



TOP END WOMEN'S LEGAL SERVICE INC.

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7 September 2018

c/o Dr Jennifer Buckley
Committee Secretary
GPO Box 3721
DARWIN NT 0801

Select Committee on a Northern Territory Harm Reduction Strategy for Addictive Behaviors

By email: RAB@nt.gov.au

Dear Committee,

Submission of the Top End Women's Legal Service Inc. – Women incarcerated at Darwin Correctional Centre – Harm Reduction Strategy for Addictive Behaviors

The Top End Women's Legal Service ("TEWLS") welcomes the opportunity to make a submission to the Select Committee on a Northern Territory Harm Reduction Strategy for Addictive Behaviours.

Our submission focuses on women incarcerated in the Darwin Correctional Centre ("DCC") and the cyclic intersectionality of domestic and family violence, addictive behaviors, contact with the justice system, incarceration, and the urgent need for harm reduction strategy actions for women incarcerated in the DCC.

We note that we **endorse** the submission of the Domestic & Family Violence Network (Alcohol Review Submission) and **enclose** a copy with this submission.

About TEWLS

TEWLS is a community legal centre focused on the advancement of women's rights. Founded in 1996, TEWLS is funded by the Commonwealth Departments of the Attorney General and Prime Minister and Cabinet. TEWLS' team of six provide high quality, responsive and culturally appropriate legal advice, casework, community legal education and advocacy in civil and family law areas to women living in the Greater Darwin region.

TEWLS provides holistic legal services in Darwin, Palmerston, Royal Darwin Hospital, six Indigenous communities in the Greater Darwin region, Adult Migrant English Programs, and the DCC. The most frequently requested areas of assistance include family law, domestic and family violence, housing and tenancy, consumer law, debts, fines and welfare rights, sexual assault, discrimination, compensation for victims of crime, and complaint matters.

In the 2017/2018 Financial Year, TEWLS –

- Assisted more than 2,500 women;
- Provided more than 1,250 women with information and or referral;
- Delivered legal advice to over 650 women on more than 1,000 legal matter types;
- Represented over 500 women in a wide range of legal matter types; and,
- Presented over 25 law reform submissions, community legal education sessions, and advocacy matters.

In addition, during this period –

- Over 60% of all TEWLS clients had domestic and family violence and financial disadvantage indicators;
- Almost all clients presented with a complex matrix of interrelated legal matters and vulnerabilities that required, and received, a dedicated holistic focus; and
- Over 20% of all clients were homeless, without income, with a disability or mental health condition, and/or with English as a second language.

Our submission

TEWLS' submission is based our longstanding civil legal services to women incarcerated at DCC, including Aboriginal and Torres Strait Islander women, and women from culturally and linguistically diverse backgrounds.

TEWLS is presently the only scheduled legal service providing a civil and family law advice and representation service to women at the DCC. With strong connectivity established over many years, a TEWLS solicitor and TEWLS Indigenous Community and Project Officer currently attend DCC every third Thursday. Where capacity exists, community legal education presentations are provided on salient topics including domestic and family violence and domestic violence orders; family law and child protection; victims of crime applications; fines; consumer and contract law.

As a consequence of TEWLS' DCC legal services, we have identified high levels of addictive behaviours and substance abuse problems for incarcerated women, both pre and post incarceration, and an urgent need for harm reduction strategies to be available to these women. The availability of programs to reduce harm would aim to reduce contact and costs associated with both legal system contacts and reincarceration, whilst improving individual, familial, and community engagement and outcomes.

Our submission reflects anecdotal evidence indicating that a significant majority of women incarcerated at the DCC have domestic and family violence indicators, which can serve as a foundational basis and establish vulnerabilities for a broad range of subsequent harmful addictive behaviours. TEWLS' holistic service provision, premised on best practice linked-up, multidisciplinary connectivity, where counselling and related support services are cognisant and inclusive of domestic and family violence, advocates for services to be made available

for women incarcerated at the DCC to reduce the individual and social harm caused from alcohol and other substance use, that stem from a background of domestic and family violence and intergenerational trauma.

A Addictive substances statistics for women in DCC

A history of substance abuse and addiction is a common connector amongst women incarcerated at the DCC, and contributes disproportionately to overall rates of Indigenous incarceration. It is a strong element and indicia to offending, particularly for Indigenous prisoners who comprise the majority of the women incarcerated at the DCC. The *Drug Use of Female Offenders study* highlights statistics regarding the current environment of offending, stating that 90% of Indigenous prison entrants link their offending to substance abuse,¹ and Indigenous people are 1.5 - 3.8 times more likely to be under the influence of drugs or alcohol at the time of their offence, when compared to non-Indigenous people.² These statistics highlight the need for appropriate, culturally aware and responsive programs within the DCC to address addictive behaviors.

In TEWLS' experience, substance abuse is regularly normalised through exposure as a child, experience in relationships, and through inter-generational trauma where alcohol abuse and alcohol fueled violence are witnessed and experienced. Of note, alcohol misuse and abuse, an addictive behavior of particular concern in TEWLS' work, is consistently reported in Northern Territory ("NT") Crime Statistics to be involved in the vast majority of domestic and family violence matters attended by NT police.³ Additionally, women incarcerated at the DCC frequently report the use of alcohol and other substances to "self-medicate" in order to forget or numb the traumatic impacts of having experienced domestic and family violence. This self-reported violence is regularly and repeatedly high level, with significant physical injuries requiring admission to hospital, and are often connected with repeated partner victimisation. Of note, the Australian National Research Organisation for Women's Safety ("ANROWS") has reported that "drug and alcohol use was considered a pervasive issue for incarcerated women when out of prison, who often used it as a means of escaping inter-personal violence."⁴

Given over 60% of TEWLS clients have domestic and family violence indicators, TEWLS submits that there is a demonstrated need for specialised domestic and family violence counselling that is cognisant and inclusive of addiction behaviors and harm reduction within the DCC.

¹ Johnson, H (2004). Key findings from the Drug Use Careers of Female Offenders study. Trends & issues in crime and criminal justice no. 289. Canberra: AIC.

² Johnson, H (2004). Key findings from the Drug Use Careers of Female Offenders study. Trends & issues in crime and criminal justice no. 289. Canberra: AIC.

³ NT Crime Statistics April 2016 p.18 accessed at <http://www.pfes.nt.gov.au/Police/Community-safety/Northern-Territory-crime-statistics/Statistical-publications.aspx> on 05/09/17.

⁴ Australia National Research Organisation for Women Safety, 'The Forgotten Victims: Prisoner experience of victimisation and engagement with the criminal justice system: *Key findings and future directions.*'

The complex matrix of incarcerated women's addiction behaviors requires and deserves a holistic and comprehensive linked up service provision. Whilst we understand that the DCC supports and would welcome a visiting external specialist domestic and family violence counsellor, this is not currently available to women incarcerated within the DCC due to resource restraints. Whilst TEWLS has secured and facilitated sexual assault counselling for women at DCC via Ruby Gaea, the specialist sexual assault service in Darwin, there is insufficient capacity within existing specialist family and domestic violence services to address the presently identified need to specifically address domestic violence indicators in tandem with substance abuse and harm reduction strategies.

B Access to services in prison

Unfortunately, incarceration presents as a crucial potential opportunity in the NT to access primary and preventative medical, support, therapeutic and related services, that may not otherwise be available or engaged with outside incarceration. TEWLS submits such access and provision should be a priority agenda item for women incarcerated at the DCC. Research from Johnson supports this submission, noting that female Indigenous prisoners experience greater rates of mental health and more extensive substance abuse histories than male prisoners, and many enter prison following a history of sexual or physical abuse.⁵

It is our submission that the intersectionality between substance abuse and domestic and family violence could be best addressed through the provision of counselling and support services whilst incarcerated, particularly counselling in relation to domestic and family violence, which is currently a significant gap in service provision at the DCC. In noting domestic and family violence as a foundational issue for a broad range of women's offending, and the significantly increasing rate of female incarceration, TEWLS perceives the provision of heightened services as an innovative and new opportunity that may be effective in the NT context to show case results with a small group of women incarcerated in the DCC.

In TEWLS' experience, incarceration presents a period of time to make meaningful impact in terms of access to services. The DCC presents a relatively "safe" environment, as compared to what may have been a woman's environment pre-incarceration, given the access to food, clothing, medical assistance, and a substance-free environment. TEWLS is of the belief that the DCC can be seen as a personal development opportunity, where service provision can meaningfully address the health and mental health effects of addictive substances and domestic violence. The previously referred ANROWS report highlights that going to prison, for some women, is a way to escape violence and an opportunity to find out about formal services, and this is confirmed by some of TEWLS clients at DCC. It is for this reason that TEWLS has been advocating for the provision of a domestic and family violence counsellor, as well as an increase in access to services for women in prison, given that the provision of specialist care in prison would assist women to seek positive pathways and outcomes beyond incarceration.

⁵ Johnson, H (2004). Key findings from the Drug Use Careers of Female Offenders study. Trends & Issues in crime and criminal justice no. 289. Canberra.

C Recidivism and transitioning out of prison

The need is pressing for new approaches to how women incarcerated can be provided with appropriate harm reduction strategies and coordinated treatment approaches to address addictive behaviors. The typical archetype of a woman incarcerated is young, under 30 years old, with an average prison sentence of less than one year. Women in the NT are the fastest growing group of people incarcerated.⁶ The NT Ombudsman states compellingly,

“if their [an incarcerated woman] time in custody is not spent with an intensive focus on rehabilitation and preparing them for their future lives, these are likely outcomes that will continue to weigh on the community and require ongoing commitment of substantial public resources in the justice and health systems.”⁷

It is for this reason that time in prison should be regarded as a crucial juncture in the woman’s life, where she can readily access the relevant services required to treat medical, psychological and substance abuse issues. This access needs to link up with relevant stakeholders including Throughcare services available immediately prior to and post release, in order to facilitate durable positive outcomes, better maternal and child health and to divert and differentiate from the cyclical nature of reoffending.

Addressing substance abuse issues is statistically supported to reduce recidivism. Re-entry into the community is a time of risk, where housing, family and support networks can take some time to be re-established and temptations for pre-incarceration addictions can be strong. If a woman were to have received appropriate substance abuse counselling in prison, as well as counselling relating to possible domestic and family violence, the outcomes would be remarkable in that the respective woman would have been empowered with the strategies and capacity to deal with difficult circumstances in a context where there are pressures and statistical reinforcement that reoffending would occur.

Release from incarceration can be a very difficult phase, with a number of pressures presenting such as loss of connection to community and culture, access issues to children, housing and tenancy issues and financial stress. If incarceration has been a real and tangible opportunity for rehabilitation and working towards addressing harmful addictive behaviors, it is hoped that the transitioning period and capability to deal with post release circumstances will be more conducive to reintegration and positive outcomes.

Conclusion

TEWLS appreciates the opportunity to make this submission and to support ongoing policy and legal development in responding to harmful addictive behaviors for women in the Top End.

⁶ Higgins, D, and Davis, K (2014). Law and justice: prevention and early intervention programs for Indigenous youth. Closing the Gap Clearinghouse, Resource sheet no. 34. Canberra: AIHW; www.girlsacademy.com.au/wp-content/uploads/2016/11/Prospectus-2017.pdf.

⁷ NT Ombudsman, ‘Women in Prison II – Alice Springs Women’s Correctional Facility,’ Ombudsman NT Investigation Report, vol. 1, p. 1.

TEWLS will continue to advocate for the women incarcerated in the DCC to have equal access to appropriate counselling services in domestic and family violence and substance abuse, as well as a strategy for coordinated treatment of addictive behaviors and holistic services and programs that would empower these women following their release from incarceration.

We thank you for your consideration of the above and would be pleased to be contacted by phone on (08) 8982 3000 or email to admin@tewls.org.au (contact person Vanessa Lethlean) should you wish to discuss this submission further.

We look forward to the outcome of the Select Committee Inquiry.

Yours faithfully,

TOP END WOMEN'S LEGAL SERVICE INC.



Vanessa Lethlean
Managing Solicitor

Enclosed Submission of the Domestic & Family Violence Network (Alcohol Review Submission)



Submission to Alcohol Policies and Legislation Review in the Northern Territory

The Domestic and Family Violence Network (DFVN) welcomes the opportunity to make a submission to the Alcohol Policies and Legislation Review in the Northern Territory to advance improved outcomes for victims of Domestic and Family Violence in the Northern Territory (NT). Our brief submission will focus on the experience of women and children in the NT impacted by alcohol fuelled cycles of domestic and family violence. We wish to ensure that the needs of the most vulnerable Territorians are heard amongst the clamour of special interest groups and the well organised and well-funded alcohol lobby.

About the DFVN

The DFVN was established in 1996 to link the various government and non-government organisations working in the area of Domestic and Family Violence in the Greater Darwin area. The Network keeps the focus of its work on subjects directly related to Domestic and Family Violence (DFV). The Network is committed to the prevention of DFV in the Darwin community and has zero tolerance towards Domestic and Family Violence. The key objectives of the DFVN are Information sharing, encouraging a more effective service system and strategic advocacy.

Our recommendations

- Trauma informed systems [see Attachment A] are established by the NT Government as a matter of urgency in recognition of the link between DFV, intergenerational trauma, alcohol misuse, addiction and trauma disorders.
- Findings of the NT Governments Alcohol Review and the development of Domestic Family and Sexual Violence Reduction Strategy 2018-2022 need to work together to recognise and address the complex relationship between DFV and alcohol misuse in the NT. These reviews need to recognise the importance of better defining the distinct types of violence [coercive controlling violence and lateral violence] that is

currently grouped together as Domestic and Family Violence. An appreciation of the different root causes and different role of alcohol in the unacceptable rates of violence is key to coming up with solutions to reduce the incidence and severity of alcohol fuelled violence in the NT.

- Alcohol supply in the NT is reduced as a matter of urgency.

Key points for the consideration

1. In the NT, alcohol fuels Domestic and Family Violence.

The NT has some highest rates of DFV in the country, and some of the highest in the world. According to the most recent figures from the ABS, in 2015, there were 4,076 victims of FDV-related Assault in the Northern Territory, [1,668 victims per 100,000 persons]. No other jurisdiction in the country sees such unacceptably high levels of DFV. For comparison:

- 30,467 victims of FDV-related Assault in New South Wales, [400 victims per 100,000 persons];
- 18,274 victims of FDV-related Assault in Western Australia, [706 victims per 100,000 persons];
- 7,740 victims of FDV-related Assault in South Australia, [456 victims per 100,000 persons];
- 1,198 victims of FDV-related Assault in Tasmania, or 232 victims per 100,000 persons; and
- 693 victims of FDV-related Assault in the Australian Capital Territory, or 177 victims per 100,000 persons.¹

Women in the NT are the disproportionate victims of this violence. There are 5 times more likely to experience DFV and seven times more likely than males to have experienced Assault victimisation within an intimate partner relationship², many of these women have children in their care. It is widely acknowledged that exposure to DFV is traumatic and extremely damaging for young people's development. As a result, we have unacceptably high numbers of Territorians experiencing intergenerational trauma as a result of DFV. In the NT, DFV stats are made up of 2 broad groups of violence that takes place between intimate partners or other people connected by family or kinship ties: coercive controlling violence and lateral violence. Alcohol plays a distinct role in each of these.

¹ Victims of Family and Domestic Violence – related offences, ABS accessed at <http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/4510.0~2015~Main%20Features~Experimental%20Family%20and%20Domestic%20Violence%20Statistics~6> on 21/6/17

² Victims of Family and Domestic Violence – related offences, ABS accessed at <http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/4510.0~2015~Main%20Features~Experimental%20Family%20and%20Domestic%20Violence%20Statistics~6> on 21/6/17

- **Coercive controlling violence** is an ongoing pattern of use of threat, force, emotional abuse and other coercive means to unilaterally dominate a person and induce fear, submission and compliance in them. Its focus is on control³. It is most commonly seen in intimate partner relationships. It's most common victims are women. While alcohol use does not cause this violence, where physical violence is used to dominate and control another person, alcohol is a significant contributor to the severity, and sometimes the lethality of the violence used to coerce and control.
- **Lateral violence** is often described as 'internalised colonialism' and refers to the harm done by Aboriginal and Torres St Islander people to others in their families, organisations and communities. This includes physical violence or 'fighting' between family and community members where there is an absence of coercive control. It is the end result of extreme dysfunction and disadvantage brought about by systematic oppression and disempowerment: "When we are consistently oppressed we live with great fear and great anger and we often turn on those who are closest to us."⁴ Alcohol is one of the most significant causal factors and contributors to the severe and life threatening lateral violence and self-harm we see in the NT.

³ Family Violence Best Practice Principles [Edition 4] - December 2016, The Family Court of Australia, accessed at <http://www.familycourt.gov.au/wps/wcm/connect/fcoaweb/reports-and-publications/publications/family+violence/family-violence-best-practice-principles> on 21/6/2017 p.8

⁴ Chapter 2: Lateral violence in Aboriginal and Torres Strait Islander communities - Social Justice Report 2011, Australian Human Rights Commission, accessed at <http://www.humanrights.gov.au/publications/chapter-2-lateral-violence-aboriginal-and-torres-strait-islander-communities-social> on 21/6/17

Alcohol is consistently shown to be involved in the vast majority of DFV matters attended by NT police as evidenced in the most recent NT crime statistics⁵.

Northern Territory Assault Statistics
Data through April 2017

Domestic violence	Alcohol involvement	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16
DV involved	Alcohol involved	166	203	184	162	195	188	207	191	230	216	234	210	165
	No alcohol involved	96	110	87	96	89	80	85	98	117	112	105	100	110
	Not known	37	47	41	40	35	36	29	44	54	51	39	42	37
DV involved Total		299	360	312	298	319	304	321	333	401	379	378	352	312
DV not involved	Alcohol involved	109	138	99	84	96	98	114	131	135	91	109	118	102
	No alcohol involved	54	51	56	66	64	52	69	67	80	76	59	59	76
	Not known	62	65	57	62	55	47	53	49	70	67	56	77	73
DV not involved Total		225	254	212	212	215	197	236	247	285	234	224	254	251
Total assaults		524	614	524	510	534	501	557	580	686	613	602	606	563
Assaults with alcohol involved		275	341	283	246	291	286	321	322	365	307	343	328	267
Assaults with no alcohol involved		150	161	143	162	153	132	154	165	197	188	164	159	186
Assaults with alcohol involvement unknown		99	112	98	102	90	83	82	93	124	118	95	119	110
% of assaults associated with domestic violence		57.1%	58.6%	59.5%	58.4%	59.7%	60.7%	57.6%	57.4%	58.5%	61.8%	62.8%	58.1%	55.4%
% of assaults associated with alcohol		52.5%	55.5%	54.0%	48.2%	54.5%	57.1%	57.6%	55.5%	53.2%	50.1%	57.0%	54.1%	47.4%

Data extracted from PROMIS on 01/06/2017

Shaded months should be treated as provisional

Whether the DFV has its root cause in coercive controlling violence or dysfunctional lateral violence, DFV results in trauma and PTSD for individuals who are victims and others, particularly children, who are exposed to it.

2. There is a link between trauma disorders, PTSD and alcohol misuse and addiction.

Addiction and trauma disorders are closely linked. Alcohol is commonly used to "self-medicate" against negative symptoms associated with trauma exposure, such as:

- Anxiety and fear
- Insomnia
- Irritability and agitation
- Guilt, shame, and self-blame
- Difficulty concentrating

Endorphin withdrawal plays a part in the use of alcohol to control PTSD. When an individual experiences a traumatic event, his or her brain produces endorphins — neurotransmitters that reduce pain and create a sense of well-being — as a way of coping with the stress of the moment. When the event is over, the body experiences an endorphin withdrawal. According to researchers⁶, many of those with PTSD will turn to alcohol as a means of replacing the feelings brought on by the brain's naturally produced endorphins. But the positive effects of alcohol are only temporary.

⁵ NT Crime Statistics April 2016 p.18 accessed at <http://www.pfes.nt.gov.au/Police/Community-safety/Northern-Territory-crime-statistics/Statistical-publications.aspx> on 21/6/17

⁶ The Role of Uncontrollable Trauma in the Development of PTSD and Alcohol Addiction, Joseph Volpicelli, M.D., Ph.D.; Geetha Balaraman; Julie Hahn; Heather Wallace, M.A.; and Donald Bux, Ph.D accessed at <https://pubs.niaaa.nih.gov/publications/arh23-4/256-262.pdf> on 21/6/2017

With increased use of alcohol, the individual can become chemically dependent on the drug. He or she will need more alcohol or drugs to produce those numbing effects. Eventually, dependence can turn into addiction, which is characterized by compulsive use of the substance, tolerance to the drug and an insistence on abusing the drug in spite of its devastating effects. The use of alcohol to numb PTSD symptoms leads to a vicious cycle. Drinking alcohol worsens the fear and anxiety of PTSD, which leads to a release of endorphins. As the effects of the endorphins subside, the individual needs more alcohol to escape the nightmares and flashbacks of PTSD.

With such unacceptably high rates of DFV, the NT has a significant proportion of the population who are highly traumatized, and who are seeking to self-medicate the pain of that trauma via access to cheap, easily accessible alcohol.

3. Unresolved intergenerational trauma and associated alcohol abuse and addiction and alcohol fuelled violence comes at great cost to our community.

The economic cost of this trauma is borne by the government and non-government organisations. Our hospitals, health centres and clinics are full of Territorians being treated for a combination of alcohol fuelled assault injuries and long-term damage caused by alcohol misuse. Likewise, courts and prisons. Our community sector is stretched to breaking point with the need from clients who are impacted by DFV and whose lives are shaped by unresolved intergenerational trauma, associated alcohol abuse and addiction and/or are the victims or perpetrators of alcohol fuelled violence.

The brunt of social impacts are most severe in the communities where gender based violence, unresolved intergenerational trauma and associated alcohol abuse, and alcohol fuelled violence are the norm. But the social effects of such significant numbers of the population being impacted in this way effects the NT community at large.

4. The physical and economic availability of alcohol are central to the harm caused by alcohol in the NT.

4.1. Strategies must be put in place to reduce supply by:

- Restricting trading hours
- Reduce the number of liquor outlets
- Introduce a risk based licensing system

- Increase community involvement in liquor licence regulation
- Ban political donations from the alcohol industry

4.2. Strategies must be put in place to reduce demand by:

- Addressing the trauma impacts of unacceptably high rates of DFV in the NT and recognising the link between alcohol misuse, addiction and trauma disorders.
- Introduce a minimum price for alcohol
- Reform the wine taxation system and introduce a volumetric tax
- Restrict promotion of alcohol

4.3. Other strategies required to reduce harm:

- Take action, including culturally safe health promotion, to prevent Foetal Alcohol Spectrum Disorders' (FASD)
- Increase treatment service capacity, including culturally safe treatment options

Attachment A: Characteristics of Trauma Informed Systems

Departments, Agencies, programs and service providers:

1. Routinely screen for trauma exposure and related symptoms;
2. Use evidence-based, culturally responsive assessment and treatment for traumatic stress and associated mental health symptoms;
3. Make resources available to adults, children, families, and providers on trauma exposure, its impact, and treatment;
4. Engage in efforts to strengthen the resilience and protective factors of children, adults, families and communities impacted by and vulnerable to trauma;
5. Address parent and caregiver trauma and its impact on the family system;

- Recognise that Healing happens in Relationship and adheres to guiding values of trauma informed care: understand the prevalence and impact of trauma; promote safety; earn trust; embrace diversity; provide holistic care; respect human rights; pursue the person's strengths, choice and autonomy; share power; and communicate with compassion.

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- Emphasise continuity of and collaboration across systems;
- Maintain environment of for workers that addresses, minimizes, and secondary traumatic stress.

To Contact the DFVN

Thank you for your consideration of the above. If you wish to discuss this submission further, or have any questions for the network, please contact the facilitator of the DFVN- Alex Richmond, Community Educator at Dawn House Women's Shelter via community.educator@dawnhouse.org or (08) 8945 1388.