

MEDIA STATEMENT

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AMSANT calls for urgent action to close family violence service gaps in remote NT

The Aboriginal Medical Services Alliance Northern Territory (AMSANT) extends its deepest sympathies to the family and community of the 16-year-old girl who died in a remote Northern Territory community this week. As the matter is before the courts, AMSANT will not comment on the circumstances of her death.

AMSANT has also joined the Northern Territory Council of Social Service (NTCOSS) in calling for urgent investment in domestic, family and sexual violence (DFSV) services for women and children in remote and very remote communities.

AMSANT CEO Donna Ah Chee said that in many remote communities, a health clinic may be the only service available to respond when a woman or child is experiencing violence, particularly after hours.

“Health services are often where violence is first seen. That moment of contact needs to lead somewhere: to a specialist worker, a safe place to stay and support that continues after the clinic doors close,” Ms Ah Chee said.

“Nurses, Aboriginal health practitioners and doctors are among the first people women and children turn to when they need help. They provide essential care and respond to immediate needs, but in some communities there are very limited options for specialist support or safe accommodation.

“Aboriginal community controlled health services are already responding to family violence alongside their core healthcare responsibilities, often in communities with very limited specialist support. That work needs dedicated resourcing.”

Ms Ah Chee said AMSANT was hearing growing concerns from its member services about the lack of specialist family violence services, safe accommodation and permanent police presence in remote communities, leaving health workers to respond to serious incidents with limited resources and backup.

Ms Ah Chee said a comprehensive response must also include strong, evidence-based alcohol supply regulation and effective monitoring of unauthorised alcohol entering and moving between restricted communities.

“AMSANT has consistently called for strong alcohol protections because we know alcohol-related harm places enormous pressure on families, communities and frontline health services,” she said.

“Policing, alcohol regulation, specialist family violence services and healthcare all have a role to play. We need a coordinated response that addresses the risks of violence and ensures women and children can access help when they need it.”

Earlier this year, AMSANT released a report card assessing the NT Government's response to 35 recommendations made by the Coroner following the inquest into the deaths of four Aboriginal women.

The assessment, based on publicly available documents, identified significant gaps in how the recommendations were reflected and measured in the Territory's DFSV strategy, particularly those concerning Aboriginal community-led solutions.

"We have already had a landmark coronial inquest setting out what needs to change. We need to see those recommendations translated into practical improvements, particularly for women and children living in remote communities," Ms Ah Chee said.

The latest Closing the Gap reporting, released by the Productivity Commission in July, found that Australia still lacks sufficient data to assess progress towards Target 13, which commits governments to reducing all forms of family violence and abuse against Aboriginal and Torres Strait Islander women and children by at least 50 per cent by 2031, as progress towards zero.

"We cannot improve what we are not properly measuring. Governments need to invest in Aboriginal community-controlled services and be able to show whether those services are reaching women and children and making them safer," Ms Ah Chee said.

AMSANT supports NTCOSS's calls for greater investment in remote and very remote communities, including:

- dedicated specialist family violence workers, safe accommodation and reliable referral pathways, developed with Aboriginal communities
- adequate and reliable policing and emergency responses in remote communities, so women and children can report violence and access protection when they need it
- strong alcohol supply regulation, including effective monitoring and enforcement to prevent unauthorised alcohol entering and moving between restricted communities
- recognition and adequate resourcing of the family violence response already provided through remote primary healthcare, including workforce training, safety and trauma support
- sustained investment in Aboriginal community-led prevention and culturally safe responses
- transparent implementation and evaluation of the Coroner's recommendations.

"Every woman and child in the Territory deserves to be safe, wherever they live. Communities know what they need, and governments must work with them to make sure specialist help, safe accommodation and ongoing support are there when it matters," Ms Ah Chee said.

"Our health workers do extraordinary work, and clinics have a vital role to play. But keeping women and children safe requires a coordinated response across health, housing, specialist family violence services and government. No single service can do it alone."

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Support is available through 1800RESPECT (1800 737 732) and 13YARN (13 92 76).

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