducted, many stakeholders felt that the variability in the police response was impacting on the effective implementation of mandatory reporting.

### 7.3.3 Secondary intervention services

The impact of mandatory reporting on secondary intervention services appeared to be minimal. Impacts on workload, client confidentiality and service demand are discussed at length in this chapter.

One further direct impact of mandatory reporting on secondary intervention services was the increase in funding. The implementation budget for mandatory reporting included additional funding to support women’s shelters, program funding for victim/survivor and perpetrator services and the provision of D&FV–specific social workers in hospitals (see Appendix T). These increased resources were welcomed, and overwhelmingly viewed as effective, by service providers.

‘The new specialist domestic violence social workers at the hospital are a positive initiative. They link victims with services and supports.’ (Service provider, major centre)

The result of this funding was that service providers were able to have a more proactive approach to D&FV and, in some cases, an increased focus on case management.

‘We’ve had a 40% (approximate) increase in service use. The increase in funding has allowed for a more proactive and follow-up approach. “Turn aways” went down for the first time last year. Funding has enabled this.’ (Service provider, major centre)

Victims/survivors and perpetrators have not reported any increased difficulty in accessing support services since the introduction of mandatory reporting.

### 7.4 Service type and availability

The ‘program logic’ underpinning mandatory reporting (see appendix D) is to generate more reports of D&FV to police, in order to enable more interventions by police, and referrals to and interventions by D&FV support services. Since mandatory reporting was introduced, there has been a significant increase in the number of reports to police.

During the evaluation, most service providers stated that there were not enough specialist services to meet the demand, or to proactively address D&FV in a systematic, community-empowering, long-term way. A lack of data, however, made it difficult for service providers to demonstrate the extent of this unmet demand.

‘We need more services to support people but more of the right services...We need to deal with the deeper social issues.’ (Service provider, major centre)
‘The model of family support is great in [our community], but the demand is huge. Not much data collection makes it difficult to establish demand.’ (Service provider, major centre)

The lack of available services was thought to be more acute in remote communities. There was a tension between over-servicing a small, remote community and cost efficiencies, balanced against the need for services to protect victims/survivors from D&FV and long-term community work to shift attitudes and behavior. Service providers argued that further consideration should be given to addressing this imbalance.

‘The focus is now is on growth towns...[I]f you are able to access them it’s fine. There’s a lot of investment there. But if you’re not in or able to get to a growth town then you don’t get many services.’ (Service provider, major centre)

Making the reporting of D&FV mandatory had the impact of creating expectations around police intervention and service interventions to support those who did report, were victims/survivors of, perpetrators of, or otherwise affected by, D&FV. Service providers expressed concern that in remote communities, the police and services were not always available. This could result in people making reports having unmet expectations.

7.5 Services working together

Mandatory reporting appeared to have little impact on service-system collaboration.

Part of the program logic of mandatory reporting was to encourage all adults in the NT to report D&FV to a central point—the police. This would allow for a holistic view of the circumstances of the victim/survivor and the nature, frequency and severity of the violence—which could then enable effective intervention from service providers in order to protect victims/survivors and change the attitudes and behaviour of perpetrators. There was no evidence to suggest that this approach was occurring in any widespread way.

Records relating to individual victims/survivors were held by the police. Severe cases were usually referred to specialist D&FV units (in Alice Springs, Darwin and Katherine), which were able to play a more proactive role. Some major centres had interagency meetings, during which prominent cases could be discussed to encourage a whole-of-system response. In other major centres and remote communities, services had close relationships that facilitated ad hoc and informal proactive case management. However there did not appear to be frequent and coordinated case monitoring or management between police and the service sector.

Some of the challenges to collaborating and sharing client information, as identified by service providers, were existing privacy laws and policies.

Consideration could be given to ways in which to increase service collaboration, so that victims/survivors or perpetrators that are presenting multiple times, or instances where escalating patterns of violence (prior to the serious harm stage) are evident, are identified and an appropriate proactive response from the service system is coordinated.

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113 For example, in Katherine.
7.6 Role in community awareness and education

One of the areas in which mandatory reporting did appear to be having an impact was community awareness of mandatory reporting and D&FV. Service providers were playing a crucial role in this education process.

‘A conversation about mandatory reporting allows us to speak with people about domestic and family violence.’ (Service provider, remote community)

Funding to support the implementation of mandatory reporting had facilitated the release of promotional materials and a social marketing campaign, which had given service providers the opportunity to initiate conversations about the issue of D&FV, and spark interest in the community.

‘There are posters up in the clinic.’ (Victim, survivor)

Service providers felt that more could be done to enhance the implementation of mandatory reporting through community education and outreach. Consideration could be given to ongoing support for relevant, timely materials, translated into local Indigenous languages, to assist services in playing an educative, social-change role in the community.

‘The educational materials need to be adapted to cater for language and cultural difference. The materials also need to be easier for service providers to access, to encourage services to use them.’ (Service provider, major centre)

7.7 Workforce issues

A number of service providers identified workforce issues that constrained the effective implementation of mandatory reporting. The following factors were identified:

• Workforce and skill shortage in the Northern Territory

Since 1996, the Australian government Department of Health and Ageing has classified the NT as a ‘district of workforce shortage’. Combined with the challenge of recruiting and retaining staff, the issue is exacerbated by the ‘geographic isolation of the Northern Territory population, prevalence of infective and chronic diseases and the complex challenges of Indigenous health’.114

The NT faces a lack of locally skilled labour, a small and isolated population, and a highly mobile workforce.

• Health and human services retention challenges

Historically, ‘the NT is greatly affected by chronic shortages of health workforce professionals. Being made up solely of remote, rural and isolated urban areas, it has always

experienced difficulty in attracting an adequate number of health professionals, including medical practitioners, nurses, allied health professionals and Aboriginal health workers’. 115

The health and human services sector experiences higher rates of turnover relative to other industries. The turnover rate for GPs in the NT is 50 percent higher than any other jurisdiction. 116 In their 2010 study, 117 Healy and Lonne indicated that the turnover rate for social workers is low, but this is only in comparison to other health and human services occupations such as welfare support workers, psychologist, counsellors and social professionals.

Retention can be influenced by a number of factors, including the ageing health workforce, lack of availability of broad career opportunities, increasing demands placed on the health care system by the community, changes in health care technology and education requirements, 118 and a general ‘dissatisfaction with health sector employment’. 119

Furthermore, there is a critical shortage of staff in many allied health disciplines, which impacts on service capacity and affects access to services by communities. As cited in the NT government’s submission to the Productivity Commission, 120 social work features in the top five significant allied health vacancies, at 33 percent, with the two highest being pharmacy, at 52 percent, and psychology, at 43 percent.

- **Impact of short-term program funding and staff contracts**

Service providers felt that many services and programs in the D&FV area funded by the government have finite timeframes. Some service providers felt that this project-based approach to resourcing a service response to D&FV made it difficult to plan and to employ long-term staff. Most service providers indicated that the high-turnover, short-term nature of employment in the NT made it difficult for some service providers to respond effectively to the introduction of mandatory reporting of D&FV. Where funding was available for additional positions, stakeholders found it challenging to recruit and attract employees into the roles due to the reasons discussed in this section.

- **Labour mobility and recruitment and retention**

The characteristics of the NT’s working population are different from the national average. The NT has a relatively younger working population and a large Indigenous population. The labour force is transient, which results in high levels of annual turnover through interstate


116 Healy, K & Lonne, B, 'The Social Work & Human Services Workforce' (January 2010) accessed 2 February 2012 at www.aasw.asn.au/document/item/400. This was a report from a national study of education, training and workforce needs, conducted by the Australian Learning and Teaching Council at the University of Queensland and Queensland University of Technology.

117 Ibid.


119 Ibid.

migration. Workers will often remain in the NT for short periods of time, some on a fly-in-fly-out basis. The highly transient and mobile workforce poses significant challenges for many employers with regards to training and recruitment.121

- **High staff turnover impacting on program delivery**

Service providers stated that a ‘constant churn’ of employees resulted in challenges for effective program implementation. Challenges include loss of client and case knowledge, understanding of local culture, and insight into the operation of local service systems. Some felt that this resulted in a short-term perspective on support and assistance for victims/survivors, perpetrators and others affected by D&FV. The financial cost is also significant for many service providers. For example, the NT government noted that the costs associated with the high mobility of its nursing workforce (at around 30 percent) are between 50 and 100 percent of the annual salary for each employee.122 This ‘constant churn’ can leave gaps in staffing programs, which impact on the ability to implement programs and deliver a consistent level of service. Due to the long-term focus of many D&FV community programs, this is particularly disruptive and problematic.

### 7.8 Impact on service system staff and professionals

The impact of mandatory reporting has been positive for some service staff and professionals, and negative for others.

One service professional in a remote community recounted instances where, before the introduction of mandatory reporting, health clinic staff were forced to leave the communities in which they were working as a result of reporting D&FV to police. They said that these instances had decreased with the introduction of mandatory reporting due to the increased awareness and acceptance within the community of the fact that services are required by law to report D&FV to police.

For Indigenous staff and professionals, the impact has been different. A number of individuals spoke of the expectation from their own community, family and work colleagues that, because of their role and the fact that they were Indigenous, they could fix the problem of D&FV without involving the police. Some staff also reported violent, or threatened, consequences for reporting D&FV in the course of performing their job.

### 7.9 Education and training

The introduction of mandatory reporting has required changes to be made across the service sector that responds to D&FV. Part of the change-management process has involved ensuring that service providers and staff understand their obligation to report and how to fulfil it.

The DCF Domestic and Family Violence Policy Unit has created publicly available fact sheets and briefing articles,123 and conducted face-to-face training sessions. From the introduction of

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mandatory reporting until 2011, 180 of these face-to-face training sessions were conducted with government and non-government service providers. The sessions involved approximately 3820 service sector staff. In addition to this, NT police, hospitals and other services have also run training sessions for staff, both separately and in conjunction with other services.

To ensure that all incidents of D&FV related to serious harm are reported, and that victims/survivors and the general public are educated about mandatory reporting and D&FV, the sector would benefit from further and continual training. This is particularly the case when the issue of high staff turnover is taken into account, as well as the fact that some employees come from interstate or overseas, where mandatory reporting obligations do not exist. Further training for existing professionals is also worth considering in order to ensure that the change-management process is successfully implemented. Changing attitudes towards D&FV, and facilitating acceptance of new legal obligations, policies and procedures require a long-term approach.

7.10 Data

Collection of data relating to D&FV and reporting to police is useful for facilitating reporting, predicting service use, ensuring appropriate client care and evaluating programs. This data can shape future responses to D&FV and guide implementation of initiatives such as mandatory reporting.

Data collection across the sector and within services was varied. Some of the barriers to effective data collection identified during the evaluation included:

- **Insufficient use of databases**—some services did not have an effective or efficient database that could store client data. For example, details about a report to police were often noted on a client’s file (hard copy or electronic) but were not reported in a data field. This made it onerous to keep records on mandatory reporting.

- **Databases not set up to capture relevant data**—many services reported that their database was not tailored to capture data relating to D&FV or reporting to police. For example, at some hospitals D&FV was recorded under an ‘assault’ code, which made it difficult to distinguish assaults that were the result of D&FV from those that were not. Similarly, police data could be captured under the ‘domestic disturbance’ and ‘assault’ fields; this made it difficult to capture instances of D&FV and mandatory reporting with any specificity. In addition, the sources of reports to police were not routinely captured in a way that is able to be analysed. There was also no ‘mandatory report’ flag on client records in both the service and police sectors.

There were also a number of barriers to effective data analysis. They included:

- **Varied data capture**—there was no continuity of data fields and capture across services. This made it difficult to compare data sets.

- **Varied methods of client tracking**—there was no client identification system that existed across services to track victims/survivors and perpetrators. Police PROMIS numbers are used by a number of services but are not necessarily suitable as a means of identifying clients; they track specific incidents rather than a client’s overall history.

124 Advice from DCF.
Without effective data collection, it has been difficult to analyse and evaluate the impact of mandatory reporting on the sector, the subjects of the legislation and the outcomes the legislation is aimed at achieving. Furthermore, ineffective data collection makes it difficult to predict service demand, resourcing and appropriate service responses. Services could be more effectively tailored to meet the needs of victims/survivors, perpetrators and the community if a better understanding of the status quo was available.

7.11 Summary

The introduction of mandatory reporting has had an impact on the service system that responds to D&FV. This impact varies across services and service type, and is summarised as follows:

- The impact of increased reports on service workload varies. For initial and secondary response services, the impact was minimal, while for police there appeared to have been a significant impact.

- There is some confusion among service providers and staff about what needs to be reported. Some police officers stated that this confusion has resulted in over-reporting, which has increased their workload in relation to incidents of D&FV that did not result in serious physical harm and/or any criminal offence.

- There is concern from service providers about breaching client confidentiality, which could potentially lead to a decrease in help-seeking behaviour. This concern was unable to be verified through available (but limited) data.

- Some services reported a changing focus by practitioners to the detriment of their clients’ best interests. Some services also reported an increase in ‘ethical dilemmas’, but for the majority this did not appear to be an impact.

- Internal processes and policies have needed to be created or amended by organisations. These new processes and policies require staff to be adequately trained and supported in order to be implemented in a consistent manner.

- The impact on police was significant. Increased reports led to an increased workload. Police officers believed that mandatory reporting had increased community expectations for police to intervene in incidents of D&FV. Stakeholders reported the police response as variable.

- Increased funding for secondary support services was reported to have had a positive impact on the ability of services to implement the legislation and provide support to people affected by D&FV.

- Service providers reported an increased expectation from the community to ‘do something’ in response to reports. Constraints on service availability impacted on the ability to realise the full potential of the legislation.

- There has been little to no impact on service collaboration. Services identified that increased collaboration could improve the implementation of mandatory reporting and the achievement of its goals.

- The introduction of mandatory reporting has helped service providers to change community attitudes towards D&FV. It was reported as enabling providers to have another conversation about D&FV with community members.
• Workforce issues constrained the effects of mandatory reporting. Such issues included difficulties in attracting and retaining staff and implementing effective training with a short-term workforce. Staffing vacancies and the high staff turnover also impacted on the ability to implement an uninterrupted and comprehensive program in the community.

• Mandatory reporting has enabled the community to accept the obligation of staff and professionals within the sector to report D&FV. Some services noticed a decline in the number of staff being ‘driven out of communities’ for reporting. The role of Indigenous staff and professionals is made more complicated by community expectations to not report family members.

• New data collection processes and tools are required to monitor and evaluate the implementation and progress of mandatory reporting. These require investment by service providers and government agencies. Where investment has not occurred, this has impacted on the ability to evaluate the impact of mandatory reporting.
8. Impact of mandatory reporting on victims/survivors of domestic and family violence

This chapter examines whether the introduction of mandatory reporting has had an impact on victims/survivors of D&FV and, if so, what that has been.

8.1 Profile of victims

An understanding of the profile of victims/survivors can assist in examining the impact of mandatory reporting on this group of people. Three sources of data were available to the evaluation to develop this profile—police data on reports received, health data on presentations at emergency departments, and health data on treatment by social workers.

8.1.1 Victim/survivor profile—reports to police

The majority of D&FV–related incidents reported to police involved female Indigenous victims/survivors. Approximately 83 percent of victims/survivors were women, and 71 percent were Indigenous. A comparison between the periods before and after the introduction of mandatory reporting, depicted in Table 8-1, demonstrates that these proportions remained relatively stable.

Table 8-1: Monthly range of women and Indigenous victims/survivors before and after mandatory reporting

<table>
<thead>
<tr>
<th></th>
<th>Monthly range Pre-MR</th>
<th>Post-MR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female victims/survivors</td>
<td>79-88%</td>
<td>77-87%</td>
</tr>
<tr>
<td>Indigenous victims/survivors</td>
<td>64-81%</td>
<td>66-78%</td>
</tr>
</tbody>
</table>

Source: Police data

Literature suggests that the victims/survivors of D&FV are more likely to be women. However with only 30 percent of the NT population identifying as Indigenous, it appears that Indigenous people were over-represented as victims/survivors of D&FV–related incidents reported to police.

On average, men comprised 17 percent of victims/survivors of D&FV–related incidents reported to police. In some police districts, the proportion of male victims/survivors was higher: for example, Adelaide River (25 percent), Avon Downs (25 percent), Batchelor (21 percent), Darwin city (21 percent), Elliott (21 percent) and Nguiu (21 percent). These proportions remained relatively stable in the periods before and after the introduction of mandatory reporting; the exception was Avon Downs, which had a 15 percent decrease in the proportion of men after the introduction of mandatory reporting.

125 Police data.
126 Police data.
In Alice Springs, the proportion of female victims/survivors has been decreasing. In the period before the introduction of mandatory reporting, 88.8 percent of victims/survivors were women. This dropped to 84.1 percent in the period after. The proportion of female victims/survivors in Alice Springs was, however, consistently higher than the NT average of 83 percent, as was the proportion in Nhulunbuy and the rest of the NT. See Appendix H for further detail.

There were also variances in the proportion of Indigenous victims/survivors at a local level, with the proportion in Tennant Creek, Katherine and Alice Springs higher than the NT average. This is demonstrated in Table 8-2 below.

Table 8-2: Proportion of Indigenous victims/survivors by NT regions, before/after mandatory reporting, May 2006 to November 2011

<table>
<thead>
<tr>
<th>Region</th>
<th>Pre-MR</th>
<th>Post-MR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alice Springs</td>
<td>80%</td>
<td>77%</td>
</tr>
<tr>
<td>Greater Darwin</td>
<td>48%</td>
<td>50%</td>
</tr>
<tr>
<td>Katherine</td>
<td>79%</td>
<td>80%</td>
</tr>
<tr>
<td>Nhulunbuy</td>
<td>67%</td>
<td>58%</td>
</tr>
<tr>
<td>Rest of the NT</td>
<td>84%</td>
<td>80%</td>
</tr>
<tr>
<td>Tennant Creek</td>
<td>90%</td>
<td>89%</td>
</tr>
<tr>
<td>Overall</td>
<td>71%</td>
<td>72%</td>
</tr>
</tbody>
</table>

Source: Police data

In addition, there was high variability in the proportion of Indigenous victims/survivors in some major centres. For example, in May 2006, 96.9 percent of victims/survivors in Tennant Creek were Indigenous, while the proportion in Nhulunbuy ranged between 25 to 90 percent over the 68 months of available data analysed.

8.1.2 Victim/survivor profile—domestic and family violence-related presentations at emergency departments and domestic and family violence treatment by hospital social workers

In an 18-month period after the introduction of mandatory reporting, of the people presenting at hospital emergency departments with a D&FV code 69 percent were women and 89 percent were Indigenous.

Analysis of the profile of victims/survivors receiving treatment from social workers in the five NT hospitals provides some insight into the gender, Indigenous status and age of victims/survivors. While data from hospital social workers was available for approximately a six-year period for Alice Springs hospital (covering the periods both before and after the introduction of mandatory reporting), data from other hospitals was only available for varying periods after the introduction of mandatory reporting. As such, the latter was not used to inform an understanding of the profile of victims/survivors.

In the period before the introduction of mandatory reporting, 95 percent (1,708) of victims/survivors who received treatment from social workers at Alice Springs hospital were women. This fell to 87 percent (2,441) after the introduction of mandatory reporting. The percentage of Indigenous victims/survivors remained stable at 98 percent.
The average age of victims/survivors being treated by hospital social workers at Alice Springs hospital remained at 32 years of age both before and after the introduction of mandatory reporting.

### 8.1.3 Summary

While some insight into the profile of victims/survivors could be gained from police and service provider data, this profile may be distorted due to potential under-reporting. D&FV is typically under-reported by victims/survivors. This is not unique to the NT, but there may be some unique barriers to reporting within the NT, in particular by Indigenous populations, that may exacerbate the effect of under-reporting (see Appendix G).

Qualitative and quantitative data did not indicate a major change in the gender and Indigenous status of victims/survivors since the introduction of mandatory reporting: service providers reported that victims/survivors were still ‘the same’.\(^{128}\)

Some service providers reported an increase in the presentation of women with young children, and a decrease in the number of older women, in the period following the introduction of mandatory reporting. There was no data available to confirm this.

In summary, the most common victims/survivors of D&FV in the NT were Indigenous women. Based on the data, the introduction of mandatory reporting did not appear to have a significant impact on D&FV for this group of victims/survivors. The profile of victims/survivors has not changed.

### 8.2 Nature of violence

From the perspective of the victim/survivor, the nature (or severity) of D&FV appears to have remained unchanged.

The nature of the violence that many victims/survivors of D&FV are exposed to in the NT is unlike that experienced by victims/survivors in the rest of Australia. Service providers, particularly from remote communities, spoke of the number of serious injuries, including head injuries and fractures (in particular fractures to the skull and jaw). The types of implements responsible for causing injuries were said to include star pickets, household items (such as irons and scissors), knives and motor vehicles (‘hit and drag’). The view of service providers was that the use of implements, like the violence itself, was opportunistic.

Some service providers reported a change in the motivation for some D&FV as a consequence of the introduction of mandatory reporting. Many spoke about incidences of D&FV occurring as a result of a victim/survivor reporting D&FV to the police (or being perceived to have made a report). In these instances the original perpetrator may not have been the instigator of follow-up violence—it may have been their family members. This in turn perpetuates the cycle of D&FV in the community.

This circumstance was discussed by two victims/survivors. One spoke about people in the community being afraid to report violence for fear of being ‘bashed up by the offender’. The other recounted an instance of the ‘consequences’ of reporting D&FV; she attributed the death

\(^{128}\) West, op cit (2011) 42.
of one woman in her community to the fact that this other victim/survivor had taken a DVO out against her partner.

While this ‘retributive’ version of D&FV had occurred previously, it was perceived to have increased after the introduction of mandatory reporting. This perception was unable to be substantiated by data, as service providers and police do not currently capture the detail of D&FV–related incidents in a way that can provide this level of insight.

8.3 Seeking help

This section examines the impact of mandatory reporting on the help-seeking behavior of victims/survivors.

8.3.1 Failing to seek help

Failing to seek and/or refusing help to address violence are behaviours identified by both service providers and the D&FV literature as commonplace with victims/survivors of D&FV. This can be attributed to social attitudes about D&FV being a ‘private’ matter, involving shame for the victim, or that D&FV is ‘normal’. See section 10.5 for a discussion of the normalised nature of D&FV in the NT community. Fear of consequences may also deter victims/survivors from seeking help.

The context of non- and under-reporting in relation to D&FV is discussed in Appendix G. The impact of non- and under-reporting is that victims/survivors will not receive assistance and support from police and service providers to address D&FV. Service providers consulted during the evaluation expressed concern at some other methods victims/survivors attempted to use to ‘work around the system’, so as to avoid getting the police involved.

Many service providers reported instances where victims/survivors failed to disclose the identity of the person responsible for inflicting their injuries, or would deny that the injuries were caused by D&FV. Common responses of victims/survivors included ‘I don’t know who did this to me’, ‘I can’t remember who did this to me’ and ‘I fell over’.

‘We are finding an increased number of [victims/survivors] are saying they don’t know who the perpetrator was. [Victims/survivors] have found a way to work around the legislation so they can still access services. This could be due to confidence that reporting will end in [the] perpetrator getting in trouble.’ (Service provider, major centre)

Some service providers did not see the fact that some victims/survivors were not disclosing incidents of D&FV or the identity of perpetrators as negative. They suggested that it was a step in the empowerment journey for victims/survivors, and were of the view that mandatory reporting had had a positive impact by creating a ‘record’ of the violence, even if the perpetrator was not named.

‘Mandatory reporting is good because it is establishing a case history...It is beneficial that when [the victim/survivor] comes in [to the police station] and finally names [the perpetrator] there’s a body of evidence of past incidents. It’s fine that they don’t name the [perpetrator]. When they are empowered enough to name them then charges can be laid. The case history can then be used in sentencing.’ (Police officer, major centre)

Failing to disclose D&FV can impact on the ability of service providers to provide appropriate support and care. Some service providers expressed concern that some victims/survivors were
not presenting for medical treatment because of a fear of having to disclose D&FV. This can have serious consequences.

‘Most domestic and family violence–related presentations involve an injury to the head. If untreated, these can be potentially life threatening.’ (Service provider, remote community)

Services also reported victims/survivors leaving a hospital or clinic prior to receiving complete treatment so as to avoid contact with police.

Of victims/survivors presenting at emergency departments in an 18-month period before the introduction of mandatory reporting, 15.6 percent left the hospital before being seen by a doctor and 2.9 percent left at their own risk after treatment. Further detail regarding discharge status can be found in Appendix O.

‘Most of the time [victims/survivors] are not still there [at the hospital] by the time you get there. You then have to spend a lot of time trying to locate them in town or back in the community.’ (Police officer, major centre)

‘Often we can’t locate the victim.’ (Police officer, major centre)

Despite the problems that under-reporting, failing to seek help, or avoiding help generate, some service providers were quick to point to the fact that this behaviour shows an awareness of mandatory reporting.

‘[Victims/survivors] know about mandatory reporting. When they choose not to disclose who the perpetrator was, it’s because they know with mandatory reporting the police will be involved and there will be consequences for the [perpetrator]. They don’t want those consequences.’ (Service provider, major centre)

### 8.3.2 Awareness and understanding of mandatory reporting

There appeared to be varying levels of awareness of mandatory reporting in victims/survivors. This awareness ranged from no awareness at all to detailed knowledge.

There was evidence that awareness has been generated through direct experience with mandatory reporting, the experiences of other community members, and through the social marketing campaign undertaken by DCF. The Colman Brunton research regarding the impact of the social marketing campaign demonstrates that nearly half (44 percent) of respondents came away from the campaign with the message that ‘you have to report family violence’, with another 24 percent recognising that ‘there is now mandatory reporting legislation’. Service providers also reported speaking to victims/survivors about both the process and meaning of mandatory reporting.130

Of the six victims/survivors who participated in this evaluation, one spoke about her detailed understanding, gained through her own involvement in the process and the abundance of DCF marketing materials in her local clinic. On the other end of the spectrum, another showed very little awareness, let alone understanding, when interviewed for this research. When

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129 Colman Brunton, op cit (2010).
130 West, op cit (2011) 27.
asked, ‘What do you know about the new mandatory reporting law for domestic and family violence?’, responses from other victims/survivors included:

‘When the victim reports domestic violence to the police it enables them to put an order on the offender.’

‘There’s a police report now for you without your consent.’

‘I’m aware of mandatory reporting in regard to children but not sure about domestic violence.’

‘Nothing. I’m not really sure about it.’

Service providers perceived that victims/survivors had a low awareness and understanding of mandatory reporting. In a recent survey conducted in the Top End, 63 percent of service providers believed that victims/survivors had minimal or no awareness of mandatory reporting, and 59 percent thought that ‘women’s understanding was at best minimal’. This low awareness and understanding can be viewed in light of the short period that has elapsed since the legislation has come into force.

Cultural and language differences were seen as a barrier to awareness and understanding.

‘Once explained clearly and appropriately [victims/survivors] gain better understanding. Due to cultural and language differences it makes it hard to explain the concept of mandatory reporting and the consequences.’ (Service provider, quoted in West report)

With regard to victims/survivors who were recently arrived refugees, service providers reported that there was little to no understanding of mandatory reporting. Despite this, these service providers felt that having to explain what mandatory reporting is helps victims/survivors to understand D&FV and their rights.

8.3.3 Attitude towards mandatory reporting

Mandatory reporting was generally viewed as a positive initiative by victims/survivors, but the negative impact complicated the viewpoint.

‘Good, because some [victims/survivors] don’t report, but the other side is [that] still some [victims/survivors] are called a snitch by [the perpetrator’s] family and others in the community.’ (Victim/survivor)

‘It’s a good thing. If I have problems with my husband I can call the police and they will put him in a cell to sober up. My husband gets like that when he drinks. [Mandatory reporting] helps the police to be able to lock him up.’ (Victim/survivor)

‘I’m sitting on the fence. Not for it or against it.’ (Victim/survivor)

‘Good for the victim in case it’s a matter of life and death and also bad if children are involved because they may have to choose between parents.’ (Victim/survivor)

Overall, service providers viewed mandatory reporting as a positive initiative from the perspective of victims/survivors. Many believed that it was important for victims/survivors to

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131 Ibid, 26–27.
132 Ibid.
133 Ibid, 31.
get D&FV ‘on the police record’ so that when a victim/survivor was ready to press charges, or the matter came before a court, there was a record on file of the nature and history of the violence.

8.3.4 Making a report

Reports of D&FV can be made by victims/survivors themselves, or by someone else (for example, a witness or service provider) on their behalf.

Service providers, victims/survivors and witnesses all agreed that the impact of mandatory reporting on the actual reporting process was non-existent. The reporting process is simple and had not changed.

‘The process to make a report over the phone is reasonably easy.’ (Victim/survivor)

The level of reporting increased after the introduction of mandatory reporting (see section 5.4), but there was no evidence available to examine whether victims/survivors themselves were reporting D&FV more or less after the introduction of mandatory reporting.

The police response to the making of reports appeared to be varied. Factors such as the level of police staffing, the presence (or lack) of police in the community, individual police attitudes and the victim/survivor’s prior experience in dealing with the police may have contributed to this variability.

Some of the victims/survivors interviewed were happy with the police response.

‘Sometimes the police [response] is OK. They ask questions on the phone with you, they’ll tell you they are on their way. But you then have to wait half an hour or so for them to get there.’ (Victim, survivor)

Other victims/survivors said that there were problems in making reports due to ‘a lack of education and cultural issues’. Part of this problem was the understanding of the nature of D&FV. One victim/survivor cited an instance where the police put her in jail instead of her husband.

‘When the police get a report and attend, the offender acts all calm and I’m distraught so it looks like I’m the problem. So I get locked up instead of him.’ (Victim, survivor)

Service providers also gave examples of this problem, which they said often occurred when a witness made a complaint to the police about a domestic disturbance. Police would attend and the victim/survivor, feeling safe with police there, would ‘lash out’ at the perpetrator. This could give the false impression that the victim/survivor was the instigator of the violence.

There was some evidence from victims/survivors that the police response to reports of D&FV had improved in some instances since the introduction of mandatory reporting. Some felt that it gave police the ‘back up’ to act in cases of D&FV—they were now seen to be doing more.

‘Before mandatory reporting the police perspective was that it should stay behind closed doors, but now they are daunted by all the problems and the multileveled issues they have to face in a report.’ (Victim, survivor)

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134 The data on the sources of mandatory reports is not available.
Other victims/survivors had not noticed a change in the police response to reports.

‘Police are slack. Nobody listened to my story.’ (Victim, survivor)

‘Police were reactive to the abuse—unless my partner was physically violent towards me they did nothing. The police are there to be a peacemaker in the community rather than uphold the law.’ (Victim, survivor)

The impact of mandatory reporting on police responses to reports of D&FV is discussed further in chapter 7.

8.3.5 Seeking support from services

This evaluation was unable to determine whether mandatory reporting of D&FV has had an impact on victims/survivors seeking help from services.

A number of services, for example women’s crisis accommodation refuges, received additional funding to enhance service outcomes for clients in anticipation of an increased number of D&FV reports to police. Regardless of additional funding, services reported being at full capacity both before and after the introduction of mandatory reporting. Due to the limitations of data from service providers (see section 4.5) it was difficult to determine quantitatively whether mandatory reporting has had an impact on the ability of victims/survivors to access services.

Victims/survivors who were interviewed for this evaluation did not indicate that mandatory reporting of D&FV had impacted on their ability to seek support from services. However, the evaluation methodology (see sections 4.3 and 4.4) involved speaking to victims/survivors who were identified by service providers. As such this evaluation has not captured the experiences of victims/survivors who do not access services and whether victims/survivors believe that mandatory reporting has impacted on their ability to seek support from services.

8.4 Outcomes of reporting

Mandatory reporting of D&FV appears to have had an impact on the outcomes of reports.

8.4.1 Domestic violence orders

One way that the police can respond to a D&FV–related incident (following an investigation) is to issue a DVO under s41 of The Act, or apply to a court for a DVO.

Service providers working with victims/survivors believed that since the introduction of mandatory reporting, more DVOs were being issued as a response to D&FV–related incidents and that these DVOs were not necessarily sought by the victim/survivor. When victims/survivors were passive actors in the DVO process, there was often a lack of understanding of, and commitment to uphold, the terms of the DVO. Service providers, police and a number of Aboriginal elders gave accounts of instances where victims/survivors would breach a DVO because they did not understand the terms, or did not want it in the first place. They believed this could result in a breach of the DVO by the victim/survivor themselves, which could then lead to a police action against them, or consequences for the perpetrator.
There was no administrative evidence available to investigate this view. The number of DVOs issued by police has increased significantly in the period following the introduction of mandatory reporting. Whether these DVOs were requested and/or supported by victims/survivors could not be determined.

### 8.4.2 Criminal charges

Police investigations of D&FV-related incidents can result in criminal charges being laid against the perpetrator. There was evidence from some service providers and Aboriginal elders that this outcome was not always sought by victims/survivors.

Parole conditions that may result from a conviction and sentence may serve a similar purpose to a DVO (i.e. to prevent the perpetrator having contact with the victim/survivor).

### 8.5 Deterrents to reporting

A number of service providers and victims/survivors spoke about the deterrents to reporting D&FV to police. The most frequently mentioned deterrents were: actual or threatened violent retribution for making a report, an unsatisfactory prior experience of making a report to police, the possible outcome of a custodial sentence for perpetrators, the perception of having children removed by child protection, and the prospect of becoming homeless.

#### 8.5.1 Actual or threatened violent retribution for making a report

Service providers reported that many victims/survivors were fearful of retributive (actual or threatened) violence and/or harassment from the perpetrator or their family members. The effect of this as a deterrent is discussed in section 8.5. One perpetrator admitted that such consequences might face victims/survivors who reported D&FV.

‘There is more awareness [of domestic and family violence and mandatory reporting] but privacy and security is a factor restricting the reporting. There will not be direct revenge, but property may be damaged, family may be harassed and other similar things.’

(Perpetrator)

#### 8.5.2 Prior unsatisfactory experience of reporting to police

Some victims/survivors expressed their frustration at the police response to D&FV reports (see section 8.3.4). Service providers felt that unsatisfactory experiences in any of the following factors:

- police response
- a victim/survivor failing to consent to a service provider or witness making a report to police
- the outcome of the report

may deter victims/survivors from making future reports. However, this view could not be investigated through the data. While the number of reports to police increased significantly after...
the introduction of mandatory reporting, data on sources of these reports is difficult to capture as reporting can be done anonymously, and therefore problematic. It was not possible to determine whether victims/survivors themselves were reporting more or less after the introduction of mandatory reporting.

### 8.5.3 Potential for a custodial sentence for the perpetrator

Mandatory reports to police about D&FV–related incidents may result in criminal charges. If found guilty of an offence (for example, assault), perpetrators may be given a custodial sentence. Additionally, in some circumstances (depending on the crime the perpetrator has been convicted of and their previous criminal record), mandatory sentencing may apply in the sentencing process of perpetrators. Some service providers reported that many victims/survivors did not want their husband/wife/family member to go to jail, or to be blamed by the community, their family and the perpetrator’s family if the perpetrator was placed in jail.

‘[Mandatory reporting] takes pressure off the victim—perpetrators see there’s some blame coming off victims. But [there’s] still a lot of blame occurring: “She put him in jail”.’ (Service provider, major centre)

Service providers reported a desire, on the part of victims/survivors and family members who witnessed D&FV, to keep their families together. In light of these examples, some service providers believed that the potential of a custodial sentence was a possible deterrent for victims/survivors reporting.

### 8.5.4 Fear of having children removed

D&FV can place children at risk of harm. Reports to police of D&FV where children are involved can result in the contacting of child protection authorities, which may then determine that a child is at risk. Where this occurs, the child may be removed from their parent/s and placed in alternative care.

Some service providers described instances where victims/survivors were deterred from reporting D&FV because they feared that the police would involve child protection authorities. Other consequences could occur:

‘When a woman leaves a domestic violence situation the police notify the Department of Children and Families about the presence of kids...sometimes the kids then get placed with the paternal grandparents. If the mother then wants to see the kids she gets flogged by her husband’s family.’ (Service provider, major centre)

### 8.5.5 Fear of potential homelessness or other consequences

‘It’s unrealistic to expect [victims/survivors] to be able to take responsibility for getting out of a situation. The alternative is homelessness.’ (Service provider, remote community)

The result for a victim-survivor of reporting a D&FV–related incident could be homelessness. Factors such as a lack of alternative and appropriate accommodation, the potential of further violence from the perpetrator or family members, and financial and practical constraints, could contribute to homelessness. These drivers were perceived by service providers to be more acute in remote Indigenous communities.
The NT has the highest rate of use of specialist homelessness services in Australia. It is estimated that 1 in 36 people (6,500) in the NT accessed services in 2010 to 2011. Almost half were children accompanying adults. This figure is considerably higher than in other states and territories. The majority of people accessing services were female (64 percent) and Indigenous (71 percent) and the most common reason for accessing services was D&FV.\textsuperscript{136}

Service providers reported two other circumstances where women were deterred from making a report due to a fear of homelessness or other economic and practical consequences: women living in mining communities (their husbands were employed by mining companies), and women who perceived themselves to be reliant on their husbands for a visa to remain living and working in Australia.

### 8.6 Summary

The impact of mandatory reporting of D&FV on victims/survivors is mixed. Most service providers and victims/survivors thought that mandatory reporting was a positive change that has had, and can continue to have, a beneficial impact. Victims/survivors spoke of making reports and the benefits of doing so. Some spoke of their perception that police have become more responsive after the introduction of mandatory reporting. Service providers reported that victims/survivors were either making reports themselves or requesting service providers to do so on their behalf. A beneficial impact of mandatory reporting identified by service providers was the increased ability to get D&FV ‘on the record’. This was perceived to protect victims/survivors, enable intervention and assist with sentencing perpetrators.

However, these views and experiences were tempered by accounts of the actual or potential retributive violent consequences that victims/survivors can face as a result of making a report.

Deterrents to making a report or seeking help included a fear of violent retribution, harassment of other family members, a custodial sentence imposed on the perpetrator, the removal of children and potential homelessness. Service providers reported that some victims/survivors have failed to seek help because of these consequences (real or perceived). Others reported that victims/survivors were still seeking help but refusing to attribute injuries to D&FV in order to avoid having to make a report to police, and the consequences of doing so. These views and experiences indicate that there is anecdotal evidence to demonstrate that mandatory reporting has had an impact on the help-seeking behaviour of victims/survivors, but this is unable to be verified by other sources of data.

The outcomes of making a report may include a DVO and/or the perpetrator being charged with a criminal offence. Stakeholders spoke of the impact that these outcomes had on victims/survivors. Reports that poor understandings of DVO conditions can lead to breaches of the DVO and subsequent legal action against victims/survivors were unable to be substantiated with evidence.

From the perspective of victims/survivors, mandatory reporting was thought by the majority of stakeholders to have had a beneficial impact.

9. Impact of mandatory reporting on people who commit domestic and family violence

This chapter examines whether mandatory reporting has had an impact on people who commit D&FV and the nature of that impact.

9.1 Profile of perpetrators

An insight into the profile of perpetrators can assist in examining the impact of mandatory reporting on this group of people. Two sources of data were available to the evaluation to develop this profile—police data on reports received and justice data on cases appearing in courts.

9.1.1 Perpetrator profile—reports to police

Of the reports of D&FV–related incidents received by the police, the majority of perpetrators were male (80 percent) and Indigenous (74 percent). A comparison between the periods before and after the introduction of mandatory reporting indicates that the proportion of male perpetrators remained relatively stable. Over the entire period, the monthly proportion has ranged between 64 to 95 percent for male perpetrators and 47 to 91 percent for Indigenous perpetrators.

There was some variance in the gender composition of perpetrators in some police districts. While the number of reported incidents in some locations over the entire six-year period of analysis was too small to generate findings, it is useful to show the variation that may exist across the NT. For example, the percentage of female perpetrators was greater than the NT average (20 percent) in a small number of local areas, including Adelaide River (50 percent), Batchelor (42 percent) and Pirlangimpi (40 percent). In some other areas, the percentage of male perpetrators was higher than the NT average (80 percent). These communities included Ali Curung (96 percent), Lajamnu (94 percent) and Daly River (90 percent). See the graph in Appendix P for a comprehensive breakdown of the gender of perpetrators in each police district.

Before the introduction of mandatory reporting, approximately 70 percent of perpetrators were Indigenous (1,064). In the period following the introduction of mandatory reporting, this rose to 78 percent (1,432). This 35 percent increase is statistically significant. Over the same time period

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137 Note that the two data sources used different time-based reporting processes, so there was some variation in the timeframes available for analysis.

138 Police data: 34 months before the introduction of mandatory reporting and 34 months afterwards.

139 Police data. Note that the numbers of perpetrators were quite low: Adelaide River’s 50% = 6 out of 12, Batchelor’s 42% = 14 out of 33, and Pirlangimpi’s 40% = 8 out of 20 for the whole 68 months examined. These smaller numbers meant it was not meaningful to consider a comparison between periods before and after the introduction of mandatory reporting.

140 Police data. The numbers of female perpetrators were very small: Ali Curung’s 4% = 1 out of 23, Lajamnu’s 6% = 1 out of 16, and Daly River’s 10% = 4 out of 40 for the 68 months examined. It was not meaningful to undertake a before/after analysis on this basis.
the number of non-Indigenous perpetrators decreased from 458 to 416. As Figure 12 shows, the number of reports received by police involving Indigenous perpetrators was already increasing before the introduction of mandatory reporting, and has continued to increase since that time. As the rate of increase has not changed over this period, it is difficult to attribute the increase in the number of Indigenous perpetrators to the introduction of mandatory reporting.

Figure 12: Number of D&FV–related incidents reported to police in the NT by Indigenous status, before/after mandatory reporting, May 2006 to November 2011

Source: Police data

There was some variance in the proportion of Indigenous perpetrators at a local level. It is useful to note, however, that the varying numbers of Indigenous people living in these locations influences this varying proportion.

Again, while the number of incidents in many police districts over the entire six-year period of analysis was too small for meaningful analysis, examples are provided here to illustrate the variation that may exist across the NT. In some areas, the percentage of Indigenous perpetrators was higher than the average for the NT: for example, in the Indigenous communities of Yuendumu (98 percent), Daly River (97 percent) and Wadeye (92 percent). In other areas, the percentage of Indigenous perpetrators was lower than the average: for example, Darwin City (57 percent). The numbers were too small for meaningful before/after comparative analysis on this basis.

141 Police data. The numbers of non-Indigenous perpetrators were very small: Yuendumu’s 2% = 1 out of 50, Wadeye’s 8% = 3 out of 36, and Daly River’s 3% = 1 out of 40. The numbers were too small for meaningful before/after comparative analysis on this basis.
percent), Casuarina (52 percent), Palmerston (53 percent) and Humpty Doo (32 percent). The graph in Appendix Q provides a comprehensive breakdown of the proportion of Indigenous and non-Indigenous perpetrators in each police district.

Daly River had a higher percentage of both male perpetrators and Indigenous perpetrators than the NT averages. While Darwin and Palmerston had lower rates of Indigenous perpetrators, there are a relatively lower proportion of Indigenous people living in those areas compared to the high proportion of Indigenous people in Daly River.

Data on the age of perpetrators involved in D&FV-related incidents reported to the police was not available for analysis.

### 9.1.2 Perpetrator profile—court appearances

The perpetrator profile was different for those charged with D&FV-related offences. Male perpetrators increased to 90 percent (compared to 80 percent in the police data) and Indigenous perpetrators were over-represented at 90 percent. In the period before the introduction of reporting, 91 percent of perpetrators were men and 90 percent were Indigenous. In the period afterwards, 90 percent of perpetrators were men and 91 percent were Indigenous. Further detail can be found in Appendix S.

Approximately 40 percent of defendants coming before the courts for D&FV-related charges were aged 25 to 34, 25 percent were aged 18 to 24, and those aged 45 and older represented the smallest proportion. Across the periods before and after the introduction of mandatory reporting, the proportion of defendants in each age bracket remained mostly stable.

The following table illustrates the distribution of perpetrators by age group, both before and after the introduction of mandatory reporting.

**Table 9-1: Age of perpetrators in the NT, before/after mandatory reporting, May 2006 to November 2011**

<table>
<thead>
<tr>
<th>Age</th>
<th>Pre-MR</th>
<th>Post-MR</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-19</td>
<td>5%</td>
<td>5%</td>
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<tr>
<td>20-24</td>
<td>19%</td>
<td>20%</td>
</tr>
<tr>
<td>25-29</td>
<td>20%</td>
<td>22%</td>
</tr>
<tr>
<td>30-34</td>
<td>20%</td>
<td>17%</td>
</tr>
<tr>
<td>35-39</td>
<td>17%</td>
<td>16%</td>
</tr>
<tr>
<td>40-44</td>
<td>10%</td>
<td>11%</td>
</tr>
<tr>
<td>45-49</td>
<td>5%</td>
<td>6%</td>
</tr>
<tr>
<td>50+</td>
<td>3%</td>
<td>3%</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

**Source:** Justice data

In summary, 90 percent of perpetrators appearing before courts on criminal charges were men, 90 percent were Indigenous and 64 percent were under the age of 35 years.

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142 Police data. The numbers of non-Indigenous perpetrators were very small: Darwin City’s 43% = 150 out of 348, Casuarina’s 48% = 184 out of 386, Palmerston’s 47% = 169 out of 360, and Humpty Doo’s 68% = 61 out of 90. The numbers were too small for meaningful before/after comparative analysis on this basis.

143 Justice data, covering the period May 2006 to November 2011.
9.1.3 Perpetrator profile summary

Based on the data available, the introduction of mandatory reporting did not appear to have had an impact on the demographic profile of perpetrators. The data suggests that the majority of perpetrators involved in reports of D&FV–related incidents to police in the NT were male and Indigenous. Of those perpetrators who were charged with criminal offences, the majority were male, Indigenous and aged under 35 years of age.

The data on perpetrators showed a change in the gender and Indigenous status of perpetrators at different points in the mandatory reporting process. Perpetrators who were the subject of a report to police were 80 percent male and 74 percent Indigenous. For perpetrators who were charged by police with criminal offences requiring an appearance in court, this profile shifted. Perpetrators charged with offences were even more likely to be male (90 percent) and Indigenous (90 percent). When compared to the NT population, this demonstrates a significant over-representation of Indigenous male perpetrators.

It was not possible to consider the relationship between the perpetrator and victim/survivor and whether this had been impacted upon by mandatory reporting, as the necessary data was not available.

9.2 Nature of violence

Mandatory reporting of D&FV does not appear to have had an impact on the nature of violence committed by perpetrators.

The nature of the violence can be evidenced through the type of criminal charge issued against the perpetrator. An examination of the types of criminal offences and the change over time of these offences is discussed further in this chapter: in summary, the nature of the violence did not appear to have changed following the introduction of mandatory reporting. The most common charge both before and after the introduction of the amendments was ‘acts intended to cause harm’.

Some perpetrators discussed the nature of violence and claimed that much violence remained unreported.

‘There is violence that goes undetected. An example here is a man who took his wife out into the bush for months at a time and continuously beat her. Once the scars had healed he brought her back to town. When she reported the violence no one would believe her. This happens all the time.’ (Perpetrator)

Service providers claimed that rates of recidivism were high. One perpetrator who took part in this evaluation was participating in his third court-mandated D&FV perpetrator program. However, without client-identified data it is impossible to determine whether the significant increase in the amount of reports involved an increased number of perpetrators or an increase in recidivism. Nor is it possible to comprehensively demonstrate the nature and frequency of recidivism.

There was an indication, however, that the frequency of verbal abuse had declined from April 2010 to September/October 2011.144 In April 2010, 27 percent of perpetrators reported

144 Colmar Brunton, op cit (2011) 45.
swearing, yelling or shouting at their partner in the previous 1 to 3 months, and 23 percent reported using this behaviour in the 4 to 6 months prior. By September/October 2011, this self-reported behaviour had declined to 13 percent of perpetrators using this behaviour in the 1 to 3 months and 4 to 6 months prior.

In the period following the second phase of the social marketing campaign,\textsuperscript{145} 15 percent of perpetrators\textsuperscript{146} indicated they were likely to use violence in the next 12 months. Unfortunately, there was no available data for the period before the introduction of mandatory reporting with which to compare this figure.

Due to the lack of data, it is impossible to comprehensively determine what impact mandatory reporting has had on the frequency or severity of D&FV.

Encouragingly, however, when asked in the same survey about their attitudes towards D&FV, 94 percent of perpetrators agreed that D&FV is always wrong.\textsuperscript{147} This attitude was also evidenced by the majority of perpetrators who participated in a focus group and interviews for this evaluation.

While there was some evidence that the attitudes of perpetrators may be changing, this may not be attributable directly to the mandatory reporting legislation. The social marketing campaign that followed the legislative amendment, which focused attention on D&FV, and other community programs, may have had an equal or greater influence on the attitudes of perpetrators.

Some service providers, police, victims/survivors, community members, elders, and perpetrators themselves, regarded the influence of drugs and/or alcohol as a cause of D&FV. Some data highlights the presence of alcohol or drugs in D&FV–related incidents. For example, when asked to think about the most recent occasion of D&FV witnessed, 64 percent of respondents to the social marketing survey said that they thought the perpetrator was under the influence of drugs and/or alcohol.\textsuperscript{148} Of all D&FV–related incidents reported to police, 1.8 percent involved drugs and 49 percent involved alcohol.\textsuperscript{149}

Despite this, there was not enough evidence to support the view that the use of drugs and/or alcohol by perpetrators was the primary cause of D&FV, nor that mandatory reporting had had an impact on the prevalence of drug and/or alcohol use by perpetrators in incidents reported to police.

There was inconclusive evidence about whether the factors contributing to violence had changed in the period following the introduction of mandatory reporting. There was some evidence to suggest that some of the motivations for D&FV have changed since the implementation of the second phase of the social marketing campaign, \textit{Stop the Hurting, Start the Healing}. The proportion of perpetrators who gave the reason ‘didn’t want to be reported to the police/wanted to scare them’ dropped from 5 percent before the campaign to 0 percent.

\textsuperscript{145} Ibid, 5. Importantly this phase of the campaign aimed to encourage men who use violence in their relationships to \textit{Stop the Hurting, Start the Healing}. The phase of the campaign ran publicly from 4 April to 30 September 2011.
\textsuperscript{146} Ibid, 47.
\textsuperscript{147} Ibid, 36.
\textsuperscript{148} Ibid, 43.
\textsuperscript{149} Police data.
afterwards. However, the proportions of perpetrators who gave reasons such as ‘alcohol/drunk’ and ‘revenge and justice’ remained stable before and after the campaign.

In summary there was little evidence to suggest that the nature of violence had changed since the introduction of mandatory reporting.

9.3 Mandatory reporting as a deterrent to perpetrating violence

There is little evidence that mandatory reporting has had an impact on deterring perpetrators from committing D&FV.

For mandatory reporting to act as a deterrent, perpetrators must be aware of it, have an understanding of what it means, and change their behaviour accordingly.

Levels of awareness of the legislation among perpetrators were mixed. Seventy-five percent of perpetrators surveyed by telephone said that they were aware of the legislation. Of the 19 Indigenous perpetrators within this group, 68 percent were aware of the legislation. Perpetrators who participated in this evaluation (via focus group and interviews) demonstrated awareness of mandatory reporting.

In terms of understanding mandatory reporting, 49 percent of perpetrators responding to the survey demonstrated unaided understanding. When prompted by interviewers this response increased to 69 percent. Approximately 70 percent of the 13 Indigenous perpetrators who were aware of the legislation (out of a total of 19 respondents to the survey) demonstrated unaided understanding. The remainder required prompting by interviewers.

There were also mixed levels of understanding among perpetrators interviewed for this evaluation. A number of Indigenous male perpetrators remarked on a communication barrier between the Indigenous population and the social marketing campaign about mandatory reporting. They said it ‘wasn’t totally understood’ in a conceptual sense. Service providers also spoke of the need to have social marketing campaigns translated into local Indigenous languages and presented in non-written forms.

Mandatory reporting can result in police involvement and potential criminal or civil action against a perpetrator. There was no evidence, however, that the prospect of police involvement, a police investigation, the possibility of criminal charges being laid, a court process potentially resulting in a conviction, a custodial sentence or a civil penalty or order such as a DVO, deterred perpetrators from committing violence.

150 Colmar Brunton, op cit (2011) 46.
151 Ibid.
153 Additional data provided by DCF to indicate the percentage of Indigenous perpetrators who responded to the survey. Note that consideration should be given to the low number of Indigenous perpetrators when interpreting the Colmar Brunton research.
155 Additional data provided by DCF to indicate the percentage of Indigenous perpetrators who responded to the survey. Note that consideration should be given to the low number of Indigenous perpetrators when interpreting the Colmar Brunton research.
‘I don’t feel that perpetrators see the legislation as a deterrent. They are used to being locked up. They are used to having involvement with the police and the courts.’ (Service provider, major centre)

‘Jail is a rite of passage for young Indigenous men. They hang out of the back of the paddy wagon saying, “I’m off to Berrimah!” [said in a positive tone].’ (Police officer, major centre)

‘Jail is a relief for some Indigenous people. It provides a roof over their head, food, and they get to spend time with family already in there. In some ways it is respite from living in a remote community.’ (Service provider, remote community)

Following the implementation of mandatory reporting, only 3 percent of surveyed perpetrators who reported using alternatives to violence in their relationships did so because they ‘thought about what [they have] to lose’.156

There was some suggestion from service providers that, while mandatory reporting is a good step, it needs to be supported by meaningful deterrents for perpetrators. Community attitudes (such as shame), consequences involving the family (for example, having a wife/husband leave you and take the children with them) and traditional lore may act as better deterrents.

‘Need to have serious consequences [for perpetrators]. For example, you will lose your family. Going to jail isn’t a serious consequence or loss for them. Children are seen as a loss. Loss of a job or financial loss is not a consequence. By going to jail they don’t lose family—Berrimah [jail] is their second home. Research shows that offenders who face consequences that are serious and [who] experience loss will change [their] behaviour. Need to adapt the consequences to mean something.’ (Service provider, major centre)

There was some evidence that increased understanding of D&FV itself had assisted in decreasing violent behaviour of perpetrators. An evaluation of the second phase of the social marketing campaign aimed at reducing the incidence of D&FV, Stop the Hurting, Start the Healing, noted that ‘40% [of perpetrators] who use abusive behaviours reported that they were no longer violent with their partner. After the campaign period this proportion increased significantly to 60%’.157 Of the 18 Indigenous perpetrators who responded to this survey question, 88 percent of them said that they have completely stopped being violent with their partner.158

A similar reduction was seen among perpetrators ‘who reported that whilst they were less violent with their partner they were still violent sometimes’. The rate fell from 44 to 29 percent after this phase of the campaign. There was an increase in the use of alternatives to violence. Of the perpetrators who chose alternatives to violence (92 percent) there was an increase of 13 percent in the number choosing to ‘walk away’, and also an increase of 13 percent in those choosing other options such as ‘keep quiet/listen/self-control/be more rational’.159

Some service providers believed, however, that mandatory reporting does not act as a deterrent due to the opportunistic nature of D&FV.

156 Colmar Brunton, op cit (2011) 34.
157 Ibid, 11.
158 Additional data provided by DCF to indicate the percentage of Indigenous perpetrators who responded to the survey. Note that consideration should be given to the low number of Indigenous perpetrators when interpreting the Colmar Brunton research.
159 Colmar Brunton, op cit (2011) 34.
‘Domestic violence happens when people are drunk or in the heat of the moment. Mandatory reporting isn’t a deterrent in that instance.’ (Service provider, major centre)

9.4 Consequences of reports

The impact of mandatory reporting on perpetrators is an increased probability of police involvement and associated consequences. The typical consequences are described in section 9.3 above.

Significantly more D&FV–related reports were being made to police following the introduction of mandatory reporting. As such, a greater number of consequences from these reports can be expected to impact perpetrators. A small number of stakeholders commented that they felt mandatory reporting had led to more consequences for perpetrators:

‘People are finally being convicted and charged with things they’ve been getting away with for years. For example, there was one instance of [an] Aboriginal man being convicted for [the] murder of his wife. Previously those [charges would] have been downgraded to manslaughter.’ (Service provider, major centre)

Data on apprehensions made by police can be found in Appendix K.

One of the consequences for perpetrators of a report to police is a DVO. A small number of service providers said that some victims/survivor and perpetrators had a poor understanding of DVO conditions. They said that this poor understanding resulted in breaches of DVOs. In turn this can lead to potential legal consequences for perpetrators. It was thought by these service providers that breaches, and consequences for perpetrators, may have increased since the introduction of mandatory reporting. There was no further evidence to support this view.

9.5 Taking responsibility for behaviour and seeking help

There was no evidence to suggest that perpetrators are taking responsibility for their behaviour and seeking help as a result of the introduction of mandatory reporting.

Perpetrators can seek help in a number of ways, including but not limited to:

• participating in a program designed to assist people who exhibit violent or ‘angry’ behaviour;
• participating in counselling;
• removing themselves from the domestic or family environment;
• addressing addictive behaviour that may contribute to violent behaviour; and
• speaking to family and friends.

There was no comprehensive evidence that perpetrators have increased their help-seeking behaviour presented to evaluators.

Service providers involved in counselling, perpetrator programs and programs to address addictive behaviour reported an ongoing demand for their services. They did not report a change in the level of demand in the period following the introduction of mandatory reporting.

Service providers reported that the ability for perpetrators to remove themselves from the domestic or family environment is constrained by shortages in housing, crisis accommodation and cooling-down places, and cultural factors. If a perpetrator wanted to voluntarily remove themselves, there was often nowhere to go. Staying with other family members may not enable
them to fully remove themselves from the situation, or to ‘get dry’, due to pressure from family members. This is particularly the case in remote communities. Relocating to another community or a major centre, on the other hand, can result in the perpetrator losing important connections to land, culture, lore and support from elders and other family members.

There was some evidence to suggest that since the introduction of mandatory reporting, perpetrators have become less likely to speak to family or friends as an alternative to violence. This might be a result of a fear of being reported to police. In the period before the implementation of the second phase of the social marketing campaign, *Stop the Hurting, Start the Healing* (April to September 2011), 23 percent of self-identified perpetrators who used alternatives to violence spoke to family and friends about their circumstances. Following this phase of the campaign, only 2 percent of perpetrators did so. However, as noted above, there was a significant increase in the proportion of perpetrators who ‘walked away’ and ‘kept quiet/listened/self-control/be more rational’ rather than resorting to abusive or violent behaviour.

Some perpetrators are directed to attend court-mandated programs that assist them to take responsibility for, and change, their behaviour. Programs such as those run by service providers and the Department of Justice are held in prison or following release from prison, and were already in place before the introduction of mandatory reporting.

In most instances programs are available to perpetrators who have been in prison for 12 months or more. As a result, many perpetrators do not get the opportunity to receive this support.

‘Even if you are in [jail] for six months there are no programs for perpetrators. It’s the same for remand. There needs to be programs in jail and remand no matter the length of conviction. Most men get three-to-six-month sentences for domestic and family violence. There needs to be a focus on the first few months of the first time that a [perpetrator] goes to jail. We should be trying to prevent repeat offenders.’ (Service provider, major centre)

There were also issues with demand for the programs. Some perpetrators had ‘completion of a perpetrator program’ included in their sentences. This was reported to cause disadvantage where access to such a program was not possible.

‘If you can’t get access to a program you can’t get off your sentence.’ (Service provider, major centre)

Service providers on the whole were supportive of the way in which mandatory reporting of D&FV prompts participation in mandated, and voluntary, perpetrator programs, although there was some concern expressed about the willingness of perpetrators to genuinely take responsibility for, and change, behaviour in the case of mandated programs.

‘There is some evidence of perpetrators taking responsibility for their actions [domestic and family violence] through court-mandated programs and other community programs as a result of mandatory reporting. But this is the minority.’ (Service provider, major centre)

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160 Ibid.
161 Ibid, 10.
There was some anecdotal evidence from service providers that programs tailored to meet the particular circumstances of perpetrators (including cultural considerations, age and gender) were more effective at achieving results.

‘Using cultural knowledge is the best way to get through to perpetrators.’ (Service provider, major centre)

There was broad support from service providers for earlier intervention with perpetrators. They considered that mandatory reporting provided an increased opportunity for this. There was also acknowledgement that perpetrators required long-term support in order to change their behaviour, and that mandatory reporting is part of the bigger picture. Support was expressed for more consideration on how to link mandatory reporting with court referrals to perpetrator programs and other community services such as cooling-down places.

‘It’s a good thing to link people to a service on discharge [from jail].’ (Service provider, major centre)

‘There has been some groundswell with [perpetrators] declaring violence is wrong. Supporting these sorts of programs would be better to model behaviour. Educating young people in tribal rules is key.’ (Service provider, major centre)

9.6 Summary

Mandatory reporting appears to have had little or no impact on perpetrators at this point in time. Neither the profile of perpetrators nor the types of apprehensions changed after the introduction of mandatory reporting.

While the number of reports of D&FV to police has increased, without an understanding of the underlying, unreported level of violence, it is difficult to evaluate whether mandatory reporting has resulted in a change in the volume or nature of violence being committed by perpetrators. The outcome of increased reports to police for perpetrators has been an increase in the number and proportion of DVOs. Service providers reported poor understanding of DVO conditions, leading to breaches and potential legal consequences for perpetrators. This was thought to have increased since the introduction of mandatory reporting, but there was no further evidence to support this view. The number of D&FV-related apprehensions has increased after the introduction of mandatory reporting but it has declined slightly as a proportion of all D&FV-related incidents. The nature of apprehensions has remained stable, however, indicating that the type of violence that perpetrators charged with a criminal offence commit has not changed.

There is some evidence that there has been a decline in verbal abuse and that the attitudes and behaviour of perpetrators may have changed after the implementation of the second phase of the social marketing campaign, Stop the Hurting, Start the Healing. However these changes are more likely to be attributed to the effects of the campaign rather than mandatory reporting itself.

Service providers reported that mandatory reporting had not acted as a deterrent for perpetrators committing D&FV, nor had it encouraged perpetrators to take responsibility for their violent behaviour. Perpetrator programs were viewed as positive initiatives that may assist in this regard, but the limited availability of such programs for some perpetrators was viewed as a constraint.
10. Impact of mandatory reporting on people who have witnessed, or may witness, domestic and family violence

This chapter examines the impact of mandatory reporting on people who have witnessed, or may witness, D&FV. Community awareness, understanding and attitudes towards D&FV and mandatory reporting are important factors in empowering witnesses to report D&FV. These factors are examined below.

10.1 Attitudes towards domestic and family violence

The attitudes of witnesses, and potential witnesses, towards D&FV are an important factor in whether or not D&FV is reported. These attitudes appear to have been variable to date.

Research suggests that in the NT, over 95 percent of witnesses, the general public and people who had had no exposure to D&FV viewed D&FV as ‘always wrong’. This was the case both before and during the implementation of the social marketing campaign in support of the introduction of mandatory reporting.

Service providers had mixed views about the predominant attitude in their communities towards D&FV. In a recent survey, 95 percent of service providers agreed that mandatory reporting had increased awareness of D&FV to some degree. Some claimed that mandatory reporting was helping to change community attitudes towards D&FV; 90 percent felt that mandatory reporting had ‘made the community more aware that domestic [and family] violence is a criminal offence’.

Some service providers reported that, due to the high volume and visibility of violence (in public spaces and in domestic environments), D&FV has become ‘normalised’. People have become desensitised and treat it as a part of everyday life. This normalisation of violence in the NT is discussed in more detail in section 10.5.

In some Indigenous communities and families, it was reported that D&FV is viewed as something not to be discussed, involving shame.

‘In some communities there is no discussion about violence as people don’t want to talk about it for cultural and family reasons. That is how [young people] “get sick on the inside”—because they can’t talk about it but want to.’ (Aboriginal elder)

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162 Ibid, 36.
164 Ibid, 39.
10.2 Awareness and understanding of mandatory reporting

There was evidence of mixed levels of awareness and understanding of mandatory reporting within the NT community.

As part of the implementation of mandatory reporting, a social marketing campaign with two phases was run. The first phase, Be Someone, ran from November 2009 to November 2010, and was aimed at the NT general public. The second phase, Stop the Hurting, Start the Healing, ran from 4 April to 30 September 2011, and was specifically aimed at engaging male perpetrators. There was evidence that awareness and understanding of mandatory reporting increased in the period following this campaign. Other factors, such as the direct experience of witnesses in the process of mandatory reporting, community education initiatives by service providers, and word of mouth, may have also increased awareness and understanding.

‘Since mandatory reporting the community [is] more aware of domestic violence. People talk about it more. It used to be taboo.’ (Service provider, major centre)

The following table summarises the levels of awareness and understanding of mandatory reporting within the general public and among witnesses, surveyed at three different points in time, as part of the social marketing research.

Table 10-1: Awareness and understanding of mandatory reporting by witnesses and the general public in the NT, by period of sampling

<table>
<thead>
<tr>
<th>Period of sampling</th>
<th>Awareness of mandatory reporting</th>
<th>Understanding of mandatory reporting</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>% of witnesses surveyed</td>
<td>% of general public surveyed</td>
</tr>
<tr>
<td>November 2009</td>
<td>61%</td>
<td>57%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>April 2010</td>
<td>86%</td>
<td>80%</td>
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<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>September/October 2011</td>
<td>81%</td>
<td>79%</td>
</tr>
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</tbody>
</table>

Source: Colmar Brunton data 2011 on pp 24–25

It is interesting to note that both awareness and understanding among witnesses and the general public increased between November 2009 and April 2010, but then decreased slightly by September/October 2011.

Of importance within Indigenous communities is the awareness and understanding of elders. Approximately 25 Aboriginal elders representing remote and regional Indigenous communities attended a conference in October 2011. These elders had a mixed level of understanding and awareness of mandatory reporting; some were aware of mandatory reporting and understood the law; others confused the legislation with the mandatory reporting of child abuse and initiatives related to the federal government–led NT Intervention. Some indicated that:

‘The message is new and not widely understood in the community. People report different kinds of abuse because they don’t understand what can be reported and what can’t.’ (Aboriginal elder)
Many of the Aboriginal elders participating in the consultation focus group indicated that more education and awareness is needed in communities to help people understand mandatory reporting of D&FV. They felt that many people know of instances of violence and assaults but often do not report them. Some elders suggested that an educational ‘road show’ in remote and regional communities focusing on roles and responsibilities could be beneficial.

10.3 Reporting domestic and family violence

There was mixed evidence about whether witnesses were reporting D&FV more or less often than before the introduction of mandatory reporting.

There was some evidence that the number of reports by witnesses, and the likelihood of both witnesses and the general public to make reports, had increased during the Be Someone phase of the social marketing campaign (November 2009 to November 2010).

Before this phase of the campaign, but after the introduction of mandatory reporting, 41 percent of witnesses indicated that they had reported and were prepared to report to police in the future. Five months later (during the campaign), this proportion rose to 60 percent. A similar trend was evident in the number of witnesses who took no action after witnessing D&FV. Prior to the campaign, 50 percent of witnesses reported that they ‘did nothing’; five months later this figure dropped to 36 percent.

The proportion of witnesses indicating that they were likely to report to the police appears to have peaked at the time of the second survey, and then decreased. Before the Be Someone phase of the campaign, 84 percent of witnesses indicated they were likely to report to police. Five months in, the figure climbed to 91 percent, and then decreased to 86 percent by September/October 2011. With regards to the general public, a similar pattern was evident. Before the Be Someone phase of the campaign, 85 percent of the general public surveyed indicated that they were likely to report to police. Five months later, this proportion rose to 89 percent, and then decreased to 83 percent by September/October 2011.

Identifying the reasons why witnesses and the general public report, or are likely to report, can assist in understanding the impact that mandatory reporting may have had on witness behaviour.

There was evidence that witnesses in general, and the general public, made reports in order to ‘keep the victim safe’, to ‘do the right thing’ and to ‘obey the law/mandatory reporting’. The latter reason did not appear to be a motivating factor for Indigenous witnesses.

The most common reason given by witnesses for not reporting violence to the police was that ‘it had already been reported by someone else’. The proportion of witnesses not reporting for

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165 Colmar Brunton, op cit (2011) 29.
166 Ibid.
167 Ibid, 37.
168 Ibid.
169 Ibid, 38.
170 Additional data provided by DCF to indicate the percentage of Indigenous perpetrators who responded to the survey. Note that consideration should be given to the low number of Indigenous perpetrators when interpreting the Colmar Brunton research.
171 Colmar Brunton, op cit (2011) 42.
this reason rose from 16 percent, prior to the first phase of the social marketing campaign, to 31 percent approximately two years later, following the implementation of both phases of the campaign. Service providers consulted during the evaluation recounted that many witnesses would not report because they do not want to get involved in family conflict.

‘Most witnesses don’t want to get dragged into a family conflict. They think reporting to police will make it worse for the [victim/survivor]. They think that family members will resolve it within the family.’ (Service provider, major centre)

‘Some people do step in. But not very often. The norm is to watch it happen.’ (Service provider, remote community)

The most common reasons given by members of the general public who indicated they were unlikely to report (4 to 6 percent) were that they did not want to ‘get involved’ or that a report ‘could have negative consequences’ (increasing from 22 percent prior to the first phase of the campaign to 30 percent after the two phases).

There was an increase over time in the proportion of the surveyed general public who indicated they would be unlikely to report to police because they ‘do not trust the police and/or the police won’t do anything anyway’. The proportion rose from 5 percent before the first phase of the campaign to 27 percent after a two-year period. Unfortunately, the views of Indigenous members of the public were absent from these findings.

Overall, the survey findings are encouraging. However, there was no baseline data on the reporting activities of witnesses, or the likely intentions of witnesses or the general public, before the introduction of mandatory reporting. While there has been an increase in reporting, and a change in the reasons for and likelihood of reporting, these changes may be due to the social marketing campaign, rather than mandatory reporting itself.

The perspective of service providers and community members was that many witnesses would not report because they were scared of the consequences; and that others did not report because they believed nothing would be done by police, or they did not agree with the outcomes of the justice system.

‘Community people won’t report unless there are good options for perpetrators. People don’t want their family member to go to jail.’ (Service provider, major centre)

According to some service providers, word of mouth about how reports are dealt with and what the consequences are for perpetrators and families, spreads around the community. Others may not report due to what they have heard. In some cases, the threat of being charged or of action being taken was perceived to be so low that some participants in the evaluation indicated that the community felt there was no point in reporting.

Getting feedback from police on the outcomes of reports was said by service providers and community members to be important, as it lets them know that making a report can have an impact.
‘People don’t necessarily understand the process—we don’t get feedback on the outcome when we make a report. Because of this people...[lack] faith in the process.’ (Aboriginal elder)

Examples of instances where witnesses had attempted to report to police and had been turned away were also given. Some Indigenous community elders told of instances where they themselves, or people they knew, had reported an assault to police, only to be told there was nothing the police could do as ‘their hands were tied’. It was reported that police told witnesses to seek help from other services, such as legal and social work services.

Most people consulted during the evaluation reported that the process of making a report to police was relatively straightforward and involved a simple telephone call. However, in some rural and remote communities, there are no 24-hour police stations. Participants at the elders workshop told of their experiences trying to report incidents of D&FV after hours: calls were dispatched from the nearest major centre, such as Darwin, Katherine or Alice Springs, to off-duty police officers who were sometimes not contactable. Other reported barriers included procedural issues relating to the service system’s understanding of remote-location living, such as the fact that there are no street numbers in some small communities: in some cases, emergency services do not dispatch a response until a street number is provided.

10.4 Witnesses empowered to intervene

The perspective of service providers was that witnesses of D&FV felt more confident intervening than they did before the introduction of mandatory reporting. It was reported that witnesses now feel ‘justified’ or ‘supported’ in intervening.

‘I’ve always intervened when I [saw] domestic and family violence on the street. Before, I used to get told to mind my own business. Since mandatory reporting I don’t get told to mind my own business [anymore].’ (Service provider, major centre)

‘Mandatory reporting empowers people to intervene in events on the street. It allows you to go and say, “Hey! Stop that! I’ll call the police!”.’ (Service provider, major centre)

There were a number of examples given of instances where the intervention of one witness enabled other community members to intervene as well.

‘I’ve intervened in a public dispute. I walked away with the lady and then three Indigenous men...went and spoke to the man.’ (Service provider, major centre)

‘I’ve seen the community intervene in violence in public. [I]n [o]ne incident the woman ended up following the man away after he flogged her. But three people from the community followed her—they wanted to make sure she was OK.’ (Service provider, remote community)

Research into the impact of the social marketing campaign undertaken to support the introduction of mandatory reporting\(^{175}\) revealed that a majority of respondents (62 percent) reported that they ‘have reported domestic and family violence and would do so again’, up from 41 percent at baseline, indicating that the mandatory reporting message has had an impact on reporting attitudes and behaviours.

\(^{175}\) Colman Brunton, op cit (2010).
It is difficult to attribute the fact that community members feel more empowered to intervene in D&FV solely to mandatory reporting. There are a number of initiatives in the NT that could be responsible.

‘There is a community response that is coming about. There’s more awareness of domestic and family violence. There’s more proactive action by community members. Mandatory reporting may be part of this but I think there’s a bigger trend in community for people to stand up to domestic and family violence.’ (Service provider, major centre)

10.5 Community environment

This section examines various factors within the NT that were identified during the evaluation as potentially exerting an influence on D&FV and strategies to reduce violence within the community. These factors may also influence community members as potential witnesses.

Culture and violence

Stakeholders indicated that instances of domestic violence in the NT community were common and, as a result, residents may have become desensitised. Violence may be normalised in some parts of the community, and therefore tolerated to some degree.

‘Violence is a given in the Northern Territory. It is what it is. There’s no purpose to it and no effective resolution.’ (Service provider, remote community)

‘Violence is normal. People love a good fight. Kids take part in it directly or they watch it. It’s normalised.’ (Service provider, remote community)

There is a higher rate of D&FV in Indigenous communities. The context in which D&FV occurs in these communities is different to that of the non-Indigenous population. According to Mow,176 ‘domestic violence in Indigenous communities can only be understood in the context of the historical, political, social and cultural environments in which it occurs’. Many sources have documented the key risk factors for D&FV in Indigenous communities as relating to ‘substance use; social stressors; living in a remote community; levels of individual, family and community (dys)functionality; availability of resources; age; removal from family; disability; and financial difficulties’.177

In many Indigenous communities, traditional payback is an accepted form of violence; it is a method of ‘redressing wrongs and restoring social harmony’.178 Payback events are ‘generally distinguishable from other violence because they are confined by limits and rules. They demonstrate a level of constraint; there is supervision and an involvement of many Aboriginal people, including the families of the offender and the victim. There is also an absence of alcohol.

178 Office of the Director of Public Prosecutions, op cit.
Such violence is also referred to as traditional violence. Payback is a part of Aboriginal customary lore that is integral to the structure of traditional Indigenous culture, along with other key components such as family, community and land.

‘Payback is strong. Some fights go on for 20 years. Children are still getting taught to resolve things using payback.’ (Service provider, remote community)

In some instances, judges in the NT recognise the important role that customary lore has to play in restoring order in some traditional Indigenous communities and take it into consideration during sentencing. This exposes tensions between the NT judicial system and customary lore: in these situations, ‘Aboriginal people are both supervised and supervisor, and the state is both in, and out of control’. The Court of Appeal has determined that judges are entitled to take into account the interests of the wider community and the community in which the offender is a member. In *R v Minor*, Mildren J noted that:

‘the reason payback punishment, either past or prospective, is a relevant sentencing consideration is that considerations of fairness and justice require a sentencing court to have regard to “all material facts, including those facts which exist only by reason of the offenders” membership of an ethnic or other group. So much is essential to the even administration of administrative justice. Unfortunately, in some cases, payback is used out of context and without the rules and structure that is meant to surround it.’

The close-knit and collective nature of Indigenous communities means that D&FV may affect an extended circle of people and make it difficult for victims/survivors to leave a D&FV situation. There is a ‘reluctance of victims of family violence to leave the physical and emotional support of families which, combined with obligations and loyalties, compel the individual to remain in the violent environment’. Service providers from a range of service types, interviewed during the evaluation, identified this as a barrier to seeking help.

In the independent study conducted by the federal government into the impacts of the Northern Territory Emergency Response (NTER), respondents felt that their communities were improving. Four of the five remote communities that participated perceived that levels of D&FV and child abuse had decreased over recent years. In another report, this decrease was attributed to a number of factors, including permanent police presence, senior community members taking action, and effective night patrol programs.

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179 Ibid.
Alcohol

Numerous workshop attendees and interviewees attributed the majority of D&FV–related incidents to the consumption of alcohol. In 2010, 60 percent of assaults and 67 percent of D&FV incidents were alcohol-related. It has been estimated that alcohol-related crime costs the NT $642 million a year, or ‘around $4,197 for every adult Territorian, compared to $944 nationally.’

Before the introduction of mandatory reporting, 41.9 percent of DVOs issued in relation to D&FV–related incidents were alcohol-related; afterwards, this figure increased to 54 percent.

The NT population has a long history of heavy alcohol consumption, with per capita consumption 50 percent in excess of the national average since at least the 1980s. In the NT, residents drink at a rate of 1.5 times—and Indigenous residents at a rate of 1.7 times—the national average. This is the highest per capita consumption of any state or territory. The NT also has the highest rate of alcohol-attributable deaths and hospitalisations in Australia. Alcohol-attributable deaths occur at 3.5 times the national averages; rates for non-Indigenous people are double the national rate and nine times higher for Indigenous people.

Alcohol prevalence among Indigenous people living in remote or non-remote areas varies significantly. According to an Australian government review, Indigenous people living in remote areas (45 percent) were less likely to consume alcohol than non-remote residents (66 percent). ‘Drinking circles’ are said to be common in Indigenous communities in the NT.

‘Positive Indigenous values such as the responsibility to share with relatives have been corrupted by alcohol abuse and transformed into negative values of exploitation and manipulation. In drinking circles, the cultural obligation to share food has turned into a cultural obligation to share ‘grog’. Even non-drinkers are sometimes forced to give money to support the drinkers. People are made to feel guilty if they do not contribute and are threatened with violence to make them comply. As a result, drinking circles have become ‘suction holes’ that consume all of a family’s resources.’ (Noel Pearson)

Many stakeholders consulted during the evaluation felt that alcohol was one of the largest contributors to D&FV–related incidents. Since Alcohol Management Plans were introduced as part of the NTER, a reduction in alcohol consumption has been reported in some regions,

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186 Police data
188 Ibid
190 Ibid.
including Nhulunbuy (22 percent) and Alice Springs (18 percent). Some members of communities with restrictions indicated that there was less violence and communities were quieter.192

The NT government has made many recent decisions relating to alcohol reform in order to reduce the incidence of alcohol-related crime. The ‘Enough is Enough Five-Point Plan’ includes:

- banned problem drinker and mandatory alcohol treatment orders;
- banned drinker register;
- Alcohol Court reforms, including the new Substance Misuse Assessment and Referral for Treatment (SMART) Court;
- increased rehabilitation services; and
- awareness campaigns.

Health

The NT is a vast region that is sparsely populated in many areas, and the health of its residents varies between extremes. The majority of the population lives a relatively affluent lifestyle and has similar health issues to other Australians, including chronic disease, mental illness and lifestyle conditions such as obesity and heart disease. A large proportion of the Indigenous population suffers from substandard health outcomes linked to social disadvantage and poverty. Some of the challenges and issues facing health services in the NT include:

- providing equitable access to health services both geographically and demographically;
- an ageing population;
- the increasing prevalence of chronic disease caused by lifestyle choices;
- high rates of infectious and preventable diseases;
- high rates of alcohol and tobacco consumption and related chronic diseases; and
- the large gap in life expectancy between Indigenous and non-Indigenous Territorians.

The ability of community members to intervene in D&FV–related incidents may be limited due to the health issues they themselves may be experiencing. This affects the impact that mandatory reporting may have. Additionally the prevalence of health issues may be more ‘top of mind’ than D&FV, therefore limiting the intervention that community members undertake.

Poverty

Victims/survivors of D&FV who live in poverty, lack economic independence, or have diminished access to education, are more vulnerable to D&FV.193 Accommodation is often a critical factor in a victim/survivor’s decision about whether to leave a violent relationship: the high cost of living

192 Department of Families, Housing, Community Services and Indigenous Affairs, ‘Stronger Futures in the NT Bill’, op cit (2011).
and high housing prices in the NT were identified by service providers as barriers to leaving violent relationships. One service provider remarked that they had noticed a small increase in the number of white-collar women presenting for short-term accommodation, as a result of not being able to find affordable rental accommodation after leaving a relationship. D&FV is the most common factor contributing to homelessness among women and their children.

Disempowerment

The mandatory reporting legislation requires everyone to report—it therefore removes the element of choice. Many service providers questioned the effectiveness of this in relation to the journey of the victim/survivor, and considered it potentially detrimental to the process.

Many Indigenous people have expressed the view that their attempts to address their own social problems have been ignored by the government. Programs such as income management and the restrictions placed on Indigenous people during the NTER have contributed to a sense of helplessness. Some community members consulted during the evaluation felt that the NTER and shire amalgamation had diluted local leadership and the authority of elders, and that this may have contributed to violence within the community. Some service providers commented that mandatory reporting legislation might be another initiative that contributes to the overall feeling of disempowerment in Indigenous communities, with flow-on effects to health, education and employment outcomes.

Prior experiences

Stakeholders commented that in smaller, more intimate communities, an individual’s previous experience with police would determine whether or not they made a report of D&FV. This experience would be shared with other community members and may also influence their perceptions. Service providers and elders stated that many people in remote communities do not have positive experiences accessing services in the D&FV system, specifically in relation to police.

According to the Dawn House report, lesbian, gay, bisexual and transgender community members are reluctant to discuss D&FV-related incidents as the discussion may result in a report to police. Their experiences with police and other service providers have been negative, with ‘stories of abuse (being) discounted and ignored’.

Indigenous people in the NT have a disproportionately high level of contact with the police. Given the imprisonment rates of Indigenous people in the NT, and the involvement of police in criminal processes, police may be viewed with resentment by members of Indigenous communities. Other factors that may contribute to the poor relationship between Indigenous people and the police are the socio-economic conditions of some Indigenous communities, lack of specialised training and understanding of Indigenous cultures among police officers,
short-term placement of officers in communities, the numerous functions police are required to perform, and the unsympathetic attitudes towards police in some communities.

Culturally and linguistically diverse communities

The NT participates in the regional immigration program, which means that the number of immigrants in the NT is increasing. In respect to D&FV, varying cultural values and immigration status add to the various complexities involved in D&FV cases. Women from immigrant backgrounds were found to be less likely to report D&FV–related incidents due to limited access to appropriate interpreter and support services, limited support networks, isolation, limited awareness of the mandatory reporting legislation, cultural and religious shame, and beliefs about divorce. Women who are removed from extended families and who do not have permanent residency may also fear deportation if they report abuse. In addition, definitions of D&FV within diverse communities vary. In a recent survey, respondents from culturally and linguistically diverse communities were less likely than those from the main sample to view forcing one’s partner to engage in intercourse as an example of D&FV. 199

10.6 Summary

Mandatory reporting appears to have had an impact on the level of awareness that witnesses and the general community have about D&FV, and to have increased the confidence of community members to intervene in D&FV–related incidents.

Service providers expressed the view that the social marketing campaign accompanying the introduction of the legislation, experiences of mandatory reporting and community outreach programs have all prompted conversations about mandatory reporting and D&FV. They see this as contributing to the long-term objective of changing community attitudes and behaviour with regards to D&FV.

Limited understanding and knowledge of D&FV and mandatory reporting were identified by service providers as constraints in the reporting of D&FV–related incidents by witnesses and members of the general public. Further constraints included alcohol abuse, poor health, poverty, disempowerment, prior negative dealings with police and authorities, and differences in culture and language.

Some service providers reported that witnesses now feel more empowered to intervene in D&FV–related incidents as a result of the introduction of mandatory reporting. There is some evidence to indicate that the level of reporting by witnesses, or preparedness to report by the general public, increased in the period after the introduction of mandatory reporting (although there has subsequently been a slight decline). As relevant data is not available for the period before the introduction of mandatory reporting, it is difficult to determine whether this change has occurred as a result of mandatory reporting itself or the accompanying social marketing campaign. Data on the source of reports to police was also unable to be obtained; as such it is difficult to verify whether mandatory reporting has actually increased reporting by witnesses.

Service providers and respondents in the Colmar Brunton survey identified the deterrents to reporting for witnesses as being: potential negative consequences of reporting, not wanting to ‘get involved’ and a perception that the ‘police won’t do anything’. Witnesses and members of

199 Bartel, op cit (2010).
the general public who participated in the survey stated in late 2011 they were more likely to be deterred from making a report because of these factors than they were in mid 2010. The motivations for making a report included: to ‘keep the victim safe’, ‘do the right thing’ and ‘obey the law/mandatory reporting’. As relevant data in relation to deterrents to, and motivations for, reporting is not available for the period before the introduction of mandatory reporting, it is difficult to determine what impact the legislation has had on witnesses in relation to these factors.
11. Other impacts and findings

This chapter summarises issues that were identified during the course of the evaluation that have not been discussed in the preceding chapters, and describes key initiatives operating within the NT that intersect with mandatory reporting of D&FV. This chapter also describes the unintended consequences of mandatory reporting, and presents an analysis of mandatory reporting from the perspective of the community readiness framework.

11.1 Other issues related to domestic and family violence

During the consultations, stakeholders identified a range of issues that have not been discussed in preceding chapters. Some of these were not related to mandatory reporting. Others, however, appeared to have been exacerbated or highlighted by the introduction of the legislation. These latter issues are summarised below.

- Service providers working with victims/survivors and perpetrators stated that there was a lack of support for victims/survivors, children and perpetrators who wanted to break and escape the cycle of violence. They identified issues such as housing availability and affordability, cost of living, lack of employment, community and family attitudes and the availability (or lack of) support services. The severity of these issues was seen as being particularly acute in remote communities.

  Examples were given of instances where perpetrators wanted to get sober (which would have had an effect on their violent behaviour), but found it difficult to do so because of peer pressure and a lack of services. Accessing services in major centres would have involved leaving their communities and created challenges with re-integration on their return.

  From the perspective of victims/survivors, a lack of alternative housing meant that perpetrators or victims/survivors could not be removed from the house in the short, medium or long term. Immediate crisis accommodation was often available (most of the time outside the community) but this did not offer a permanent solution.

- Drugs and alcohol, as has been previously discussed, were identified as major factors contributing to D&FV–related incidents.

- Some stakeholders thought that ‘humbugging’ was one of the contributing factors to D&FV in Indigenous communities.

  ‘Humbugging’ is a form of begging or harassment, which can sometimes involve violent acts towards members of the family or community group. Examples include a family member being asked for a loan, or money being taken to be used on gambling or alcohol while other family members are left without food. In some communities, women and elders are the main targets of humbugging. Given the strong kinship obligations felt by Indigenous people, most family members find it difficult to say no.\(^200\) The below quote highlights this issue.

    ‘A significant proportion of community members, in particular men, have for decades been “blowing” their benefits on non-essential items such as alcohol, illicit drugs and

gambling. These people then use the traditional practice of “demand sharing” in a contemporary setting, to “humbug” (harass), browbeat and physically assault members of their family to obtain money, food, blankets or other assistance...those who are approached almost always feel unable to resist.' 201

- Broad social factors were identified as contributing to D&FV. These included the normalisation of violence in communities, poverty, disadvantage, disempowerment, mental health issues and a breakdown in community responses. As a result, the majority of stakeholders considered mandatory reporting as only one part of a big-picture, long-term solution to D&FV.

- The term ‘mandatory reporting’ was poorly understood and had connotations with mandatory sentencing (viewed by many as a negative for Indigenous people).

- While safe houses and cooling-down places were supported by the vast majority of stakeholders, there were also suggestions for improvements, particularly regarding the privacy, security and management of these services.

### 11.2 Unintended consequences

This section outlines the unintended consequences of mandatory reporting identified as part of the evaluation.

#### 11.2.1 Domestic violence orders

The number of DVOs within communities has increased with the introduction of mandatory reporting (see section 6.2). Stakeholders perceived that there had been more breaches of DVOs, however, because of a lack of understanding of the terms and/or a lack of desire to have them in place. As a result, victims/survivors and perpetrators might face legal consequences for the—purposeful or inadvertent—breach of a DVO.

‘People don’t understand domestic violence orders. They breach them. This becomes a criminal matter and makes them eligible for mandatory sentencing.’ (Service provider, major centre)

‘The victim may break the domestic violence order (for example they want to see [the perpetrator] or are jealous) but then the [perpetrator] gets sent away to jail for the breach.’ (Service provider, major centre)

It was difficult to ascertain the level of breaches202 and the degree to which the consequences of breaches were intended or anticipated by the mandatory reporting legislation.

A further difficulty identified related to amending the terms of a DVO. In some remote communities, the court only sits once a month: this is the only opportunity to tailor the DVO to suit the circumstances of the family. An inability to vary conditions might result in breaches.

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202 This difficulty was due to a lack of available data.
11.2.2 Children

Service providers discussed the unintended consequences of mandatory reporting of D&FV on children and child services.

Legal services reported handling more cases involving children and D&FV, particularly in relation to DVOs. A condition of many DVOs is that a perpetrator has no contact with their children. Lawyers reported having to provide more advice to both perpetrators and victims/survivors about how to vary a DVO to ensure access to children. Some lawyers attributed this increase in cases involving children and D&FV to the introduction of mandatory reporting. One service provider stated:

‘There is a need for a standard order if there are kids involved. Without it you have to keep varying the orders regarding safe contact situation[s]. That then puts unnecessary stress on the parties. This could improve the situation.’ (Service provider, major centre)

Service providers discussed instances where child protection authorities were notified as a result of reporting D&FV–related incidents to police. If, for example, the victim/survivor becomes homeless due to the violence (either living rough or in the ‘long grass’), their children may be removed by child protection authorities and placed with family. This can expose the victim/survivor to retributive violence when they have contact with their children.

11.2.3 Narrowing the definition of domestic and family violence

Stakeholders considered that the use of the term ‘serious physical harm’ in the legislation, as a means by which to determine whether D&FV needs to be reported to police, sent a message to the NT community about the type of harm worthy of police intervention.

The effects of D&FV are broader than what is captured by the term ‘serious physical harm’. A contemporary understanding of D&FV recognises that abuse and the assertion of power in a domestic or family relationship can come in many forms. Furthermore it is often strategic, planned and manipulative. It is common for violence to change form and escalate, particularly at times when victims/survivors are vulnerable. Until recently D&FV was viewed as a ‘private’ matter by the courts. In some parts of society this is still the case.

D&FV is often hidden within a domestic or family relationship. Injuries can be inflicted out of view, and victims/survivors who come forward often face shame and disbelief from family, the community and police.

Many stakeholders believe that limiting the kind of D&FV subject to mandatory reporting to that which causes ‘serious physical harm’ effectively ignores the fact that there are other types of D&FV. It devalues the experience of victims/survivors and can make them more reluctant to disclose the violence and seek help. It also fails to appreciate the escalating nature of this kind of violence.

‘There needs to be a better and clearer definition of domestic and family violence and serious harm. We need a definition that reflects the continuum and nature of domestic and family violence.’ (Service provider, major centre)

203 Unfortunately the evaluation was not able to get access to the number of DVOs with this as a term.
A further risk identified with this narrow definition of D&FV was the potential for the creation of unmet demand. Funding and programs dedicated to supporting the implementation of the legislation could be orientated towards D&FV resulting in ‘serious physical harm’. There is a risk that this may leave support for other types of D&FV under-resourced.

Service providers gave examples of reporting more than just serious physical harm, but the experience was not always positive. Some police officers had the view that if the result of D&FV was not serious physical harm, then it did not require a priority response, or even a response at all. This may have the impact of demoralising service providers and victims who are reporting all D&FV–related incidents, and act as a deterrent to future reporting. This is discussed further in section 8.5.

It may also result in police and services missing crucial signs of abuse and missing the opportunity for early intervention in order to prevent future abuse. Prevention is a key objective of the Act. Consideration could be given to how to encourage reporting of all D&FV to enable early intervention and prevent an escalation and/or continuation of violence.

### 11.2.4 Gaming the system

Some services reported instances where victims/survivors and perpetrators have used the mandatory reporting system to gain benefits. The benefits identified included:

- access to children;
- welfare payments;
- alcohol or drugs;
- power;
- accommodation; and
- Victims of Crime compensation.

Service providers and police officers across all five major centres provided examples of this:

‘Domestic violence orders related to mandatory reporting tend to be about a woman who hasn’t gotten money for alcohol, gunga and pokies from their husband. They then complain about domestic violence to police. A domestic violence order (on the balance of probabilities) is granted. This enables the woman to go off with another man who will give her alcohol, etc.’ (Service provider, major centre)

‘Men can game the system by bashing their wife. She then gets Victims of Crime compensation. He then bashes her again to get the money.’ (Service provider, major centre)

Estimates of the extent of the problem varied. There was no data to investigate these claims.
11.2.5 Additional violence

Violence against victims/survivors, witnesses or those perceived as having made reports to police appears to be an unintended impact of mandatory reporting. There was some evidence that this occurred before the introduction of mandatory reporting, but the prevalence appears to have increased since. The impact and nature of this secondary violence is discussed in sections 8.2 and 11.2.

11.2.6 Non-disclosure of domestic and family violence

Victims/survivors failing to disclose D&FV when seeking help, or failing to seek help all together, appeared to be an unintended impact of mandatory reporting. This is discussed in section 8.3.

11.2.7 Domestic and family violence pushed underground

Criminal charges for D&FV–related incidents can result in a perpetrator, if found guilty, being handed a custodial sentence. The chance of a convicted perpetrator being handed a custodial sentence in the NT is potentially increased with the operation of mandatory sentencing, depending on the perpetrator’s criminal record and the nature of the crime for which they are convicted.

Consultations with stakeholders revealed a consistent view that prison is not a deterrent or a punishment for perpetrators. It does not, in the main, motivate perpetrators to take responsibility for their actions. Nor do many victims/survivors or family members want the perpetrator to be sent to prison.

Mandatory reporting can have the unintended effect of pushing D&FV ‘underground’.

‘If anything, [perpetrators who] use violence are becoming more savvy and [domestic and family violence] has been driven underground to avoid mandatory reporting.’ (Service provider, major centre)

There was some evidence that perpetrators did not wish to discuss D&FV with their family and friends. In the period between the implementation of the first and second phases of the social marketing campaign, the proportion of perpetrators that would ‘stop and talk things over with family/friends’ as a likely alternative to violence fell from 52 to 40 percent. While this is a negative effect on the help-seeking behaviour of perpetrators, there were other ‘alternatives to violence’ used.

Some stakeholders identified the need to find alternative solutions to sentencing perpetrators. This alternative should be appropriate for the seriousness of the crime, provide justice to the victim/survivor, and motivate behaviour change in perpetrators. Examples such as consequences at a family level were provided as options for consideration.

204 Colmar Brunton, op cit (2011) 56. Please note that this was tested as a baseline in April 2010 by Colmar Brunton. This baseline assisted in the development of the Stop theHurting, Start the Healing phase of the campaign. It was tested again at the end of the six-month period following this phase of the campaign, in September and October 2011.

205 Ibid.
11.2.8 Impact on service time and resources by victims/survivors who do not want to report

A number of service providers and police officers spoke of the impact on workload and service resources associated with investigating D&FV-related incidents, or providing services to victims/survivors or perpetrators in circumstances where the victim has not wanted to proceed with a police report, court case or service support.

One service provider gave this example:

‘In this instance the victim instigated the violence. The man retaliated and injured the woman. When the victim presented to a service a report was made. The man took the woman to the clinic. He was very remorseful. It was very out of character for him to have done what he did—and the first time that we knew of. The woman then left the community. Money was spent on plane tickets to get her to come back for the court appearance, but she didn’t show up. Everyone wasted their time—the court, the services, the services supporting the perpetrator.’ (Service provider, remote community)

On this point it is important to note that, due to the nature of D&FV or pressure put on victims/survivors by perpetrators or their family members, victims/survivors are commonly unable to go through with legal proceedings.

11.3 Community readiness and mandatory reporting

The Community Readiness Model (CRM) is a framework that can be used to analyse the ‘readiness’ of a community to take up an intervention. It can shed light on the ‘stage of readiness’ that a community is in, and on the capacity, ability and willingness of a community to change.

Viewed through the lens of the CRM, mandatory reporting is an initiative designed to promote community intervention in D&FV-related incidents, and to shift community attitudes and behaviours towards D&FV.

11.3.1 Context: evaluating the impact of a community intervention

Community intervention is characterised by a community reaching a consensus in relation to an issue, and providing a coordinated response. This process is influenced by how significant an issue is to the community and whether it is given priority by the community.\(^{206}\) An enabler or barrier for successful intervention is the community’s capacity to enact a preventative approach. Successful community intervention is therefore distinct from the existence of a community prevention program itself and/or the willingness of the community to undertake it.\(^{207}\) Mandatory reporting in the Northern Territory can be characterised as a community intervention and as such is appropriate for consideration in line with the Community Readiness Model (CRM).

Community capacity for change has been defined to involve, ‘the interaction of human capital, organisational resources, and social capital existing within a given community that can be


leveraged to solve collective problems and improve or maintain the well-being of a given community’.208 The World Health Organization has stated that the issue of D&FV needs to be addressed at four levels: the individual level, the relationship level, the community level and the societal level.209

The success of community intervention in D&FV can be understood according to ‘bystander intervention’ theory.210 The theory is underpinned by an emphasis on the role that individual members of a community play in the prevention of violence, and the development of a collective responsibility towards the violent behaviour.211 The theory aims to provide strategies for community members to safely intervene if violence is occurring, to have communication strategies to combat dialogue that supports violence, and to build a respectful and non-violent culture.212

11.3.2 The Community Readiness Model

The CRM was developed by researchers at Colorado State University, within the Tri-Ethnic Centre for Prevention Research. It is a framework that can be used to gain a structured understanding of a community’s capacity (i.e. ‘readiness’) to address community issues through the implementation of a specific initiative. The CRM can be used to analyse the components of a community’s activities, processes and capacity that may act as enablers and barriers for a community to collectively and effectively respond to an identified issue.213

The CRM is based on the premise that a community’s stage of readiness for an initiative can be a key factor in determining the uptake of the initiative within the community, and its effectiveness and impact.214

Stages in community readiness

Determining a community’s level (or stage) of readiness can be used to identify what a community can do to progress the implementation of a prevention initiative and make it more effective. Knowing where a community is situated on a ‘readiness continuum’ is useful in determining what the next steps would need to be in order to progress to the next stage/s of readiness, and hence achieve the desired goal of the community intervention or prevention.

The CRM identifies nine different stages of community readiness, which provide an overall measure of the capacity for a community to effectively implement a community intervention. These stages are set out in the table below.215

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211 Ibid.

212 Ibid.


214 Ibid.
Table 11-1: Stages in community readiness

<table>
<thead>
<tr>
<th>Stage</th>
<th>Level of community readiness</th>
</tr>
</thead>
<tbody>
<tr>
<td>No awareness</td>
<td>The issue is generally not recognised by the community or leaders as a problem (or it may truly not be an issue).</td>
</tr>
<tr>
<td>Denial</td>
<td>At least some community members recognise that it is a concern, but there is little recognition that it might be occurring locally.</td>
</tr>
<tr>
<td>Vague awareness</td>
<td>Most feel that there is a local concern, but there is no immediate motivation to do anything about it.</td>
</tr>
<tr>
<td>Pre-planning</td>
<td>There is clear recognition that something must be done, and there may even be a group addressing it. However, efforts are not focused or detailed.</td>
</tr>
<tr>
<td>Preparation</td>
<td>Active leaders begin planning in earnest. Community offers modest support for efforts.</td>
</tr>
<tr>
<td>Initiation</td>
<td>Enough information is available to justify efforts. Activities are underway.</td>
</tr>
<tr>
<td>Stabilisation</td>
<td>Efforts are supported by administrators or community decision makers. Staff are trained and experienced.</td>
</tr>
<tr>
<td>Confirmation/Expansion</td>
<td>Efforts are in place. Community members feel comfortable using services, and they support expansions. Local data is regularly obtained.</td>
</tr>
<tr>
<td>Professionalisation</td>
<td>Detailed and sophisticated knowledge exists about prevalence, causes, and consequences. Effective evaluation guides new directions. Model is applied to other issues.</td>
</tr>
</tbody>
</table>

Source: KPMG, based on the Community Readiness Handbook 61

Factors for measuring and understanding community readiness

There are six factors underpinning the CRM, which have been devised to inform the development and approach of evaluation frameworks used to assess community initiatives. The factors are broad and overlapping, but when considered together contribute to an understanding of a community’s overall level of readiness for the effective implementation of an initiative.

The table below provides an overview of the six factors. Further detail is provided in the following sections.

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Table 11-2: Factors for measuring and understanding community readiness

<table>
<thead>
<tr>
<th>Factor</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community efforts: extent of efforts, programs and policies addressing the issue.</td>
<td></td>
</tr>
<tr>
<td>Community knowledge of the efforts: extent that community members know about local efforts and their effectiveness, and the accessibility of the efforts to all segments of the community.</td>
<td></td>
</tr>
<tr>
<td>Leadership: extent to which appointed leaders and influential community members champion the issue in the community.</td>
<td></td>
</tr>
<tr>
<td>Community climate: the prevailing attitude of the community toward the issue (i.e. helplessness vs responsibility and empowerment).</td>
<td></td>
</tr>
<tr>
<td>Community knowledge about the issue: extent that community members know about the causes of the problem, consequences and how it impacts on the community.</td>
<td></td>
</tr>
<tr>
<td>Resources related to the issue: extent of local resources available to support the efforts (people, time, money, space, etc).</td>
<td></td>
</tr>
</tbody>
</table>

Source: KPMG, based on the Community Readiness Handbook 61

11.3.3 The Community Readiness Model and its use within the current evaluation

In relation to the current evaluation, the CRM was an analytical tool used to supplement understanding of the associated literature and to assist in analysing components of mandatory reporting.

Some of the factors for measuring and understanding community readiness are similar to the objectives this evaluation has measured the impact of mandatory reporting against. Appendix U describes the literature relating to D&FV and mandatory reporting in relation to each CRM factor. Due to the timing of the evaluation, however, information required for assessment against some of the CRM factors was not captured. As such, a comprehensive analysis of mandatory reporting against the CRM is not possible.

This evaluation was not intended to examine the ‘readiness’ of each local community to implement changes required by the mandatory reporting legislation. As such, comprehensive data was not collected for each of the five major centres or any of the remote locations that participated in this evaluation. However, a community readiness analysis may be appropriate for future program design and implementation at a local level. This could be done by local service providers.

Some insight into the ‘readiness’ of the NT’s population to embrace and implement mandatory reporting was nevertheless possible. This insight can be used to guide NT-wide initiatives that support the implementation of mandatory reporting.
11.3.4 Community readiness and mandatory reporting

On the basis of the evidence that was available to the evaluation, it appears that the NT community was in a stage of ‘stabilisation’. Mandatory reporting and its implementation were supported by community leaders, administrators and community decision makers. Staff within the service system were trained and experienced in implementing mandatory reporting.

It did not appear that the NT community was at a stage of ‘confirmation/expansion’. Not all community members were aware of mandatory reporting; of those who were aware, not all had a necessary depth of understanding. Additionally there were a small number of community members, including those working within the service system, that were not supportive of mandatory reporting—service sector staff and professionals did not display a universal degree of comfort or willingness to implement mandatory reporting. Finally, data collection across the service system was not comprehensive. In many instances, the systems required to collect data are not yet in place.

An examination of mandatory reporting against each CRM factor for measuring and understanding community readiness is discussed below. Further discussion is presented in Appendix U.

11.3.5 Community efforts

The NT community has focused its efforts on the implementation of mandatory reporting to address D&FV. The extent of these efforts is evidenced in the legislative, policy and service system response.

A clear direction has been set by the government through the mandatory reporting amendment to the Act, accompanied by additional funding and support for the service system that responds to D&FV. This funding has been committed towards key services, including emergency accommodation and counseling services, as well as education initiatives to improve stakeholder understanding and awareness of D&FV. Over 180 training sessions on mandatory reporting have been conducted in the service sector to enable services to respond effectively. These efforts to support the implementation of mandatory reporting are discussed in detail in section 7.9.

11.3.6 Community knowledge of the efforts

The extent to which members of the NT community are aware of and understand mandatory reporting has been discussed from the perspective of the service sector (chapter 7), victims/survivors (chapter 8), perpetrators (chapter 9) and witnesses (chapter 10). In summary there were mixed levels of knowledge within each stakeholder group. There was some evidence from the Colmar Brunton Social Research and the experiences of service providers (see chapter 10) to suggest that the majority of the community is aware of, and has some degree of knowledge about, mandatory reporting.

There was evidence that the accessibility of information about mandatory reporting could be improved by taking cultural and linguistic diversity into consideration (see section 7.6). Access to service providers who can assist community members to make reports, or support individuals through the reporting process and its aftermath (for example, a police investigation) appeared to

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216 Figure provided by DCF (15 December 2011)
be available to the members of most communities, although the types of support residents in remote parts of the NT could access were more limited.

11.3.7 Leadership

Leadership on the subject of mandatory reporting is evidenced in the NT government’s commitment to implementation of the legislation. NT police have also played a central leadership role. By receiving and investigating reports, NT police could provide a positive endorsement and credibility for the initiative within the community.

At a local community level, leaders such as Indigenous community elders, service providers, professionals and staff working within the sector that responds to D&FV, and other community leaders are key. There is evidence to show that many of these local community leaders have embraced mandatory reporting.

11.3.8 Community climate

The prevailing attitude about D&FV in the NT community was that ‘something’ needed to be done. Over 95 percent of the community agreed that D&FV is always wrong.217 There was overwhelming support from the majority of service providers for mandatory reporting as one of the responses to D&FV. The support of the different stakeholder groups is discussed individually in chapters 7, 8, 9 and 10.

11.3.9 Community knowledge about domestic and family violence

Community knowledge about D&FV has been assisted by the introduction of mandatory reporting. Funding provided by the NT government to support implementation of the legislation has allowed services to conduct D&FV outreach services and implement a two-phased NT–wide social marketing campaign.

The social marketing campaign was targeted at raising awareness and increasing knowledge in communities about D&FV and mandatory reporting, with the purpose of encouraging effective implementation of the latter.

Service providers reported that awareness of D&FV has in fact increased since the introduction of mandatory reporting.

11.3.10 Resources related to mandatory reporting

The extent of the resources available to support the implementation of mandatory reporting, with regards to the service system that responds to D&FV, has been discussed in chapter 7.

The NT community faces several challenges: workforce issues; data collection; service capacity; the nature of geography, climate and the population spread across the NT; education and training of staff; and service integration restrict the ability of the service system to respond effectively to reports of D&FV in some instances.

217 Colmar Brunton, op cit (2011) 36: range between 94 and 98 percent. This includes perpetrators of violence.
11.4 Summary

There is a range of policy reforms and specific D&FV initiatives in the NT that have occurred simultaneously with the implementation of mandatory reporting. As such, it is difficult to attribute the impacts on the achievement of the objectives of the Act and the impact on stakeholders entirely to mandatory reporting. Stakeholders reported that mandatory reporting is ‘one part’ of a multifaceted and long-term community and system response to D&FV.

The CRM can provide further insight into the ability of the NT to effectively implement mandatory reporting. On the basis of the evidence derived from this evaluation, the NT can be understood as being in a stage of ‘stabilisation’. Key features of this stage include that mandatory reporting is supported by community leaders, administrators and community decision makers, and staff within the service system are able to implement mandatory reporting.

Stakeholders reported a number of unintended consequences associated with mandatory reporting. These included a perceived increase in the volume and frequency of breaches of DVOs; increased risk of retributive violence or harassment for victims/survivors accessing children placed in the care of other family members due to DVO conditions; a narrowing of the definition of D&FV and its effects; an increase in the non-disclosure of D&FV by victims/survivors when accessing services, which impacts on the support and treatment they receive; gaming of the system; and an increase in violent retribution and harassment.

There were also other issues identified by service providers as having been exacerbated or highlighted by the introduction of mandatory reporting. These issues include the lack of options available to people wanting to break the cycle of violence (particularly in remote communities), the effect of drugs and alcohol on D&FV, and the intersection of retributive of violence with D&FV and mandatory reporting.
12. Summary of key findings and issues for consideration

This chapter summarises the key findings of the evaluation and highlights issues for consideration to enhance the operation of mandatory reporting of D&FV within the NT.

12.1 Key findings

The key findings from the evaluation have been grouped into a number of categories, based on themes and the evaluation’s terms of reference.

12.1.1 Introduction of mandatory reporting amendments into the Northern Territory

In 2009, the Northern Territory government amended the Domestic and Family Violence Act 2007 (NT) to make it mandatory that D&FV–related incidents resulting in actual or potential serious physical harm are reported to the police. The key findings related to the introduction of this amendment are as follows.

1. There are mixed levels of understanding about mandatory reporting of D&FV within the NT.

   There are mixed levels of understanding of the legislation among victims/survivors and perpetrators. Understanding ranges from no understanding through to a detailed level of understanding. There appeared to be less understanding in some of the more remote communities. Levels of understanding within the general community also appeared variable. Service providers generally understood their obligations, although for some there was confusion between the legislation and their own professional codes of practice. There was also some uncertainty about the definition of ‘serious physical harm’, as well as confusion between this legislation and legislation associated with mandatory reporting of child abuse.

2. The level of support for mandatory reporting of D&FV, while variable, is generally very high.

   The vast majority of service providers perceived the legislation to be a positive initiative, although many saw it as being only one component of a broader response to a deeply entrenched problem in the NT community. Where victims/survivors and service providers expressed reservations about the legislation, this was due to the consequences of reporting and the belief that mandatory reporting undermined the therapeutic empowerment model for victims/survivors. Some service providers and police officers indicated that the introduction of mandatory reporting has generated discussion of D&FV in the community, and therefore possibly contributed to increased knowledge of the issue and a shift in attitudes. Others believed that the legislation’s focus on incidents of ‘serious physical harm’ only had potentially undermined efforts to raise awareness of other damaging aspects of D&FV, such as emotional abuse and financial control.
3. There have been some issues for service providers with the implementation of mandatory reporting of D&FV.

The mandatory reporting provisions became operational one month after they were introduced. Relevant government departments and service providers needed to establish policies and procedures to support implementation of the legislation. Some are still in the process of designing and/or fine-tuning these policies and procedures. Training was, and continues to be, run throughout the sector to ensure that staff and professionals are aware of and understand their obligation to report D&FV. High levels of staff turnover, especially among health professionals, pose continuing challenges.

4. Experiences of the mandatory reporting process for D&FV have been variable.

The experiences of service providers, victims/survivors and witnesses with regards to mandatory reporting have been variable. Factors influencing these experiences include: the potential or actual consequences of making a report (for example, payback), the timeliness and nature of police responses and the attitudes of police officers, whether the report was made with the consent of the victim/survivor and whether they were active participants in the process, and the appropriateness of outcomes (for example, DVOs or criminal charges).

12.1.2 Impact of the legislative amendments within the Northern Territory

This section identifies the key findings related to the impact of the introduction of mandatory reporting on the service sector that responds to D&FV within the NT.

1. There has been a statistically significant increase in the number of reports of D&FV–related incidents to the police since mandatory reporting was introduced.

Since the introduction of mandatory reporting, there has been a statistically significant 19 percent increase in the number of reports of D&FV–related incidents to the police. While the total number of all criminal incidents reported to police has also increased, the number of D&FV–related reports represents 18 percent of the increased volume. Data on the sources of reports was not available, so it is not possible to comment on where the increased reports have come from, or whether there has been any change in the sources reporting D&FV sources following the introduction of mandatory reporting.

2. There has been a statistically significant increase in the number of DVOs issued by police since the introduction of mandatory reporting.

The number of DVOs issued by police in the period after the introduction of mandatory reporting increased by a statistically significant 50 percent.

3. There has been a statistically significant increase in the proportion of D&FV–related incidents resulting in a DVO.

In the period before the introduction of mandatory reporting 19 percent of D&FV–related incidents reported to police resulted in the issuing of a DVO. In the period afterwards, there was a statistically significant increase to 24 percent.
4. There is some evidence to suggest that mandatory reporting has had a different impact in the Greater Darwin region, as compared to other major centres and the rest of the NT.

In a number of regional-level analyses, the results for Greater Darwin were different to other regions of the NT (Alice Springs, Nhulunbuy, Katherine, Tennant Creek and the rest of the NT). Key differences included:

- Greater Darwin experienced a 10 percent decrease in the number of reports following the introduction of mandatory reporting, while all other regions experienced an increase.
- Greater Darwin had the highest increase (72 percent) in the number of DVOs issued by police following the introduction of mandatory reporting.
- While all other regions showed a slight decrease in the proportion of D&FV reports that resulted in criminal charges, the proportion in Greater Darwin remained constant.
- Over an 18-month period after the introduction of mandatory reporting, there was a steady decline in the number of emergency department presentations with a D&FV code at the Royal Darwin Hospital, while the number in all other hospitals remained constant.

Taken together, these differences suggest that mandatory reporting has had a different impact in Greater Darwin.

5. The enhanced service capacity that accompanied the introduction of the legislation appears to have been beneficial.

The addition of specialised D&FV social workers to NT hospitals was viewed as important for achieving positive outcomes for victims/survivors and witnesses, and assisting with the implementation of mandatory reporting in hospitals. Specialised D&FV social workers played a role in training and supporting other hospital staff, as well as an educative and advocacy role in the broader community. The additional capacity provided to women’s crisis accommodation refuges was viewed as crucial to meeting the large, unmet demand in the NT for such services. Some services used additional funding to increase service capacity, but there were others that reported difficulty in attracting and/or retaining staff to new positions. It was felt that the short-term nature of some of these positions was the cause of this difficulty.

6. There are a range of deterrents to reporting that impact upon achievement of the amendment’s intended purposes.

A number of service providers, victims/survivors, and even one perpetrator, described the consequences that victims/survivors can face when they report D&FV to the police. These consequences were viewed as deterrents to reporting. The most frequently cited deterrents were actual or threatened violent retribution for making a report, an unsatisfactory prior experience of mandatory reporting, the possible outcome of a custodial sentence for perpetrators, not wanting to have children removed by child protection authorities, and the prospect of becoming homeless.

Deterrents for witnesses included actual or threatened violent retribution for making a report, the possible outcome of a custodial sentence for perpetrators, the possibility of ‘getting involved’ in the situation, and the perception that police will not ‘do anything’.
7. Broader social factors act as constraints on the potential positive effects of mandatory reporting.

Service providers reported that D&FV is intrinsically linked to a number of broader social factors, some of which constrain the potential positive effects of mandatory reporting. The constraints referred to most often were:

- A lack of alternative housing and/or short-term accommodation in some areas of the NT. This constrains the ability of victims/survivors and witnesses (including children) to escape from violence, and limits the option to remove perpetrators from the domestic or family environment.

- The prevalence of drugs and/or alcohol as a factor in many D&FV-related incidents. Some victims/survivors, witnesses and service providers believed that drugs and/or alcohol cause D&FV. Service providers are unable to properly support some individuals due to their use of drugs and/or alcohol—many will not treat victims/survivors who are under the influence—and this may have an impact on the level of reporting of D&FV and police intervention.

- The availability of services. In some areas (particularly more remote communities) it is difficult for police to respond to reports due to resourcing constraints and the travel required. This reduces the potential impact that mandatory reporting could have on safety and the prevention of violence. For victims/survivors and witnesses, the variability in service availability is a constraint on help-seeking behaviour; for perpetrators, it is a constraint on the ability and/or willingness to take responsibility for their behaviour.

8. There are concerns about some real or potential unintended consequences of the legislative amendments.

The most frequently cited potential unintentional consequence of mandatory reporting by service providers was that of payback, with violence being directed towards the victim/survivor or the person perceived to have made a report. This seemed to be of particular concern in areas outside of Greater Darwin.

Another potential unintended consequence is with regards to community perceptions of D&FV. While the legislation does not prohibit the reporting of D&FV resulting in ‘non-serious physical’ or ‘non-physical’ harm to police, the focus is on ‘serious physical harm’. Some service providers thought this focus may result in narrowing of the definition of D&FV—so that its other, broader effects would be ignored by victims/survivors, witnesses, community members and police—and counteract the effect of other initiatives and messages aimed at increasing understanding of D&FV in the NT community.

9. Existing limitations related to data collection on D&FV across the service system have impacted upon this evaluation of mandatory reporting.

This evaluation was designed with a mixed-methods approach. Part of this approach involved comparing and analysing data sources and the experiences of stakeholders. The existing limitations on data collection in the NT impacted on this evaluation. Some of the limitations included:

- Non-existence of data fields to capture information related to D&FV and/or mandatory reporting, limiting the ability for analysis.
Inconsistent data input, limiting the reliability of data.

Different periods of data collection across services, limiting the ability to compare results.

Varying data fields and geographical boundaries, making it difficult to compare data sets.

Short period since the commencement of mandatory reporting, limiting the ability to do a longitudinal study of data for longer than a three-year period before mandatory reporting.

Local issues within services that impacted on their ability to collect, store and analyse data, limiting the ability for analysis.

Service providers indicated that better systems and processes for data collection and capture, and more collaboration and sharing of data across services and police would improve the implementation of mandatory reporting.

12.1.3 Impact of mandatory reporting on the objects of the Act

This section identifies the key findings related to the impact of mandatory reporting on achieving the objects of the Act, namely to:

- ensure the safety and protection of all persons, including children who experience or are exposed to domestic violence;
- ensure people who commit domestic violence accept responsibility for their conduct; and
- reduce and prevent domestic violence.

1. It is too soon to expect the full impact of mandatory reporting to be evident.

The full impact of mandatory reporting may not yet have been seen. At the time of this evaluation, mandatory reporting had been in operation for less than three years. D&FV involves complex social issues that take a long time to address. The objectives that mandatory reporting is to be measured against (i.e. increase reporting so as to reduce and prevent violence, keep people safer and have perpetrators take responsibility for their behaviour) often involve long-term and/or generational changes in attitudes, behaviours and community cultures. The full impact on victims/survivors, perpetrators, witnesses and the service system may not yet be evident.

In addition, a number of initiatives undertaken to address D&FV have been running concurrently with mandatory reporting. As such, it is difficult to attribute any relevant changes solely to mandatory reporting. This evaluation has outlined the impact that mandatory reporting has potentially had on the achievement of the objects of the Act to date. It provides a baseline against which to evaluate future achievement and progress.

2. There is some evidence that mandatory reporting may be contributing towards keeping people safer from D&FV.

Reporting incidents of D&FV can result in police intervention and either the issuing of a DVO against the perpetrator or a conviction. This can contribute to the safety of individuals, at least in the short term. Involvement of police may also lead to the involvement of other services that can assist with the social and emotional wellbeing of both perpetrators and victims/survivors.
Some service providers and police officers reported feeling more empowered and supported to intervene as a result of mandatory reporting, while some community members reported an increased sense of empowerment ‘to do something’ instead of feeling powerless. Through Mandatory reporting may also help increase safety for children involved in D&FV–related incidents: after receiving a report, police can notify DCF staff, who are then able to assess the situation and possibly remove children from violent and/or harmful situations.

There is also some evidence from service providers that mandatory reporting may also be placing some people at risk, due to consequences such as payback or acts of retributive violence by the perpetrator or their family/friends.

3. There is no evidence at this stage that mandatory reporting has had any impact on perpetrators taking responsibility for D&FV.

Stakeholders felt that mandatory reporting had not had an impact on perpetrators taking responsibility for D&FV. There was overall support for perpetrator programs, mandatory and voluntary, but some of these were run independently of the mandatory reporting legislation. Programs have not experienced a change in demand attributable to the introduction of mandatory reporting. Service providers, and some perpetrators, felt that programs supporting perpetrators to change their violent behaviours may have some impact, but there were accessibility issues: not all sentences for D&FV–related incidents, for example, mandate participation in a program (it was reported that only perpetrators in prison for six months or longer were able to access programs).

There was some evidence that the attitudes of perpetrators towards D&FV may be changing. This change does not appear to be attributable to mandatory reporting; it is more likely that any change that has occurred is a result of the social marketing campaign accompanying the introduction of mandatory reporting. Stakeholders agreed that long-term work to change community attitudes, early intervention through perpetrator programs, and the use of meaningful consequences (prison is not viewed as a deterrent by many perpetrators, rather a ‘rite of passage’) are important steps towards encouraging perpetrators of D&FV to take responsibility for their behaviours.

4. At this stage, it appears that there has been no reduction in the amount of D&FV within the community since the introduction of mandatory reporting.

Determining whether mandatory reporting has had an impact on reducing or preventing D&FV requires data on its actual prevalence within the NT community. This data is not available. Moreover, the literature suggests that under-reporting of D&FV is commonplace.

Based on existing data and qualitative information from multiple sources, there does not appear to have been a reduction in D&FV since mandatory reporting was introduced. There is some evidence of a decline, over an 18-month period, in D&FV–related presentations at the Royal Darwin Hospital, but this decline may be a result of other factors.

It is important to note, however, that it is unrealistic to expect significant change in the short amount of time since the legislation has been in operation. Three years is too brief a period for addressing the underlying level of D&FV in the NT community. Service providers and police officers interviewed for this evaluation agreed that the issue requires a multi-pronged and long-term approach.
12.1.4 The impact of mandatory reporting on victims/survivors

The impact of mandatory reporting on victims/survivors is mixed. The following key findings are in addition to those discussed above:

- Some victims/survivors are accessing services and either making reports to police themselves or requesting service providers to do so for them. Other victims/survivors are taking steps to deliberately avoid the making of reports. Failing to seek help, to disclose D&FV, or to name perpetrators were cited by service providers as examples of this avoidant behaviour.

Many service providers expressed concern that mandatory reporting has resulted, or could result, in victims/survivors not seeking help because they know that service providers will report to police. This concern cannot be verified, as data relating to instances of D&FV where victims/survivors do not report, or do not present at services for treatment and support, does not exist.

- Some victims/survivors stated that mandatory reporting had made it easier to report, due to improvements in the police response. Others cited the police response as a deterrent to reporting.

- The making of reports by service providers and witnesses on behalf of victims/survivors can result in outcomes that victims/survivors do not intend, such as the issuing of DVOs.

- There was no impact on the profile of victims/survivors as a result of the introduction of mandatory reporting.

- There was not enough evidence to determine whether the nature of violence that victims/survivors face has changed due to the introduction of mandatory reporting.

12.1.5 The impact of mandatory reporting on perpetrators

There is little to no evidence that perpetrators have changed their behaviour as a result of the introduction of mandatory reporting. The impact that mandatory reporting has had on perpetrators is in relation to the increased number of reports made to police. This increase necessitates an increase in police investigations and the potential increase in consequences for perpetrators in the form of DVOs or criminal charges.

Other key findings:

- Changes in perpetrator behaviour and attitudes cannot be attributed to the influence of mandatory reporting.

- Perpetrator programs were reported to have some potential impact, but this is constrained by program availability and accessibility issues.

- The proportions of male and female perpetrators remained relatively stable before and after the introduction of mandatory reporting.

- The increase in the proportion of Indigenous perpetrators (35 percent) does not appear to be attributable to mandatory reporting. The proportion of Indigenous perpetrators was increasing before the introduction of mandatory reporting, and the rate of increase has remained stable.
12.1.6 The impact of mandatory reporting on witnesses

The key findings relating to the impact of mandatory reporting on witnesses and the general community were as follows:

- There is an increased level of awareness among witnesses and the general community about D&FV. This cannot be solely attributed to mandatory reporting: the social marketing campaign accompanying the implementation of the legislation, experiences of mandatory reporting and community outreach programs were major contributing factors.
- There is an increased confidence among community members to intervene in D&FV–related incidents by reporting to police.

12.1.7 The impact of mandatory reporting on service providers and the service system

The introduction of mandatory reporting has had a variable impact on the service system that responds to D&FV. The key findings were as follows:

- The impact of increased numbers of reports on service workload varies. For initial and secondary response services, the impact was minimal, while for police there appeared to have been a significant impact.
- There is some confusion among service providers and staff about what needs to be reported. This was believed to have resulted in ‘over-reporting’ to police, which had the effect of increasing workloads.
- There is concern from service providers about breaching client confidentiality and this potentially leading to a decrease in help-seeking behaviour. This concern was unable to be verified through available (but limited) data.
- Some services reported a changing focus by the practitioner to the detriment of the client’s best interests. Some services reported an increase in ‘ethical dilemmas’, but for the majority this did not appear to be an impact.
- The creation or amendment of internal processes and policies within organisations required training and support of staff for consistent implementation.
- The impact on police officers was significant. Increased numbers of reports led to an increased workload. Police officers believed that mandatory reporting had increased community expectations for police to intervene in D&FV–related incidents. Stakeholders reported the police response as being variable.
- Increased funding for secondary support services was reported to have had a positive impact on the ability of services to implement the legislation and provide support to people affected by D&FV.
- Service providers reported an increase in community expectations to ‘do something’ in response to reports. However constraints on service availability impacted on the ability to realise the full impact of the legislation.
- There has been little to no impact on service collaboration. Service providers agreed that increased collaboration could improve the implementation of mandatory reporting and aid in the achievement of its objectives.
• Mandatory reporting has aided service providers in changing community attitudes towards D&FV. It was reported as enabling providers to have another conversation about D&FV with community members.

• Workforce issues limited the ability of service providers to implement cohesive programs addressing D&FV and mandatory reporting within communities. These included difficulties in attracting and retaining staff and implementing effective training with a short-term workforce.

• Mandatory reporting has increased community acceptance of the making of reports to police by staff and professionals within the sector that responds to D&FV. Some services noticed a decline in the number of staff being ‘driven out of communities for reporting’. The role of Indigenous staff and professionals is complicated by community expectations to not report family members.

• New data collection processes and tools are required to monitor and evaluate the implementation and progress of mandatory reporting. Where service providers and government agencies did not make investments in these processes and tools, this has impacted on the ability to evaluate the impact of mandatory reporting.

12.2 Considerations

The findings discussed in section 12.1 present a number of considerations that could improve the implementation and impact of mandatory reporting of D&FV in the NT. These considerations are presented below.

(1) The opportunity to increase community awareness and knowledge of mandatory reporting

Consideration could be given to increasing awareness and knowledge of mandatory reporting in the NT community. Stakeholders felt that giving further consideration to the messages, channels and tools used in community programs and advertising campaigns could achieve this. In particular, further consideration could be given to the cultural and linguistic context of different communities (Indigenous, migrant and refugee) and other characteristics of community members relevant to their engagement in an effective dialogue about mandatory reporting (for example, people identifying as lesbian, gay, bisexual and transgender, and people with a disability).

Baseline evidence, such as that contained in this evaluation, could be used in order to evaluate and refine the efforts of service providers and government agencies in this area.

(2) The opportunity for service providers and government agencies to improve their implementation of mandatory reporting or response to D&FV

Service providers and staff from government agencies reported that the implementation of mandatory reporting could be improved both within their own organisations and at a local service system level.

Services and police identified ways that internal processes, policies, training programs, culture and responsibilities could be improved to enhance the implementation of mandatory reporting, as well as initiatives that could be developed at a local level to improve or strengthen the system response. These included better service integration, sharing of data to ensure a ‘wraparound’ of
services, establishing and maintaining partnerships, and regular communication between key services and police.

Another potential area of focus was identified in relation to data collection, capture, sharing and reporting. Consideration could be given by services and agencies about the overall architecture of data required to support an effective response to mandatory reporting and D&FV. This in turn could lead to further consideration of developing common data fields; defining data using common geographical boundaries and time periods; the inclusion of the sources of reports; data storage systems; processes and training for users.

Service providers and agencies could give consideration to improving their own processes for the implementation of the legislation, as well as to improving relationships with other organisations, and working towards an integrated system response to mandatory reporting and D&FV. Initiatives to support service providers and agencies in this regard could be considered by government.

Effective implementation of mandatory reporting can strengthen and maximise the ability of mandatory reporting to achieve its desired impact.

(3) The opportunity to use the information in this evaluation report as baseline data to inform future evaluations

Mandatory reporting commenced operation in March 2009. Due to the innovative nature of the legislation, there is a paucity of data against which to benchmark the experience in the NT. In addition, the perspective of many stakeholders was that the full impact of mandatory reporting was yet to be realised. Some services are still in the process of designing and implementing internal work processes and systems to effectively implement the legislation. As such, consideration could be given to evaluating the impact of mandatory reporting at a later point in time when the service system has had sufficient time to fully implement processes and procedures to support the legislation and the full impact of the legislation on achieving the objects of the Act is able to be evidenced. The data and experiences of stakeholders considered and described in this evaluation could be used as benchmarks for future monitoring and evaluation.

(4) The opportunity to use the information and data from this evaluation to inform the service system response to mandatory reporting

Consideration could be given to using the data and experiences of stakeholders as represented in this evaluation to inform the future service system response to mandatory reporting. In particular, demographic information about perpetrators could be used to better tailor perpetrator programs at a local level.

(5) The opportunity to help victims/survivors and perpetrators understand and uphold DVOs

The increase in reporting of D&FV has led to an increase in the issuing of DVOs. This has the potential to keep victims/survivors and those affected by D&FV safer, but a lack of understanding of the terms and conditions of DVOs by victims/survivors and perpetrators can result in breaches of these orders. Stakeholders believed that a number of breaches occur because the parties do not understand, or agree to, the terms of the DVO.
Consideration could be given by service providers, the police and government to helping victims/survivors and perpetrators better understand, and therefore more likely to uphold, the terms of DVOs.

(6) **The opportunity to provide support for addressing violent behaviours in Indigenous communities**

Humbugging and retributive violence in Indigenous communities limit the effectiveness of mandatory reporting in these communities. Consideration could be given to monitoring instances of humbugging and retributive violence, and to design and implement programs that aim to change attitudes and behaviour surrounding these acts.
13. Recommendations

In light of the key findings of this evaluation and in response to the key considerations identified in chapter 12, the following recommendations are made.

Recommendation 1: Improve the targeting of information on mandatory reporting to increase awareness and understanding within the Northern Territory.

As part of this recommendation, specific attention should be given to the cultural and linguistic contexts of different communities (Indigenous, migrant and refugee) and other characteristics of community members (such as people with disability and gay, lesbian and transgender individuals) to ensure that there is effective engagement in, and understanding of, mandatory reporting requirements in the NT.

Recommendation 2: Enhance the support given to service providers and government agencies so that responsibilities with regards to mandatory reporting can be effectively met.

Service providers, government agencies and police recognised that there is a need to further improve internal processes, policies and training programs to enable a more effective response to mandatory reporting obligations. In a number of instances, service providers also recognised the need to challenge the dominant organisational culture. At a local level, service providers and police identified initiatives that could be developed, or improved, to strengthen the system response. These included better service integration, sharing of data to ensure a ‘wraparound’ of services, the establishment and maintenance of partnerships, and regular communication between key services and police.

Recommendation 3: Improve service system responses to redress the incidence of domestic and family violence within the Northern Territory.

Consideration should be given to using the data and experiences of stakeholders contained in this evaluation to inform the future service system response to mandatory reporting and the incidence of D&FV in the NT. In particular, demographic information about perpetrators could be used to better tailor perpetrator programs at a local level.

Consideration should also be given to establishing local working groups of services (including police and local hospitals/health clinics) focusing on identifying and supporting victims/survivors, perpetrators and at-risk families. Informed by data on reports made to police, such groups could focus on providing a timely and integrated local service response to D&FV.

Recommendation 4: Explore opportunities to strengthen responses to domestic and family violence to ensure the safety of victims/survivors.

There is recognition that the general public has a limited understanding of DVOs. Stakeholders consistently expressed the view that many breaches of DVOs occur because the parties do not understand, or agree to, the terms. Service providers, police and the government should give consideration to finding ways of ensuring that victims/survivors and perpetrators better understand, and are therefore more likely to uphold, the terms of a DVO.
Recommendation 5: Explore opportunities to develop effective responses to other violent behaviours such as humbugging and retributive violence within Indigenous communities.

A key constraint on the effectiveness of mandatory reporting in Indigenous communities relates to violent behaviours such as humbugging and retributive violence. There is a need to explore better ways of responding to these behaviours, especially in more remote communities. Consideration should be given to monitoring the occurrence of humbugging and retributive violence within communities, as well as a greater focus on programs that aim to change attitudes and behaviour.

Recommendation 6: Explore opportunities for the service system to provide additional support to perpetrators in order to encourage them to change their behaviours and take responsibility for their actions.

Service providers viewed programs focused on supporting perpetrators to change and accept responsibility for their behaviours as an integral part of the solution to D&FV. Many viewed mandatory reporting as a mechanism by which to bring violent behaviour to the attention of the service system, and as an opportunity for the system to intervene. The inability of existing perpetrator programs in the NT to meet demand is a constraint on the positive effects of mandatory reporting in this regard. As such, government agencies and service providers should provide increased support for additional perpetrator programs, and additional capacity within existing programs. Consideration should be given to increasing the capacity of early-intervention programs, court mandated programs and other service provider responses.

Recommendation 7: Undertake a further independent review of the impacts of mandatory reporting at a later point in time when service systems have had longer to implement supporting processes, and procedures and the impact of the legislation can be measured.

This evaluation provides insights into the progress of the implementation of mandatory reporting within the NT. Once service providers and agencies have completed their local implementation responses, opportunities to strengthen these responses are addressed, and there is an increased level of awareness and understanding of mandatory reporting among the general public, there would be value in undertaking a further independent evaluation to ensure that the objectives of the legislation are being effectively met. This evaluation will provide a useful baseline against which future improvements can be assessed.

Recommendation 8: Undertake further research to better understand the impact of mandatory reporting in the Greater Darwin region.

This evaluation reveals that mandatory reporting has potentially had a different impact on a number of key indicators in the Greater Darwin region. We recommend that a roundtable of relevant local government agencies and service providers be established in Darwin to further explore the data against the indicators used in this evaluation. Further qualitative accounts may shed light on the drivers for these results.

We recommend that this roundtable compile and analyse data on a six-monthly basis until the next full-impact evaluation of mandatory reporting. Qualitative accounts from stakeholders may be able to identify initiatives that are having an impact. Consideration should be given to sharing these results, and the reasons for them, with other regions.
Recommendation 9: Enhance data collection approaches to provide a more robust means for monitoring and assessing the impact of mandatory reporting within the Northern Territory.

We recommend a number of actions be taken to enhance the data collection approach by government agencies and services.

a) **Improve the quality of existing systems at an individual agency and service level**

As an immediate action, agencies and services should agree to take steps towards improving the quality of their existing data capture and recording systems. Focus should be placed on:

- Retraining existing staff in data collection—for example, what needs to be collected and why, the definitions applying to data fields, and staff roles.
- Ensuring that policies and guidelines exist within agencies and services to support data collection and recording.
- Ensuring that agencies and services that make reports to police record the making of reports in a way that is accessible for data analysis.

b) **Establish a working group to progress development of a coherent whole-of-system approach to data capture**

We recommend that a working group be established to consider, design and lead the implementation of a coordinated whole-of-system response to data collection and analysis.

The working group should consist of representatives from NT police, NT health, DCF, the Department of Justice, Community Corrections, remote health clinics, women’s refuges, safe houses and cooling-down places, perpetrator services, legal services, family services and other service providers working directly in the D&FV area. These representatives should have a detailed knowledge of existing databases and be empowered to make decisions that will change the way that systems and work processes will operate.

The working group should examine immediate, medium-term and long-term solutions to ensure that data required to understand the full impact of mandatory reporting is available for the next full-impact evaluation.

c) **Create a system-wide data architecture**

Consideration should be given to the overall architecture of data required to support an effective response to mandatory reporting and D&FV. Consideration should also be given to the creation of a common data storage system, to ensure that a whole-of-system perspective can be established. As part of this process, consideration should be given to establishing agreed processes for data collection and training for users, to ensure a consistent approach to data collection and reporting.

As part of the development of agreed data architecture data sources, common data fields and data definitions need to be developed to ensure that trends can be effectively identified and analysed over time.
Aspects that should be considered include:

- Recording mandatory reports

Consideration should be given to attaching a unique incident number to each report, and using standard codes to record the level or type of harm involved. This may aid analysis of the changing nature of D&FV in the NT.

In addition, recording whether a report was made by the victim/survivor, and with or without their consent, would provide data to indicate whether there has been an impact on the help-seeking behaviour of victims/survivors.

Data collection at a local service level could enable service providers to track both the number of reports that are made and the resources required to respond to these reports.

- Recording the attributes of victims/survivors consistently

Consideration should be given to recording attributes such as gender, age, cultural background, language, relationship to the perpetrator, and residential address/community, in a consistent manner across government and non-government agencies and services. This could enable a better understanding and monitoring of D&FV–related incidents in the community and to better tailor programs to support victims/survivors.

In addition, victims/survivors with children should be tracked more systematically to ensure that appropriate children’s services are provided.

- Collecting data to understand and respond to recidivism

Consideration should be given to systematically collecting data that focuses on understanding recidivism. This could lead to a better-integrated response from services supporting victim/survivors and working with perpetrators.

Not all D&FV results in ‘serious physical harm’. Consideration should be given to recording all types of D&FV, so that interventions can be made to protect victims/survivors from escalating violence and to change the behaviours of perpetrators.

- Recording the attributes of perpetrators consistently

Consideration should be given to recording attributes such as gender, age, cultural background, language, relationship to the victim/survivor, and residential address/community, in a consistent manner across government and non-government agencies and services. This could enable a better understanding and monitoring of perpetrators of D&FV and recidivism, and assist in tailoring programs and initiatives to change the behaviours of perpetrators.

- Recording sources of reports

Consideration should be given to categorising sources of reports in order to provide insight into reporting trends and the response of the service system.

Information sharing within the NT police force, regarding the source of a report and standard processes for providing feedback to these sources (with consideration given to privacy requirements), could be beneficial. By providing feedback to all people who
make reports, police have the opportunity to reinforce the message that they ‘can make a difference’ and that reporting D&FV is the right thing to do. This should help to increase the knowledge and awareness of, and support for, mandatory reporting in the community.

- Recording the outcomes of mandatory reporting for perpetrators

Possible outcomes for perpetrators include apprehensions, charges, convictions, DVOs, mandated perpetrator programs, service referral or no action at all. Understanding the outcomes of reports for perpetrators is important in order to understand the full impact of mandatory reporting. This could be achieved through better data linkages across the system. As with victims/survivors, a client indicator number could be considered to link information across data sets and enable a more comprehensive analysis.

- Focusing on geographical variances

There should be agreement about common geographical boundaries to ensure that local data from multiple sources is analysed consistently.

d) Work with agencies and services to start collecting additional data using local systems

Consideration should be given to immediate actions that agencies and services can take in order to start collecting the data identified above, so that it may be collated into a common data storage system in the medium term.

e) Enhance incentives for agencies and services to collect and share data

DCF and other departments that fund services and programs should re-examine their requirements and ensure that data capture, storage and monthly reporting is included. Funding agreements and program requirements should be examined as opportunities to drive this change.

The interconnectedness of D&FV across a number of social policy areas and government departments requires a whole-of-system analysis to examine and monitor the impact of mandatory reporting. Interagency agreements to collect and store data related to mandatory reporting should be negotiated.
Appendix A – Reference list

This Appendix lists the references that were used to inform the evaluation.


Alice Springs Women’s Shelter, Feedback provided to the Northern Territory Emergency Response Review: ‘Rates of Domestic Violence As a Measure of the Effectiveness of the Northern Territory Emergency Response’.


*Care and Protection of Children Act 2007* (NT).


Commonwealth Department of Transport and Regional Services (2006), *About Australia’s Regions*, Canberra

Commonwealth of Australia, ALRC Final Report 114, Australian Law Reform Commission, Sydney


Cunneen, C, ‘Alternative and Improved Responses to Domestic and Family Violence in Queensland Indigenous Communities’ (2010) NSW Department of Communities.


*Domestic and Family Violence Amendment Act 2009* (NT).

*Domestic and Family Violence Act 2007* (NT)


Northern Territory Treasury Department (2010), *2010-11 Budget Papers*.

Evaluation of the Impact of Mandatory Reporting of Domestic and Family Violence
Northern Territory Department of Children and Families
August 2012


The Hon Robert McClelland MP (Attorney-General) and the Hon Kate Ellis MP (Minister for the Status of Women), (2011), National Plan to Reduce Violence against Women and Children, media release, Parliament House, Canberra, 15 February.

Treasurer Department, 2010–11 Budget Papers (2010).


Appendix B – The mandatory reporting legislation

This Appendix presents amendments made to the Domestic and Family Violence Act 2007 to introduce mandatory reporting, as written in the Domestic and Family Violence Amendment Act 2009. It also presents the relevant sections from the Criminal Code of the Northern Territory of Australia that are referred to in the 2009 Amendment.

B.1 Domestic and Family Violence Amendment Act 2009

Chapter 1 Introduction: Part 1.1 – Section 3: Objects of the Act and their achievement

(1) The objects of this Act are:
   a. to ensure the safety and protection of all persons, including children, who experience or are exposed to domestic violence; and
   b. to ensure people who commit domestic violence accept responsibility for their conduct; and
   c. to reduce and prevent domestic violence.

(2) The objects are to be achieved by providing for the following:
   a. the making of domestic violence orders to protect people from domestic violence and to encourage the people committing it to change their behaviour;
   b. the registration of orders made in other jurisdictions;
   c. the enforcement of those orders.

Chapter 5 Enforcement: Part 5.2 – Section 124A: Reporting domestic violence

(1) An adult commits an offence if he or she:
   a. believes on reasonable grounds either or both of the following circumstances exist:
      i. another person has caused, or is likely to cause, harm to someone else (the victim ) with whom the other person is in a domestic relationship;
      ii. the life or safety of another person (also the victim ) is under serious or imminent threat because domestic violence has been, is being or is about to be committed; and
   b. as soon as practicable after forming the belief, does not report to a police officer (either orally or in writing):
      i. the belief; and
      ii. any knowledge forming the grounds for the belief; and
      iii. any factual circumstances on which that knowledge is based.

Maximum penalty: 200 penalty units.
Evaluation of the Impact of Mandatory Reporting of Domestic and Family Violence
Northern Territory Department of Children and Families
August 2012

(2) It is a defence to a prosecution for an offence against subsection (1) if the defendant has a reasonable excuse.

(3) Without limiting subsection (2), it is a reasonable excuse if the defendant establishes 1 or more of the following:

a. the defendant reasonably believed someone else had, under subsection (1), reported the same belief about the circumstances mentioned in subsection (1);

b. the defendant was engaged in planning for the removal of the victim from the circumstances mentioned in subsection (1) and intended to report his or her belief as soon as practicable after the removal;

c. in relation to the circumstances mentioned in subsection (1)(a)(i) – the defendant reasonably believed that, if the report of his or her belief about the circumstances were made as soon as practicable after the belief was formed as mentioned in subsection (1)(b), a serious or imminent threat to the life or safety of any person may result.

(4) On receipt of the report, the police officer must take reasonable steps to ensure the report is investigated.

(5) This section has effect despite another law of the Territory.

(6) In this section:

"belief " means a belief mentioned in subsection (1)(a).

"harm" means physical harm that is serious harm.

"physical harm", see section 1A of the Criminal Code.

"serious harm", see section 1 of the Criminal Code.

______________________________

B.2 Criminal Code of the Northern Territory of Australia

Schedule 1, Section 4 Division 1-1 Definitions

In this Code, unless the contrary intention appears:

Serious harm means any harm (including the cumulative effect of more than one harm):

a. that endangers, or is likely to endanger, a person's life; or

b. that is or is likely to be significant and longstanding.
Schedule 1, Section 4 Division 1-1A Harm

(1) Harm is physical harm or harm to a person’s mental health, whether temporary or permanent.

(2) Physical harm includes unconsciousness, pain, disfigurement, infection with a disease and any physical contact with a person that a person might reasonably object to in the circumstances, whether or not the person was aware of it at the time.

(3) Harm to a person’s mental health includes significant psychological harm, but does not include mere ordinary emotional reactions such as those of only distress, grief, fear or anger.

(4) Harm does not include being subjected to any force or impact that is within the limits of what is acceptable as incidental to social interaction or to life in the community.
C Appendix C – Evaluation Design

This Appendix describes the key components of the design for evaluating the impact of mandatory reporting of domestic and family violence in the Northern Territory.

C.1 Evaluation design process

The evaluation design was developed collaboratively with the Northern Territory (NT) Department of Children and Families (DCF) and with input from other key stakeholders. This approach was used in order to ensure that the methods were appropriate, and an effective response to the evaluation objectives was achieved.

To frame the evaluation, a program logic model for mandatory reporting was first developed. A program logic model describes the way that a program is intended to operate, and the outcomes it is intended to achieve. It provides an ‘hypothesis’ which can be tested through evaluation. The program logic model for mandatory reporting drew on discussions with DCF, and publicly available material about mandatory reporting and the trends in D&FV in the NT. A corresponding mixed methods evaluation design was then developed. The design combines use of qualitative and quantitative information gathered from a range of sources, using different techniques.

The evaluation design was reviewed by key stakeholders from the D&FV service system. Two workshops were held in July 2011 with representatives from service providers (including Government agencies) to gather feedback on the proposed program logic model, evaluation questions, evaluation methods, data sources and consultation tools. The evaluation design and program logic model were refined based on this feedback (see Appendix D).

A literature review examining the prevalence and nature of D&FV in the NT, the evidence base supporting mandatory reporting and an examination of relevant analytical frameworks (the Community Readiness Model) provided further guidance for the evaluation design.

C.2 Evaluation questions

Formulation of evaluation questions was guided by the evaluation objectives and the program logic model. The primary questions for the evaluation, which focus on assessing outcomes, are have been:

What is the impact of mandatory reporting on:

- victims/survivors of D&FV?
- people who commit D&FV?
- people who have witnessed, or may witness, D&FV?
- service providers who respond to D&FV?
- help seeking behaviour?
• the achievement of the objectives of the Act? namely the impact on:
  - ensuring the safety and protection of all persons, including children, who experience or are exposed to domestic violence; and
  - ensuring that people who commit domestic violence accept responsibility for their conduct; and
  - the reduction and prevention of domestic violence.

The evaluation design recognised that there may be insufficient evidence to answer many of these questions in full, given the short time that mandatory reporting had been in operation. The evaluation design also sought to answer questions formulated to test the program logic model, and thereby assess implementation progress. These questions were:

• Had the initiative been implemented as intended?
• Had the initiative been implemented effectively?
• What was the impact of mandatory reporting on different stakeholder groups’ awareness and understanding of the issues of D&FV and reporting obligations?
• How accepted was mandatory reporting by the community broadly, and also by the different stakeholder groups comprising the community?
• What factors had impacted upon the acceptability of mandatory reporting?
• Had the community acted on the obligation to report D&FV?
• What was the impact of the initiative on victims/survivors’ and perpetrators’ behaviour?
• Had the service system been able to respond appropriately and effectively to D&FV since the implementation of the initiative?
• Was there evidence that mandatory reporting has contributed to a reduction in D&FV?
• What has been the impact of mandatory reporting on different stakeholder groups’ attitudes and beliefs towards D&FV?
• Has mandatory reporting encouraged perpetrators to accept responsibility for their conduct?
• Did victims/survivors believe that D&FV is wrong?
• Did community members believe that D&FV is everyone’s business?
• Had there been any unintended impacts of mandatory reporting on different stakeholder groups?

Interview guides were developed for the use of researchers to reflect these evaluation questions. These guides were approved by the Top End HREC and the CAHREC.

The community readiness model is a framework through which it is possible to examine the impact of community initiatives. This evaluation did not seek to evaluate mandatory reporting entirely through the lens of community readiness. It did not explicitly seek, as an objective, to answer the question ‘how ready was the NT community to take up mandatory reporting?’, and other evaluation questions were not designed within the framework of the community readiness model (CRM). However, there are elements of the CRM that assisted in understanding the
impact of mandatory reporting. An analysis against the questions/criteria of the CRM is provided in section 11.3 of the report. The questions of particular relevance to this evaluation included:

- What was the extent of efforts, programs and policies to promote mandatory reporting?
- What was the extent that community members knew about mandatory reporting and its effectiveness, and the accessibility of mandatory reporting to all segments of the community?
- What was the extent to which appointed leaders and influential community members were supportive of the issue?
- What was the prevailing attitude of the community toward mandatory reporting?
- What was the extent to which community members knew about the causes of D&FV and under reporting to police, the consequences and how it impacts the community?
- What was the extent of local resources available to support mandatory reporting – people, time, money, space etc?

C.3 Ethics approval

Approval from the relevant ethics committees was an important step in verifying the evaluation design. The approval of the research methods undertaken in this evaluation was provided by both the ‘Top End HREC’\(^{218}\) and the CAHREC\(^{219}\). Both committees approved the approach to research, interview guides, information sheets, the consent process and forms.

\(^{218}\) Approval granted on 16 September 2011

\(^{219}\) Approval granted on 15 September 2011
D  Appendix D – Program logic

This diagram summarises the components of the mandatory reporting program logic model developed for the evaluation.
Appendix E – Methods and data sources

This Appendix provides details of the specific methods and data sources used to evaluate the impact of mandatory reporting of domestic and family violence in the Northern Territory.

E.1 Social research

Use of social research on community knowledge, attitudes and behaviours in relation to mandatory reporting of D&FV was a component of the evaluation design. Previous research undertaken for the Department of Children and Families by Colmar Brunton Social Research in 2011 was used to inform the evaluation. This research assessed the impact of a social marketing campaign run by the NT Government to support the implementation of mandatory reporting of D&FV.

The Be Someone campaign ran from November 2009 to November 2010 and focused on encouraging the general public who witness, or may witness, D&FV to report incidents relating to serious physical harm to police. The second campaign phase, Stop the Hurting, Start the Healing, ran from April – September 2011 and encouraged men to stop being violent with their partner and to adopt alternatives to violence such as walking away, cooling off or seeking assistance to help them change their behaviour. Colmar Brunton assessed the impact of both campaign phases. The limitations of the data collected through this social research are discussed in section 4.5 of this report.

E.2 Data from Government Departments and other sources

A number of Government Departments collect data that can be used to assess the impact of mandatory reporting. Data from NT Police, NT Health, the Department of Justice and the Department of Children and Families was sourced and analysed as part of this evaluation to develop answers to the evaluation questions.

The sources of this data were:

- Police Real Time Online Management Information System (the Police data)

  The police data included a breakdown of incidents (D&FV related, drug/alcohol related, DVOs) between May 2006 to November 2011. A breakdown on the gender/ethnic group of victims and offenders was also provided.

- Hospital Emergency Department Data (the Hospital data)

  The number of Emergency Department presentations were provided, as well as those that were D&FV related – although data on D&FV related presentations was only available from July 2010 as the D&FV indicator was not used in the system prior to this date.

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222 This is referenced as “the Police data” throughout this report.

223 This is referenced as “the Hospital data” throughout this report.
• Integrated Justice Information System\textsuperscript{224} (the Justice data)

The Justice data included summary data on Domestic Violence Order (DVO) applications lodged/granted, as well as longitudinal apprehension data (from January 2006 to December 2011) by severity and various demographics factors.

• Service providers

A number of service providers made their service data available. The type of data collected and provided by each service varied.

The limitations of data from Government Departments are discussed in section 4.5 of this report.

It should be noted that significance testing has taken place where appropriate to inform the analysis of and findings drawn from these data sets. In such instances, the phrase ‘statistical significance’ is used to describe the findings. The term ‘significant’ when used elsewhere in this report is used with its ordinary meaning.

E.3 Consultation with stakeholders

This evaluation undertook extensive consultation with stakeholders throughout the NT. The evaluation sought the participation of the following stakeholder groups in consultations:

• Service providers. Service providers were grouped into services that make reports (e.g. hospitals, health clinics, women’s refuges); services that support victims/survivors and perpetrators (e.g. women’s refuges, counselling services, perpetrator programs); and police who receive and investigate reports.

• Victims/survivors. Contact with this cohort was sought through service providers which are accessed by victims/survivors.

• Perpetrators. Contact with this cohort was sought through service providers that perpetrators seek help from, Government Departments, and programs run by the Department of Justice.

Five major centres were chosen in consultation with the Department of Children and Families as sites for conducting face-to-face research. These were Alice Springs, Tennant Creek, Darwin, Katherine and Nhulunbuy.

Where face to face consultation sessions could not be conducted, alternative methods were used. Consultation with remote service providers and other service providers outside of the five selected major centres was conducted over the telephone. Some interviews with perpetrators were also conducted over the telephone due to the timing of face-to-face consultations.

E.3.1 Summary of participation in stakeholder consultations

Consultations with stakeholders occurred over October – December 2011. In each of the five major centres, researchers conducted a workshop with service providers and in depth individual interviews with service providers. Where possible, researchers also conducted focus groups with police units, Indigenous community representatives, service provider staff and perpetrators, as well as individual interviews with victims/survivors and perpetrators.

\textsuperscript{224} This is referenced as “the Justice data” throughout this report.
E.3.2 Participation by victims/survivors

The challenges and sensitivities of inviting victims/survivors to participate in research about D&FV are discussed in sections 4.4 and 4.5 of this report. This evaluation sought to identify and involve victims/survivors in an appropriate way through the recommendations of service providers. It was viewed by service providers as inappropriate for the vast majority of their clients to participate in the research, for the reasons indicated below. Despite these challenges, the voices of six victims/survivors are included in this evaluation.

Service providers were requested only to approach victims/survivors for whom speaking about mandatory reporting would not hold a significant risk of re-traumatisation, or of jeopardising their treatment. It was viewed by service providers as inappropriate for victims/survivors who were accessing women’s refuges to be involved in the research, as these women, in the main, had recently experienced violence. Participation by victims/survivors accessing the services of legal organisations and health clinics was deemed as inappropriate due to the experience of the victim/survivor at that point (e.g. dealing with serious injuries, or preparing for a court case).

Of those clients who service providers did approach to participate in the research, a number declined. Although reasons were not provided, it is possible that participating in research of this nature while in a crisis situation was not a priority for those women.

The consent process provided an additional barrier. The method of ‘speaking gently’ and ‘yarning’ with Indigenous victims/survivors was contradicted by the information sheets (5 pages) and consent forms (2 pages) required by the two ethics committees to validate consent. The very fact that victims/survivors had to write and sign their name, despite reassurances about confidentiality, deterred one individual from participating. She was willing to ‘talk quietly’, but not willing to provide her name to researchers.

Participation by service providers in interviews, and in one instance, a service conducting interviews on behalf of the researchers, proved useful.

It is important to note that similar research projects attempting to gather and include the voices of victims/survivors of D&FV have met similar challenges. A report into the impact of mandatory reporting by Dr Deborah West from Charles Darwin University sought to interview women who had previously experienced D&FV. Despite participating women’s refuges having existing relationships with victims/survivors, that research was unable to obtain any participation from victims/survivors.225 The Colmar Brunton research faced similar challenges.

E.3.3 Participation by perpetrators

The challenges and sensitivities of having perpetrators participate in research about D&FV are discussed in sections 4.4 and 4.5 of this report. This evaluation sought to identify and involve perpetrators in an appropriate way through the recommendations of service providers. Researchers focused on a number of service types to secure participation of perpetrators, including: court mandated offender programs, programs for offenders in prisons, men’s community services/support groups, voluntary programs and legal services.

225 West, op cit (2011) 22
In most cases, service providers deemed it inappropriate for their clients to participate in the research. This was for a variety of reasons including the focus of perpetrators on upcoming legal proceedings, the timing of the research not coinciding with perpetrator programs, and the appropriateness of the research to their client groups. Despite these challenges, the voices of eight perpetrators are included in this evaluation.

Where service providers approached perpetrators to participate in research, a number declined to participate on the basis that they did not identify as perpetrators of D&FV. One perpetrator did not provide consent, despite being reassured of confidentiality, on the basis that he did not have confidence in the de-identification process of his views as his interview was arranged by a court mandated program.

E.4 Literature review

The evaluation undertook a review of literature relevant to the evaluation questions. This included a review of international and Australian literature on D&FV and mandatory reporting, legislation from international and Australian jurisdictions, documentation relating to the implementation of mandatory reporting in the NT, and frameworks for evaluating community initiatives.
Appendix F – List of organisations participating in consultations

This Appendix provides an overview of the organisations whose members were represented in the stakeholder consultation components of this evaluation. Service providers that were consulted include accommodation, health, legal, family and other community based services. A number of government agencies and Aboriginal Community Controlled Organisations also participated.

<table>
<thead>
<tr>
<th>Service Name and location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alice Springs Women’s Shelter</td>
</tr>
<tr>
<td>Catherine Booth House, Darwin</td>
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<tr>
<td>Katherine Women’s Shelter</td>
</tr>
<tr>
<td>Tennant Creek Women’s Refuge</td>
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<tr>
<td>Dawn House, Darwin</td>
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<tr>
<td>Safe House, Wadeye</td>
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<tr>
<td>YWCA, Palmerston</td>
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<tr>
<td>Cross Border Program, DOJ, Alice Springs</td>
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<tr>
<td>Community Corrections, Alice Springs and Tennant Creek</td>
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<tr>
<td>Department of Health</td>
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<tr>
<td>Safe House Manager and team, Department of Children and Families</td>
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<tr>
<td>Department of Children and Families</td>
</tr>
<tr>
<td>Elders Workshop, NT Correctional Services, Darwin</td>
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<tr>
<td>FaHCSIA</td>
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<tr>
<td>Sexual Assault Referral Centre, Katherine</td>
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<tr>
<td>Remote Women’s Health Educator, Alice Springs</td>
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<tr>
<td>Alice Springs Hospital</td>
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<tr>
<td>Piliyintinji-Ki Stronger Families , Anyinginy Health, Tennant Creek</td>
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<tr>
<td>Tennant Creek Hospital</td>
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<tr>
<td>Katherine Hospital</td>
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<tr>
<td>Sunrise Health Service</td>
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<tr>
<td>Nhulunbuy Hospital</td>
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<tr>
<td>Remote health centres - Maningrida, Belyuen, Ti Tree, Batchelor, Aputula, Adelaide River, Willowra</td>
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<tr>
<td>Aboriginal Medical Services Alliance Northern Territory</td>
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<tr>
<td>CAAC Aboriginal Congress, Alice Springs</td>
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<tr>
<td>Tangentyere Council</td>
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<tr>
<td>Central Australian Aboriginal Legal Aid Service, Alice Springs</td>
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<tr>
<td>Katherine Women’s Information &amp; Legal Service</td>
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<tr>
<td>Domestic violence legal service, Darwin</td>
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<tr>
<td>Top End Women’s Legal Service, Darwin</td>
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<tr>
<td>Darwin Community Legal Centre, Nhulunbuy</td>
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<tr>
<td>North Australian Aboriginal Family Violence Legal Services, Darwin</td>
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<tr>
<td>North Australian Aboriginal Justice Agency, Nhulunbuy</td>
</tr>
<tr>
<td>Domestic and Family Violence Unit - Casuarina, Katherine, Tennant Creek, Alice Springs</td>
</tr>
<tr>
<td>Operational Police - Darwin, Alice Springs, Katherine, Casuarina, Nhulunbuy, Tennant Creek</td>
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</table>
## Service Name and location

<table>
<thead>
<tr>
<th>Service Name</th>
<th>Location</th>
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<tbody>
<tr>
<td>Police Communications Centre - Darwin</td>
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<tr>
<td>Serious Crimes Unit, Darwin</td>
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<tr>
<td>Anglicare, Darwin and Alice Springs</td>
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<tr>
<td>Catholic Care, Katherine</td>
<td></td>
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<tr>
<td>Central Australian Aboriginal Congress, Alice Springs</td>
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<tr>
<td>FORWAARD Aboriginal Corp, Darwin</td>
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<tr>
<td>Fostercare NT, Darwin</td>
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<tr>
<td>Holyoake, Alice Springs</td>
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<tr>
<td>Katherine Women’s Crisis Centre</td>
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<tr>
<td>NAPCAN, Darwin</td>
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<tr>
<td>“No More” Strong Men’s Council</td>
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<td>NPY women’s council, Alice Springs</td>
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<td>Melaleuca Refugee Centre, Darwin</td>
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<td>Peace at Home, Katherine</td>
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<tr>
<td>Relationships Australia, Darwin and Alice Springs</td>
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G Appendix G – Under-reporting of Domestic and Family Violence

This Appendix provides an overview of the drivers of under-reporting and the impact this may have on assessing the incidence of domestic and family violence in communities.

There is broad agreement in the literature that most incidences of domestic violence go unreported. It is therefore difficult to get an accurate picture of domestic and family violence (D&FV) in Australia226.

According to the ABS Personal Safety Survey (2006), one in three Australian women experience physical violence in their lifetime. The survey indicates that reporting overall has increased between 1996 to 2005. In 2005, 36 percent (70,400) of women who experienced physical assault by a male perpetrator reported it to the police, compared to only 19 percent (54,400) in 1996227.

Various sources show a correlation between under-reporting and the degree of relationship between the victim and the offender. The seriousness of the crime also affects reporting, with more minor assaults less likely to be reported228. Other reasons identified for under-reporting include229:

- the incident is considered too minor to report;
- lack of awareness around what constitutes an offence;
- desire to keep the matter private;
- shame;
- fear of reprisal or not being believed and responsibility for other family members;
- lack of awareness and / or availability of culturally responsive services; and
- potential for re-traumatisation and re-victimization.

G.1 Factors affecting reporting by victims

For many victims, D&FV is often seen as a private family matter, not a matter for the wider community. These views can be held by those who are directly involved in the incident, and by the broader community. Other factors found to influence the decision on victims to report or not depending on the incidence and their circumstances are explored below.

Johnson\textsuperscript{230} (2004) found that there were no statistically significant differences in reporting of assaults according to the gender of the victim, time at postcode, evening activities, the offender’s relationship to the victim, language spoken at home, or the number of assaults experienced in the past year. With respect to assaults and threats, the following were correlated with reporting to police:

- age: victims 25 years of age and older were more likely to report to police than victims under 25 (39 percent compared with 29 percent);
- marital status: those who were separated or divorced were more likely than others to report assaults to police;
- income: those living in lower income households (weekly income of less than $400) were more likely to report to police than those from higher income households (48 percent compared with 36 percent);
- main activity: unemployed people had the highest reporting rate (54 percent) and students had the lowest (24 percent);
- Indigenous status: Indigenous people were more likely than non-Indigenous people to report assaults to the police (50 percent and 36 percent);
- presence of a weapon: 61 percent of those confronted with a weapon reported the incident to police compared with 30 percent of other assaults;
- physical attack: 48 percent of those who suffered an attack reported to police compared with 30 percent of those who were only threatened;
- physical injury: 54 percent of those who were injured reported the assault to police compared with 33 percent of uninjured victims; and
- number of offenders: assaults involving three or more offenders were reported at a rate of 48 percent compared with one third of assaults involving one or two offenders.

An excerpt from Johnson (2004) states:

> Of the 62 percent of incidents that were not reported to police, the most common reason for not reporting was that the incident was not serious enough to warrant police intervention (43%). Smaller percentages solved it themselves or did not report because the offender was known to them (14%), or felt it was not a matter for the police (14%). Less than one in ten reported it to other authorities, or felt the police would not or could not do anything to help them. Four percent of victims feared reprisals from the perpetrator if they contacted police, and two per cent expressed a fear or dislike of the police. One in six victims gave reasons not captured by the survey.

Although there were no statistically significant differences in the proportion of assaults reported to police by male and female victims, there were differences in the reasons given for not reporting. For example Johnson (2006) states:

- male victims were more likely not to report because the incident was not serious enough (51 percent compared with 35 percent of females);

• a higher proportion of female victims said they reported it to another authority (11 percent compared with 3 percent of males); and

• women more often felt there was nothing the police could do about it (8 percent compared with 5 percent of males).

Alternatively, policy and legislative approaches that mandate the reporting of children’s exposure to domestic violence may also discourage women from reporting their own victimisation for fear of losing their children231.

Victims who are not confident that the justice system will deliver the outcomes they seek, may not wish to face the trauma and risk that is associated with reporting232.

G.2 Community factors affecting reporting

Some decisions to report an offence depend on the community held beliefs around whether reporting the incident will achieve a desired outcome, such as prosecution. Reporting levels may partially reflect the community’s confidence in the justice system and the belief that the system will respond effectively, particularly police233. Communities’ experience with the justice system can also impact on the propensity to report. For example, segments of the community have had negative experience with police or authorities, such as immigrant Australians from countries with oppressive regimes or Indigenous Australians that have experienced maltreatment or racism, are less likely to have trust in the justice system affecting their decision to report234.

Cultural differences in segments of the community result in different beliefs and attitudes towards domestic violence which can play a role in determining whether to report an incident or not. There are many negative beliefs and stereotypes about physical and sexual violence in the community. These include attitudes that domestic violence can be excused if resulting from temporary anger or if there is genuine regret; beliefs that women often make up claims of violence especially during custody disputes; and that men commit rape because they cannot control their urges235.

In the Indigenous communities, Willis (2011) indicates that the reasons for non-disclosure in Indigenous communities may be similar to those in the broader community, but are influenced by other ‘historical, social, cultural and pragmatic factors’236. She reports that women in Indigenous communities are fearful of repercussions especially in small and isolated communities.

“Women are so fearful of the consequences of reporting an assault, have no alternative accommodation or must stay to protect their children, that choice is simply not as issue.”237

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233 Ibid.
234 Ibid.
235 Ibid.
236 Ibid.
237 Ibid, 4.
G.3  Factors affecting the accuracy of system level reporting

Various data collection methods are likely to result in an underestimation of the extent of domestic and family violence in Australia238. Al-Yaman, Van Doeland and Wallis (2006) cited a broad model explaining why challenges in data collection and interpretation around domestic and family violence may be under-reported. For example:

"victim of violence (bottom level) may tell family members or friends only but not disclose it when asked in a survey. Some may seek professional help but not disclose the reason. And only serious incidents are likely to be reported to the police. Of those reported to the police only a proportion will proceed to court. At all levels depicted in the pyramid, there is the potential for under-reporting"239.

Many agencies and service providers face resourcing and capacity issues. As a result, some agencies are focused on service delivery and not on collecting and reporting data240. Similarly, if service providers do collect data, it is often for their own internal needs and not for the purposes of assessing the extent of domestic and family violence241. During the KPMG consultations, many service providers were unable to provide reliable and clear data.

239 Ibid.
240 Ibid.
241 Ibid.
Appendix H – Summary data relating to specific Northern Territory locations

This Appendix summarises the data related to the key indicators used in this evaluation for each of the specific Northern Territory locations, namely: Greater Darwin, Alice Springs, Katherine, Tenant Creek, Nhulunbuy and the rest of the Northern Territory.

The sources for the data provided in the following tables are as follows for each location:

- The police data:
  - Number of D&FV incidents reported to the police
  - Proportion of D&FV incidents against all incidents reported to the police
  - Number of DVOs issued
  - Proportion of DVOs issued against number of D&FV incidents
  - % female victims
  - % male perpetrators
  - Proportion Indigenous victims
  - Proportion Indigenous perpetrators

- The justice data:
  - Number of apprehensions

- The police and justice data:
  - Proportion of apprehensions against D&FV incidents.

The data is presented for each of the following five financial years: 2006-07; 2007-08; 2008-09; 2009-10; and 2010-11.
### Table H - 1: Key indicators in Greater Darwin, 2006-07 to 2010-11

<table>
<thead>
<tr>
<th></th>
<th>2006-07</th>
<th>2007-08</th>
<th>2008-09</th>
<th>2009-10</th>
<th>2010-11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of D&amp;FV incidents reported to police</td>
<td>6,409</td>
<td>6,445</td>
<td>5,978</td>
<td>6,029</td>
<td>6,094</td>
</tr>
<tr>
<td>Proportion of D&amp;FV incidents against all incidents reported to police</td>
<td>49%</td>
<td>49%</td>
<td>44%</td>
<td>38%</td>
<td>37%</td>
</tr>
<tr>
<td>Number of DVOs</td>
<td>744</td>
<td>685</td>
<td>589</td>
<td>1,016</td>
<td>1,408</td>
</tr>
<tr>
<td>Proportion of DVOs against number of D&amp;FV incidents</td>
<td>12%</td>
<td>11%</td>
<td>10%</td>
<td>17%</td>
<td>23%</td>
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<tr>
<td>Number of apprehensions</td>
<td>289</td>
<td>290</td>
<td>284</td>
<td>296</td>
<td>312</td>
</tr>
<tr>
<td>Proportion of apprehensions against D&amp;FV incidents</td>
<td>5%</td>
<td>4%</td>
<td>5%</td>
<td>5%</td>
<td>5%</td>
</tr>
</tbody>
</table>

#### Gender and Indigenous status

- **% female victims**: 81% 79% 81% 81% 81%
- **% male victims**: 21% 22% 20% 20% 20%
- **% female perpetrators**: 21% 24% 18% 20% 19%
- **% male perpetrators**: 78% 76% 82% 80% 81%
- **% Indigenous victims**: 47% 48% 50% 49% 53%
- **% Non-Indigenous victims**: 53% 52% 50% 51% 47%
- **% Indigenous perpetrators**: 42% 48% 57% 57% 53%
- **% Non-Indigenous perpetrators**: 58% 52% 43% 43% 47%

---

242 The %s may not add up to 100% due to 1) rounding, 2) the denominator includes “Gender Unknown”, and 3) data quality.
### Table H - 2: Key indicators in Alice Springs, 2006-07 to 2010-11

<table>
<thead>
<tr>
<th></th>
<th>2006-07</th>
<th>2007-08</th>
<th>2008-09</th>
<th>2009-10</th>
<th>2010-11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of D&amp;FV incidents reported to police</td>
<td>2,354</td>
<td>2,243</td>
<td>2,415</td>
<td>3,466</td>
<td>3,986</td>
</tr>
<tr>
<td>Proportion of D&amp;FV incidents against all incidents reported to police</td>
<td>18%</td>
<td>17%</td>
<td>18%</td>
<td>22%</td>
<td>24%</td>
</tr>
<tr>
<td>Number of DVOs</td>
<td>542</td>
<td>579</td>
<td>567</td>
<td>805</td>
<td>1,079</td>
</tr>
<tr>
<td>Proportion of DVOs against number of D&amp;FV incidents</td>
<td>23%</td>
<td>26%</td>
<td>23%</td>
<td>23%</td>
<td>27%</td>
</tr>
<tr>
<td>Number of apprehensions</td>
<td>501</td>
<td>527</td>
<td>473</td>
<td>525</td>
<td>618</td>
</tr>
<tr>
<td>Proportion of apprehensions against D&amp;FV incidents</td>
<td>21%</td>
<td>23%</td>
<td>20%</td>
<td>15%</td>
<td>16%</td>
</tr>
</tbody>
</table>

#### Gender and Indigenous status

- **% female victims**
  - 90% 88% 87% 84% 84%
- **% male victims**
  - 10% 12% 13% 16% 17%
- **% female perpetrators**
  - 18% 19% 20% 16% 22%
- **% male perpetrators**
  - 81% 81% 80% 84% 78%
- **% Indigenous victims**
  - 83% 80% 76% 77% 79%
- **% Non-Indigenous victims**
  - 17% 20% 24% 23% 21%
- **% Indigenous perpetrators**
  - 80% 71% 77% 84% 84%
- **% Non-Indigenous perpetrators**
  - 20% 29% 23% 16% 16%
### Table H - 3: Key indicators in Katherine, 2006-07 to 2010-11

<table>
<thead>
<tr>
<th></th>
<th>2006-07</th>
<th>2007-08</th>
<th>2008-09</th>
<th>2009-10</th>
<th>2010-11</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Number of D&amp;FV incidents reported to police</strong></td>
<td>1,156</td>
<td>1,132</td>
<td>1,321</td>
<td>1,564</td>
<td>1,613</td>
</tr>
<tr>
<td><strong>Proportion of D&amp;FV incidents against all incidents reported to police</strong></td>
<td>9%</td>
<td>9%</td>
<td>10%</td>
<td>10%</td>
<td>10%</td>
</tr>
<tr>
<td><strong>Number of DVOs</strong></td>
<td>407</td>
<td>285</td>
<td>330</td>
<td>466</td>
<td>366</td>
</tr>
<tr>
<td><strong>Proportion of DVOs against number of D&amp;FV incidents</strong></td>
<td>35%</td>
<td>25%</td>
<td>25%</td>
<td>30%</td>
<td>23%</td>
</tr>
<tr>
<td><strong>Number of apprehensions</strong></td>
<td>275</td>
<td>217</td>
<td>236</td>
<td>236</td>
<td>224</td>
</tr>
<tr>
<td><strong>Proportion of apprehensions against D&amp;FV incidents</strong></td>
<td>24%</td>
<td>19%</td>
<td>18%</td>
<td>15%</td>
<td>14%</td>
</tr>
</tbody>
</table>

#### Gender and Indigenous status

- **% female victims** | 80% | 80% | 79% | 77% | 84%
- **% male victims**  | 19% | 20% | 21% | 24% | 17%
- **% female perpetrators** | 32% | 36% | 19% | 23% | 25%
- **% male perpetrators** | 68% | 64% | 81% | 77% | 75%
- **% Indigenous victims** | 79% | 81% | 78% | 80% | 79%
- **% Non-Indigenous victims** | 21% | 19% | 22% | 20% | 21%
- **% Indigenous perpetrators** | 79% | 75% | 86% | 92% | 85%
- **% Non- Indigenous perpetrators** | 21% | 25% | 14% | 8%  | 15%
Table H - 4: Key indicators in Nhulunbuy, 2006-07 to 2010-11

<table>
<thead>
<tr>
<th></th>
<th>2006-07</th>
<th>2007-08</th>
<th>2008-09</th>
<th>2009-10</th>
<th>2010-11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of D&amp;FV incidents reported to police</td>
<td>242</td>
<td>297</td>
<td>344</td>
<td>373</td>
<td>453</td>
</tr>
<tr>
<td>Proportion of D&amp;FV incidents against all incidents reported to police</td>
<td>2%</td>
<td>2%</td>
<td>3%</td>
<td>2%</td>
<td>3%</td>
</tr>
<tr>
<td>Number of DVOs</td>
<td>52</td>
<td>67</td>
<td>70</td>
<td>82</td>
<td>112</td>
</tr>
<tr>
<td>Proportion of DVOs against number of D&amp;FV incidents</td>
<td>21%</td>
<td>23%</td>
<td>20%</td>
<td>22%</td>
<td>25%</td>
</tr>
<tr>
<td>Number of apprehensions</td>
<td>21</td>
<td>23</td>
<td>20</td>
<td>14</td>
<td>13</td>
</tr>
<tr>
<td>Proportion of apprehensions against D&amp;FV incidents</td>
<td>9%</td>
<td>8%</td>
<td>6%</td>
<td>4%</td>
<td>3%</td>
</tr>
</tbody>
</table>

Gender and Indigenous status

- **% female victims**: 86%, 90%, 89%, 86%, 87%
- **% male victims**: 11%, 10%, 11%, 14%, 14%
- **% female perpetrators**: 11%, 21%, 18%, 5%, 7%
- **% male perpetrators**: 89%, 79%, 82%, 95%, 93%
- **% Indigenous victims**: 73%, 62%, 59%, 59%, 61%
- **% Non-Indigenous victims**: 27%, 38%, 41%, 41%, 39%
- **% Indigenous perpetrators**: 95%, 69%, 75%, 76%, 74%
- **% Non-Indigenous perpetrators**: 5%, 31%, 25%, 24%, 26%
Table H - 5: Key indicators in Tennant Creek, 2006-07 to 2010-11

<table>
<thead>
<tr>
<th></th>
<th>2006-07</th>
<th>2007-08</th>
<th>2008-09</th>
<th>2009-10</th>
<th>2010-11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of D&amp;FV incidents reported to police</td>
<td>1,052</td>
<td>1,240</td>
<td>999</td>
<td>1,293</td>
<td>1,252</td>
</tr>
<tr>
<td>Proportion of D&amp;FV incidents against all incidents reported to police</td>
<td>8%</td>
<td>9%</td>
<td>7%</td>
<td>8%</td>
<td>8%</td>
</tr>
<tr>
<td>Number of DVOs</td>
<td>234</td>
<td>277</td>
<td>254</td>
<td>333</td>
<td>205</td>
</tr>
<tr>
<td>Proportion of DVOs against number of D&amp;FV incidents</td>
<td>22%</td>
<td>22%</td>
<td>25%</td>
<td>26%</td>
<td>16%</td>
</tr>
<tr>
<td>Number of apprehensions</td>
<td>199</td>
<td>186</td>
<td>158</td>
<td>191</td>
<td>164</td>
</tr>
<tr>
<td>Proportion of apprehensions against D&amp;FV incidents</td>
<td>19%</td>
<td>15%</td>
<td>16%</td>
<td>15%</td>
<td>13%</td>
</tr>
</tbody>
</table>

Gender and Indigenous status

- % female victims 85% 79% 74% 80% 80%
- % male victims 15% 21% 26% 20% 20%
- % female perpetrators 19% 35% 23% 24% 22%
- % male perpetrators 81% 65% 77% 76% 78%
- % Indigenous victims 91% 88% 87% 90% 90%
- % Non-indigenous victims 9% 12% 13% 10% 10%
- % Indigenous perpetrators 94% 81% 95% 99% 97%
- % Non-indigenous perpetrators 6% 19% 5% 1% 3%
### Table H - 6: Key indicators in Rest of the NT, 2006-07 to 2010-11

<table>
<thead>
<tr>
<th></th>
<th>2006-07</th>
<th>2007-08</th>
<th>2008-09</th>
<th>2009-10</th>
<th>2010-11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of D&amp;FV incidents reported to police</td>
<td>1,850</td>
<td>1,905</td>
<td>2,501</td>
<td>2,990</td>
<td>3,229</td>
</tr>
<tr>
<td>Proportion of D&amp;FV incidents against all incidents reported to police</td>
<td>14%</td>
<td>14%</td>
<td>18%</td>
<td>19%</td>
<td>19%</td>
</tr>
<tr>
<td>Number of DVOs</td>
<td>651</td>
<td>643</td>
<td>720</td>
<td>883</td>
<td>1,031</td>
</tr>
<tr>
<td>Proportion of DVOs against number of D&amp;FV incidents</td>
<td>35%</td>
<td>34%</td>
<td>29%</td>
<td>30%</td>
<td>32%</td>
</tr>
<tr>
<td>Number of apprehensions</td>
<td>473</td>
<td>460</td>
<td>573</td>
<td>566</td>
<td>579</td>
</tr>
<tr>
<td>Proportion of apprehensions against D&amp;FV incidents</td>
<td>26%</td>
<td>24%</td>
<td>23%</td>
<td>19%</td>
<td>18%</td>
</tr>
</tbody>
</table>

#### Gender and Indigenous status

- **% female victims**
  - 2006-07: 87%
  - 2007-08: 86%
  - 2008-09: 86%
  - 2009-10: 85%
  - 2010-11: 86%

- **% male victims**
  - 2006-07: 13%
  - 2007-08: 14%
  - 2008-09: 14%
  - 2009-10: 15%
  - 2010-11: 14%

- **% female perpetrators**
  - 2006-07: 9%
  - 2007-08: 16%
  - 2008-09: 23%
  - 2009-10: 23%
  - 2010-11: 27%

- **% male perpetrators**
  - 2006-07: 91%
  - 2007-08: 84%
  - 2008-09: 77%
  - 2009-10: 77%
  - 2010-11: 73%

- **% Indigenous victims**
  - 2006-07: 90%
  - 2007-08: 82%
  - 2008-09: 80%
  - 2009-10: 81%
  - 2010-11: 80%

- **% Non-indigenous victims**
  - 2006-07: 10%
  - 2007-08: 18%
  - 2008-09: 20%
  - 2009-10: 19%
  - 2010-11: 20%

- **% Indigenous perpetrators**
  - 2006-07: 96%
  - 2007-08: 88%
  - 2008-09: 82%
  - 2009-10: 86%
  - 2010-11: 90%

- **% Non-indigenous perpetrators**
  - 2006-07: 4%
  - 2007-08: 12%
  - 2008-09: 18%
  - 2009-10: 14%
  - 2010-11: 10%
Appendix I – Grouping of police districts into categories for evaluation data reporting

This Appendix details how the districts used for Northern Territory Police data were classified into various regional categories for data presentation purposes within the evaluation report.

Table I - 1: Police districts classification

<table>
<thead>
<tr>
<th>Districts</th>
<th>Major Cities vs Rest of NT</th>
<th>Regional Allocation</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADELAIDE RIVER</td>
<td>Rest of NT</td>
<td>Regional Centre</td>
</tr>
<tr>
<td>ALI CURUNG</td>
<td>Rest of NT</td>
<td>Territory Growth Towns</td>
</tr>
<tr>
<td>ALICE SPRINGS</td>
<td>Alice Springs</td>
<td>Major Centres</td>
</tr>
<tr>
<td>ALYANGULA</td>
<td>Rest of NT</td>
<td>Regional Centre</td>
</tr>
<tr>
<td>AVON DOWNS</td>
<td>Rest of NT</td>
<td>Regional Centre</td>
</tr>
<tr>
<td>BATECHOR</td>
<td>Rest of NT</td>
<td>Regional Centre</td>
</tr>
<tr>
<td>BORROLOOLA</td>
<td>Rest of NT</td>
<td>Territory Growth Towns</td>
</tr>
<tr>
<td>CASUARINA</td>
<td>Greater Darwin</td>
<td>Major Centres</td>
</tr>
<tr>
<td>DALY RIVER</td>
<td>Rest of NT</td>
<td>Regional Centre</td>
</tr>
<tr>
<td>DARWIN (CITY)</td>
<td>Greater Darwin</td>
<td>Major Centres</td>
</tr>
<tr>
<td>ELLIOTT</td>
<td>Rest of NT</td>
<td>Territory Growth Towns</td>
</tr>
<tr>
<td>GUNBALANYA</td>
<td>Rest of NT</td>
<td>Territory Growth Towns</td>
</tr>
<tr>
<td>HARTS RANGE</td>
<td>Rest of NT</td>
<td>Regional Centre</td>
</tr>
<tr>
<td>HUMPTY DOO</td>
<td>Greater Darwin</td>
<td>Major Centres</td>
</tr>
<tr>
<td>JABIRU</td>
<td>Rest of NT</td>
<td>Major Centres</td>
</tr>
<tr>
<td>KALKARINGI</td>
<td>Rest of NT</td>
<td>Territory Growth Towns</td>
</tr>
<tr>
<td>KATHERINE</td>
<td>Katherine</td>
<td>Major Centres</td>
</tr>
<tr>
<td>KINTORE</td>
<td>Rest of NT</td>
<td>Regional Centre</td>
</tr>
<tr>
<td>KULGERA</td>
<td>Rest of NT</td>
<td>Regional Centre</td>
</tr>
<tr>
<td>LAJAMANU</td>
<td>Rest of NT</td>
<td>Territory Growth Towns</td>
</tr>
<tr>
<td>MANINGIRIKA</td>
<td>Rest of NT</td>
<td>Territory Growth Towns</td>
</tr>
<tr>
<td>MARANBOY</td>
<td>Rest of NT</td>
<td>Regional Centre</td>
</tr>
<tr>
<td>MATARANKA</td>
<td>Rest of NT</td>
<td>Regional Centre</td>
</tr>
<tr>
<td>NGUIU</td>
<td>Rest of NT</td>
<td>Territory Growth Towns</td>
</tr>
<tr>
<td>NGUKURR</td>
<td>Rest of NT</td>
<td>Territory Growth Towns</td>
</tr>
<tr>
<td>NHULUNBUY</td>
<td>Nhulunbuy</td>
<td>Major Centres</td>
</tr>
<tr>
<td>NTARIA</td>
<td>Rest of NT</td>
<td>Regional Centre</td>
</tr>
<tr>
<td>PALMERSTON</td>
<td>Greater Darwin</td>
<td>Major Centres</td>
</tr>
<tr>
<td>PAPUNYA</td>
<td>Rest of NT</td>
<td>Territory Growth Towns</td>
</tr>
<tr>
<td>PINE CREEK</td>
<td>Rest of NT</td>
<td>Regional Centre</td>
</tr>
<tr>
<td>PIRLANGIMPI</td>
<td>Rest of NT</td>
<td>Regional Centre</td>
</tr>
<tr>
<td>TANNANT CREEK</td>
<td>Tennant Creek</td>
<td>Major Centres</td>
</tr>
<tr>
<td>TI TREE</td>
<td>Rest of NT</td>
<td>Regional Centre</td>
</tr>
<tr>
<td>TIMBER CREEK</td>
<td>Rest of NT</td>
<td>Regional Centre</td>
</tr>
<tr>
<td>WADEYE</td>
<td>Rest of NT</td>
<td>Territory Growth Towns</td>
</tr>
<tr>
<td>YUENDUMU</td>
<td>Rest of NT</td>
<td>Territory Growth Towns</td>
</tr>
<tr>
<td>YULARA</td>
<td>Rest of NT</td>
<td>Regional Centre</td>
</tr>
</tbody>
</table>
Appendix J – Domestic Violence Orders and Northern Territory locations

This Appendix presents a summary of data related to Domestic Violence Orders issued by the police for all Northern Territory locations.

The following table depicts the total number of Domestic Violence Orders (DVOs) issued by the police prior to, and following the introduction of the mandatory reporting legislation for each Northern Territory (NT) location, and the percentage change.

Table J - 1: Number of DVOs, before/after mandatory reporting & percentage change, by NT location, May 2006 – November 2011

<table>
<thead>
<tr>
<th>Location</th>
<th>Pre-MR</th>
<th>Post-MR</th>
<th>Change (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alice Springs</td>
<td>1,530</td>
<td>2,543</td>
<td>66</td>
</tr>
<tr>
<td>Nhulunbuy</td>
<td>169</td>
<td>287</td>
<td>70</td>
</tr>
<tr>
<td>Greater Darwin</td>
<td>1,922</td>
<td>3,298</td>
<td>72</td>
</tr>
<tr>
<td>Katherine</td>
<td>953</td>
<td>1,162</td>
<td>22</td>
</tr>
<tr>
<td>Tennant Creek</td>
<td>690</td>
<td>800</td>
<td>16</td>
</tr>
<tr>
<td>Rest of NT</td>
<td>1,903</td>
<td>2,643</td>
<td>39</td>
</tr>
<tr>
<td>NT Overall</td>
<td>7,167</td>
<td>10,733</td>
<td>50</td>
</tr>
</tbody>
</table>

Source: Police data

The following table presents the DVOs issued by police as a proportion of all D&FV incidents reported to the police for each NT location, in the period prior to and following the introduction of mandatory reporting.

Table J - 2: Proportion of DVOs against All Reported D&FV Related Incidents by NT location, before/after mandatory reporting, May 2006 – November 2011

<table>
<thead>
<tr>
<th>Location</th>
<th>Pre-MR %</th>
<th>Post-MR %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alice Springs</td>
<td>24</td>
<td>25</td>
</tr>
<tr>
<td>Nhulunbuy</td>
<td>21</td>
<td>25</td>
</tr>
<tr>
<td>Greater Darwin</td>
<td>11</td>
<td>20</td>
</tr>
<tr>
<td>Katherine</td>
<td>29</td>
<td>26</td>
</tr>
<tr>
<td>Tennant Creek</td>
<td>22</td>
<td>23</td>
</tr>
<tr>
<td>Rest of NT</td>
<td>34</td>
<td>30</td>
</tr>
<tr>
<td>NT Overall</td>
<td>19</td>
<td>24</td>
</tr>
</tbody>
</table>

Source: Police data
K Appendix K – Apprehensions in Northern Territory locations

This Appendix presents data on the number of criminal charges related to domestic and family violence for Northern Territory locations.

The following table presents the total number of criminal charges related to domestic and family violence (D&FV) for each Northern Territory (NT) location, both for the period before and following the introduction of mandatory reporting. The percentage change is also presented.

Table K - 1: Total D&FV criminal charges, before/after mandatory reporting, & percentage change, by NT location, May 2006 – November 2011

<table>
<thead>
<tr>
<th>Location</th>
<th>Pre-MR</th>
<th>Post-MR</th>
<th>Change %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alice Springs</td>
<td>1,404</td>
<td>1,532</td>
<td>9</td>
</tr>
<tr>
<td>Nhulunbuy</td>
<td>60</td>
<td>40</td>
<td>-33</td>
</tr>
<tr>
<td>Greater Darwin</td>
<td>820</td>
<td>793</td>
<td>-3</td>
</tr>
<tr>
<td>Katherine</td>
<td>704</td>
<td>620</td>
<td>-12</td>
</tr>
<tr>
<td>Tennant Creek</td>
<td>514</td>
<td>473</td>
<td>-8</td>
</tr>
<tr>
<td>Rest of NT</td>
<td>1,385</td>
<td>1,589</td>
<td>15</td>
</tr>
<tr>
<td><strong>NT Total</strong></td>
<td><strong>4,887</strong></td>
<td><strong>5,047</strong></td>
<td><strong>3</strong></td>
</tr>
</tbody>
</table>

Source: Justice data

Overall, there was a three percent increase in the number of criminal charges related to D&FV following the introduction of mandatory reporting. There was variation between locations as to whether the number increased or decreased following the introduction of the legislation. Nhulunbuy had the greatest decrease – however the numbers for both periods were small, and so the change was not significant.

The following table provides further details on the numbers of criminal charges related to D&FV for each NT location. It presents the monthly numbers for each month across the whole period considered in the analysis.

Table K - 2: Monthly number of D&FV related criminal charges by NT location, May 2006 – November 2011

<table>
<thead>
<tr>
<th>Year-Month</th>
<th>Alice Springs</th>
<th>Nhulunbuy</th>
<th>Greater Darwin</th>
<th>Katherine</th>
<th>Tennant Creek</th>
<th>Rest of NT</th>
<th>NT Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>May-06</td>
<td>37</td>
<td>1</td>
<td>16</td>
<td>28</td>
<td>16</td>
<td>44</td>
<td>142</td>
</tr>
<tr>
<td>Jun-06</td>
<td>29</td>
<td>0</td>
<td>20</td>
<td>18</td>
<td>16</td>
<td>27</td>
<td>110</td>
</tr>
<tr>
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## Evaluation of the Impact of Mandatory Reporting of Domestic and Family Violence

### Northern Territory Department of Children and Families

**August 2012**

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## Evaluation of the Impact of Mandatory Reporting of Domestic and Family Violence

Northern Territory Department of Children and Families  
August 2012

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Source: Justice data
Appendix L – Triage category of domestic and family violence presentations to Northern Territory Hospitals

This Appendix provides the data related to domestic and family violence presentations to emergency departments of Northern Territory hospitals, and triage categories.

The following figure presents the data related to the monthly distribution of the domestic and family violence (D&FV) related presentations according to the triage categories assigned at presentation for all presentations within the Northern Territory (NT). The triage categories are: resuscitation; emergency; urgent; semi-urgent; and non-urgent.

Figure L - 1: Monthly distribution of D&FV related emergency department presentations across triage categories, all NT hospitals, July 2010 – December 2011

Source: Health data

The following table presents the numbers of emergency department presentations coded as D&FV related for each of the triage categories, and for each month of available data, for all NT hospitals.
Table L - 1: Monthly numbers of D&FV-related ED presentations by triage category for all NT hospitals, July 2010 – December 2011

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Source: Health data
M Appendix M – Domestic and family violence
hospital cases where social work was involved

This Appendix provides a summary of data related to domestic and family violence cases within Northern Territory hospitals in which there was social work involvement.

The following figure depicts the reported numbers of cases involving domestic and family violence (D&FV) seen by hospital social workers in each of the Northern Territory (NT) hospitals. As discussed in the report (see section 4.5), there was great variability in the availability of data. Only Alice Springs hospital had data for the whole period prior to, and following the introduction of mandatory reporting. Data available for the other hospitals was patchy.

Note: the numbers depicted below relate to reported cases, and should not be interpreted as reflecting the numbers of cases involving D&FV in NT hospitals in any way. The data is provided as a context for the subsequent table.

Figure M - 1: Reported number of D&FV related cases seen by social workers in NT hospitals, by hospital, September 2006 – September 2011 (*noting patchy reporting)

Source: Hospital social work data

The following table presents the reported numbers of D&FV related cases involving social workers, by the type of episode through which the involvement occurred. This table should be read within the context of the patchy availability of data depicted in the figure above.
### Table M.1: Reported numbers of D&FV cases involving social work, by type of episode, by NT location, September 2006 – September 2011

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<td>36</td>
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<tr>
<td>Specialist Outreach</td>
<td>-</td>
<td>-</td>
<td>7</td>
<td>-</td>
<td>-</td>
<td>7</td>
</tr>
<tr>
<td>Unknown</td>
<td>29</td>
<td>-</td>
<td>115</td>
<td>34</td>
<td>-</td>
<td>178</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>4,607</strong></td>
<td><strong>359</strong></td>
<td><strong>439</strong></td>
<td><strong>3,243</strong></td>
<td><strong>65</strong></td>
<td><strong>8,713</strong></td>
</tr>
</tbody>
</table>

*Source: Hospital social work data*

*Note: the “Error” episode type is the code used in the data provided by the NT Department of Health.*
N Appendix N – Age distribution of female victims/survivors receiving care and support from a hospital social worker

This Appendix presents the age distribution of female victims receiving social work care before and after the introduction of mandatory reporting.

The data presented in this Appendix relates solely to Alice Springs Hospital, as it was the only hospital for which data was available for the entire period, prior to and following the introduction of mandatory reporting. The following figure depicts the age distribution of female victims prior to mandatory reporting. Male victims are not reported as the numbers are too low to enable meaningful statistical analysis.

Age Distribution of of Alice Springs Hospital Female Victims at Social Work Treatment

Pre-MR

Post-MR

Source: Hospital social work data
Appendix O – Discharge status from Northern Territory hospital emergency departments

This Appendix provides an overview of discharge status from Northern Territory hospital emergency departments for domestic and family violence related presentations.

The following table summarises the status at discharge from the Northern Territory (NT) emergency departments for presentations that were coded as being domestic and family violence (D&FV) related. Across all NT emergency departments, 15.6 percent of all D&FV presentations resulted in the people presenting leaving before being seen by the doctor.

Table O - 1: Discharge Status of NT D&FV ED presentations, July 2010 – December 2011

<table>
<thead>
<tr>
<th>Discharge Status</th>
<th>Total (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admission To Ward</td>
<td>11.3</td>
</tr>
<tr>
<td>Admission Within Emergency Department</td>
<td>18.0</td>
</tr>
<tr>
<td>Dead On Arrival</td>
<td>0.1</td>
</tr>
<tr>
<td>Discharge Home/nursing home/hospital in the home</td>
<td>52.1</td>
</tr>
<tr>
<td>Left At Own Risk, After Treatment</td>
<td>2.9</td>
</tr>
<tr>
<td>Left Before Being Seen By Doctor</td>
<td>15.6</td>
</tr>
<tr>
<td>Transfer To Another Hospital</td>
<td>0.2</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

Source: Hospital data
Appendix P – Gender composition of perpetrators in police districts

The Appendix summarises the gender composition of perpetrators in police districts.

The figure below describes the numbers of male and female perpetrators in each of the police districts within the Northern Territory (NT) over the entire period of the evaluation’s data analysis. Perpetrator in this case relates to the person against whom a domestic and family violence (D&FV) related incident has been reported to the police.

Figure P - 1: Gender composition of perpetrators by NT police district, May 2006 – November 2011

Source: Police data

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Appendix Q – Composition of Indigenous and non-Indigenous perpetrators in police districts

This Appendix describes the Indigenous status of perpetrators in Northern Territory police districts.

The following figure describes the total numbers of Indigenous and non-Indigenous perpetrators in each of the police districts within the Northern Territory (NT) over the entire period of the evaluation’s data analysis. Perpetrator in this instance relates to the person against whom a domestic and family violence (D&FV) related incident has been reported to the police.

Figure Q - 1: Indigenous status of perpetrators by NT police district, May 2006 – November 2011

<table>
<thead>
<tr>
<th>Police District</th>
<th>Indigenous</th>
<th>Non-Indigenous</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADELAIDE RIVER</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ALCURING</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ALICE SPRINGS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ALYANGULA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AVON DOWNS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BATHCHLOR</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BORROLOOLA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CASARINA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DALYRIVER</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DARWIN (CITY)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ELLIOTT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GUNBALANKA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HARTS RANGE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HUMPTY DOD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>JABIRU</td>
<td></td>
<td></td>
</tr>
<tr>
<td>KALKARINGI</td>
<td></td>
<td></td>
</tr>
<tr>
<td>KATHERINE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>KINTORE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>KULGERA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LAJAMANU</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MANNINGRODA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MARANBOY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MATARANKA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NGUUI</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NGUKURR</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NGULINBUY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NTARIA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PALMERSTON</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PAPUNYA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PINE CREEK</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PILRANGIMPI</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TENNANT CREEK</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TITREE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TIMBER CREEK</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WADEYE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>YUENDUMU</td>
<td></td>
<td></td>
</tr>
<tr>
<td>YULARA</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: Police data
Appendix R – Northern Territory population data and trends

This Appendix summarises the factors contributing to Northern Territory population trends and related data.

The following is a summary of population drivers and determinants as detailed in the Northern Territory Population Projections (2011)\(^{243}\).

The Northern Territory’s (NT) population is predominantly driven by natural increase. The contribution of natural increase to the NT’s population growth is approximately double the national percentage contribution. The NT’s fertility distribution favours non-Indigenous child-bearing ages by comparison with other jurisdictions. Fertility rates are also high in Indigenous women. Territorians have a higher mortality rate than other jurisdictions influenced by the high rate of mortality amongst the Indigenous population. The mortality rate in the non-Indigenous population is also higher than other jurisdictions, influenced by the higher proportion of the younger age group partaking in risky behaviour.

Net overseas migration is a positive contributor to population growth and has increased in recent years. This is typically driven by the increase in labour demand as a result of the resources boom and skill shortage.

Fluctuations in population growth rate are typically driven by variations in interstate migration. “The Territory experiences very large interstate flows of people both into and out of the Territory, with about 7 per cent of the Territory’s population going interstate each year”. Interstate migration has typically been a negative influence on the growth rate, with positive migration occurring for short periods of time during the boom and increased demand for skills during major projects.

In 2009, the NT’s population was 225,900 up 2.5 percent from 2008. The NT experienced a growth rate of 2.3 percent, the third highest in Australia. \(^{244}\) The fastest growing local government areas were Palmerston at 4.4 percent, Litchfield at 2.8 percent and Darwin at 2.6 percent.

Under the NT Government’s baseline projection model\(^{245}\), the NT population is expected to grow at a base rate of 1.5 percent per year. In 2009, natural increase accounted for 58 percent of population growth. The NT was the only state to record a reduction in birth rate, which fell from 2.16 in 2004 to 2.09 births per woman in 2009. Net overseas migration is the second largest component of population growth at 38 percent of total growth. Net interstate migration accounted for 4 percent of population growth in 2009.


\(^{244}\) ABS Regional Statistics, op cit.

\(^{245}\) Recent to medium-term historical averages and trends and assumes that these trends will continue into the future.
Appendix S - Perpetrator profile in Northern Territory locations

This Appendix provides a profile of perpetrators for Northern Territory locations, broken down by gender and Indigenous status, based on available Justice data, prior to and following the introduction of mandatory reporting.

The following table describes the proportion of perpetrators (offenders) who were male, prior to and following the introduction of mandatory reporting, for each Northern Territory (NT) location and the NT as a whole. The proportion of male perpetrators in Greater Darwin remained the same for both periods. In Katherine the proportion of males increased following mandatory reporting, while in all other locations, and the NT overall, there was a slight decrease in the proportion of perpetrators who were male.

<table>
<thead>
<tr>
<th>Region</th>
<th>Pre-MR Male</th>
<th>Pre-MR Female</th>
<th>Post-MR Male</th>
<th>Post-MR Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Greater Darwin</td>
<td>90%</td>
<td>10%</td>
<td>90%</td>
<td>10%</td>
</tr>
<tr>
<td>Katherine</td>
<td>86%</td>
<td>14%</td>
<td>90%</td>
<td>10%</td>
</tr>
<tr>
<td>Alice Springs</td>
<td>94%</td>
<td>6%</td>
<td>90%</td>
<td>10%</td>
</tr>
<tr>
<td>Tennant Creek</td>
<td>86%</td>
<td>14%</td>
<td>82%</td>
<td>18%</td>
</tr>
<tr>
<td>Nhulunbuy</td>
<td>97%</td>
<td>3%</td>
<td>95%</td>
<td>5%</td>
</tr>
<tr>
<td>Rest of NT</td>
<td>93%</td>
<td>7%</td>
<td>92%</td>
<td>8%</td>
</tr>
<tr>
<td>Overall (NT Total)</td>
<td>91%</td>
<td>9%</td>
<td>90%</td>
<td>10%</td>
</tr>
</tbody>
</table>

Source: Justice data

The following table describes the proportion of perpetrators (offenders) who were Indigenous, prior to and following the introduction of mandatory reporting, for each NT location and for the NT overall. The proportion of Indigenous perpetrators remained the same for both periods in Alice Springs and the rest of the NT; decreased slightly in Tennant Creek following introduction of mandatory reporting; and increased slightly following introduction of mandatory reporting in Greater Darwin, Katherine, Nhulunbuy and the NT overall.

<table>
<thead>
<tr>
<th>Region</th>
<th>Pre-MR Male</th>
<th>Pre-MR Female</th>
<th>Post-MR Male</th>
<th>Post-MR Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Greater Darwin</td>
<td>66%</td>
<td>34%</td>
<td>68%</td>
<td>32%</td>
</tr>
<tr>
<td>Katherine</td>
<td>93%</td>
<td>7%</td>
<td>95%</td>
<td>5%</td>
</tr>
<tr>
<td>Alice Springs</td>
<td>95%</td>
<td>5%</td>
<td>95%</td>
<td>5%</td>
</tr>
<tr>
<td>Tennant Creek</td>
<td>98%</td>
<td>2%</td>
<td>96%</td>
<td>4%</td>
</tr>
<tr>
<td>Nhulunbuy</td>
<td>93%</td>
<td>7%</td>
<td>98%</td>
<td>3%</td>
</tr>
<tr>
<td>Rest of NT</td>
<td>96%</td>
<td>4%</td>
<td>96%</td>
<td>4%</td>
</tr>
<tr>
<td>Overall (NT Total)</td>
<td>90%</td>
<td>10%</td>
<td>91%</td>
<td>9%</td>
</tr>
</tbody>
</table>

Source: Justice data
Appendix T – Programs and initiatives funded by Northern Territory Government package to support the implementation of mandatory reporting of domestic and family violence

The mandatory reporting amendment to the Domestic and Family Violence Act was enacted on 12 March 2009. The Northern Territory Government allocated $15 million over 3 years (2009 to 2012) for to support the implementation of domestic and family violence mandatory reporting. The following table summarises the key programs and initiatives supported by this funding.

<table>
<thead>
<tr>
<th>DCF Region</th>
<th>Auspice</th>
<th>Program / Initiative</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Adults Surviving Child Abuse</td>
<td>• Training and Workshops for survivors</td>
</tr>
<tr>
<td></td>
<td>Anglicare NT</td>
<td>• D&amp;FV Training/Education/Resource development</td>
</tr>
<tr>
<td></td>
<td>Council for Aboriginal Alcohol Program Services</td>
<td>• D&amp;FV Training/Education/Resource development</td>
</tr>
</tbody>
</table>
|             | Darwin Aboriginal & Islander Women’s Shelter | • Men’s Outreach Program  
• DFV Annual Sector Forum 2011  
• Operational Funding  
• Client support & service quality enhancement  
• D&FV Training/Education/Resource development |
|             | Dawn House | • Operational Funding  
• Client support & service quality enhancement  
• D&FV Training/Education/Resource development |
|             | Dept of Justice | • Providers of legal service for people affected by domestic/family violence |
|             | Melaleuca Refugee Service | • Alternatives to Violence Program |
|             | NAPCAN | • Love Bites school based education program |
|             | Relationships Australia | • In Pursuit of Respectful Relationships Program for Men |
|             | Ruby Gaea | • Female Post-Prison Release Program  
• Sexual Assault Program in Education |
|             | Salvation Army | • Operational Funding  
• Client support & service quality enhancement  
• D&FV Training/Education/Resource development |
<p>|             | Sommerville Youth &amp; Families Services | • D&amp;FV Training/Education/Resource development |
|             | St Vincent de Paul | • D&amp;FV Training/Education/Resource development |
|             | Vietnam Veterans | • D&amp;FV Training/Education/Resource development |</p>
<table>
<thead>
<tr>
<th>DCF</th>
<th>Auspice</th>
<th>Program / Initiative</th>
</tr>
</thead>
</table>
|     | YWCA    | • D&FV Prevention Program - Healing Camps  
|     |         | • Operational Funding  
|     |         | • Client support & service quality enhancement  
|     |         | • D&FV Training/Education/Resource development |
| Adults Surviving Child Abuse |         | • Training and Workshops for survivors |
| Anglicare NT |         | • D&FV Training/Education/Resource development |
| CatholicCare NT |         | • Naiyu Naiyu (Daly River) Safe House - Operational Funding  
|         |         | • D&FV Training/Education/Resource development |
| Children’s Support Service Unit (WA) |         | • Wadewe Safe House - Operational Funding |
| Crisis Accommodation Gove |         | • Client brokerage funding  
|         |         | • Operational Funding  
|         |         | • Client support & service quality enhancement  
|         |         | • D&FV Training/Education/Resource development |
| DCF & NT Police |         | • Peace at Home (Katherine) |
| Katherine Women’s Crisis Centre |         | • Gunbalanya Safe House - Operational Funding  
|         |         | • Operational Funding  
|         |         | • Client support & service quality enhancement  
|         |         | • D&FV Training/Education/Resource development |
| Mabunji Aboriginal Corporation |         | • Men Talking Program (Borroloola) |
| NAPCAN |         | • Love Bites school based education program |
| Roper Gulf Shire Council |         | • Youth Voice Messaging (Borroloola) |
| St Vincent de Paul (Men/Youth Services) |         | • DFV Training/education/resource development |
| Adults Surviving Child Abuse |         | • Training and Workshops for survivors |
| Alice Springs Women’s Shelter |         | • DFV Annual Sector Forum 2012 (funding co-managed with Darwin Aboriginal and Islander Women’s Shelter)  
|         |         | • Operational Funding  
|         |         | • Client support & service quality enhancement  
<p>|         |         | • D&amp;FV Training/Education/Resource development |
| Alice Springs Youth Accommodation Support Services |         | • D&amp;FV Training/Education/Resource development |
| Anglicare NT (Men and Youth Services) |         | • D&amp;FV Training/Education/Resource development |
| Barkly Shire Council |         | • D&amp;FV Training/Education/Resource development |
| Borroloola Safe House |         | • D&amp;FV Training/Education/Resource development |
| Dept Of Justice |         | • Providers of legal service for people affected by domestic/family violence |
| NAPCAN |         | • Love Bites school based education program |</p>
<table>
<thead>
<tr>
<th>DCF</th>
<th>Auspice</th>
<th>Program / Initiative</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Relationships Australia</td>
<td>• In Pursuit of Respectful Relationships Program for Men</td>
</tr>
<tr>
<td></td>
<td>Tennant Creek Women’s Shelter</td>
<td>• Outreach service</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Operational Funding</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Client support &amp; service quality enhancement</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• D&amp;FV Training/Education/Resource development</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Territory Wide Initiatives</th>
<th>CatholicCare NT</th>
<th>• Strong Men’s Council</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>• NT Strong Families Awards</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• All Stars Campaign</td>
</tr>
</tbody>
</table>

Source: DCF 8 June 2012

In addition to the programs and initiatives detailed in the table above the funding also supported a number of key initiatives including:

- Specialist D&FV frontline staff in all five hospitals across the NT
- An extensive two phased social marketing campaign to raise awareness of domestic and family violence and of the unique and universal D&FV mandatory reporting legislation
- An evaluation of the impact of the D&FV mandatory reporting
- Development of key community legal educational materials
- Review and development of data systems relating to domestic and family violence

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246 DCF 8 June 2012
Appendix U - Community readiness model

This Appendix provides further detail about the Community Readiness Model and provides some insight into the relevancy of this model to the Northern Territory mandatory reporting evaluation.

U.1.1 CRM factor 1: Community efforts

The analysis of community efforts as a dimension of overall community readiness for a particular initiative is based upon the degree and scope of efforts, programs and policies in place to support the initiative. Of particular relevance for the mandatory reporting of domestic and family violence (D&FV) in the Northern Territory are:

- **Legislation and policy** - Legislation is a key means by which a government can authorise and enable a commitment by a community towards an issue. Mandatory reporting initiatives have identified, however, that simply having the mandatory reporting law by itself is not adequate for ensuring the reporting behaviour will effectively occur within the community.\(^{247}\) The additional policy and program infrastructure and resources, important for enabling and encouraging the community to enact the legislation, also require close consideration due to their role in achieving the links between strategic and implementation levels of an initiative.\(^{248,249}\)

- **A service system with capacity to implement the initiative** - Along with a community's motivation towards addressing a social issue, the implementation of an initiative requires a service system with the financial, material and human resources to enact it.\(^{250}\) As such, the capacity of relevant organisations and agencies involved in an initiative's operation require exploration and support if the community are attempting to effectively implement an initiative. Resources need to correspond to the localised needs of a community. This is particularly important in a D&FV context where there is an inherent diversity of demand requiring response.\(^{251}\)

Links to research and other initiatives

The capacity implications of a mandatory reporting initiative on a service system can be explored based on findings in other jurisdictions (for example, the mandatory reporting of D&FV in California). This model was noted to have significant demand implications on policing resources, due to all mandatory reporting being directed at local law enforcement agencies.\(^{252}\) This is of particular note to the Northern Territory model due to the similar nature of mandatory reporting being directed to the Northern Territory Police. Similarly, implications can be explored for mandatory reporting initiatives in other service systems, such as the mandatory reporting of


\(^{249}\) Ibid.


suspected or witnessed child abuse and neglect. Mandatory reporting of at-risk children has been found to have implications on the responsiveness capacity of child protection, where the greater caseload has posed significant resource issues.\(^{253}\)

Distinction is also required in service system capacity between mainstream and Indigenous approaches for responding to D&FV. The historical context and impacts that colonisation has had on Indigenous communities, as well as their cultural connectedness with community and land requires an approach that is both integrated with mainstream models, as well as unique and targeted.\(^{254}\) For example, a report by the Victorian Indigenous Family Violence Task Force\(^{255}\) was critical of Indigenous responses also being underpinned by the feminist approach traditionally used in mainstream models. The report instead encourages a ‘family healing approach which reunifies families’\(^{256}\) and as such moving the primary focus from the victim to the family. Issues and considerations specific to D&FV in Indigenous communities also require consideration, for example, that there is a higher rate of under-reporting of D&FV for Indigenous women in remote communities than for non-Indigenous women.\(^{257}\)

### U.1.2 CRM factor 2: Community knowledge of the efforts

Successful community intervention programs have been found to involve practices that are respectful to their target client, and embrace cultural diversity.\(^{258}\) Key factors identified as particularly necessary for consideration when developing and implementing an effective intervention approach to D&FV include: cultural diversity, Indigenous culture and communities, disability and children.\(^{259}\) These factors are recognised to be best addressed by individuals with specialist interest and/or skills in the community intervention issue and approach.\(^{260}\)

**Cultural diversity:** People from culturally and linguistically diverse (CALD) backgrounds can face a number of knowledge and accessibility issues in service interventions. In relation to D&FV, this may particularly include apprehension in attempting to access services (e.g. due to fears of impacts on immigration status). People from a CALD background may have limited awareness of rights or local laws, and may have pre-existing views from their own country of origin which may be in conflict with local views. For example: women who do not have English as a first language can be reticent to report violence due to a lower trust that their needs and situation will be accurately translated and communicated.\(^{261}\)\(^{262}\)

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\(^{253}\) Richards, op cit (2011).


\(^{256}\) Ibid, 113.

\(^{257}\) Cunneen, op cit (2010).

\(^{258}\) Brackley et al, op cit (2003).

\(^{259}\) Ibid.


\(^{261}\) Elder Abuse Prevention Unit, *Position Statement on Mandatory Reporting of Elder Abuse* (2006)
One of the greatest barriers towards self-reporting of D&FV identified by women of CALD backgrounds is the feared impacts it will have upon their social and cultural connections with their families and communities. Women from culturally diverse and linguistically different backgrounds and Indigenous women may already experience feelings of isolation from the community. This isolation can be further exacerbated through self-reporting behaviour which may result in disconnection from their family.

**Indigenous communities:** The over-representation of Indigenous women in cases of D&FV and sexual assault are recognised as a key issue amongst both Indigenous and non-Indigenous populations. The combined factors attributed to the causes of violence and over-representation can be considered in three categories, including: precipitating causes, situational factors and underlying factors. Precipitating factors are individually based triggers or events; situational factors include social and community issues that can exacerbate circumstances, (e.g. alcohol abuse and geographical isolation); and underlying factors include the acute historical context of Indigenous people’s experiences.

Approaches to address and consider these factors are generally envisioned with an individual, service and/or community achieving a culturally sensitive approach with Indigenous victims, perpetrators and communities. Practice considerations include having an understanding of the history and complexity of Indigenous family violence, together with an active awareness of specific previous issues faced by Indigenous communities with authorities, service engagement, and data collection. Cultural competency training is important for services to ensure they are culturally respectful, particularly in communication techniques and cultural behaviours. Secondary consultation with Indigenous-specific or culturally competent providers/workers is a strongly encouraged and common approach by services when working with Indigenous people.

**Disability:** People with a disability have been identified as particularly vulnerable to D&FV, with key contributing factors including: social and physical isolation, difficulties with communication, dependence on carers, and a limited awareness of the criminal nature of violence against them. Contributing to this, there are findings of very poor community understanding of the greater vulnerability that people with disabilities can have in relation to experiencing D&FV.
Children: Understandably, children are a particularly vulnerable group when considering D&FV risks. Children have been reported to be present in 49 per cent of current D&FV cases, with 27 per cent of victims reporting their child had witnessed the violence. A child’s experience of D&FV, whether direct or indirect, is linked to a number of short and long term negative impacts on the child’s health and well-being. Key impacts may include direct physical injury, diminished parental capacity for their care, assumed responsibility for the violence, fear of further violence, ongoing emotional issues and trauma, and unwanted and obtrusive effects of service intervention.

Further to being identified as a victim of D&FV, children’s experience or suspected experience of neglect and/or abuse are usually also required to be reported by trusted persons. In a D&FV scenario involving children, reporting and service responses occur through two separate service systems (D&FV and child protection). Victims and perpetrators may experience confusion, frustration and complexity in working with two different service systems. There may also be complexities at the service delivery end associated with the interaction and coordination between D&FV and child protections services.

An integrated service system that can assist community implementation

Community knowledge of intervention responses can also be linked to the general community capacity. Effective community capacity building has been linked with social interactions that are enduring, interconnected, and promote resource sharing. Aligned with this, the CRM emphasises the importance of prevention initiatives involving collaboration and cooperation as a key driver, both at the agency level within the community, as well as the broader visionary level of community health and wellbeing. In the Northern Territory, mandatory reporting as a whole-of-community prevention initiative can seek to ensure engagement and collaboration between the key agencies of police, service providers, government stakeholders and the general community, and to have these relationships and resources aligned with the over-arching strategy of reducing the occurrence of D&FV in the Northern Territory.

To develop an integrated model and approach, an investment of time and resources towards network development has been identified as a key priority and required commitment. Such relationships are linked to the development of shared understandings, including for definitions, interpretations and perspectives; each of these is important in achieving effective collaboration and cooperation. These activities may result in more effective communication between

services, and enable an improvement in referral behaviour to services and agencies for victims and perpetrators.\textsuperscript{276}

Effective integration and connection across the continuum of services recognises the complexity of incidence of D&FV, and the multifaceted nature of an effective service response required when attempting to achieve victim safety.\textsuperscript{277} \textsuperscript{278} For example, a service response that only involves a domestic violence order or criminal conviction placed against the perpetrator only addresses the criminal component of a victim’s safety. The victim’s safety can be more fully addressed when such activity is supported with other relevant / specialist services and activities, such as safety plans.\textsuperscript{279}

Further to this, a more targeted and integrated service system approach may involve the sharing of practical and specialist resources, assisting the reach and accessibility of more vulnerable victims and perpetrators, and overcoming previous areas of service system weakness.\textsuperscript{280} For example, the context and complexity of the migration journey for a person from a CALD background can be better responded to when bilingual workers or interpreters can be accessed, and with access to specialist service capabilities integrating migration issues with a D&FV response.

Service integration is also dependent upon the community it is integrating with. For example, communities with a long history of poor relationships with police may need a different service integration approach in terms of the level of state controls imposed.\textsuperscript{281}

\section*{U.1.3 CRM factor 3: Leadership}

Leadership has been identified as one of the most influential factors for developing community capacity for achieving the aims of a community initiative.\textsuperscript{282} Leaders play a key role in decision making for a community, and can be a key variable influencing a community in the achievement of community activities and outcomes.\textsuperscript{283}

Leadership within a community is a critical component required for ensuring the establishment and maintenance of an initiative’s vision, and the accomplishment of that vision through operation and action. In contexts where there is a lack of connection between these levels, the effectiveness of the initiative can be compromised.\textsuperscript{284}

\begin{thebibliography}{99}
\bibitem{276} New South Wales Department of Premier and Cabinet, \textit{Stop the Violence End the Silence: NSW Domestic and Family Violence Action Plan} (2010).
\bibitem{277} Ibid.
\bibitem{278} Sabol et al, op cit (2004).
\bibitem{280} Sabol et al, op cit (2004).
\bibitem{281} Ibid.
\bibitem{284} Lamond, D, ‘The impact of mandatory reporting legislation on reporting behaviour’ (1989) \textit{13 Child Abuse and Neglect} 471-480.
\end{thebibliography}
The inter-relationships and levels of leadership in community violence prevention efforts have been highlighted as particularly important for effective intervention and community efficacy. A key component of this relates to how leadership is adapted to the context of the initiative, where an appropriate balance is required across the combination of leadership types and levels relevant to the community initiative. Relevant leaders may be present within the communities directly involved in an initiative, as well as from within the systemic stakeholders supporting those communities (e.g. police and government). Collective efficacy has been identified as the combination of perceptions of community needs with the tendency to intervene or act to achieve those aims.

At the operational level, leaders can also encourage proactive behaviour towards addressing identified gaps within and between communities. For example, a leader may identify a gap in service delivery to a certain region, and assist to facilitate actions required to alleviate the service issue. Without the leader, the gap may otherwise have resulted in social and geographic isolation for the affected community members.

Where there is a lack of empowerment in community members and sectors, and/or between the visionary and operational levels, desired impacts of an initiative can become limited or hampered. In cases of mandatory reporting of abuse, such instances have resulted in the community and leaders only developing their awareness of a vision/issue, rather than the attainment of visionary outcomes, such as a reduced incidence of abuse.

Links to research and other initiatives

There are some key means of enabling leadership, such as through the provision of training and education for relevant individuals and services. A study looking at what motivates a community towards mandatory reporting found that leaders can be influenced by social marketing. This study found that some community leaders changed their attitude towards reporting following a campaign designed to discourage obedience and placation, which had been associated with the non-reporting behaviour. Additionally, the success of the marketing campaign was attributed to how it empowered community members through increased critical awareness of the issue, and an internalisation of the importance of such reporting behaviours.

Appropriate governance structures and arrangements are also a key enabler of accountability and connection between a vision/strategy and its operations, with advocacy groups a key type of leadership group which can facilitate change. Women’s advocates in the United States held campaigns towards improving police responses to D&FV through increased police powers, such as with greater empowerment in arrests and deterrent sentencing policies. These have been

286 Ibid.
290 Ibid.
292 Ibid.
293 Ibid.
considered to have been influential in the local community attitudes, legislation and public policy towards D&FV.  

Collaborative and effective leadership by individuals, police, the service sector and the broader community could be expected to result in the impact of improving the profile and empowerment of D&FV services.

### U.1.4 CRM factor 4: Community climate

The CRM emphasises the importance of a community ‘owning’ a prevention initiative in order for it to achieve a successful implementation. As such, the attitudes of a community targeted by a community intervention or prevention initiative may also indicate the level of ‘ownership’ being experienced by those communities.

The community’s understanding of the issue and initiative, for example D&FV, and its effects on the community, are important components of an effective community intervention initiative.

In relation to community climate, some key players in the D&FV sector include:

1. **The broader community**: as a witness and potential reporter of D&FV.

### Links to research and other initiatives

Community attitudes towards D&FV were measured in a national survey conducted by VicHealth in 2009. Findings were significant in terms of mandatory reporting, with respondents (who represented the community more generally) indicating that they felt D&FV should be an issue that is dealt with publicly, rather than privately by the victims themselves. Additionally, community members indicated that they were more likely to undertake some level of intervention response (compared to no response) upon presentation of a D&FV incident, with increased likelihood of this occurring when there was greater familiarity with the victim. Community members in the survey provided responses for how they were most likely to intervene, with the second highest response (41 per cent of respondents) being that they would report the situation to police/authorities. Women were more likely than men to intervene.

Despite these more positive findings and congruent community attitudes towards involvement with interventions like mandatory reporting, a significant number of respondents from across Indigenous, non-Indigenous and CALD populations felt there was still an overwhelming general attitude in the community to ‘ignore’ or ‘turn a blind eye’ to a D&FV incident. This was suggested to indicate either an under-estimation of the community’s willingness to intervene, or the significance that familiarity of the victim plays on the community member’s likelihood to report. There were also findings of a depletion in the community’s sense of understanding towards D&FV, with 80 per cent of respondents indicating difficulty understanding why a woman would stay in a violent relationship, and more than half believing she should be able to leave a violent relationship if she wanted to. It was found that it was mostly men and younger...
respondents holding these attitudes, including younger respondents who were significantly less likely to report some physical forms of violence as ‘very serious’.  

Other research has also indicated that women are more likely than men to intervene when they are a bystander of D&FV. Additional gender differences in reporting have been found: men are more likely to intervene in ‘dangerous’ situations, whereas women are more likely to intervene when the situation is more ‘safe’ to do so. This may have implications in mandatory reporting, where it may be the case that men are more likely to report in crisis situations, whereas women may report in more chronic cases that they are witnessing over time.

The victims themselves tend to have realistic and commonly cited fears towards the reporting of their situation. A key factor is a fear of offender retribution, particularly where there may be an escalation of violence towards the victim themselves and/or their children. Women also report a fear of their family being separated, which has been a key finding also identified amongst Indigenous women. There is general mistrust of the legal system, where there are findings of a lack of faith by victims in the criminal justice system’s capacity to maintain their safety and/or adequately reflect the impacts of their experiences, and fear that it may potentially result in homelessness and economic hardship for the victim.

Indigenous community attitudes towards reporting are often framed within the historical context of the government removal of children, and the implications this has in terms of a fear of state-based interventions resulting in family separations. This forms a key barrier to an acceptance and facilitation of formal interventions amongst Indigenous communities, and has been attributed to findings of under-reporting in D&FV-based initiatives.

Broader community attitudes were also measured in the evaluation of the Be Someone Campaign in the Northern Territory. Close to half (49 per cent) of the respondents in the evaluation indicated they had some exposure to D&FV, with the greatest majority of these people as a witness to incidents. There was a strong majority agreement of respondents for not accepting D&FV (84 to 95 per cent), and 80 per cent reporting their awareness of mandatory reporting legislation. Similarly, at least 86 per cent (and potentially more following the Be Someone Campaign) were likely to make a report to police if they became aware of an occurrence of D&FV.

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300 Ibid.
303 Ibid.
308 Richards, op cit (2011).
2. **Police:** The increased community knowledge of D&FV and the recognition of the criminal nature of some D&FV in some circumstances has shifted the police response to a more rigorous criminal justice approach. This has resulted in an evolution of police becoming more empowered in their responses. This has been demonstrated by more training and development programs for police, as well as an increased resource capacity to respond to a greater number of incidents.  

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**Links to research and other initiatives**

The introduction of mandatory reporting to police is a mechanism premised on the understanding that legislation and more efficient police powers (i.e. higher arrest and prosecution rates) can further protect women from violence. However in relation to this, the evidence from Milwaukee, Omaha, Dade County and Colorado Springs in the US looking at the recidivism and incidence of D&FV in relation to police arrest is to the contrary. Findings have been consistent in indicating that the arrest of D&FV perpetrators by police has no overall effect in reducing crime, contrary to the expected deterrence theories of such activities. In addition to this, there are findings in line with labelling theories, where there is increased recidivism in individuals with a low tendency to conformity, including men who are unemployed and unmarried.

Linked with this, findings in Indigenous and non-Indigenous communities have questioned the usefulness of mandatory reporting when it is part of only a singular response. Instead, more positive impacts have been identified with a policy of police discretion and flexibility, and where there is collaborative decision making with the victims. This is based on a premise of ensuring an approach that effectively addresses the individual needs of the victim, and the unique characteristics of the D&FV incident.

3. **Service providers:** D&FV service providers play a key role in the response for victims and perpetrators of D&FV, particularly where they are a first point of contact. Interactions with service providers can be an important form of support for victims and perpetrators, with trust often being a paramount characteristic of a worker-client relationship. Having a support that can act as an intermediary for a client between their first steps to seeking help and formal

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312 Ibid.
314 Ibid.
316 Cunneen, op cit (2010).
318 Ibid.
intervention has been identified as an important component of service provision in the continuum of D&FV support services\textsuperscript{320}.

### Links to research and other initiatives

There are concerns that the mandatory reporting of victims against their will can result in more dangerous situations for victims occurring, and this may outweigh the potential benefits of reporting.\textsuperscript{321} The introduction of mandatory reporting into a victim’s engagement with service providers has potentially adverse effects on trust, confidentiality and autonomy, and to overall victim safety.\textsuperscript{322} This is in addition to the barriers already faced by a client, including discomfort with disclosure in the first place, and feelings and experiences such as shame, fear, financial dependency, and obliged perpetrator protection.\textsuperscript{323} As such, service providers are an important support and safety mechanism for victims who experience difficulties disclosing their issue to others.\textsuperscript{324}

A key predictor of a victim’s formal self-help behaviour following D&FV is the presence of children also experiencing the behaviour.\textsuperscript{325} In contrast with this, however, victims with children may also be discouraged from reporting their own victimisation of D&FV due to fear they will lose their children, as they are concerned that mandated reporting may identify their children as at-risk whilst with the mother.\textsuperscript{326} This is particularly the case for Indigenous women, attributed to past experiences and practices of child removal.\textsuperscript{327}

Discretion in the application of mandatory reporting laws is supported by service providers, including the ability to decide whether mandatory reporting is the most appropriate response for a victim\textsuperscript{328, 329}. A balanced and victim-inclusive consideration of key factors of a case is important in mandatory reporting decision making. Key factors may include patient safety, patient autonomy and confidentiality, future help-seeking behaviour, legal requirements, ethics, and potential police protection.\textsuperscript{330}

In a survey conducted with service providers in the US, there were mixed findings towards support for mandatory reporting.\textsuperscript{331} Fifty-three to 85 percent of respondents felt mandatory reporting can prevent help-seeking behaviour, provoke perpetrator retaliation or compromise confidentiality and autonomy of the victim.\textsuperscript{332} An equal number of service providers also felt that mandatory reporting policies have the positive impacts of an increased recognition and

\textsuperscript{320} Hill, op cit (2001).
\textsuperscript{321} Bledsloe, op cit (2004).
\textsuperscript{322} Rodriguez et al, op cit (1999).
\textsuperscript{323} Hill, op cit (2001).
\textsuperscript{324} Ibid.
\textsuperscript{325} Meyer, op cit (2010).
\textsuperscript{326} Edleson, op cit (1999).
\textsuperscript{327} Adams & Hunter, op cit (2007).
\textsuperscript{328} Australian Domestic and Family Violence Clearinghouse, ‘Northern Territory Discussion Paper Mandatory Reporting Of Domestic And Family Violence By Health Professionals’ (2008).
\textsuperscript{330} Ibid.
\textsuperscript{331} Ibid.
\textsuperscript{332} Ibid.
responsiveness to D&FV in the community, as well as an increased documentation and collection of statistics.333

U.1.5 CRM factor 5: Community knowledge about the issue

The use of community education and social marketing is strongly encouraged as a means for achieving positive social and attitudinal change towards D&FV.334 In Australia more broadly as well as within the Northern Territory, there has been significant investment made by governments into education and public awareness campaigns, with the intention to improve knowledge and attitudes in relation to an intolerance of D&FV, and the mechanisms available to address its occurrences.

Links to research

Research has been conducted into the likelihood of a bystander undertaking intervening behaviour, and it has been found to be linked to the bystander’s familiarity and understanding of the issue they are witnessing.335 Consistent with this, proactive bystander behaviour has been found to increase when the bystander had experienced D&FV personally or knew the person experiencing the issue, or if they had greater knowledge of the issue they were witnessing.336 This greater knowledge was usually achieved through education, such as social marketing campaigns. The education is associated with the bystander better understanding the D&FV situation as risky or problematic, resulting in a greater level of empathy for the victim.337

The VicHealth (2009) National Survey on Community Attitudes to Violence Against Women found that broader media reporting and advertising about violence against women had reached just over half of the general community, and that younger people are more likely than older people to report following their viewing of advertising. An effective social marketing approach is suggested to identify the different types of community groups being targeted, and constructing programs (both the method and messages delivered) that are tailored to their context and needs.338 This is supported by findings that social marketing campaigns can have an even greater impact on attitude change in culturally diverse groups than on English speaking participants, indicating the importance of culture-specific design in interventions.339

Bystander literature also identifies a greater likelihood of reporting by individuals when they feel more confident in their skills to do so.340 This suggests the importance of adequate training and education if government is expecting a community to engage in an activity such as mandatory reporting. The VicHealth (2009) survey found that the youngest and oldest community members

333 Ibid.
336 Ibid.
337 Ibid.
were those with the least amount of confidence in knowing how and where to engage for assistance in D&FV circumstances.  

These findings are supportive of a combination of both media advertising/social marketing as well as community-based education/information seminars as a key means for building community knowledge and capacity in supporting individuals taking initiative in D&FV situations. This is particularly important considering the findings of a generally high preparedness of individuals to intervene if confronted with a D&FV situation. Social marketing in relation to the reporting and treatment of sexual assault of children has also had positive findings. This has been in terms of a reduced fear for community members to expose and discuss the issue, and increases in reporting behaviour that were attributed to increased empowerment and critical awareness. The review of the literature did not provide insight into the cost effectiveness of social marketing in relation to D&FV when compared to other prevention approaches, suggesting that further research and evaluation in this area may be required.

By understanding the level of ‘community knowledge about the issue’ the readiness of the community to effectively implement the initiative can be examined. Some of the likely outcomes of effective ‘community knowledge about the issue’ in the case of D&FV could be increased reporting, a decrease in the rate of D&FV and an acceptance of the unacceptability of D&FV.

### U.1.6 CRM factor 6: Resources related to the issue

The investment of local-level resources are central to ensure capacity to implement and deliver a community intervention or prevention initiative.

#### Operational tools and infrastructure

Improved access to resources is commonly promoted as a key means of strengthening the social organisation of communities. This in turn assists their capacity to prevent violence in the short term, and in the long-term lead to safer environments more generally.

In relation to the mandatory reporting of D&FV, the ease of information attainment can have a key impact on individuals’ willingness to report a concern. This can be both for the victims and perpetrators seeking help or assistance, as well as for individuals supporting or engaging with the victims or perpetrators (i.e. the community/witnesses and services as mandatory reporters). Supports such as websites and practice guides can assist, in addition to well-publicised services from which mandatory reporters can seek information.

Key considerations in the availability of support can often be based upon practical issues, such as hours of operation (e.g. the availability of services outside of business hours), cultural appropriateness of services and information provided (e.g. whether information can be provided in multiple languages), and the implementation of services in localities where individuals can reasonably reach them (e.g. remote and regional services). This consideration has particular

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341 VicHealth, op cit (2010).
342 Ibid.
343 Boehm & Itzhaky, op cit (2004).
relevance in the Northern Territory and in D&FV, where the most remote regions in Australia have the greatest rates of D&FV reports in proportion to their population, with major cities the least.\textsuperscript{346} This is particularly relevant for Indigenous communities, who make up the significant proportion of remote community populations in Australia.

**Data collection/reporting measurements**

Poor data reporting and collection is a common issue in service provision for vulnerable communities. There are common problems of inconsistent methods used between stakeholders, and/or an incompatibility of data / information collected. This has implications for limiting the extent of analysis possible, and level of insight that can be provided.

\textsuperscript{346} Commonwealth Department of Transport and Regional Services (2006), *About Australia’s Regions*, Canberra