Second Action Plan of the National Plan to End Violence against Women and Children 2022-2032

Department of Social Services

AMSANT submission

July 2026

CONTENTS

1. About AMSANT

The Aboriginal Medical Services Alliance Northern Territory (AMSANT) is the peak body for Aboriginal Community Controlled Health Services (ACCHSs) in the Northern Territory (NT).

The ACCHS sector is the largest provider of primary health care to Aboriginal people in the Northern Territory. ACCHSs deliver comprehensive primary health care in an integrated, holistic, culturally secure framework. The comprehensive primary health care approach developed by ACCHSs combines care for individual community members, with population level health promotion and illness prevention, integrated with action on the social determinants of health. Crucial to effective advocacy, research and policy reform are ACCHSs, being the critical link to current Aboriginal health impacts and outcomes, centring cultural safety and community connection.

Currently, AMSANT represents 12 Full Member and 15 Associate Member ACCHSs across the Northern Territory, ranging from large organisations with multiple clinics to small single-community services. AMSANT strives to deliver strong membership support as well as robust policy advice and advocacy to improve Aboriginal health and wellbeing across the NT.

Addressing the broader social determinants of health, including housing, poverty, environmental health and social and educational inequity, is critical to AMSANT's core business. Through high level collaborations with the Northern Territory and Commonwealth Governments, AMSANT continues to ensure Aboriginal voices, our member perspectives and community-driven solutions are central to informing culturally safe policy and service delivery.

Throughout this submission, AMSANT choses to use the term Aboriginal to best reflect the people and communities we directly represent and work with across the NT. We wish to acknowledge with equal respect Torres Strait Islander people as First People of Australia, affirming their enduring sovereignty, cultures and connection to land and sea.

If you require further information in relation to the content of this submission, please contact submissions@amsant.org.au.

2. Introduction

AMSANT welcomes the opportunity to provide input to the development of the Second Action Plan of the National Plan to End Violence against Women and Children 2022-2032 (the 'National Plan'). We extend gratitude for the invitation to participate in the Ministerial Roundtables held in Garramilla (Darwin) and Mparntwe (Alice Springs) during July 2026. We also acknowledge that our participation and input across both this written submission and the in-person Ministerial Roundtables will be used to shape the work ahead on related action plans, which include:

- the First Action Plan under *Our Ways-Strong Ways-Our Voices: National Aboriginal and Torres Strait Islander Plan to End Family, Domestic and Sexual Violence 2026-2036*
- the Second Action Plan under *Safe and Supported: The National Framework for Protecting Australia's Children 2021-2031* (Safe and Supported)
- the Second Aboriginal and Torres Strait Islander Action Plan under Safe and Supported.
- the Second Action Plan under the *National Strategy to Prevent and Respond to Child Sexual Abuse 2021-2030*

AMSANT values the consultation paper developed by ANROWS, summarising the national evidence to date, and identifying the five priority areas where the evidence indicates there are persistent gaps, emerging challenges or opportunities to strengthen national coordination and impact. AMSANT contributes to this evidence base as an Aboriginal Community-Controlled Organisation (ACCO) in the Northern Territory (NT) and responds to the questions in the DSS summary paper throughout our submission. Additionally, AMSANT supports alignment with the primary prevention approaches proposed by Jess Hill and Professor Michael Salter in their 2024 position paper, *Rethinking Primary Prevention*, which sets out a targeted prevention approach focused on the following four areas:

i. ensuring accountability and consequences for perpetrators
ii. prevention of, and recovery from, intergenerational trauma and child abuse as a key driver of perpetrator behaviour
iii. addressing the socioeconomic impacts and gradients of domestic and sexual violence and coercive control
iv. addressing the commercial determinants of domestic and sexual violence and coercive control, including the availability of alcohol.[1]

AMSANT has made a number of submissions and publications in recent years addressing domestic, family and sexual violence (DFSV). Recent examples include:

- Inquiry into the relationship between domestic, family and sexual violence and suicide (February 2026)
- Report card on the Northern Territory Government DFSV Strategy 2025-2028 (February 2026)
- Submission to Our Ways – Strong Ways – Our Voices: National Aboriginal and Torres Strait Islander Family Safety Plan Engagement (November 2024)

- Literature review: A review of First Nations led approaches to addressing Domestic Family and Sexual Violence (July 2024)

AMSANT recognises the contributions of its member services, specialist DFSV ACCOs, the broader Aboriginal community controlled sector and the community service sector in the work they do every day to support Aboriginal women, children and families.

3. Key recommendations

1 | The Second Action Plan should establish itself as a clear, measurable accountability mechanism requiring governments to publicly report on progress against commitments.

2 | That, proportionate with the harm that alcohol causes (including especially violence against women) the Second Action Plan directs all Australian governments to implement effective regulation of alcohol supply and cost especially in areas with high levels of alcohol-related harm. Interventions should be based on the best evidence from around the world and the well-documented success of the alcohol reforms in Central Australia and the Northern Territory.

3 | That the Second Action Plan prioritises action to reduce poverty as a social determinant of DFSV.

4 | That the Second Action Plan prioritises action to address housing insecurity as a social determinant of DFSV.

5 | Governments should prioritise the transfer of funding, service delivery and decision-making authority to Aboriginal community controlled organisations and invest in their growth and sustainability, ensuring ACCOs are resourced to lead the design, delivery and evaluation of services intended for their communities.

6 | The Second Action Plan should include targeted investment in Aboriginal community-controlled early childhood development, family support, and child assessment services, recognising these as critical primary prevention initiatives that address the underlying drivers of family violence and support children and families to thrive.

7 | The Second Action Plan should invest in Aboriginal community-controlled residential healing and rehabilitation services for men who use violence. These services should integrate accountability, trauma recovery, alcohol and other drug treatment, social and emotional wellbeing support, and cultural healing approaches, recognising that sustainable reductions in violence require addressing the underlying impacts of intergenerational trauma while prioritising the safety of women, children and families.

8 | The Second Action Plan should support the establishment of a dedicated, anonymous 24-hour children's helpline that provides culturally safe counselling, referral, information and reporting support for children and young people affected by sexual abuse and family violence.

9 | The Second Action Plan should explore the establishment of a culturally adapted Barnahus model for Australia, including pilot programs in jurisdictions with high rates of child sexual abuse. Any implementation should be co-designed with Aboriginal communities and incorporate culturally safe, trauma-informed, multidisciplinary responses that place the needs and wellbeing of children at the centre of service delivery.

4. The Northern Territory context

Policy landscape

While this submission focuses on national policy and the development of the National Plan's Second Action Plan, it is critical to acknowledge the current NT policy landscape in which AMSANT member services operate. National commitments to end DFSV can only be effective if they are matched by jurisdictional policies that support and enable their implementation. Concerningly, the policy direction emerging in the NT stands in contrast to these commitments, and risks eroding progress towards the shared national goal of ending violence.

Despite the repeated commitments to national policies, such as, crucially, the *National Agreement on Closing the Gap* (CtG), recent developments in the NT demonstrate a persistent pattern in which ACCOs, Aboriginal leaders and experts are marginalised from decision-making processes, and in some cases excluded altogether. This is most evident in recent reforms to the *Care and Protection of Children Act 2007*, where AMSANT, alongside many other ACCOs and non-government stakeholders, were excluded from the decision-making process and subsequently ignored when strongly opposing the proposed changes. This points to a growing divergence between the commitments governments make at a national level and the approaches being pursued in the NT, undermining confidence in the realisation of those commitments in practice. Further, these concerns are particularly significant given that many CtG targets remain off track and there is limited publicly available NT reporting against key commitments. Without transparency, meaningful accountability is difficult.

The exclusion of Aboriginal voices from decision-making is not merely a failure of consultation; it reproduces long-standing colonial dynamics in which Aboriginal people are positioned as the subjects of government intervention while Aboriginal knowledge systems, cultural authority and governance structures are excluded from shaping the responses intended to affect them. The recent resignations of two Aboriginal leaders from senior executive positions in the NT, the NT Children's Commissioner and the Independent Chair of the Children and Families Tripartite Forum, have further amplified concerns regarding the NT Government's commitment to partnership, transparency and shared decision-making. Significantly, with both leaders citing being unable to effectively fulfil the responsibilities of their roles within the current operating environment. This persistent pattern of policy divergence and contradiction renders ending violence in the NT as aspirational rhetoric rather than an opportunity for meaningful and lasting safety for Aboriginal women, children and communities.

Recommendation 1:

The Second Action Plan should establish itself as a clear, measurable accountability mechanism requiring governments to publicly report on progress against commitments.

DFSV in the Northern Territory and the experience of Aboriginal communities

From the outset, it is critical to emphasise that DFSV is not inherent to Aboriginal families and communities. It is not traditional or cultural behaviour, nor is it experienced by all Aboriginal people. Many Aboriginal men lead rich family lives, are good partners and family members, and are not perpetrators of violence.

Violence is never acceptable and violence against Aboriginal women and children is an epidemic that must be stopped.

There is no simple, single systemic cause of DFSV. Rather, DFSV arises from a complex network of interactions, which reinforce and perpetuate one another. Shaped and intensified by the profound and ongoing impacts of intergenerational trauma, colonisation and systemic racism, it is the complex network of interactions which create the conditions in which DFSV occurs. It is these upstream conditions which shape who is exposed to violence, who can access safety, and who can receive culturally safe support before a crisis is reached.

The true scale of family violence in Aboriginal communities is difficult to measure. Under-reporting, inconsistent or culturally inappropriate screening by service providers, and incomplete identification of Aboriginality all contribute to gaps in the available data. However, the evidence is clear that Aboriginal women experience family violence at significantly higher rates than non-Indigenous women, and that in almost all cases victims know the perpetrator. It is estimated that Aboriginal and Torres Strait Islander women are 35 times more likely than non-Indigenous women to be hospitalised due to family violence-related assault. This reflects a stark reality: family violence in Aboriginal communities is not only more prevalent, it is also often more severe.

Rates of DFSV in the NT are substantially higher than in other Australian jurisdictions. In 2021, domestic and family violence-related assault rates were three times the national average, while domestic and family violence-related homicide rates were seven times higher. The sexual assault rate was also 1.2 times higher than the national average. Aboriginal women in the NT experience the greatest impact of DFSV. In 2021, they accounted for 88% of all domestic and family violence-related assaults, 100% of domestic and family violence-related homicides[2] and are also killed by family members other than intimate partners at six times the rate of non-Indigenous women.[3] The majority of DFSV in the Territory is perpetrated by men.[4]

These outcomes must be understood within the context of colonisation and its ongoing impacts. The suppression of culture and language, disruption of traditional authority structures, dispossession from land and resources, and the forced removal of children from their families are ongoing and continue to contribute to profound and intergenerational trauma. It is here that the above policy landscape in the NT becomes so vital to effecting change.

An ‘ecological model’, developed by an AMSANT member service, is outlined in the diagram below[5]:

5. Addressing the social and commercial determinants of DFSV

There is no simple, single systemic cause of DFSV. For Aboriginal communities in the NT, many of the social and commercial determinants of DFSV are driven by disadvantage, racism and inequality and the ongoing impacts and continuation of colonisation, which are in and of themselves, social determinants. More specifically, and as aligned with *Our Ways- Strong Ways- Our Voices: National Aboriginal and Torres Strait islander Plan to End Family, Domestic and Sexual Violence 2026-2036* (Our Ways), AMSANT highlights three social and commercial determinants; alcohol, poverty and housing insecurity. It is these three determinants that are specifically relevant for Aboriginal communities in the NT and influence exposure to violence, access to safety, service engagement, healing, recovery and the capacity of communities to lead prevention and early intervention.

Alcohol and DFSV

In this context, alcohol must be addressed directly. Alcohol is never an excuse for violence, nor does it absolve people who use violence of responsibility. However, evidence from Alice Springs, the Northern Territory and internationally shows alcohol is a major contributor to violence, including DFSV. Where alcohol is involved, physical violence and injury are more likely. Alcohol should therefore be understood as an exacerbating factor that increases the frequency and severity of harm, within the broader social, cultural and structural conditions that contribute to DFSV. This is an example of existing efforts to prevent violence that the Second Action Plan can strengthen.

Aboriginal communities consistently identify alcohol as a contributor to family violence, both directly in incidents where the person using violence and/or the victim-survivor has been drinking, and more broadly through its impacts on culture, relationships and peaceful norms of behaviour. Aboriginal leaders across the Northern Territory, particularly in Alice Springs, including AMSANT and member service Central Australian Aboriginal Congress, have raised this issue clearly and consistently over many years.

Addressing the commercial determinants of alcohol and DFSV

During the 2010s, the Northern Territory Government introduced a range of alcohol reforms to address the Territory's longstanding high levels of alcohol-related harm. This included:

- Point of Sale Interventions (PoSIs, from 2018 called Police Auxiliary Liquor Inspectors or PALIs) at bottle shops in Alice Springs, Katherine and Tennant Creek (2014);
- a Banned Drinkers Register (BDR) to reduce access to takeaway alcohol by problem drinkers (2017);
- a floor price to prevent the sale of cheap alcohol (2018);
- a new Liquor Act that included risk-based licencing and greater monitoring of on-licence drinking (2019); and
- a commitment to high quality, ongoing independent evaluation.

These reforms were based on the evidence from around the world on what works to reduce alcohol related harm. Over their first full year of operation from 1 October 2018 they demonstrated significant reductions in sales of alcohol, which fell by 7% across the Northern Territory as a whole. Reductions in sales were greatest in those cheap types of alcohol associated with the greatest harms, with cask wine supply falling 51% and fortified wine sales down 37% following the introduction of the reforms. There was a slight rise in the consumption of spirits, but a subsequent independent evaluation found this to be the continuation of a pre-existing trend.

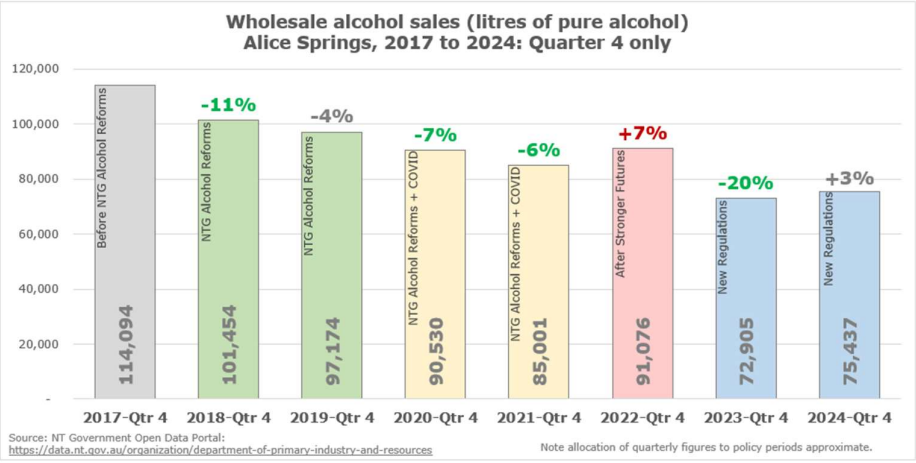

Figure 1: Wholesale alcohol sales (litres of pure alcohol) Alice Springs, 2017 to 2024: Quarter 4 only

AMSANT member service in Mparntwe (Alice Springs), the Central Australian Aboriginal Congress, is a strong advocate for addressing the harms caused by alcohol in Central Australia, particularly the link between the availability of alcohol and DFSV. Congress has been closely following the effects of the regulations on the availability of alcohol introduced by the Northern Territory government in early 2023 and undertakes periodic analysis of latest available data.

Congress' analysis shows that in the last quarter of 2023, alcohol consumption had fallen by 20% compared to the same period in 2022 when Stronger Futures dry areas were not in place. With this fall in consumption came a significant fall in alcohol-related harm, especially the violence experienced by Aboriginal women. In the five months following the introduction of

takeaway free days and 'dry area' regulations, there was a 39% reduction in the number of domestic violence presentations at the Alice Springs Hospital Emergency Department. This equates to around 100 domestic violence cases requiring hospital treatment being prevented each month.

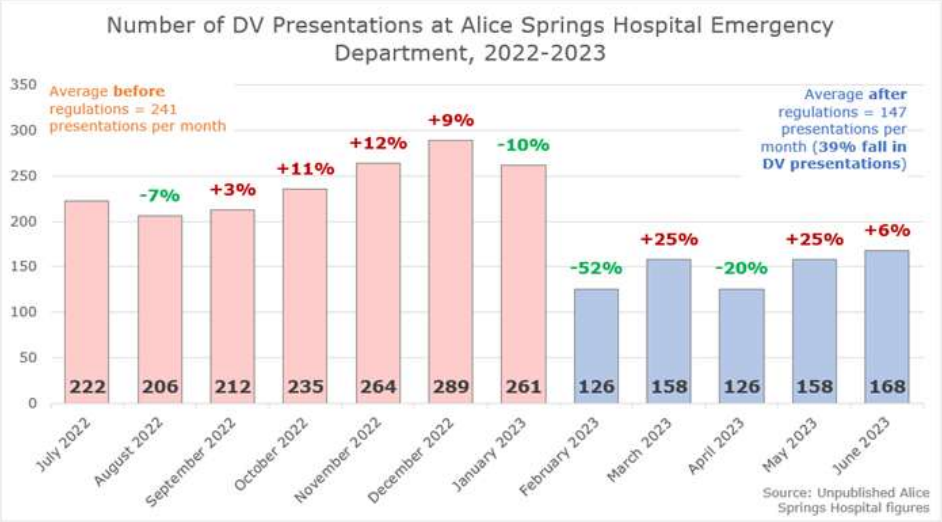

Figure 2: Number of DV presentations at Alice Springs Hospital Emergency Department 2022-2023

Recommendation 2:

That, proportionate with the harm that alcohol causes (including especially violence against women) the Second Action Plan directs all Australian governments to implement effective regulation of alcohol supply and cost especially in areas with high levels of alcohol-related harm. Interventions should be based on the best evidence from around the world and the well-documented success of the alcohol reforms in Central Australia and the Northern Territory.

Poverty and DFSV

Violence affects women across all communities and income levels, but women on low incomes are at greater risk. Economic disadvantage is a major factor in interpersonal and sexual violence, both for victims and people who commit assaults.[6]

Poverty is also closely linked to violence in Aboriginal and Torres Strait Islander communities. Aboriginal people who have recently experienced physical violence are more likely to live in households that have run out of money for basic living expenses or been unable to pay bills on time. In remote Australia, poverty and inequality are worsening for Aboriginal people, with incomes declining and the income gap with non-Indigenous people widening.

Aboriginal people are disproportionately reliant on citizenship entitlements such as JobSeeker Payment, Parenting Payment and Youth Allowance. These payments are inadequate to meet the needs of families and children, particularly in remote areas where the cost of living is substantially higher. In 2014–15, almost one-third (29%) of Aboriginal families in remote areas reported running out of money for basic living expenses at least once in the previous year.[7]

Beyond inadequate payment levels, many Aboriginal families, including women with children, do not receive the entitlements they are eligible for because program rules are inflexible and culturally inappropriate, and because many people face barriers related to English language and literacy. As one study in a remote Aboriginal area found:

> *Most people do not have sufficient English language and literacy to independently fill in Centrelink forms, negotiate the MyGov website or handle over-the-phone interactions with Centrelink … Those who report to Centrelink by phone often do not understand what is said to them; they often guess the answers, or say yes to obligations they cannot meet because they think it is the 'correct' answer.*[8]

In addition to deepening poverty across communities, this financial insecurity can make it harder for Aboriginal women to leave abusive relationships.

Reducing poverty and economic insecurity must therefore be treated as a core prevention strategy, strengthening safety, choice and pathways to healing for victim-survivors, families and communities.

Recommendation 3:

That the Second Action Plan prioritises action to reduce poverty as a social determinant of DFSV.

Housing insecurity and DFSV

Overcrowding, poor-quality housing and homelessness are major barriers to safety and independence for women experiencing violence. Housing is a key determinant of health and wellbeing: unsafe or inadequate housing affects physical health, mental health, social and emotional wellbeing, and exposure to family and domestic violence. Overcrowding also affects children, including early childhood development and school attendance. These impacts demonstrate how the social determinants of DFSV interact and compound one another, increasing risk and limiting pathways to safety.

The NT has the highest rates of homelessness in Australia with 6 per cent of people experiencing homelessness — twelve times the national average. This is largely driven by the NT and Australian Government's long-term underinvestment in housing in remote communities and public housing which has resulted in a lack of affordable homes, badly maintained housing and high rates of overcrowding. In this context, building much more good quality, affordable housing and supporting proactive repairs and maintenance are critical to reducing poverty and improving the health and social and economic wellbeing of Aboriginal people in the NT. The link between housing and poor outcomes for Aboriginal people in other areas of life is well

documented. The availability of a secure home affects life expectancy, physical health, mental health, health, education, workplace participation and employment and homelessness.[9]

In remote areas of Australia – which includes all of the NT except Darwin – 71% of Aboriginal people live in social housing that is either provided directly by Government (public housing) or at least partially funded by Government and delivered by a community housing provider or Aboriginal community housing organisation. The NT has the highest proportion of people in public housing of any jurisdiction in Australia.[10] Currently, the waitlist for public housing in the NT is between 10-15 years.

The key opportunities to reduce poverty related to housing are found in the barriers Aboriginal people face to accessing adequate, affordable housing in the NT, being that:

- Governments have failed to keep up with the demand for public housing in remote communities and town camps, leading to chronic overcrowding and waiting lists of up to ten years.
- Housing is of low quality, due to the age of dwellings and the failure of the Government to undertake regular maintenance and respond to requests for repairs in public housing and provide funding to ensure homelands don't fall into disrepair.
- Rent in remote communities and certain town camps has recently become more unaffordable. On 6 February 2023 the NT Government implemented the 'Remote Rent Framework' which changed the way rent is calculated in remote communities and some NT town camps, from being income-based, to being based on the number of bedrooms in a house. For two-thirds of tenants, this led to a rental increase.

Therefore, increased investment in housing for both remote and urban areas is an important underpinning strategy to address housing-related drivers of domestic, family and sexual violence and improve the interconnected social determinants of health, safety, wellbeing and economic participation for Aboriginal women and families in the NT.

Recommendation 4:

That the Second Action Plan prioritises action to address housing insecurity as a social determinant of DFSV.

6. Strengthening Aboriginal community control

AMSANT notes Action 7 of the First Action Plan, which commits to working in formal partnership with Aboriginal and Torres Strait Islander peoples to ensure policies and services are culturally competent, strengths-based, trauma-informed, and responsive to the needs of Aboriginal and Torres Strait Islander peoples and communities. This commitment aligns with Priority Reform One of the CtG, which focuses on formal partnerships and shared decision-making.

While this commitment is welcomed, AMSANT believes the Second Action Plan should go further by explicitly prioritising **Priority Reform Two: Building the Community-Controlled Sector**.

Aboriginal Community Controlled Health Services (ACCHSs) are founded on the principles of self-determination, cultural authority and holistic care. These principles align with the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP), the CtG, and other nationally recognised frameworks. ACCHSs recognise that health extends beyond physical wellbeing and encompasses social, emotional, cultural, spiritual and community wellbeing.

Through this model, ACCHSs:

- Provide culturally safe environments where people feel respected, heard and understood.
- Reduce barriers to healthcare access, including those arising from experiences of racism and discrimination within mainstream health services.
- Build trust and maintain strong, long-term relationships with communities.
- Deliver comprehensive, integrated and person-centred care.
- Advocate at all levels of government for action on the social determinants of health.

Importantly, ACCHSs demonstrate what effective, strengths-based and community-led service delivery looks like in practice and, where available, are often the preferred provider of health services for Aboriginal communities.[11]

ACCOs, particularly ACCHSs, should be recognised as preferred providers of government-funded services addressing DFSV experienced by Aboriginal women, children and families. This recognises their demonstrated effectiveness, higher levels of Aboriginal workforce participation, particularly among Aboriginal women, and their established governance structures that enable meaningful community involvement in decision-making.

While prevention efforts must occur across all sectors of Australian society, programs and services specifically designed for Aboriginal peoples should, wherever possible, be delivered by ACCOs. These organisations are uniquely positioned to provide culturally safe services and develop locally designed solutions that are responsive to community needs and supported by community members.

Where no appropriate community-controlled organisation currently exists, the preferred approach should be to invest in capacity-building and expansion of existing ACCOs so they can extend their reach and service delivery. Where this is not feasible, non-Indigenous providers should be required to partner with ACCOs to ensure services are culturally safe, community-informed and accountable to Aboriginal communities.

Recommendation 5:

Governments should prioritise the transfer of funding, service delivery and decision-making authority to Aboriginal community controlled organisations and invest in their growth and sustainability, ensuring ACCOs are resourced to lead the design, delivery and evaluation of services intended for their communities.

7. Prevention and early intervention in the ACCHS model of care

ACCHSs are leaders in prevention through their holistic, life-course model of care.[12] Preventing DFSV begins with supporting families, particularly women and mothers: before conception, throughout pregnancy, and during early childhood to ensure children have the best possible start in life.

Long-term and sustained investment in evidence-based, culturally responsive early childhood development programs for Aboriginal children is a critical primary prevention strategy for reducing family violence.[13] Delivered through ACCHSs and integrated with family support services, these programs help strengthen protective factors, support healthy child development, and promote positive family and community wellbeing. An example of what this could look like in practical terms, informed by evidence, is attached at **Appendix A** – *Ampe Rlterrke Amangkeme – Growing up strong children: The policy case for integrated child and family centres in remote central Australia*, which was developed by the University of Melbourne's Centre for Community Child Health on behalf of Central Australian Aboriginal Congress.

Reducing exposure to adverse childhood experiences (ACEs) is fundamental to preventing future violence, including both the experience and perpetration of violence.[14] Early intervention and support for children and families experiencing adversity can significantly reduce the long-term impacts of trauma and contribute to breaking intergenerational cycles of disadvantage and violence.

To achieve this, governments must strengthen and expand Family Support Services delivered through ACCHSs and other ACCOs. This would ensure that families experiencing vulnerabilities across a range of social, economic and health domains can access culturally safe support as early as possible, before issues escalate and require more intensive interventions.

There is also a critical need to expand access to developmental assessment, diagnostic and treatment services for Aboriginal children identified as experiencing developmental vulnerabilities. Currently, the Child and Youth Assessment and Therapeutic Services (CYATS) program, operated by Central Australian Aboriginal Congress in Alice Springs, is the only service of its kind in the Northern Territory. This service plays a vital role in supporting children and families affected by conditions such as Fetal Alcohol Spectrum Disorder (FASD), Attention Deficit Hyperactivity Disorder (ADHD), autism, and other developmental concerns, enabling timely access to assessment, diagnosis and ongoing support.[15]

Investment in these early intervention and family support services is essential to breaking cycles of trauma and violence. By supporting children and families at the earliest possible stage, these services can improve long-term health and wellbeing outcomes and reduce the likelihood of involvement with the child protection and youth justice systems.

Recommendation 6:

The Second Action Plan should include targeted investment in Aboriginal community-controlled early childhood development, family support, and child assessment

services, recognising these as critical primary prevention initiatives that address the underlying drivers of family violence and support children and families to thrive.

8. Treatment and rehabilitation for men who use violence

Breaking cycles of violence requires responses that both hold people accountable for their use of violence and address the underlying drivers that contribute to harmful behaviour. A 2024 AMSANT-led literature review[16] highlights that many Aboriginal men who use violence have themselves experienced significant trauma, including exposure to violence, racism, dispossession, institutionalisation, family separation and other impacts of colonisation. While these experiences do not excuse the use of violence, they underscore the importance of responses that support healing and recovery alongside accountability.

The evidence suggests that effective responses for Aboriginal men must extend beyond punitive approaches and narrowly focused interventions. Programs that are therapeutic, culturally responsive, trauma-informed and grounded in healing are more consistent with the evidence base on what supports recovery from intergenerational trauma and strengthens the social and emotional wellbeing of individuals, families and communities. Such approaches create safe and trusted environments where men can develop insight into the impacts of violence, reflect on their own experiences of trauma, and strengthen the personal, relational and cultural resources that support safer behaviours and healthier relationships.

Evidence from Aboriginal-led healing initiatives demonstrates the importance of reconnecting men with culture, Country, family and community. Programs such as Dardi Munwurro, Our Men Our Healing and other culturally grounded men's programs provide opportunities for men to engage in healing-focused activities, strengthen cultural identity, learn from Elders and cultural leaders, and reclaim positive roles as fathers, partners, caregivers and community members. These approaches support social and emotional wellbeing while contributing to safer families and communities.

Importantly, the use of violence often co-occurs with alcohol and other drug misuse, unresolved trauma, poor social and emotional wellbeing, and broader social disadvantage. Effective rehabilitation responses must therefore adopt a holistic approach that addresses these interconnected issues rather than treating violence in isolation. Integrating trauma recovery, alcohol and other drug treatment, mental health support, cultural healing and family support services can provide a more comprehensive pathway towards accountability, healing and long-term behaviour change.

Despite the recognised importance of these approaches, there remains a significant gap in the Northern Territory in the availability of residential rehabilitation and therapeutic treatment services for men who use violence. The literature notes that relatively few initiatives are targeted specifically at people who use violence, despite the critical role that healing, early intervention and accountability can play in preventing further harm. Greater investment is needed in Aboriginal community-controlled models that incorporate strong male cultural

leadership, therapeutic trauma-informed care, cultural healing, and holistic rehabilitation. Such services would address a critical gap in the service system and contribute to improved safety outcomes for Aboriginal women, children, families and communities.

Recommendation 7:

The Second Action Plan should invest in Aboriginal community-controlled residential healing and rehabilitation services for men who use violence. These services should integrate accountability, trauma recovery, alcohol and other drug treatment, social and emotional wellbeing support, and cultural healing approaches, recognising that sustainable reductions in violence require addressing the underlying impacts of intergenerational trauma while prioritising the safety of women, children and families.

9. Prevention and response to child sexual abuse

Aboriginal children have the right to grow up safe, supported and free from violence. Preventing child sexual abuse requires sustained investment in the social, cultural and community factors that keep children safe, alongside effective systems for responding when abuse occurs.

Children and young people who experience sexual abuse often face significant barriers to disclosure and may encounter fragmented service systems that compound trauma and delay access to support. Strengthening child-centred, culturally safe pathways for disclosure, support and healing is therefore a critical component of both preventing ongoing harm and improving outcomes for children, families and communities.

The measures outlined below represent opportunities to strengthen the response to child sexual abuse through earlier intervention, improved access to support, and more coordinated service delivery.

Anonymous Children's Helpline

AMSANT supports the establishment of a dedicated, anonymous 24-hour children's helpline to improve access to information, support, and reporting pathways for children and young people experiencing sexual abuse or sexual violence.

Children and young people face significant barriers to disclosing and reporting sexual violence. These barriers can be particularly pronounced for Aboriginal children and may include:

- Fear of retaliation, violence, or social exclusion from family or community members
- Fear of involvement with statutory authorities, including concerns about child removal, shaped by historical and ongoing experiences of government intervention and the legacy of the Stolen Generations
- Fear of the consequences for the alleged perpetrator, including imprisonment and potential impacts on family and community relationships
- Fear of not being believed or taken seriously

- Limited understanding of what constitutes sexual abuse, exploitation, or coercion and when it is appropriate to seek help.

A dedicated children's helpline would provide a culturally safe, confidential and easily accessible avenue for children and young people to seek advice, disclose abuse, and access support. International experience demonstrates that children's helplines can play an important role in facilitating early disclosure, connecting children and families with appropriate services, providing counselling and crisis support, and identifying emerging gaps within child protection systems.[17]

Such a service could also strengthen opportunities for early intervention by providing support before children reach crisis point and by increasing awareness of available services and protections.

Recommendation 8:

The Second Action Plan should support the establishment of a dedicated, anonymous 24-hour children's helpline that provides culturally safe counselling, referral, information and reporting support for children and young people affected by sexual abuse and family violence.

Child-Centred Sexual Assault Response Services: The Barnahus ('Children's House') Model

Children who disclose sexual abuse frequently encounter complex and fragmented service systems that can require them to engage with multiple agencies, repeat their experiences numerous times, and navigate processes that are not designed around their developmental, emotional or cultural needs. These experiences can contribute to further trauma and may undermine both child wellbeing and the effectiveness of justice responses.

The needs of children and young people affected by sexual violence differ significantly from those of adults. Effective responses require a multidisciplinary, child-centred approach that places the safety, wellbeing and recovery of children at the centre of service delivery.

The Barnahus ('Children's House') model, first established in Iceland in 1998 and now operating across a number of European countries, provides an integrated response to child sexual abuse.[18] The model brings together investigative, health, therapeutic and child protection responses in a single, child-friendly setting, reducing the burden on children and improving coordination between services.

Under the Barnahus model, children and young people can access:

- Forensic interviews conducted in a child-centred environment
- Medical and forensic examinations
- Comprehensive assessments of their health, wellbeing and support needs
- Therapeutic, counselling and family support services

- Coordinated case management and referral pathways

Importantly, this model minimises the need for children to repeatedly recount traumatic experiences while ensuring they can access the full range of services required for their recovery and wellbeing.

The Barnahus approach has the potential to address many of the barriers that currently prevent children and young people from disclosing sexual abuse. By providing a safe, supportive and child-friendly environment, it facilitates disclosure and ensures that children receive coordinated support from the earliest possible stage. For children living in remote communities, ongoing therapeutic and support services could be delivered through outreach, telehealth and other technology-enabled models of care.

A child-centred, integrated response model would represent a significant improvement on current service arrangements and contribute to better outcomes for children, families, communities and the justice system.

Recommendation 9:

The Second Action Plan should explore the establishment of a culturally adapted Barnahus model for Australia, including pilot programs in jurisdictions with high rates of child sexual abuse. Any implementation should be co-designed with Aboriginal communities and incorporate culturally safe, trauma-informed, multidisciplinary responses that place the needs and wellbeing of children at the centre of service delivery.

References

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