



# Big Rivers Supporting Recovery from Family, Domestic and Sexual Violence Program

November 2024



**KATHERINE WEST  
HEALTH BOARD**  
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**phn**  
NORTHERN TERRITORY  
An Australian Government Initiative

RURAL  
**Workforce**  
AGENCY NT





# Introduction

**Family, domestic and sexual violence (FDSV) is a major issue in the Big Rivers region, Northern Territory.**

**Since June 2024, 8 women in the NT have died due to FDSV, 4 of these in the Big Rivers region.**

Community members across the Big Rivers region, although traumatised, can see a future where “happy people [are] walking taller and prouder, peaceful, and family is all together and talking together and eating together and going out bush and hunting and fishing” (Kalkaringi community member). To reach this point, community members have said they need:

1. Crisis and after-hours support for women, including safe houses with 24-hour staffing, and funding for bus and plane fares and short-term accommodation in Katherine to provide women with the short-term safety they need.
2. Support for men to break the cycle of violence. Anecdotal evidence shows that men in our region can and do change behaviour with the right support. This includes culturally safe programs that foster accountability, healing and reconciliation, and safe houses for men that allow women and children to stay at home and sleep.
3. Family safety plans and strong communication between correctional facilities and local services to allow safer reconnections with families and communities when men return home from prison.
4. Better access to appropriate legal services and support for women at risk of FDSV.
5. Secure, long-term funding of at least 4 years duration to allow meaningful and sustainable change.

With these measures in place, consortium partners Katherine West Health Board, Wurli Wurlijang Health Service (Wurli), Sunrise Health Service (Sunrise), and NT Health can respond to communities’ suggestions and make a difference to the lives of women, men and children throughout the Big Rivers region.









# Background

**The Big Rivers region spans approximately 322,000 km<sup>2</sup>, accounting for 25% of the Northern Territory's landmass, and is home to approximately 8,600 Aboriginal and Torres Strait Islander people, representing 48% of the region's population.**

Family, domestic and sexual violence (FDSV) rates in the region are alarmingly high. In the NT, 87 women have died due to FDSV since 2000. Since June 2024, 8 women have allegedly been killed due to FDSV in the NT – 4 of these deaths were in the Big Rivers region<sup>1</sup>. Children in the Big Rivers region also experience much higher rates of abuse or neglect in situations linked to FDSV. From 2020 to 2021, about one in 10 children in the NT were recorded as having experienced abuse or neglect in situations linked to FDSV. In the Big Rivers region that figure was nearly one in 5<sup>2</sup>.

The high rates of FDSV in the region result in long-term health, economic, and social impacts for victim-survivors, as well as broader cultural, physical and spiritual consequences for communities. Despite these realities, there remains a critical lack of appropriate funding and resources to support FDSV victim-survivors and specialised services, particularly in the remote areas of the Big Rivers region.

Figure 1 provides an overview of the existing acute and primary care FDSV services in the region.



## PRACTICAL

- North Australian Aboriginal Family Violence Legal Service
- Katherine Women's Information and Legal Service
- Top End Women's Legal Service
- Child and Family Centre (NTG)
- Healing Spirits program (KWHB)
- Strong Beginning for Strong Families (KWHB)
- Maternal early childhood visits (Sunrise)
- Social workers (NTG)
- Maternity and midwives (NTG)
- Domestic Violence Legal Service
- Sexual Assault Referral Centre (NTG)
- Witness Assistance Service (NTG)
- Family support services (KWHB)
- ThroughCare (NAAJA)

**Figure 1: Existing acute and primary care FDSV services in the Big Rivers region**





## THERAPEUTIC

- Strong Wimun's Grup (Banatjarl)
- Strong Indigenous Families (Wurli)
- Connect Pathways (Wurli)
- Ngalmuk Healing (Banatjarl)
- Safe Families, Safe Communities (KWHB)
- 1800 Respect (NTG)
- Crime Victim's Counselling Service (Catholic Care)
- Mental health team (Sunrise)
- Mental health nurses (KWHB)
- Counselling (Heritage Church)
- ANFPP
- Justice program (Wurli)
- Counselling (Australian Childhood Foundation)
- Strong Families Together (KWHB)
- Counselling (Headspace)
- Walking a new path together (KWHB)
- Back on Track (Jesuit Social Services)
- Strongbala Justice (Wurli)



## LEARNING & LITERACY

- Love Bites (Headspace)
- Health Promotion Officer (NTG)
- Codes4Life (Desert Knowledge Australia)
- Growing Stongbala Way (Jawoyn)
- Ngukurr Family Violence prevention (Yugul Mangi Development Aboriginal Corporation)
- Binjari, a safe place for families to thrive (54 Reasons)
- Health promotion (Wurli)
- VF RAMF (KWHB)
- Channels of Hope for Gender (World Vision)
- Vendale (Kalano)
- Family Violence Program (NTG)
- NO MORE (Catholic Care)
- Sexual Assault Prevention Education (Ruby Gaea)



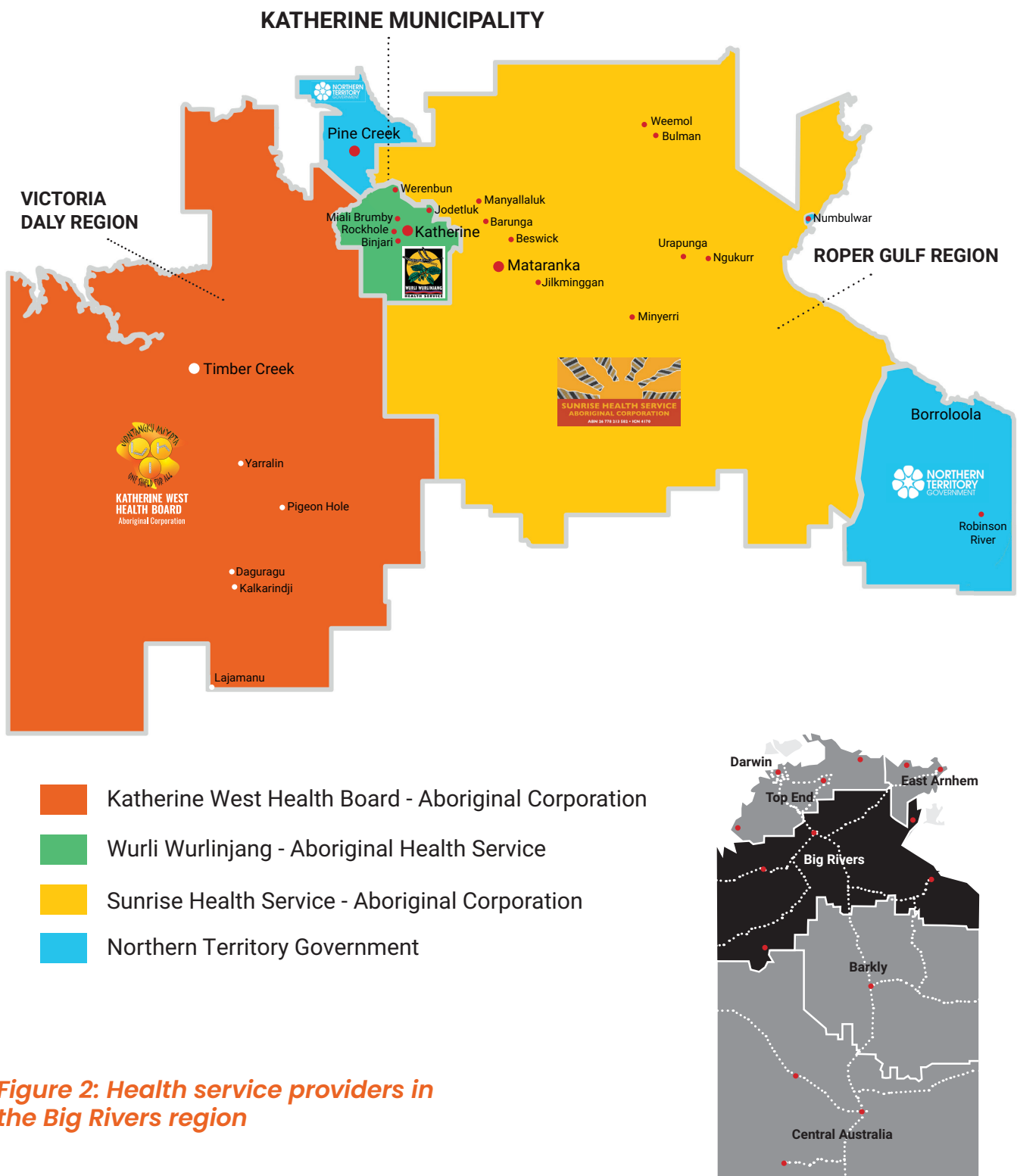
## ACUTE & OTHER

- Social and Emotional Wellbeing and Alcohol and Other Drug program (KWHB)
- Social and Emotional Wellbeing and Alcohol and Other Drug program (Wurli)
- Borroloola Safe House (Mabunji Aboriginal Resource Association)
- Sexual Assault Referral Centre (NTG)
- Wugularr Safe House (NTG)
- Kalkarindji Safe House (NTG)
- Lajamnu Safe House (NTG)
- Yarralin Safe House (NTG)
- Ngukurr Safe House (NTH)
- Sexual health and wellbeing clinics (NTG)
- Katherine Women's Crisis Centre
- SARC after-hours response
- Police
- SEWB



# Program Approach

**Katherine West Health Board (KWHB)** is the leading organisation to deliver the **Big Rivers Supporting Recovery from FDSV Program** in partnership with **Wurli Wurlinjang Health Service (Wurli)**, **Sunrise Health Service (Sunrise)**, and **NT Health**. **Figure 2** shows the areas and larger communities currently serviced by each of the consortium partners.



**Figure 2: Health service providers in the Big Rivers region**



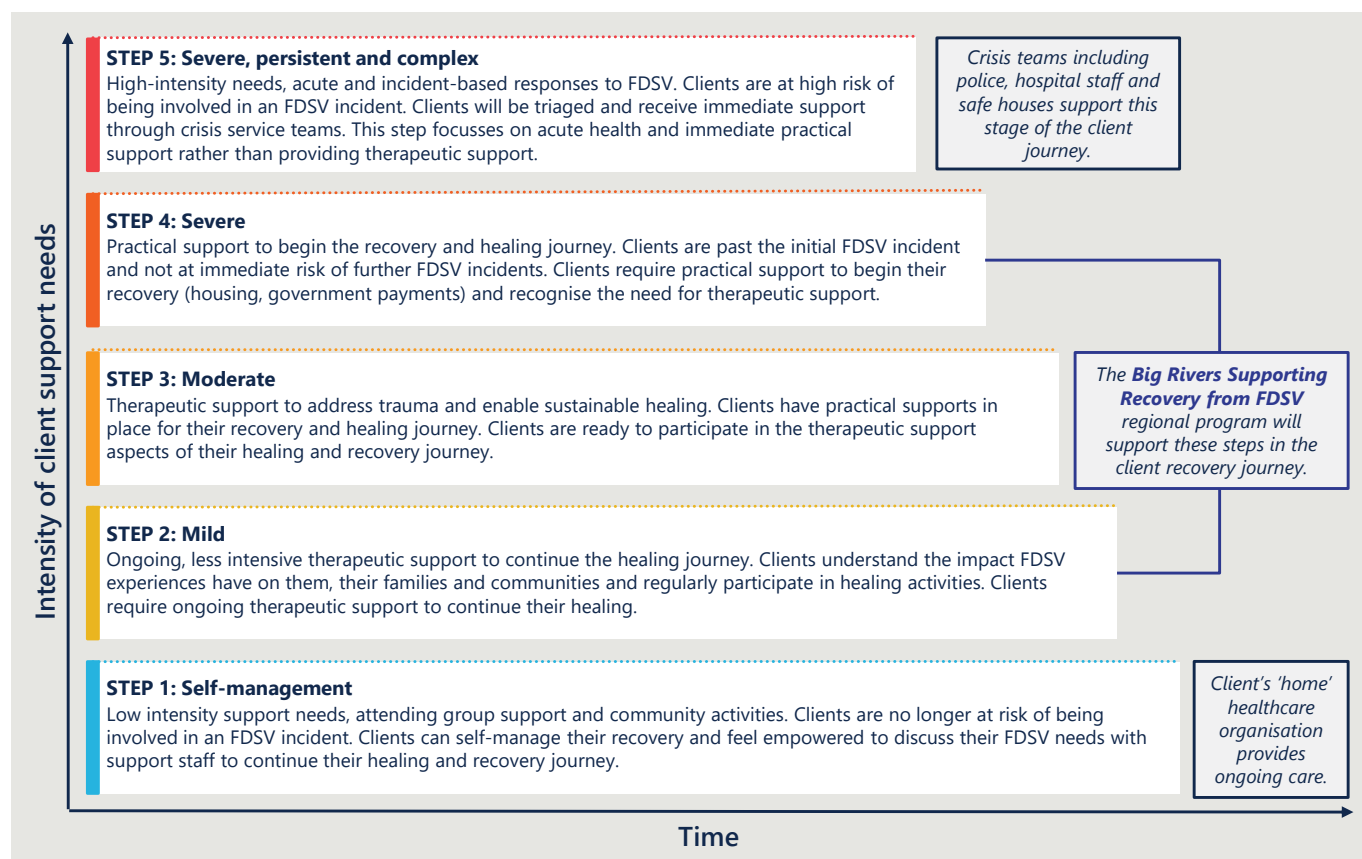
The 2-year pilot program will provide individualised, culturally safe, FDSV-specific care and support to FDSV victim-survivors as part of their longer-term recovery and healing from the impacts of FDSV.

The secondary aims of the program are to:

- Deliver health promotion and awareness about FDSV for the families and communities impacted by FDSV.
- Develop and support aligned work processes, connections and partnerships across healthcare and FDSV service providers in the Big Rivers region.
- Embed FDSV-specific, trauma-informed, culturally appropriate care within existing and new FDSV services and programs.
- Promote the safety, wellbeing and retention of staff supporting FDSV victim-survivors.

The program is designed to service FDSV victim-survivors, the families and communities of FDSV victim-survivors, healthcare clinicians and staff supporting FDSV victim-survivors and, by indirect means, FDSV perpetrators.

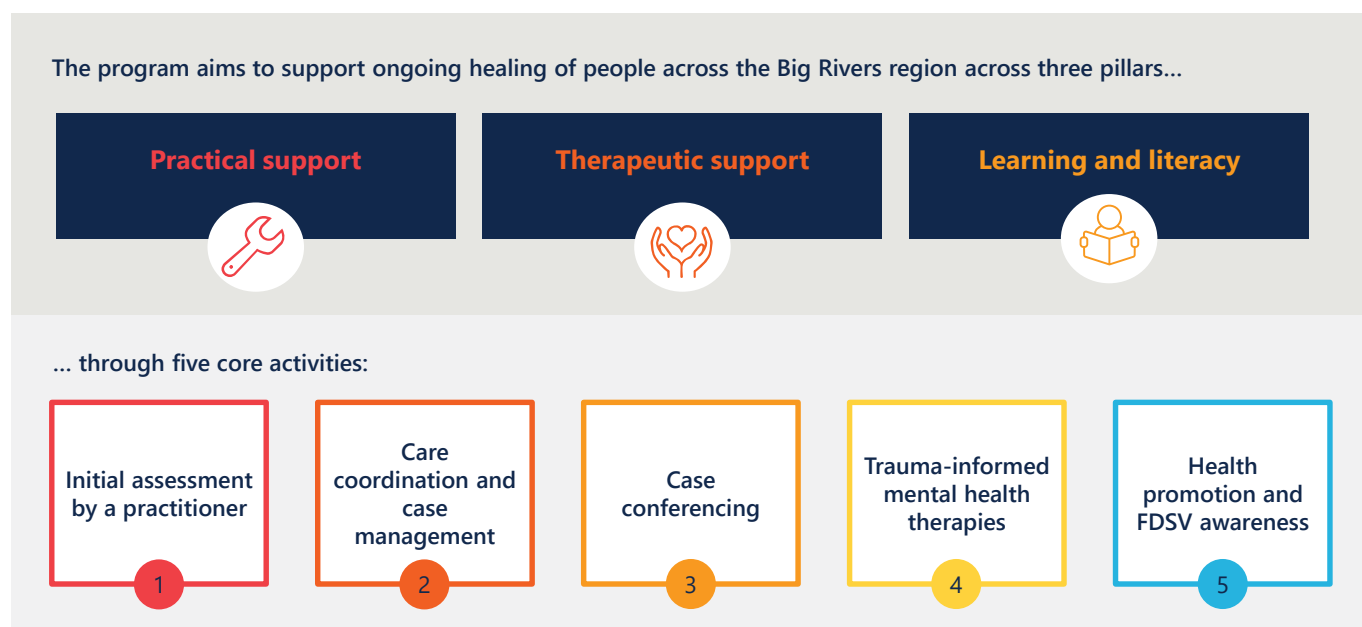
The intensity of each client's support needs will be assessed and tailored through a stepped model of care approach. The program is designed to prioritise post-acute and ongoing care for victim-survivors, addressing steps 2, 3, and 4 of the care continuum, as illustrated in Figure 3.



**Figure 3: The client FDSV recovery journey against the stepped model of care.**



From early 2025, clients who meet the program's entry criteria will have access to trauma-informed, culturally safe recovery and healing services, delivered through 3 foundational pillars and 5 core activities.



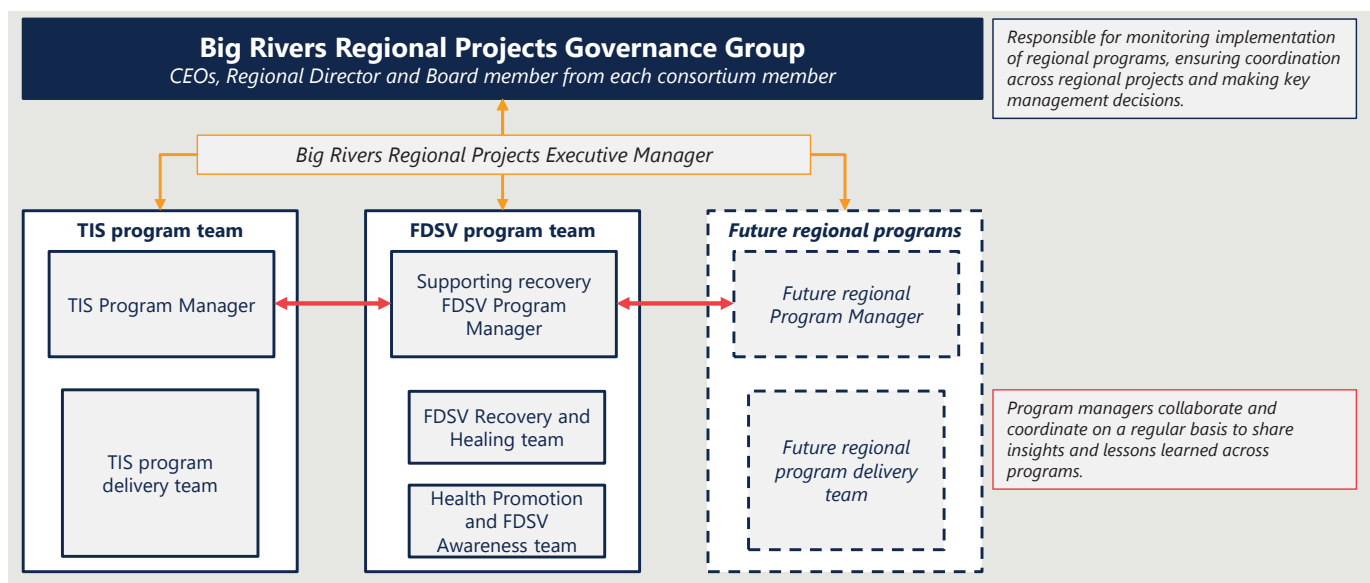
*Figure 4: Program pillars and core activities*



# Program Governance

The Big Rivers Regional Projects Governance Group (BRRPGG) provides strategic guidance and oversight for regional health initiatives being delivered by consortium partners KWHB, Wurli, Sunrise and NT Health. Initiatives include the Tackling Indigenous Smoking Program and the Supporting Recovery from FDSV Program. The governance structure reflects the strong relationships and leadership among executive leaders from the partnering organisations, and shared commitment to delivering culturally responsive initiatives across the Big Rivers region. Figure 5 outlines the high-level governance structure for regional programs.

A feature of the BRRPGG is the inclusion of Board Directors from each partnering organisation. This ensures Aboriginal and Torres Strait Islander people are actively involved in program decision-making, fostering culturally secure approaches and strengthening the alignment of regional programs with community needs.



**Figure 5: Governance structure for the Big Rivers Regional Projects Governance Group**





# Community Voices

**The Big Rivers Supporting Recovery from FDSV Program is holding consultations to hear from community members on what they want and need to address FDSV in their community. Consultations commenced in September 2024 and are planned for 31 remote communities across the Big Rivers region. The initial sample of 114 Aboriginal and 9 non-Aboriginal people from 4 remote communities provides a strong and clear voice on what communities have identified as key to supporting FDSV victim-survivors, their children and communities.**

Communities identified services for men as the number one priority for improving FDSV victim-survivor safety. Identified services included a men's safe house, mentoring and leadership, more counselling and mental health support.

A sample of some of the voices calling for more support services for men:

- "Men are struggling to open up due to a lack of male DFV workers, which is contributing to the decline in mental health, leading to alcohol and drug use to self-medicate, which is causing physical assaults." (Yarralin)
- "Something similar to a safe house for men with a circuit breaker would prevent any further violence." (Yarralin)
- "[The] answer is about what stops men getting help – they don't acknowledge they have a problem and people have been brought up in violence and therefore perpetuate violence." (Kalkaringi)
- "Need more programs for men to heal because suicide [is a] big problem here." (Kalkaringi)

The second identified priority for improving FDSV victim-survivor safety is better education, awareness and empowerment. Different activities for everyone in communities were identified – from healthy relationship education for children in





school, FDSV awareness for Elders, men and women, yarning circles on-country to talk about FDSV, empowering people to start conversations with people using violence, and helping people navigate available FDSV service providers in the region.

A sample of some of the voices calling for more education, awareness and empowerment:

- “I want my girls to know it’s not right to get hurt by someone you love.” (Kalkaringi)
- “Healthy relationships class at school – kids listen to the clinic mob.” (Kalkaringi)
- “Should have an older group program based on their experiences they can teach others, based on the domestic violence they got through.” (Ngukurr)

Increased access to culturally secure, contextualised education, awareness and empowerment activities would also help address the greatest barriers identified by communities for FDSV victim-survivors for accessing help. Communities identified the need to keep FDSV private and “in the family”, rather than talk about it, as the greatest barrier. Shame – felt by FDSV victim-survivors and/or their family members – was identified as the next greatest barrier for accessing help.

Communities identified “having someone to talk to/someone to listen” as the greatest need for children, victim-survivors and communities to heal from violence. Increased access to education, awareness and empowerment activities would also support community members’ confidence and capacity to have conversations, listen non-judgementally and support family and friends experiencing FDSV.

Listening to Big Rivers communities about the best ways to address the rates of FDSV and to support healing across the region is critical for developing culturally secure, trauma-informed, realistic and sustainable FDSV specialised service delivery plans for the vast, remote, culturally and linguistically diverse Big Rivers region.





# FDSV Investment Recommendations

**Under the Closing the Gap Priority Reform 2, governments have agreed to building the Aboriginal and Torres Strait Islander community-controlled sector, which is essential to ensuring culturally secure responses to FDSV. Community-controlled organisations are well positioned to provide trauma-informed, culturally safe services that reflect the needs, voices, and strengths of Aboriginal and Torres Strait Islander people, particularly in remote regions.**

The Big Rivers Supporting Recovery from FDSV Program is being delivered in partnership by 3 Aboriginal community-controlled organisations – KWHB, Wurli and Sunrise – together with NT Health.

With a long history of working with communities across the Big Rivers region, the partner organisations recommend FDSV investment prioritises the following 5 critical areas:

## **1. Crisis and after-hours support**

In the NT, FDSV-related assaults are an after-hours issue, and the specialised FDSV workforce is not funded to provide the immediate support required to a victim-survivor, which might include support for the primary person using violence, after-hours.

### 1.1 Increased support staff based in the community

In remote parts of the NT, there is a small workforce of support workers who permanently reside in remote communities who can provide crisis support – these are often safe house workers, Aboriginal health practitioners, health clinic staff, night patrol staff and police who are not able to provide a long-term, specialised model of care and support. Smaller communities don't have any crisis support available, with no safe house, police presence or clinic in their community.

There is a smaller workforce of Katherine-based support workers, including social workers, mental health nurses and family support workers, who travel to remote communities to provide longer-term case management services to families in need. These workers often have caseloads of 50 – 100 clients, many who require essential services but are outside specific models of funding and support. The support workers often cover multiple remote communities, all with high levels of complex needs, related but not









exclusive to FDSV, alcohol and other drugs (AOD) and mental health. The complexities of all FDSV clients are exacerbated by unsafe, overcrowded housing and limited access to financial support that reflects the higher costs of living remotely.

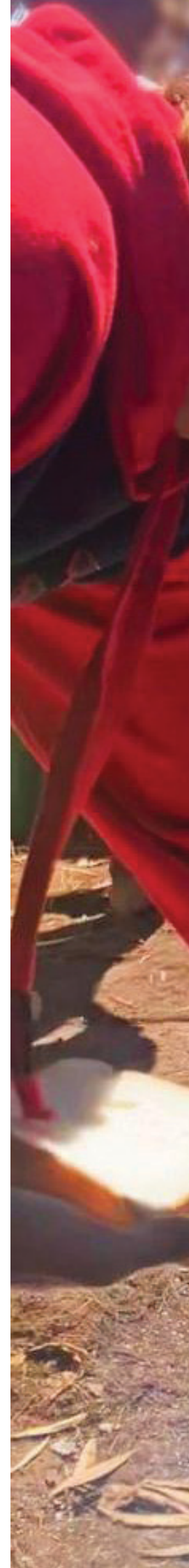
Greater investment is needed for community-based workers to work with police, clinics and women's shelters, and navigate referral pathways for FDSV victim-survivors and their families, when other services and staff are a great distance away or support is required after hours.

### 1.2 Support for victim-survivors leaving a community

Therapeutic resources are a secondary need for a woman experiencing violence. Her primary needs are often related to financial support to help her seek safety from danger. In the Big Rivers region's remote communities women and their children may need to travel over 10 hours by bus to Katherine to seek shelter at the safe house.

**In Lajamanu, 600 kms west of Katherine, where there's a safe house for immediate, short-term use, a woman attempting to flee FDSV can only leave town by public bus on a Tuesday or a Thursday. The bus trip to Katherine takes over 8 hours and will cost her \$220, and \$220 for any child or supporting family member travelling with her. This bus journey leaves her vulnerable to opportunities for FDSV to occur at any point. Specialised FDSV services require funding to provide crisis support, including access to funding for fuel, bus tickets and planes, to help her leave the community safely.**

Women who complete the journey to Katherine often face capacity issues at the safe houses and Aboriginal hostels. If these accommodation options aren't available, women must decide on whether they stay with family members in often over-crowded and unsafe houses, return to the community they left, or go long-grassing. Specialised FDSV services require funding to support women, and their families access safe accommodation in secure, stable commercial accommodation facilities. The additional benefit of this is increasingly trusting relationships between clients and service providers who are responding to their needs, and less reliance on emergency relief funding services in urban centres that require 100 points of identification and financial documentation before they can provide financial support.











## **2. Support for perpetrators of FDSV, specifically men, to break the cycle of violence**

Genuine and sustainable change for Aboriginal and Torres Strait Islander families experiencing FDSV needs holistic health and wellbeing services for men and boys. This includes culturally secure behaviour change programs for men who use violence, early intervention programs and healthy relationship education to prevent young men from entering the cycles of violence, and men's healing and yarning spaces in community.

As noted above, the Big Rivers Supporting Recovery from FSDV Program community consultations identified the provision of more services for men, including healing programs and healing spaces, as the number one priority for improving FDSV victim-survivor safety. The community consultation heard:

'They [local men] need a place where they can calm down, so women can stay home and sleep. Right now local [safe house and clinic] staff have women coming into their homes to hide and get help. They are always at work and get no sleep, they need rest. I want to see the women more rested" (Ngukurr).

'Men may be motivated to make a change; however, they feel guilt and lack services to seek support.' (Yarralin)

'Alcohol and drugs cause violence. But men need more help here.' (Nitjpurru)

## **3. Family safety plans and support for men returning home from prison**

Increased and long-term investment is needed to provide culturally secure, trauma-informed programs that support men transition to community-based support after incarceration, helping to break the cycle of violence. Programs should focus on healing and accountability to foster emotional regulation and enable safe reconnection with families and communities.

Vital to the success of programs that work with men is establishing strong communication and collaboration between local service providers, correctional





facilities and communities before a person's release. Men are often released into communities without prior notification to a victim-survivor and without a family safety plan in place. This lack of coordination poses significant risks to victim-survivors and their families. Establishing clear pathways for communication, safety planning, and coordinated care is essential to ensure safety and support for everyone involved.

Collaboration will also support improved consistency and a better understanding of responses to domestic violence order (DVO) breaches. Community voices from the Big River region have said<sup>3</sup>:

'The police DVO - that's just a piece of paper and people don't care and people don't respect them.' (Kalkaringi)

'Police DVOs - sometimes it works but people don't bloody listen.' (Kalkaringi)

'If it's an emergency then police will turn up the next day, but if you have a DVO they will come quick and he will get arrested.' (Nitjpurru)

'Some men have DVO, so women won't call the police. Some ring me and say don't call the police, we got kids and I love him.' (Yarralin)

In the Big Rivers region there is a general understanding that police play a critical role in responding to FDSV. However, staffing issues in remote communities significantly affect police response times to FDSV reports and police cannot currently meet the critical care needs of FDSV victim-survivors or perpetrators. The voices from the Big Rivers region reflect frustration in justice responses to FDSV, which are often dependent on individual police officers inconsistently issuing and enforcing DVOs. This often leads community members to not reporting FDSV as it happens and/or relying on support from family networks and community night patrol services (if available).



#### 4. Investment in Health Justice partnerships

Health justice partnerships (HJPs) led by Aboriginal community-controlled health organisations (ACCHOs) provide a valuable opportunity to improve outcomes for Aboriginal and Torres Strait Islander families experiencing FDSV. HJPs can integrate culturally safe healthcare and legal support within remote Aboriginal communities, addressing the diverse and intersecting barriers faced by Aboriginal people in accessing justice and support. The social determinants of health and justice are closely aligned, with systemic inequities, intergenerational trauma, geographic isolation and social disadvantage greatly impacting health and legal outcomes.

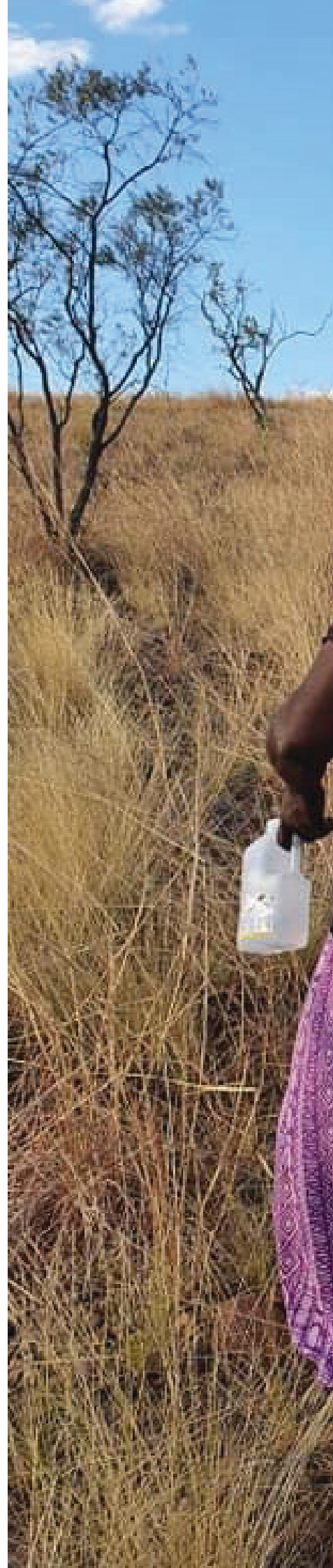
ACCHOs are uniquely positioned to lead HJPs due to strong community trust, commitment to cultural security, and a proven reputation of delivering holistic care. By embedding legal assistance within health services, HJPs create a safe and accessible entry point for families to seek support, break cycles of violence, and achieve long-term wellbeing. Government investment in HJPs between ACCHOs and appropriate culturally safe legal services directly aligns with the Closing the Gap agreement, building community control, establishing place-based partnerships, and reducing service inequities to overcome the systemic inequality experienced by Aboriginal and Torres Strait Islander people.

KWHB is currently partnering with Katherine Women's Information and Legal Services to implement a HJP in the communities of Kalkaringi and Lajamanu, with a focus on supporting women at risk of FDSV. Further investment in HJPs would provide women across the Big Rivers region with access to this vital, integrated justice and support service.

#### 5. Secure, long-term funding for sustainable change

Funding models should prioritise long-term investment in Aboriginal and Torres Strait Islander communities to drive meaningful and sustainable change. These models should be based on grassroots consultation with Aboriginal and Torres Strait Islander communities, amplifying the voices from remote areas through a co-design approach that honours lived experiences and local expertise.

Short-term funding cycles of 12 to 24 months are insufficient to consult, design, recruit, implement, and evaluate programs effectively. Evidence from KWHB demonstrates that a minimum commitment of 4 years is essential for delivering FDSV programs that empower communities to lead healing initiatives, address cycles of violence, and build resilience for future generations.









## Conclusion

The Big Rivers Supporting Recovery from FDSV Program is rolling out at a critical time for the region:

- The rates of FDSV, and FDSV-related deaths, in the NT are well-documented and reported – they have increased by over 117% in the past 10 years and police modelling suggests they will continue to increase over the next 10 years<sup>4</sup>.
- Aboriginal community-controlled organisations across the region – KWHB, Wurli and Sunrise – have combined their experience and ongoing commitment to the health and wellbeing of their communities to address the devastating impacts of FDSV on the women, children, men and communities in the region.
- In community consultations across the region members are talking openly, honestly and with passion to work on community-led ways of addressing FDSV and make their communities safer.

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<sup>1</sup> Maxwell, R (2024) 'Eight Aboriginal women have died due to domestic violence in the NT since June', NITV, accessed 22 November 2024.

<sup>2</sup> Dick, S (2023) 'Domestic violence survivors rendered homeless in Katherine due to lack of crisis accommodation', ABC News, accessed 22 November 2024.





When asked what healing from violence in their communities looks like, members have said:

***“Happy people walking taller and prouder, peaceful and family is all together and talking together and eating together and going out bush and hunting and fishing.” (Kalkaringi)***

***“It looks like a better world for my kids.” (Kalkaringi)***

***“No one is stressed or trying and hang themselves or kill themselves like try and do suicide.” (Kalkaringi)***

These strong, resilient voices drive the work and commitment of the Big Rivers Supporting Recovery from FDSV Program.

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<sup>3</sup> Source: The Big Rivers Supporting Recovery from FDSV Program community consultation – initial sample of 114 Aboriginal and 9 non-Aboriginal people from 4 remote communities in the Big Rivers region.

<sup>4</sup> Mackay, M (2024) ‘NT coroner to hand down findings in landmark domestic violence inquiry’, ABC News, accessed 22 November 2024.











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