



Evaluation of the Intensive Case Management Service (ICMS)

Pilot program 2024 – 2026

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Prepared by:



Authorisation

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Commissioned by: Victims of Crime NT (VoCNT)

Prepared by: Hatch Solutions Pty Ltd

Evaluator Sign-Off

This report has been prepared by the undersigned and represents an independent evaluation of the ICMS pilot program.

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14 April 2026

Commissioning Organisation Sign-Off

This report has been reviewed and accepted by the undersigned on behalf of Victims of Crime NT.

Gerard McGeough
Chief Executive Officer



14 April 2026

Acknowledgements

Aboriginal acknowledgement

Hatch Solutions pays respect and acknowledges the Traditional Owners of all the lands of the Northern Territory and recognises their continuing connection to land, water and community on which we live and work. We especially pay our respects to the Larrakia people and their Elders past, present and future, as the transitional owners of the lands in the greater Darwin area where we live and work and where the main office of Victims of Crime NT is based.

Victim survivor acknowledgement

Hatch Solutions recognises and supports the NT Government's acknowledgement to the "women and children who have suffered and died in the Northern Territory as a result of domestic, family and sexual violence (DFSV). We are committed to honouring the lives of those killed, learning from these tragedies and translating those learnings into action to prevent future harm. We recognise those with lived experience who continue to recover from violence and manage the life-long impacts of trauma. We acknowledge the life-long disabilities and impairments that many live with as a direct result of violence. We acknowledge the disproportionate impact of violence on women in the Northern Territory, particularly Aboriginal women. We acknowledge the courage and dignity of all those who stand against domestic, family and sexual violence, who take action to challenge the violence, and who hold people who use violence accountable".

Victims of Crime NT acknowledgement

Finally, Hatch Solutions wishes to acknowledge the tireless work of the staff and management of Victims of Crime NT to assisting people to recover, restore and grow by providing practical and emotional support services and prevention activities. They have implemented the ICMS program with dedication and steadfast efforts, being willing to engage in this evaluation and continuous improvement and learning, with their client's needs at the centre of their actions and efforts.

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Definition, Terms and Acronyms

Term or Acronym	Definition
BRIOS	Former NT Police information and referral system
CC	Community Corrections
CDS	Victims of Crime NT's Case Management System
CJS	Criminal Justice System
CVSU	Crimes Victim Support Unit
CRAT	Common Risk Assessment Tool
DAGJ	Department of the Attorney General and Justice
DCF	Department of Children and Families
DFSV	Domestic, family and sexual violence
DFV	Domestic and family violence
DHLGCD	Department of Housing, Local Government, and Community Development
DoC	Department of Corrections
DVO	Domestic Violence Order
FNVSO	First Nations Victim Support Officer
ICMS	Intensive Case Management Service
IJIS	Integrated Justice Information System
NTG	Northern Territory Government
PRG	Program Reference Group
PVRO	Personal Violence Restraining Order
PROMIS	Former NT Police incident information and recording system
SERPRO	New NT Police incident information and recording system from Nov 2024
Supportlink	NT Police online referral system
VIS	Victim Impact Statement
VoCNT	Victims of Crime NT
VR	Victim Register
VS	Victim Support Program operated by VoCNT
VSO	Victim Support Officer
WAS	Witness Assistance Service

Executive Summary

This report presents the findings of an independent evaluation of the Intensive Case Management Service (ICMS) pilot, commissioned by the Department of the Attorney-General and Justice (DAGJ) and conducted by Hatch Solutions between July 2024 and March 2026. The evaluation was undertaken in accordance with the scope defined in the ICMS funding agreement, which required an external evaluation focusing on three domains: implementation, process and outcomes. The evaluation assesses the ICMS as a service delivered by Victims of Crime NT (VoCNT) — it is not an evaluation of VoCNT as an organisation, nor does it evaluate the broader victim support ecosystem or VoCNT's position within it.

The ICMS was funded as a two-year pilot by the DAGJ and established by VoCN. The service was designed by VoCNT to provide intensive, trauma-informed support to victims of domestic, family and sexual violence (DFSV) and improve victims' engagement with the criminal justice system.

The external action learning based evaluation covered three domains: implementation, clients and system. Four evaluation questions and eight sub questions were answered using data gathered from a mixed methods approach between July 2024 and March 2026.

The evaluation finds that the ICMS has been implemented largely as intended and is delivering a level of support that is not available through existing services.

Despite early delays in recruitment and the inability to establish the Program Reference Group, VoCNT delivered services to victims across Darwin, Palmerston, Wadeye, Katherine, and Alice Springs but did not open any cases in Tennant Creek. While the number of referrals differed greatly by location, not all referrals had sufficient information to enable contact with victims, or victims did not always wish to engage once they were contacted. The majority of clients were female, with an overrepresentation of Aboriginal and Torres Strait Islander women, with most having dependent children and having been previous victims of DFSV prior to the incident that led to their referral to ICMS.

Staff integrated the Sanctuary trauma-informed model, consistent with VoCNT's existing Therapeutic Practice Model. As noted in the report, Sanctuary “prioritises the building of a safe environment to promote healing, learning and growth.” Case management activity was intensive for almost all clients and involved activities such as court support, referrals to other agencies, support completing Crimes Victim Support Unit (CVSU) applications, preparing Victim Impact Statements (VIS), lodging Victims Register (VR) applications, discussions about Domestic Violence Orders (DVO's), and use of brokerage for immediate needs unable to be met through other means or services.

The ICMS has supported a higher number of clients than anticipated. Clients typically present with multiple and intersecting needs, including housing instability, mental health concerns, financial stress, and ongoing safety risks. The open-door policy, flexible brokerage fund, strong client advocacy approach by the Victim Support Officers and absence of time limits have enabled staff to maintain engagement with clients who often move in and out of crisis.

The evaluation identifies clear short-term outcomes for clients, including improved safety planning, increased understanding of justice processes, and greater confidence in engaging with police and courts. These outcomes are significant given the NT's DFSV context, where the DFV-related homicide rate is seven times the national average and assault rates are three times higher than the national average. It is too soon to measure longer term client outcomes, however there are signs clients have begun to establish the foundations for post

traumatic growth, if they can achieve greater housing, financial and emotional stability and be free from further violence.

Criminal justice system-level change linked to the ICMS has been limited. The intended Program Reference Group could not be established due to insufficient agency participation, reducing opportunities for coordinated reform. Information exchange between agencies remains inconsistent and is often dependent on individual relationships rather than formal processes. Long court delays, limited housing options and gaps in mental health services continue to affect client outcomes and fall outside VoCNT’s control.

Overall, the ICMS is meeting its core objectives and is addressing service gaps that directly impact victim safety, wellbeing and participation in the criminal justice system. The model aligns with NT Government policy directions, including the *DFSV Reduction Framework* and the *NT Charter of Victim Rights*. Continuation and expansion of the service would strengthen the NT’s capacity to respond to DFSV and support victims through complex justice processes.

The ICMS directly supports the Northern Territory Government’s commitments under both the *DFSV Reduction Strategy 2025–2028* and the *Crime Reduction Strategy 2025–2028 including DFSV Strategy, Domain 3 - Response, Recovery and Healing* and in the *Crime Reduction Strategy*, ICMS supports ‘Priority 2 – Reduce reoffending and deliver effective justice’, by improving the supports for victims as they navigate the justice system and actively promoting the Charter of Victims’ Rights.

Based on the findings, 10 recommendations are offered for consideration by VoCNT and DAGJ as the parties to the funding agreement. These relate to the continuation, design and delivery of the ICMS. In addition, five observations about system-level issues that affect client outcomes are presented for broader consideration by the relevant NT Government agencies. These observations arise from the evaluation evidence but fall outside the original scope of this evaluation and have not been discussed with the agencies identified.

Recommendations

Domain	Recommendation
Implementation	1 Continue to fund the ICMS at VoCNT with expansion of funding to enable improved support for victims in Alice Springs, Katherine and Tennant Creek.
	2 Develop a victim support capability within VoCNT for victims of DFSV from remote communities.
Clients	3 Maintain the ICMS practice model with the open-door policy, continued brokerage funds and no restrictions timeframe for client engagement.
	4 Maintain the use of the therapeutic trauma informed tools embedded within the Sanctuary framework.
	5 Revise the data collection for ICMS to capture clients mental health and other intersectional issues.
	6 Consider development of an ICMS policy and procedures for use of the CRAT and formal registration of cases and coordination with the Family Safety Framework. This should also include adding a session type in CDS to enable monitoring and review of the new CRAT and FSF policy and procedures.

Domain	Recommendation
Criminal justice system	7 Establish a central point of contact for VoCNT within NT Police.
	8 VoCNT and criminal justice system partners work together to improve the efficiency, effectiveness and sustainability of information exchange processes between providers and, more importantly, with victims themselves.
	9 Progress the strategic initiatives of the NT Crime Reduction Strategy in respect to court efficiency and early resolution of DFSV matters.
	10 Promote and establish mechanisms to monitor the implementation of the NT Charter of Victim Rights to ensure it is embedded in practice, not just policy. This could include a formally constituted cross-government reference group, such as what was envisaged for the ICMS Program Reference Group.

Observations

Area	Observation
System-level barriers to client outcomes	1 Progress the strategic initiatives in both the <i>Crime Reduction Strategy</i> and <i>DFSV Reduction Strategy 2025–2028</i> related to increased housing options for DFSV victim-survivors.
	2 Review how the DFSV housing policy is implemented, including how clients can have their immediate safety concerns addressed in a timelier manner and a clear point of referral for external agencies working with victims as advocates and supports.
	3 Promote the legal responsibilities of private landlords and property managers in relation to victims of DFSV.
	4 Fund a full-time mental health clinician within VoCNT.
	5 Continue to expand services for victims of DFSV and build the capacity of universal services and the community, through the Safe, Respected and Free from Violence strategy.

Chapter 1: Introduction

What is the Intensive Case Management Service?

Victims of Crime NT (VoCNT) was funded by the NT Department of the Attorney-General and Justice (DAGJ) to deliver and evaluate a pilot Intensive Case Management Service (ICMS) from 1 July 2024 to 30 June 2026. The objectives of the new service were to:

- 1) increase engagement and improve the experience of DFSV victims survivors' participation in the criminal justice system."
- 2) work with organisations in the criminal justice system to assist them to recognise and implement appropriate changes to practice and procedure where possible to respond to the needs of victims"¹

The key features of the pilot program were intended to be:

- delivery in line with the principles in the *NT Charter of Victim's Rights*;
- complementary to existing services to DFSV victim survivors.
- case management services to 90 victims from across Darwin, Palmerston, Katherine, Tennant Creek, Alice Springs and the remote community of Wadeye;
- high level support with a breadth of activities to support the victim through the entirety of the criminal justice system processes between 12 and 24 months if the client chooses;
- ensure vulnerable victims have access to the services required, to assist with their healing and post traumatic growth; and
- engagement commencing as close to the time of the incident as possible and be offered to clients regardless of their decision to maintain or end their relationship with the offending person.

The range of services and activities to be offered were to include:

- Two levels of case management (active and intensive) including planning to maintain the safety and wellbeing of the client and their children
- Warm referrals
- Crisis counselling
- Intersection with the criminal justice system such as support through the various processes such as police liaison, court support, witness assistance, corrections liaison, Crime Victims Services Unit applications and VR registration processes.
- Case review
- Brokerage
- Capacity building with stakeholders
- A Program Reference Group to support implementation of the new service and support the evaluation and initiate systems improvements

VoCNT had an existing practice model for undertaking work with clients, and an existing approach to supporting clients achieve therapeutic growth and these were determined by the staff team to be suitable for the new ICMS. VoCNT was also working with McKillop Family Services in Victoria to implement the Sanctuary model, a trauma informed organisational framework that is designed to create "a healthy environment that promotes emotional health and well-being for staff and service users"². VoCNT states that "Sanctuary acknowledges adversity as a universal experience and prioritises the building of a safe

¹ Department of the Attorney- General and Justice and Victims of Crime NT Funding Agreement signed 6 June 2024

² McKillop Family Services :The Sanctuary Model <https://www.mackillop.org.au/uploads/Sanctuary/SIA-Sanctuary-Evidence-Base.pdf>

environment to promote healing, learning and growth.”³ More information about the Sanctuary Model is in Appendix 1.

Key Performance Indicators for ICMS

The VoCNT funding agreement for the ICMS defined several performance indicators for the program pilot and the ICMS Evaluation. VoCNT provided Performance Reports on a six-monthly basis to DAGJ.

Program KPI's

- The proportion of months during which a minimum of 90 clients accessed the service
- The proportion of clients accessing the service who are at the intensive level
- The proportion of clients accessing the service who are on the Victims Register
- The proportion of clients accessing the service who have provided Victim Impact Statements
- The number of targets in the Reconciliation Action Plan that have been met.

Evaluation KPI's

- The proportion of clients accessing the service who have completed client surveys as part of the evaluation process
- The Number of Program Reference Group meetings held with a quorum

Evaluation Methodology

The funding agreement required that an external evaluator be engaged to undertake an independent evaluation of the ICMS pilot utilising an action learning model focusing on both process and outcomes, as well as impacts for the clients and their families⁴. Three domains and key questions were defined for the evaluation:

1. Implementation: Was the program implemented as intended?
2. Process: Was the program delivered as intended to the target recipient?
3. Outcome: Has the program delivered the expected outcomes for the target population?

VoCNT engaged Hatch Solutions and through discussion it was agreed that a Developmental Evaluation approach would be the most suitable for the pilot program and its objectives, as it would support program design and continuous improvement by embedding the evaluator in the development process from inception rather than a more traditional approach which might see the evaluator define data collection items and methods at the start, come in and out gathering data, and produce reports based on external analysis of the qualitative and quantitative data.

Through early discussion between VocNT and the evaluators to develop the Evaluation Framework, the evaluation domains were slightly reframed, an additional evaluation question was included, and several more detailed sub questions were developed to be more specific and enable more exploration of factors influencing processes and outcomes. VoCNT shared these with the DAGJ Contract Manager prior to the commencement of formal data collection.

Table 1: Revised Evaluation Domains and Questions

³ Victims of Crime NT website <https://victimsofcrime.org.au/the-sanctuary-model/>

⁴ Department of the Attorney- General and Justice and Victims of Crime NT Funding Agreement signed 6 June 2024

Domains	Evaluation Question	Sub questions
Implementation	Was the ICMS implemented as intended?	<p>Did the program meet milestones and if not, what was the impact?</p> <p>What factors influenced program implementation, either favourably or not?</p>
Clients	Was the ICMS delivered as intended to the target recipients?	<p>How was the program delivered to clients?</p> <p>How did the program delivery model adapt when client needs changed over time?</p> <p>What factors influenced program delivery?</p>
	Has the ICMS delivered the expected outcomes for the target population?	<p>What short and medium term outcomes have clients achieved?</p> <p>What factors influenced achievement of client outcomes, either favourably or not?</p>
Criminal Justice System	What impact has ICMS had on the criminal justice system response?	What practice and procedural changes have criminal justice system organisations made during the period of the program?

Evaluation Phases and Activity

The developmental approach was seen by VoCNT as consistent with the principles of their Sanctuary Model and Therapeutic Practice Model, and beneficial for the other services offered by VoCNT.

The evaluation was therefore structured across three phases, with key activities in each phase as outlined in the table below.

Table 2: Evaluation Phases and Intended Activities

Establishment	
Timing	July – Oct 2024
Outcome	<p>An agreed plan for how the evaluation will be undertaken, what data will be collected, how, when and by whom, as well as clarity about roles, responsibilities and governance of the evaluation.</p> <ul style="list-style-type: none"> • Draft Program Logic including short, medium and long term outcome measures; • Draft Data Collection framework • PRG Workshop on the draft Program Logic, outcome measure and data collection framework; • Finalise an Evaluation Framework that will include: <ul style="list-style-type: none"> ○ the agreed evaluation questions, measures, data sources, and methods, ○ the roles and responsibilities of the evaluator, VoCNT and the Program Reference Group (PRG) ○ evaluation governance; • Support VoCNT to develop any program material and new data collection tools to support the team to implement the ICMS and understand how the evaluation will operate.
Activities	

Action learning

Timing	October 2024 - March 2026
Outcome	Collection of data to support the evaluation goals and regular review of the findings to inform iterative program change if required.
Activities	<ul style="list-style-type: none"> Review data on a monthly basis; Monthly action learning sessions with the VoCNT program staff to discuss indicative findings from the data review and discuss program implementation and practice; Quarterly summary material about the data and issues being identified, for consideration by the PRG; Six monthly workshops with the PRG to discuss progress and seek feedback and additional insights on system and contextual issues; 12 case studies to document client journeys.

Reporting

Timing	Ongoing
Outcome	Clear and concise reports that address the Evaluation goals, and assist with real time and future program decision making
Activities	<ul style="list-style-type: none"> Document the insights and feedback from the VoCNT program staff at meetings and workshops throughout phase 2; 12 Month Progress Report; Present data and develop draft findings against each evaluation question, collate insights from client journeys, collate system and regional issues, and indicative recommendations; Workshop with VoCNT program staff to consider the draft evaluation findings and insights, test and validate recommendations; Draft final Evaluation Report; Final Evaluation Report.

Evaluation Data Collection Methods

The evaluation was planned to use a mix of qualitative and quantitative data items gathered from multiple sources. These were developed in consultation with VoCNT and collated in an Evaluation Framework (see Appendix 2).

Throughout the evaluation, some modifications had to be made to the Framework due to changes in availability of some data items or planned methods. These changes are discussed in more detail in Appendix 3 which describes the type of activities undertaken across the three phases of the evaluation.

Evaluation Governance

It was intended that a Program Reference Group (PRG) would be embedded in the evaluation design and evaluation process, recognising that stakeholder members of that PRG would be aware of the challenges and limitations of the criminal justice system and could also support implementation of system level changes that are outside the core responsibilities of VoCNT.

The PRG was to be established and managed by VoCNT with support from the Director of the Crime Victims Services Unit (CVSU) who would act as a conduit for identifying

participants from the NT Government agencies and work internally within government to maintain ongoing participation.

It was intended that the PRG would be governed by a Terms of Reference and membership would include but not be limited to the following organisations and teams:

- Public Prosecutions and the Witness Assistance Services;
- Courts;
- Police;
- Family Safety Framework;
- Community Corrections;
- CVSU;
- Domestic and Family Violence Reduction Strategy Unit;
- Territory Families;
- Territory Housing; and
- Aboriginal Justice Unit.

Draft Terms of Reference were developed (Appendix 4), and it was intended they would be confirmed with members once the PRG was formed. Despite efforts by the Director CVSU and CEO VoCNT to establish the PRG, it was not possible to secure sufficient commitment from proposed member agencies to form a viable group. The reasons for this are not fully understood and may reflect competing priorities, unclear value propositions, or the broader cross-agency coordination challenges that both current NT Government strategies are seeking to address.

In the absence of the PRG, VoCNT maintained oversight of the ICMS through its internal governance and management structures. The CEO VoCNT and Program Manager maintained regular communication with the Director CVSU as the DAGJ contract manager, and VoCNT provided six-monthly Performance Reports to DAGJ as required under the funding agreement. Stakeholder perspectives were gathered through surveys and interviews during the final evaluation phase. However, the absence of a structured multi-agency forum meant that system-level issues identified through the ICMS were addressed through individual agency-to-agency advocacy rather than coordinated cross-agency discussion.

Chapter 2: Context of the new Intensive Case Management Service

“Domestic violence (DV) is typically used to refer to acts of violence that occur between people who have or once had an intimate relationship. The term family violence (FV) describes violence targeted at spouses and partners as well as people in a family relationship, including a relative according to Aboriginal tradition or contemporary practice. Family violence is often the preferred term used by Aboriginal people and services..... Sexual violence can occur in intimate partner and family contexts, in our communities, workplaces, schools and in other circumstances. Sexual violence includes sexual harassment, sexualised bullying, sexual pressure and coercion and sexual assault including rape.”⁵

In the NT the term domestic and family violence (DFV) is preferred and the specific inclusion of sexual violence within the policy and system responses recognises both the significant co-occurrence of domestic and family violence with sexual assault and sexual violence, and the need to improve how the prevention and intervention systems and services respond.

Prevalence of Domestic, Family and Sexual Violence in the NT

The prevalence of DFSV in the NT has been well documented in the NT Government’s DFSV Reduction Framework⁶, in a thorough and lengthy coronial hearing into the deaths of four Aboriginal women⁷ and in a number of other reports and publications providing a detailed analysis of the incidence and impacts of domestic, family and sexual violence in the NT. A summary of the data shows that:

- the DFV-related homicide rate in the NT is 7 times higher than the national average
- the DFV-related assault rate in the NT is 3 times higher than the national average
- the sexual assault rate in the NT is 1.2 times higher than the national average
- DFSV in the NT is particularly severe, noting the high rate of homicides and injuries
- the NT’s DFSV rates and numbers are increasing year on year
- Aboriginal women make up the majority of victim survivors
- the vast majority of people who are committing DFSV are men
- the largest number of reported DFSV offences are in the combined remote areas of the NT (“NT Balance”), followed by Alice Springs and Darwin
- the highest rates of reported DFSV are seen in Tennant Creek (almost 3 times the NT rate overall), Katherine and Alice Springs (both 2.4 times the NT rate overall)⁸

⁵ Northern Territory Government 2018, *Domestic, Family and Sexual Violence Reduction Framework 2018-2028*

⁶ *ibid*

⁷ Coroners Court of the Northern Territory 2024, *Inquests into the deaths of Miss Yunupinju, Ngeygo Ragurk, Kumarn Rubuntja and Kumanjayi Haywood [2024] NTLC 14*

⁸ Northern Territory Government Domestic Family and Sexual Violence Interagency Coordination and Reform Office, *2023 Mapping of current investment and activity to prevent and respond to domestic, family and sexual violence in the Northern Territory*

- there is a high rate of repeat offending with 77% of defendants found guilty of a DFV-related offence having had a prior violent offence and 72% having had a prior DFV offence⁹, and
- over three quarters of defendants found guilty of a DFV-related offence have a prior violent offence and 72 per cent have a prior DFV offence.¹⁰

A snapshot of NT Domestic Violence Order (DVO) Applications and Domestic Family Violence (DFV) Criminal Matters by location is shown in Table 3 below:

Table 3: Number of domestic violence restraining order applications and domestic violence criminal matters at local courts 2024-2025¹¹

Court Location	Number of DVO applications	DFV- related criminal matters lodged at local courts
Darwin	1803	2837
Alice Springs	1092	1986
Katherine	541	1003
Tennant Creek	242	387
Others	1153	864
Total	4831	7077

Addressing Domestic, Family and Sexual Violence in the NT

Reducing DFSV is acknowledged as a key commitment of the Reduction Framework, and recognises that domestic, family and sexual violence is a serious, prevalent and life-threatening problem that crosses all ages, cultural, ethnic and socio-economic backgrounds and that “achieving long term social and cultural change requires concerted and sustained effort through shared responsibility and partnerships.”¹²

The Framework has seven principles that are expected to guide everyone’s’ approach:

- 1) Women and children’s safety and wellbeing is at the centre
- 2) Shared responsibility, partnerships and local responses
- 3) Evidence and needs-based and outcome- focused
- 4) Accessibility, equity and responsiveness
- 5) Focus on long term social and cultural change
- 6) Challenging system racism and inequality
- 7) Shared awareness and understanding of domestic, family and sexual violence

⁹ Northern Territory Government Domestic Family and Sexual Violence Interagency Coordination and Reform Office, *2023 Mapping of current investment and activity to prevent and respond to domestic, family and sexual violence in the Northern Territory*

¹⁰ Data from the 2019/20 financial year provided by the Department of the Attorney-General and Justice Research and Statistics Unit. Extracted from IJIS on 31 July 2020. Cited in the Northern Territory Government Department of Attorney General and Justice *Review of Legislation and the Justice Response to Domestic and Family Violence in the Northern Territory, 2022*

¹¹ Northern Territory Government Department of Attorney General and Justice – extracted from IJIS on 26 February 2026

¹² Northern Territory Government, *The Northern Territory’s Domestic, Family and Sexual Violence Reduction Framework 2018-2028 – Safe, respected and free from violence. 2018*

Further to this, the NT DFSV Reduction Framework establishes five outcomes and associated priority actions, to be achieved across an expected three Action Plan timeframes.

Table 4: NT DFSV Reduction Framework Outcome and Priority Actions¹³

Outcome	Priority Actions
1. Domestic, family and sexual violence is prevented and not tolerated	Provide prevention programs to support children and young people exercise consent and engage in healthy and respectful relationships. Develop and implement a sexual violence prevention and response framework and gender equality strategy. Support localised initiatives to promote respectful relationships.
2. Territorians at risk of experiencing violence are identified early and provided with effective interventions	Target and support individuals and groups at risk through multiple pathways including an expansion of outreach services. Broaden the reach and participation in the Family Safety Framework and improve training in universal service agencies to enable them to identify and act on risk.
3. People experiencing DFSV are protected and helped to recover and thrive	Develop an integrated and specialist domestic, family and sexual violence hub in Tennant Creek which will support women and children of the Barkly region to be safe, recover and thrive. Reform the service model for women experiencing domestic, family and sexual violence in remote communities
4. Perpetrators are held accountable and connected early to responses that change their behaviours & reduce violence	Trial and evaluate a specialist approach to domestic and family violence in the Alice Springs Local Court to improve the safety, experience and outcomes for people affected by domestic, family and sexual violence. Align perpetrator outcomes with National Outcome Standards for Perpetrator Interventions.
5. Legislation, policy and funding models enable a responsive, high quality and accountable DFSV service system	Review and reform the Domestic and Family Violence Act so that it provides a sound, responsive and accountable foundation for the service system. Develop a model to inform the investment in domestic, family and sexual violence resources. Ensure the Northern Territory Public Sector leads the way for Territory employers on domestic and family violence leave policy, including paid leave. Invest in the sector to improve practice and innovation through the establishment of the inaugural biennial DFSV conference for front-line workers and practitioners.

In 2025, the NT Government released the *DFSV Reduction Strategy 2025–2028* (Strategy 2025–2028), which sets out the investment plan for the final stage of the DFSV Framework. Backed by \$36 million in annual ongoing funding —the Strategy distributes funding and initiatives across government agencies under four priority areas: continuing efforts in primary prevention; strengthening the response system; a stronger focus on early

¹³ *ibid*

intervention and accountability; and a coordinated system that is accountable, effective and evidence-based.

Under the Action Plans developed to support the *DFSV Reduction Framework*, each NT Government agency has been tasked with specific actions within their sphere of influence and responsibility. Figure 1 illustrates these responsibilities as they were articulated for the agency structures in 2023.

Figure 1: NTC Agency DFSV responsibilities and shared responsibilities¹⁴



In addition, many non-government organisations across the NT are funded to deliver specialist services to DFSV victim/survivors and their children. The specialist DFSV sector's core business is referred to as "help women and children impacted by domestic, family and sexual violence. As specialists, the DFSV sector needs to be responsive, flexible and accountable in offering multiple programs including, but not limited to, crisis accommodation and support. An effective specialist DFSV sector requires quality staff and practices embedded in professional standards with knowledge of the local and specific socio-cultural contexts of their clients as well as the networks of families and communities they work with. Collaboration and coordination with other services and agencies is essential for both effective client outcomes and accountabilities"¹⁵.

¹⁴ Northern Territory Government Domestic Family and Sexual Violence Interagency Coordination and Reform Office, 2023 *Mapping of current investment and activity to prevent and respond to domestic, family and sexual violence in the Northern Territory*

¹⁵ Northern Territory Government, The Northern Territory's Domestic, Family and Sexual Violence Reduction Framework 2018-2028 – Safe, respected and free from violence. 2018

In addition, there are a wide range of generalist services that support victims/survivors and a smaller number of providers who offer services directly to offenders. A number of these have received additional funding as a result of the implementing the Reduction Framework.

At the national level, a new joint Australian, state and Territory government initiative, the “National Plan to End Violence against Women and Children” was launched in 2022¹⁶. This plan was developed with the support from an Independent Collective of Survivors as well as all states and Territories, and commits to “10 years of sustained action, effort and partnership across sectors and levels of government towards our vision of ending violence against women and children in one generation. It outlines what needs to happen to achieve our vision. This includes building the workforce, growing the evidence base and strengthening data collection systems, while delivering holistic, coordinated and integrated person-centred responses”¹⁷.

Most recently, in 2025, the Northern Territory Government released a wider Crime Reduction Strategy¹⁸ with an overarching vision based on reducing crime through prevention, accountability and consequences. The strategy stated that the ‘system should place victims’ rights and needs, above those of offenders”¹⁹ This new strategy refers to domestic violence in priority area 4 related to addressing the root causes of crime and commits to these specific DFSV strategic initiatives:

- Investing in programs targeting domestic violence prevention, early intervention and accountability for perpetrators.
- Increasing housing options for domestic violence victim survivors.

Criminal Justice system in the NT

The agencies referred to as being part of the criminal justice system (CJS) in the NT are predominantly those operated by the DAGJ, the NT Police and the NT Department of Correctional Services (DCC). In 2025, their roles in the responding to DFSV can be summarised as:

- Frontline responses to DFSV incidents (NT Police)
- Issue and enforce DVO’s (NT Police)
- DFSV investigations and prosecutions (NT Police)
- Prosecute DFSV criminal matters (DAGJ)
- Victim Compensation and Witness Support (DAGJ)
- Judicial determinations (Courts through DAGJ)
- Specialist Court (Courts through DAGJ)
- Offender management (DoC)
- Funding for specialist legal support services (DAGJ)
- Funding for Victim Support services (DAGJ)
- Leadership of the Family Safety Framework (NT Police).

¹⁶ Commonwealth of Australia, National Plan to End Violence against Women and Children 2022 - 2032

¹⁷ *ibid*

¹⁸ Northern Territory Government, Reducing Crime – Northern Territory Crime Reduction Strategy 2025-2028

¹⁹ *ibid*

VoCNT is the only specialist non-government victim support service operating alongside the criminal justice system agencies, however there are other community organisations who support victims via their normal service delivery.

The NT Charter of Victim Rights

The DAGJ published the NT Charter of Victim Rights in 2018 to ensure every reasonable resource will be used to help keep victims, their property and their family safe and to guide government agencies and contracted services to treat victims fairly, respectfully and compassionately²⁰.

The charter outlines how victims can expect to be supported, protected and informed, including by Police and prosecution, about how to apply to be on the Victims Register (VR) and what that means, how victims can ask to give their evidence in court, refuse or raise objections, provide a Victim Impact Statement (VIS), and apply for financial assistance and other supports.

The Charter is now also embedded in the more recent Crime Reduction Strategy which states:

“Improve supports for victims of crime as they navigate the justice system by reducing the time it takes to process victims of crime applications and actively promoting the Charter of Victims’ Rights”²¹.

Evidence for the ICMS Model

VoCNT developed the ICMS as a unique service offering in the NT informed by well documented evidence about the best approaches to supporting victims of DFSV and best approaches to supporting people who have experienced trauma as victims of crime.

As outlined in chapter 1, it was deliberately designed to be a DFSV victim focused criminal justice system support service and intentionally works with, and not duplicate, specialist domestic and family violence services and general community service organisations to address client needs. The model was designed to be open ended and to offer victims support right through the CJS processes and with an intention of assisting clients access to the services required to assist with their healing and post traumatic growth.

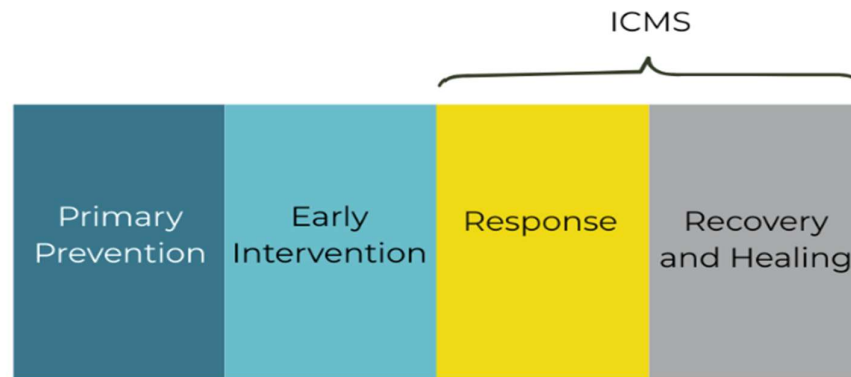
It therefore straddles two domains of what is traditionally referred to as the continuum of support for DFSV²². This continuum is often visually represented as a linear yet holistic conceptual model with four domains: prevention, early intervention, response and recovery and healing. Since the ICMS is designed to begin work with victims from the point of incidence right through the CJS process it is operating within the response domain, yet it is also designed to assist victims through to recovery and healing after the CJS and response activities cease.

²⁰ Northern Territory Government, Department of Attorney General and Justice, Northern Territory (NT) Charter of Victim Rights, 2018

²¹ Northern Territory Government, Reducing Crime – Northern Territory Crime Reduction Strategy 2025-2028

²² Australian Government, National Plan to End Violence against Women and Children 2022-2032

Figure 2: Place of ICMS in the DFSV continuum of responses



Adapted from the National Plan to End Violence against Women and Children 2022–2032.

This positioning aligns directly with the DFSV Strategy 2025–2028’s Domain 3 (Response, Recovery and Healing)²³ and its short-term outcome that victim-survivors have access to appropriate support to address the immediate impacts of DFSV. It also supports the Crime Reduction Strategy’s commitment under Priority 2 to improve supports for victims of crime as they navigate the justice system²⁴.

The ICMS case management model is based on a person-centred care approach²⁵ and uses the principles of trauma informed care, both of which are nationally recognised as the best practice theoretical frameworks and approaches to working with victim/survivors of domestic, family and sexual violence and their children²⁶. Furthermore, the VoCNT Therapeutic Practice Model which underpins the way VSO’s work with clients, has been informed by research evidence about how to assist people to achieve post traumatic growth.

It centres around seven areas of need for ongoing assessment and support as client’s progress on that journey:

- 1) Social/community Connection
- 2) Psycho education
- 3) Enhanced problem solving
- 4) Coping skills
- 5) Identity integration
- 6) Psychosocial support groups
- 7) Beliefs and behaviours²⁷.

²³ Northern Territory Government, The Northern Territory’s Domestic, Family and Sexual Violence Reduction Framework 2018-2028 – Safe, respected and free from violence. 2018

²⁴ Northern Territory Government, Reducing Crime – Northern Territory Crime Reduction Strategy 2025-2028

²⁵ Australian Government, National Plan to End Violence against Women and Children 2022–2032

²⁶ Queensland Department of Child Safety, Youth and Women, Domestic and family violence services Practice principles, standards and guidance July 2020

²⁷ Victims of Crime NT, Therapeutic Practice Model. Undated.

Insights identified during the early evaluation design and refined through the action learning sessions were incorporated into the ICMS practice model and are reflected in the ICMS Theory of Change (see Appendix 7).

Person-centre care

Under a person-centred system approach, services are aware of each other, and referral pathways are clearly established. This upholds victim-survivors' confidentiality and limits the number of times they must retell their story. A person-centred service system is timely, safe, inclusive, tailored and accessible, and it delivers integrated specialised services that reinforce the need to work together to end gender-based violence. *National Plan to End Violence Against Women and their Children 2022 – 2032.*



Chapter 3: Findings against the Evaluation Questions

This chapter is structured to show the findings and supporting data for each of the four-evaluation question and eight sub questions. The findings have been informed by:

- High level client data for July – December 2024.
- Monthly activity and client data for ICMS and Victim Support Service (VS) from January 2025 – February 2026
- Analysis of a complete data set for clients who had service between January – December 2025. This period was chosen as it was after the CDS changes were complete and the reports had been developed, so the data would be consistent across the 12-month period.
- Analysis of inquiry data, community representation activity, and brokerage spending for January – December 2025.
- Issues and discussions from 12 reflection workshops held with the ICMS Team
- 11 case studies
- 11 responses to the client feedback survey
- 12 responses to the referral and system partner survey sent to 79 individuals

Q1: Was the ICMS implemented as intended?

Yes – except for establishing a Program Reference Group

The intended scope and approach of the new ICMS was broadly defined in the Funding Agreement. However, to support implementation and establish service delivery, the VoCNT management and staff developed an implementation plan with key milestones.

1.1 Did the program meet the milestones and if not, what was the impact?

Delivery of the program, achievement of milestones and the impacts of non-achievement are shown in Table 5 below.

Table 5: Implementation milestone achievement

Milestone	Timeline	Achieved	Action and Impact
Recruitment of staff <ul style="list-style-type: none"> • Victim Support Programs Manager (0.4 of existing FTE) • Cultural Capability Officer (0.3 of existing FTE) • Administration Officer (0.3 of existing FTE) • Victim Support Officer (VSO) Alice Springs - identified (1 FTE new) • Victim Support Officer (VSO) Darwin - identified (1 FTE new) 	By 30 Sept 2024	✓	<p>Three VSO's incorporated responsibility for the new ICMS into their duties.</p> <p>In good faith, VoCNT advertised the 3 new Victim Support Officer positions before the funding contract was ratified and ICMS going live on 1 July 2024.</p> <p>An existing Victim Support Officer from VoCNT was transferred to the ICMS team in Darwin to address immediate client referrals and support program implementation.</p> <p>The identified positions for Alice Springs and Darwin took longer than intended to fill.</p> <p>By August 2024 both Darwin VSOs were filled with one being a First Nations VSO (FNVS).</p>

Milestone	Timeline	Achieved	Action and Impact
<ul style="list-style-type: none"> Victim Support Officer Darwin - (1 FTE new) 			<p>The FNVS0 needed to cease her employment due to unforeseen health issues in October 2024, and consequently the position was readvertised and filled by a new applicant in December 2024.</p> <p>After receiving no suitable applicants for the FNVS0 position in Alice Springs, the CEO decided to attempt recruiting a VSO in Alice Springs in November 2024 and subsequently that position was filled in January 2025.</p> <p>The FNVS0 that commenced in Darwin in December 2024 did not pass probation and the position was advertised again in June 2025 and the position has remained unfilled since that time due to being unable to find a suitable applicant.</p>
Define program delivery model	By 1 July 2024	✓	The program model was defined in the Funding Agreement and continued to be refined during the first year of operations.
Train staff in ICMS	As recruited	✓	<p>From commencement VoCNT has a mandatory 6-month induction/training window that coincides with a 6-month probation period.</p> <p>Staff were inducted and trained as soon as they were recruited.</p>
Contract Evaluator	By 1 July 2024	✓	The Evaluator commenced as soon as contracted and worked alongside the CEO and Program Manager to support evaluation design and data collection requirements.
Make changes to CDS to capture data	By 31 Aug 2024	✓	Defining what changes were needed to meet contract and evaluation requirements took longer than intended and then took time to for the CDS developers to implement in the system. The changes were completed by December 2024.
Establish Program Reference Group (PRG)	By January 2025	✗	Government agencies did not commit to participating and the PRG was not established.
Commence receiving referrals	From 1 July 2024	✓	As VoCNT was already receiving referrals that fitted the ICMS program definition, they were accepted into the program prior to full implementation and full staff compliment.

1.2 What factors influenced program implementation, either favourably or not?

Several factors influenced the implementation of the program:

- *Staff recruitment and development* – as shown in Table 5, it took time to fill all positions in the team and to induct and train the new staff into the program model and ways of working.
- *Staff retention* – Other than the FNVSO position, staff recruitment has been successful. Three staff commenced with the ICMS team at establishment and remain with the program at March 2026. A further three staff joined the team and have since left the for health and personal reasons. As discussed in Table 5, the FNVSO position has been difficult to fill and retain throughout the Pilot and there have been long periods where this position has remained unfilled. Quite a unique skill and values set is required, and the number of people looking for this type of role is limited.
- *Engagement with and referrals from Wadeye community* - The inability to retain a FNVSO's was regrettable and the team believed this did impact engagement with Aboriginal community members in Wadeye. However, the data shows that referrals were still received from all sources, including self/family/friend referrals, and 14 cases were opened in 2025. The average length of case contact with Wadeye clients was 142 support days. Surprisingly, this compared to an average length of case contact of 103 days for other Aboriginal clients.
- *Capacity to cover Alice Springs* - The inability to fill the VSO role in Alice Springs (not filled until January 2025) and the fact the position is the only VoCNT case management position in Alice Springs, may have impacted the implementation of ICMS. The VSO is required to cover all VoCNT programs, build and maintain strong community and stakeholder relationships, and undertake case management responsibilities. The VSO has been supported by regular visits to Alice Springs by the Program Manager and CEO, however the number of ICMS cases appears low, compared to the reported incidence of DFSV and relatively low referral from NT Police. (see section 2.1 below)
- *The client information system CDS required amendment* – In order to capture both real time information about program activity for case management purpose as well as for reporting and evaluation purposes, changes to CDS were required. The type of change had to be carefully defined, tested, created in the system and then staff trained to use the new fields and change their information recording practices. Consistency of recording is important and has also been a topic of many staff reflection meetings, resulting in several small changes to the CDS categories throughout the pilot to better reflect practice and gain more consistent and meaningful data for program management and evaluation purposes. An example is creating new support session category types to capture contact attempts and referrals, as opposed to having this all contained within one 'other' category as was originally the case.
- *Establish and maintain referral pathways* – Introducing the new ICMS program and establishing referral pathways with key agencies was an early implementation task. While this was mainly with the NT Police, community organisations, criminal Justice system agencies and other NT Government agencies, it took time and was undertaken by all staff, including the Program Manager and CEO. However, due to staff turnover in many agencies over the life of the pilot, these discussions had to be

repeated many times. It appeared that the referral systems were more individual and relational, rather than systemic and embedded.

- o *Lack of government agency commitment to the PRG* – despite several attempts by both the CEO VoC NT and the Director, Victims of Crime, there was limited commitment from the core government agencies to participate to the PRG. Agencies identified competing priorities for resources as the main reason for their inability to commit to participation in the PRG. This not only impacted the intended implementation of the program, but it also impacted the ability of VoCNT to have more systemic discussions with criminal justice system agencies about the experiences of victims and meet the second objective of the ICMS program: to work with organisations in the criminal justice system to assist them to recognise and implement appropriate changes to practice and procedure where possible to respond to the needs of victims. Discussions became client based with individual VSO's speaking or advocating with individual people working in a criminal justice system agency about an issue for that client. Where more systemic issues were discussed with a Program Manager or senior officer, there was no ability for ICMS (or VoCNT) to know if any policy or procedural changes were made as a result.



Stakeholder feedback:

“The staff within the service have gone above and beyond to support me as an agency (holding primary responsibility for a client) - thank you”.

Q2: Was the ICMS delivered as intended to the targeted recipients?

Yes – over 200 victims of DFSV and their dependent children received intensive case management and support services including to access the criminal justice system and begin the process of post traumatic growth

The intended recipients of the ICMS are defined in the Funding Agreement as victims of domestic and family violence from Darwin and Palmerston, Katherine, Tennant Creek and Alice Springs, as well as from the remote community of Wadeye.

The Funding Agreement further specifies that victims would receive support in accordance with their safety needs and goals based on assessment and through a case management delivery method that includes face to face, phone and online options according to the client's needs.

The purpose of the case management activity was defined in the Agreement as “work with clients to:

- Facilitate access to support services including crisis counselling through referral to existing services (unless exceptional circumstances apply).
- Ensure clients are kept informed of updates in the case through liaison with police and public prosecutions.
- Addressing questions and needs as they relate to processes in the criminal justice system.

- Meet the present and future needs of the client, including their children where applicable;
- Be pro-active in maintaining contact with the client to check on their wellbeing, uptake of access to referred services and any material changes affecting their safety or need;
- Provide practical logistical support to facilitate access to services (optional);
- Ensure vulnerable victims have access to the services required, to assist with their healing and post traumatic growth; and
- Access to brokerage funds where required.

With facilitation support from the Evaluator as part of the integrated evaluation process, the ICMS team developed the full ICMS referral and case management process into a client journey to support staff training and assist with defining data collection in CDS for both case management, case review, reporting and evaluation purposes. (See Appendix 5)

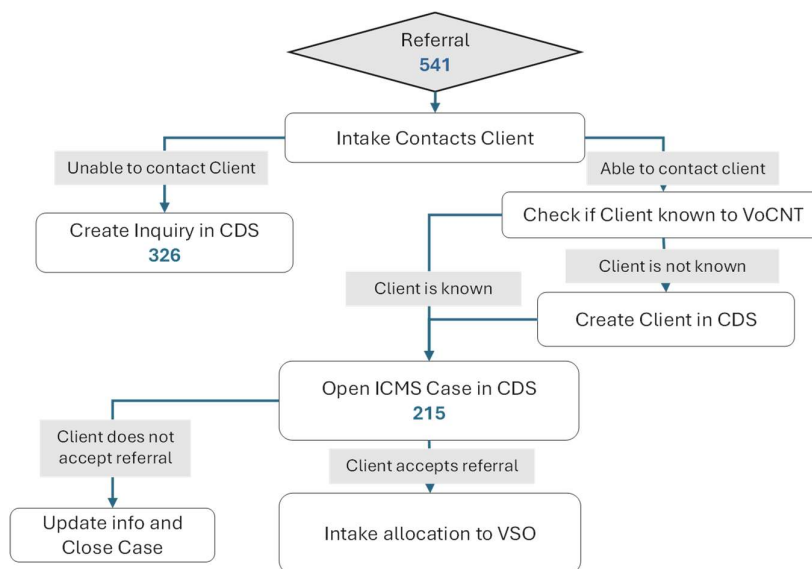
2.1 How was the program delivered to clients?

Quantitative and qualitative data has been used to report against the key phases and activities in the program model, to answer this question. The data used to report on this sub question has been largely drawn from a complete CDS data set from January – December 2025, as well as high level monthly data for July – December 2024 and January – Feb 2026.

Referrals:

- Figure 3 shows the referral numbers for the ICMS program from July 2024 – February 2026. Notably, there were 541 referrals for clients who had experienced an incident of violence that met the criteria for ICMS. Of these, 326 could not be contacted and the referral was actioned as an Inquiry to maintain the information. The remaining 215 referrals were opened as an ICMS case..

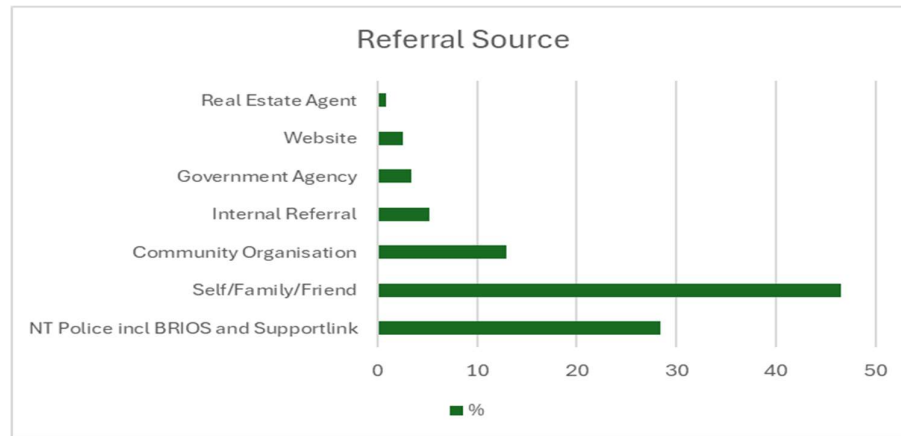
Figure 3: The beginning of the Client Journey July 2024 – February 2026



- Referrals for the ICMS program are predominantly self-referrals or referrals from family and friends (47%) with NT Police (28%) and community organisations (13%) also refer

consistently.

Figure 4: ICMS Referral Source (%) Jan – Dec 2025



- The location of ICMS referrals shows that the greatest numbers were received from Alice Springs, Darwin and Wadeye. The conversion of referrals to open cases varies considerably, and through discussion and data review, appears to relate to the quality of the information provided by the referral agency e.g. where incorrect contact details are provided limiting contact, and in other cases, to the willingness of the client to engage with VoCNT when contacted by the ICMS Intake Officer.

Table 6: Location of ICMS referrals received in in 2025.

	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Totals
Alice Springs	6	17	10	6	12	9	11	9	11	8	2	7	108
Darwin	4	8	7	10	8	3	9	17	8	15	7	3	99
Katherine	0	2	0	0	4	1	2	8	4	4	2	1	28
Wadeye	0	5	3	8	3	2	4	8	7	4	4	7	55
Nhulunbuy	0	1	0	0	1	0	0	0	0	0	0	0	2
Palmerston	0	0	0	4	1	0	0	4	4	5	2	4	24
Tennant Creek	1	1	2	2	0	1	0	3	3	2	1	1	17

Table 7: Conversion of referral to open cases by location

	No. of Referrals	No. of cases opened	% of referrals opened as a case
Alice Springs	108	14	13
Darwin	99	52	55
Katherine	28	9	32
Wadeye	55	14	25
Nhulunbuy	2	0	0
Palmerston	24	27	112
Tennant Creek	17	0	0

Client and case demographics:

For this section, the data for Jan – Dec 2025 will be used.

- There were 116 ICMS cases opened in 2025, but this represented only 113 clients as three clients had more than one case in that period. The majority identified as female except for 4 male clients and 2 whose gender was not defined.
- The majority had dependent children living with them or were in regular contact or trying to regain care. Some clients had children in the care and protection system and were working with Department of Children and Families (DCF) case managers or with supervised access services.
- Aboriginal and/or Torres Strait Islander clients made up 60% of all ICMS cases. The proportion of Aboriginal and/or Torres Strait Islander clients was higher at the start of the program (75% in January 2025), and the proportion appeared to change month on month over the year. It is not known what led to this change in demographic profile of the client group.



Case study

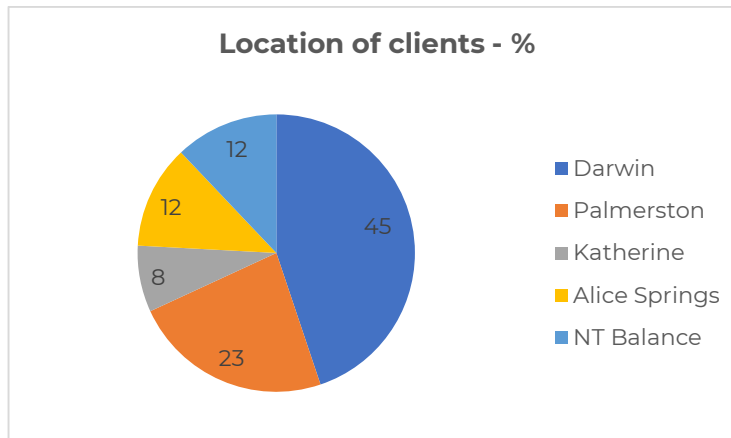
A female client with a long history of experiencing sexual and physical violence with several young children who had witnessed the abuse and were showing signs of emotional dysregulation, social difficulties, and developmental concerns became a client of the ICMS.

Through the ICMS, she was supported to engage safely with Police regarding ongoing DVO breaches and to take steps to increase the safety of her home environment. The ICMS also helped her recognise the impacts of trauma, symptoms of anxiety and depression, and to challenge her patterns of negative self-talk. Her parenting strengths were affirmed, and her children were referred for assessments, play therapy, and childcare to support their wellbeing and development.

The ICMS further assisted her to reconnect with supportive extended family members, navigate Family Court processes related to the custody of her children, understand the Criminal Justice System, and access the Witness Assistance Service for additional guidance and support.

As shown in Figure 5, 68% of all clients were in Darwin or Palmerston which is not surprising given this is the major population centre in the NT. There were no cases in Tennant Creek during the year.

Figure 5: ICMS Client locations January – December 2025

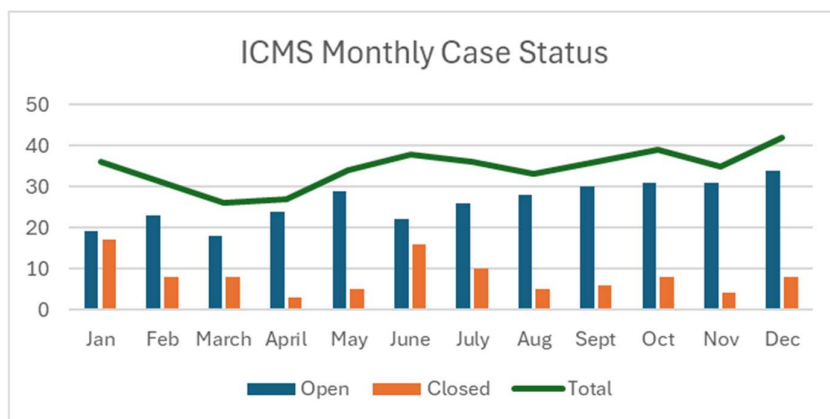


Case management:

- VoCNT commenced taking client referrals and opening ICMS cases in July 2024, and as intended case management has been open ended and led by client’s willingness to engage. The total combined length of time all 116 cases that were open during 2025 was 12,185 days.

As of 31 December 2025, there were 34 open ICMS cases. The number of open cases at the end of each month has fluctuated however on average the ICMS team were managing between 30 and 40 open cases per month throughout the year.

Figure 6: ICMS Monthly Case status January – December 2025



- Many clients have received support for well over 6 month and over 12 months in some cases. For example, 28 cases were opened in 2024 and 3 of these were still open in December 2025. The 2024 cases were open for a combined total of 4,570 days.

The majority of ICMS cases were open for between one and three months, however the number of days per case varies from less than 7 days to over 500 days. In the 12 months to 31 December 2025, 29% of cases had been open for longer than 6 months.

Table 8: Length of support per case January – December 2025

Length of time case open (days)	Number of cases	%
0 -14 (less than a fortnight)	10	9
15 - 31 (between 2 weeks and one month)	15	13
31 - 91 (between 1 and 3 months)	40	34
92 - 182 (between 3 and 6 months)	30	26
183 - 365 (between 6 and 12 months)	18	26
365+ (over 12 months)	3	3
	116	100

- On occasions VSO's have arranged meetings between multiple community services agencies activity, with client consent, as a way of coordinating activity, sharing information more efficiently and ensuring client needs and goals are being addressed. This has involved formal involvement with the Family Safety Framework Team in NT police on occasions and use of the Common Risk Assessment Tool (CRAT) but this practice does not appear to be formalised or widespread.



Case study

The client had experienced multiple incidents of violence perpetrated by her former partner and members of his family. She reported feeling unsafe and required support to address both immediate and long-term safety and housing needs, as well as assistance to update and maintain Domestic Violence Orders already in place. She was also managing mental health challenges and was involved with child protection services.

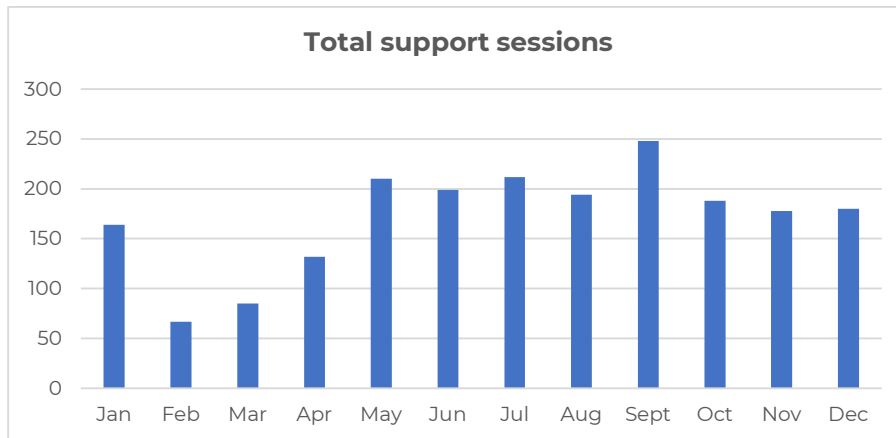
She engaged with the ICMS for a total of 337 days, during which 98 support sessions were delivered across 190 support types amounting to 68.5 hours of direct client support which does not include time liaising with partner agencies. During this period, she received brokerage assistance, guidance through Criminal Justice Process, support to lodge a CVSU application and ongoing information exchange with NT Police.

The VSO coordinated a multi-agency response, bringing together relevant community services to share information and align case management efforts and outcomes. This included collaboration around housing and accommodation, mental health support, financial counselling, reunification planning, and legal matters.

Support activity:

- The ICMS team recorded a total of 2061 support sessions between January and December 2025. This is an average of 34 sessions per client in that period, however there is wide variation between cases ranging from only 2 sessions to more than 110 per case in that 12-month period.

Figure 7: Total support sessions per month Jan – Dec 2025



ICMS support workers record one or more session types per support session. For example, a session may cover matters such as applying for and lodging an application with the CVSU as well as preparing a Victim Impact Statement (VIS), discussion and lodging a Victims Register application, and discussions whether the client has or wishes to apply for a Domestic Violence Order (DVO). General contacts with clients are recorded as 'client support' and other more targeted or specific activity is separately identified and recorded.

Workers attend court with the client (305 episodes in 2025) and make referrals for their client to access other services and supports (244 referrals) based on assessed client need. Table 9 below, shows that workers delivered 3805 support types in the 12-month period.

Table 9: Support types January – December 2025

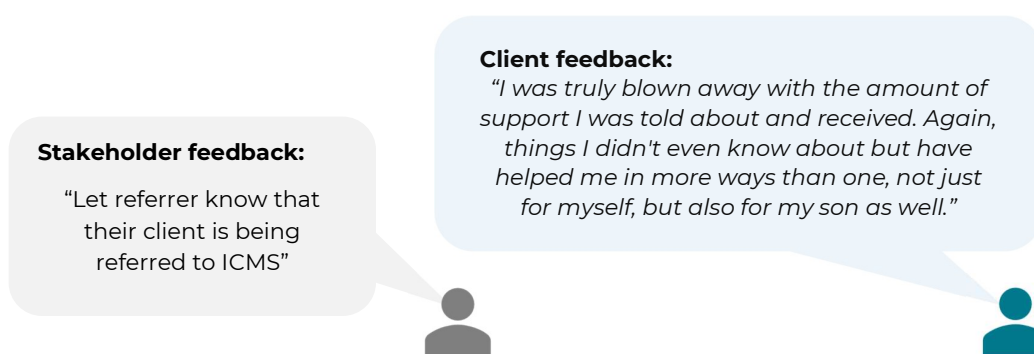
Session Types	Number
Client support	1691
Court Support	305
CVSU completed	15
CVSU discussion	318
DVO discussion	240
Case discussion (Team)	148
Case review (client)	224
VIS discussion	29
VIS completed	4
VR completed	18
VR discussion	60
Referral	244
Crisis counselling	24
Contact attempt	483
PVRO discussion	2
Total session types	3805

Stakeholder feedback:

"I think they have assisted my client very well"



- In the 12-month period January – December 2025, the ICMS case management team spent a total of 1435 hrs supporting their 116 clients. This represents an average of 12 hrs per client. The staff classify their time in CDS as either direct time (with the client) or indirect time (making referrals, attempting contact, contacting other stakeholders, conducting case reviews with the team, and preparing material for the client etc). On average, the data shows that the team spend almost twice as much time on these indirect activities as they do on direct contact with clients.
- As intended, VSO’s also make referrals to other community or government organisations for services that are not within the remit of VoCNT but are considered appropriate for meeting their clients needs. VSO’s seek client consent and follow up with referring agencies to check if referrals are accepted. During 2025, VSO’s made a total of 202 referrals for the 116 cases. The majority of referrals are for accommodation services, food and basic household items, and to legal service providers.



Regional variation

- There are some notable regional variations in the number of cases, the way cases are referred and managed. Of most note is that there have been no ICMS cases in Tennant Creek despite it being a location where the program expected to operate. The possible reasons for this will be discussed in response to sub question 2.3.
- Table 10 below shows that while self/family/friend and NT Police referrals are the highest referral sources in all regions, referrals from community and government agencies varies significantly. For example, there are no community organisational or government agency referrals in Alice Springs and very few government agency referrals overall.

Table 10: Referral Source by Region January – December 2025

Referral sources	Darwin	Katherine	Palmerston	Alice Springs	Wadeye
NT Police incl BRIOS and Supportlink	14	4	8	3	4
Self/Family/Friend	24	3	11	9	7
Community Organisation	9	0	4	0	2
Internal Referral	2	0	2	2	0
Government Agency	1	2	1	0	0
Website	2	0	0	0	1
Real Estate Agent	0	0	1	0	0
Total	52	9	27	14	14

- There are also some variations in the amount of total and average time spent with cases from the regions. The average per case for the 12-month period January – December 2025 was 12 hours, however this ranged from an average of 6 hour per case in Alice Springs to 23 hours per case in Katherine. This may be related to the type of clients, their level of need and their willingness to engage.



Katherine Case study

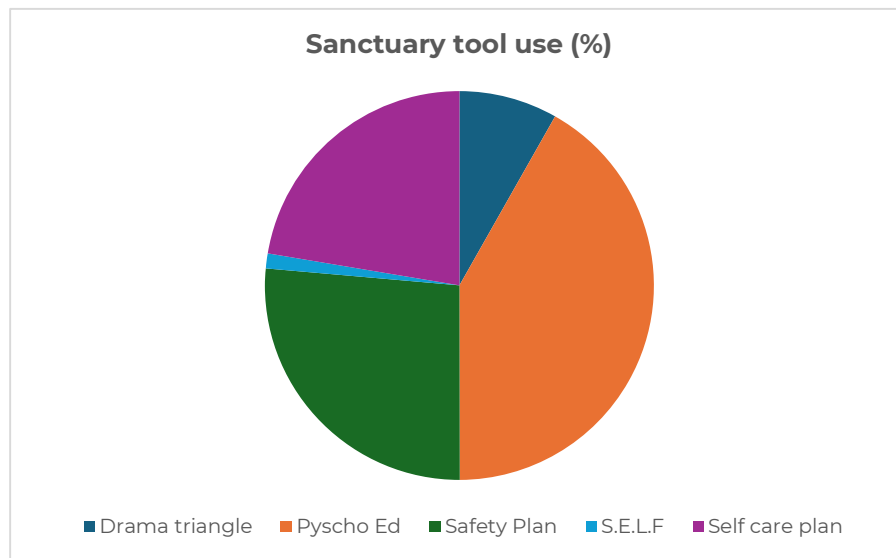
The client was referred by NT Police following a sexual assault. She had a history of domestic and family violence and was also experiencing a range of complex challenges, including mental health concerns, substance misuse, child protection involvement, financial hardship, housing instability, safety issues, and ongoing conflict with extended family. She also faced pressure from the alleged offender's family to withdraw charges. Her circumstances were further complicated by a long history of NT Police involvement and engagement with multiple community service agencies.

Her ICMS case remained open for 505 days. During this period, she received 117 support sessions across 1,698 support types, totalling 66 hours of direct support. Assistance included multiple referrals to relevant services and brokerage funds.

Support model

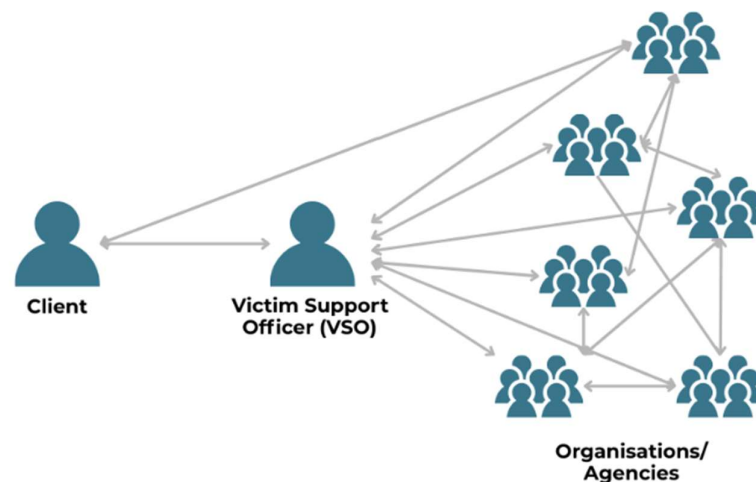
- As discussed previously, VoCNT uses the Sanctuary model and the ICMS team apply the Sanctuary tools to assist with engaging and supporting clients through their healing journey. As shown in Figure 8, five core Sanctuary tools are the most common used with ICMS clients. The tools were used in 67% of all support sessions and used 2541 times in the 12-month period January – December 2025.
- The team has reflected on the use of tools, which has increased steadily as the teams' experience and confidence in their use has grown. The tools that have the highest use (psycho education, safety planning and self-care planning) are those which are highly relevant for clients who have recently been a victim of domestic, family or sexual violence and are in the initial stages of dealing with the incident and its impacts on them and their family. This compares to the tools that are more relevant for working with clients who are moving to the recovery and post traumatic therapeutic growth phase (drama triangle and S.E.L.F.).

Figure 8: Sanctuary Tool use January – December 2025



- The case studies have highlighted that ICMS clients are experiencing a range complex interrelated issues and VSO's spend significant amounts of time advocating for their clients on matters such as personal safety and housing. For example, the VSO is contacting NT Housing on behalf of exasperated clients who are not receiving any information about their requests for priority housing or for a change in residence for safety reason, or to have urgent maintenance addressed after a violent incident.
- VSO's are also liaising between NT Police and the client to pass on or seek information related to a prosecution or DVO matter, and between other criminal justice system providers and the client about matters such as court dates, appearances in court, witness information etc. This 'go between' type of role appears to be relied upon by the other providers and the client and appears to increase once trust is built with the VSO.

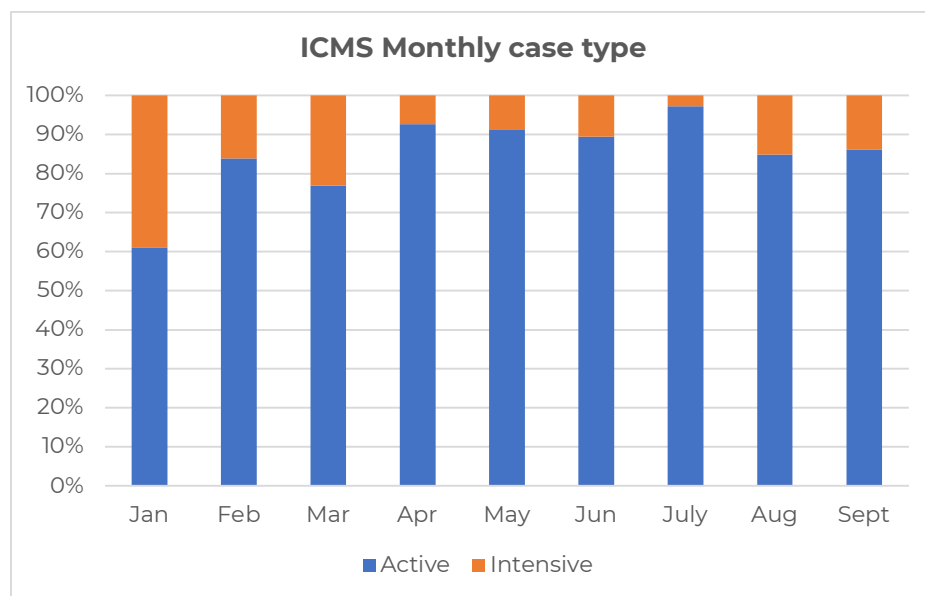
Figure 9: Visual representation of the VSO, Client and external agency relationships



Active versus Intensive case categorisation

- The original ICMS model envisaged cases being classified either ‘active’ or ‘intensive’. The contract and program model originally anticipated that more intensive case management would involve working with the client victims and their dependent children and involve additional support activities such as Police liaison, personal and relationship goal setting and practical and emotional support to build resilience, support victims as they engage with the CJS and receive brokerage support for safety needs unable to be met by other service providers.
- During the early Reflection workshops in 2024, the team discussed this classification extensively exploring the type of case management activity they were undertaking and how they might apply the classification. They decided that cases would be classified at intake and when the case was opened based on immediate safety and complexity of needs and family dynamics. The team initially thought they would then reclassify during the support period, if the intensity of activity or complexity and client engagement varied, however they found this was an additional administrative and data collection task that they did not always do routinely, and that it did not impact how they acted with their client. For example, they responded to the client’s needs regardless of how a case was classified, and client engagement varied for a range of reasons such as court activity, family issues impacting the client’s sense of safety or wellbeing or related to activity such as housing referrals and advocacy.
- Monthly analysis of the active and intensive classified cases receiving support in that month showed that on average more than 80% of cases were classified as active yet there was very little difference between the number or type of support being offered to those cases compared to those classified as intensive. It therefore seems that the classification was more related to an impression about intensity of activity by the VSO than any meaningful or relevant classification.

Figure 10: % of active v Intensive case type per month Jan – Dec 2025



- Of the 35 cases still open on 30 December 2025, only 6 were classified as intensive at that date. Although other cases may have been classified as intensive at some point in the client’s case management history with ICMS, the movement between active and intensive case status required case study analysis to determine the relevance of category variation.



Case study

Client had 2 ICMS cases. First classified as “Active” from May – Oct 2025, and then a new case classified as “Intensive” was re-opened two weeks later and open for 44 days.

ICMS Case #1: Related to sexual assault of daughter and aggravated assault of the mother, and partner remanded in custody pending bail hearing. Pressure from extended family and client wishing to relocate interstate but has visa issues requiring attention before that can be achieved. Support provided to address VISA and seek immediate safety. Case closed after 148 days as local support agencies were assisting, extended family were now supporting and assisting from overseas, and client and children were safe.

ICMS Case #2: The case was opened as support agencies assistance to relocate interstate had become chaotic and VSO asked to step in and assist to relocate family. Case closed after 44 days of support and follow up to ensure family are safe and supported.

Brokerage

- Access to brokerage funds to support client was a feature of the intended ICMS model. It was intended that brokerage would be used for immediate needs and only where those needs could not be met through another existing funding course or referral. Analysis of the data sets each month shows that brokerage is mostly used for food items or replacement of household items and household repairs for immediate safety, and in some cases to pay for short term emergency accommodation for a client and her children when no other options are available.
- In 2025 a total of \$61,120 brokerage funding was used to assist 33 clients. This represented 28% of all clients with support activity in that year.
- The average amount per client varied considerably based on need, ranging from \$25 up to \$4,103. The majority of clients required less than 3 brokerage payments, whereas 2 clients required more than 10 brokerage payments indicating the extent of their immediate needs that were unable to be met through other means or sources.

Comparison between ICMS and Case Coordination program delivery

- Using a month-on-month comparison between the other VOCNT client program called Case Coordination, ICMS clients receive around double the average number of support sessions as shown in Figure 11 below, and cases are generally open for almost double the length of time (Figure 12).

Figure 11: Average number of Case Coordination and ICMS support sessions per client per month - 2025

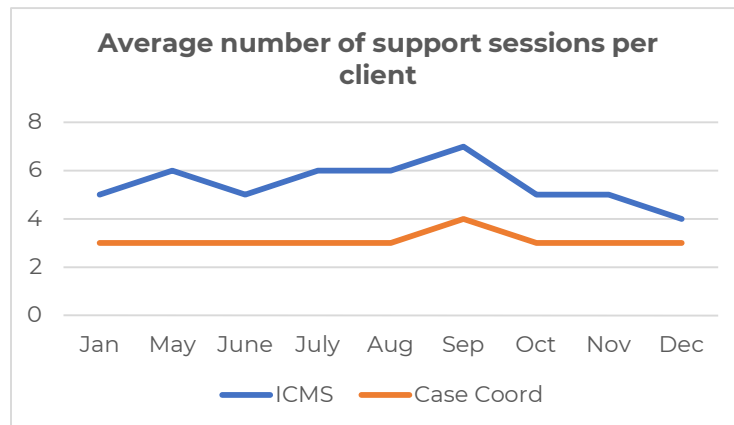
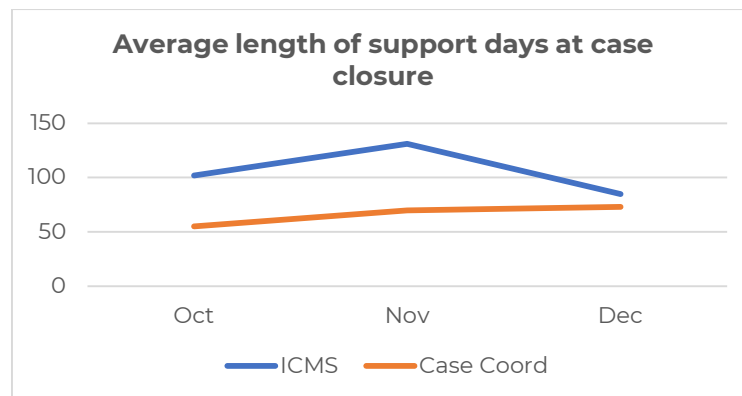


Figure 12: Average length of support days at case closure Oct – Dec 2025



2.2 How did the program delivery model adapt when client needs changed over time?

As expected with a new program the delivery did adapt in several ways from commencement, not always in relation to client need. For example, most changes were made to improve case management effectiveness or recording of case notes for data accuracy, or process related matters as the team and cases grew and confidence built with the client group and model. The primary changes are listed here.

- Early in the life of the program, a dedicated Intake Officer was assigned to receive all referrals and to contact clients who were the subject of those referrals if they were made by someone other than the person seeking support. This was to ensure consistency of approach and to ensure that referrals coming from multiple sources would not be overlooked and would receive a timely response from VoCNT.
- The team spent time in the initial program design workshops discussing and determining the referral criteria and action to ensure appropriate cases would be assigned to either ICMS or Case Coordination. The Program Manager and Intake Officer also reviewed cases together to ensure no unintended bias was present.

- The way that the Intake Office dealt with NT Police referrals also changed. Initially NT police were using Supportlink and BRIOS to make referrals and it was noted that the information quality was variable and often came in after the incident had occurred making it difficult to offer timely offers of support. The Intake Officer and Program Manager spent time discussing these issues with Senior NT Police and did agree to some procedural changes, however these changes were not always sustained by NT Police as personnel changed.
- Similarly, referral patterns from community organisations varied by location and over time, lacking consistency. The ICMS team believe that this may be a factor related to their stakeholder engagement activity e.g. when they have spent time in a region and connecting with community referral partners, referrals tended to increase.
- A total of 163 stakeholder and community representation activities were undertaken between January to December 2025. The team used the Reflection Meetings to identify where activities should occur and targeted the type of activity offered to address issues such as number or type of referrals, community understanding of the program. By far the larger number of engagement activities were classified as stakeholder engagement and the highest proportion of activities have occurred in Darwin/Palmerston which is to be expected when the VoCNT headquarters is located there.

Table 11: Community Activity: Jan – Dec 2025 by location and type

Activity Type	Darwin	Palmerston	Katherine	Tenannt Creek	Alice Springs
Promotional activities	5	1	0	0	0
Remote Engagement	1	0	0	0	0
Sanctuary	3	0	0	0	0
Stakeholder engagement	60	2	18	7	29
Strategic engagement	8	0	4	0	0
VoC NT Information Sessions	7	0	0	0	4
VoC NT Representation	11	0	4	0	1

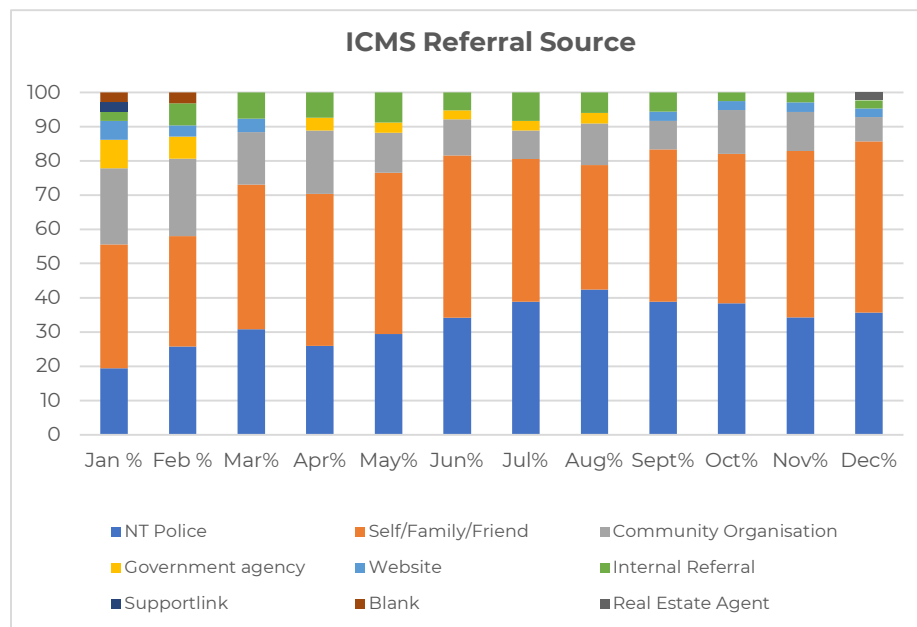
2.3 What factors influenced program delivery?

As discussed in previous sections, the type of factors that it would appear have either positively or negatively influenced program delivery include:

- *The number and experience of the ICMS staff* - The team has operated below the intended staffing team compliment during much of the reporting period due to an inability to recruit to vacant positions in a timely manner, and the fact that several of the staff team also provide services in the Victim Support Program. This has impacted the number of community engagement activities the team can undertake when they are naturally prioritising case management activity.

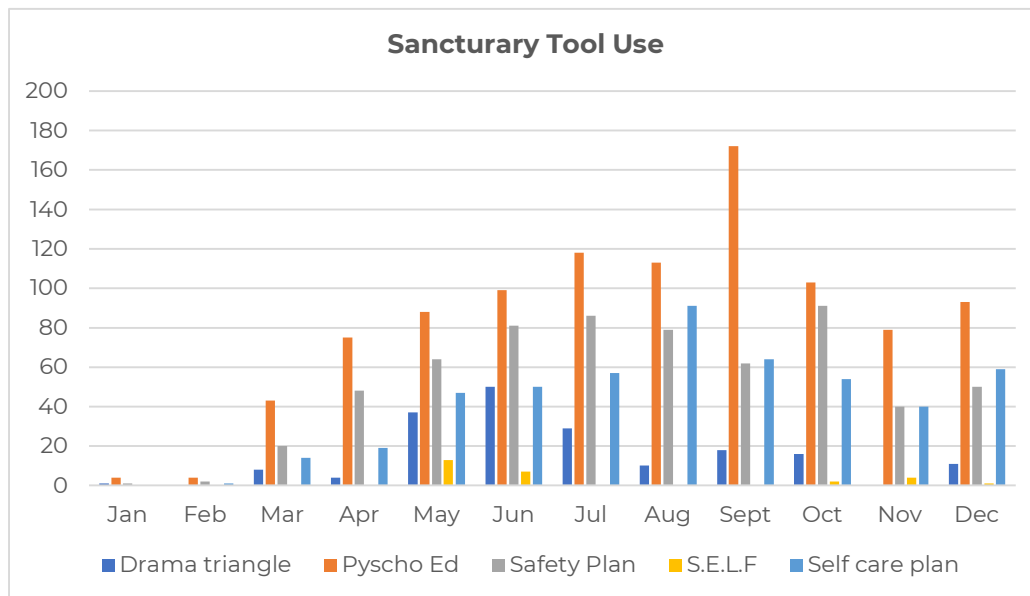
- *Location of ICMS staff* – ICMS VSO’s are only based in Darwin and Alice Springs where VoCNT has premises. Given the referral patterns it can be assumed this did impact the location of referrals. As discussed in 2.2 above, the majority of cases are for clients’ locations in Darwin, Palmerston and Alice Springs (80% of cases in 2025). However, the number of clients and cases in Katherine (12%) and Wadeye (8%) is pleasing considering there is no VoCNT presence.
- There have been no open cases in Tennant Creek despite it being an anticipated site for the ICMS and considering the level of DFV in that region as shown by the data in Table 4 on page 17. The reason for this is unable to be accurately determined but could be a factor of lack of VoCNT presence in person or to other community and service provider related issues.
- *The referral patterns* - Figure 13 shows that indicating that while self/family/friend and NT Police referrals remained the highest referral sources, the percentage of government agency referrals declined and ceased from Sept 25 onwards.

Figure 13: % of Referrals by source month on month



- VoCNT staff believe that the variation in community and government agency referrals correlates with their capacity to undertake community and stakeholder engagement activity which was challenging outside of Darwin and Palmerston in line with the team’s location and increasing case management activity over time.
- The existence of a strong practice model and use of sanctuary tools increased over time and the team reported increased confidence in use of the tools. The case note analysis as part of the case studies also appeared to demonstrate the use of the tools at appropriate times by VSO’s, and that clients were making decisions for themselves, taking responsibility for actioning referrals and engaging strongly.

Figure 14: Sanctuary tool use by month Jan – Dec 2025



- *Case reflection meetings and team capacity building* – the ICMS team reported that as a result of seeing their data and discussing practice, staff were influenced to improve record keeping, use Sanctuary tools with clients, conduct case reviews and use those discussions to plan casework interventions and activity, and influence the community representations and stakeholder consultation the team conducts.
- *Changes that have occurred in the policy and legislative settings of the NT Government* – it would also appear that these types of changes have had an impact on the type of DFV incidents occurring and possibly on referral patterns for ICMS and Case Coordination.

In February 2026 the NTG reports that there has recorded the “highest reduction in the number of victims of crime by 10.2% when comparing January to December 2025 with the same period in 2024”²⁸.

Stakeholder response:

“Having a permanent person for the Katherine Region would be of assistance as face-to-face contact is always more beneficial to the client”.



²⁸ Chief Minister of the Northern Territory, 23 February 2026 Media Release “First Police Public Safety Officer Squad begins training as NT records 10.2% reduction in crime victims”

Q3: Has the ICMS delivered the expected outcomes for the target audience?

It's too early to conclusively report on client outcomes, but early indications suggest clients have begun to make small positive steps in the five outcomes associated with post traumatic growth.

To address this evaluation question, it was necessary to define what outcomes were expected for the target audience. Given the target audience was expected to include a disproportionate number of Aboriginal women and their children, it was also important to make sure the outcomes were culturally responsive and reflective of the predominantly Aboriginal and Torres Strait Islander client base.

It was also important to consider the NT policy context and ensure the outcomes statements for clients of the ICMS reflected the NT Government's *Domestic, Family and Sexual Violence Reduction Framework 2018-2028*²⁹ and the associated Monitoring, Evaluation and Accountability Plan³⁰

The impacts of DFSV are well documented and researched as are the intersectionality of the challenges faced by victims and children witnessing and experiencing violence. Ensuring the program delivery model for ICMS was cognisant of these issues was an important consideration.

For these reasons the ICMS Theory of Change (Appendix 6) and associated client outcome statements were deliberately written to show a link to the VoCNT Therapeutic Practice Model, the Sanctuary models and the NTG DFSV Reduction Framework and Program Logic. Five statements and associated outcomes were written in the client voice and placed safety at the centre as shown in Figure 15:

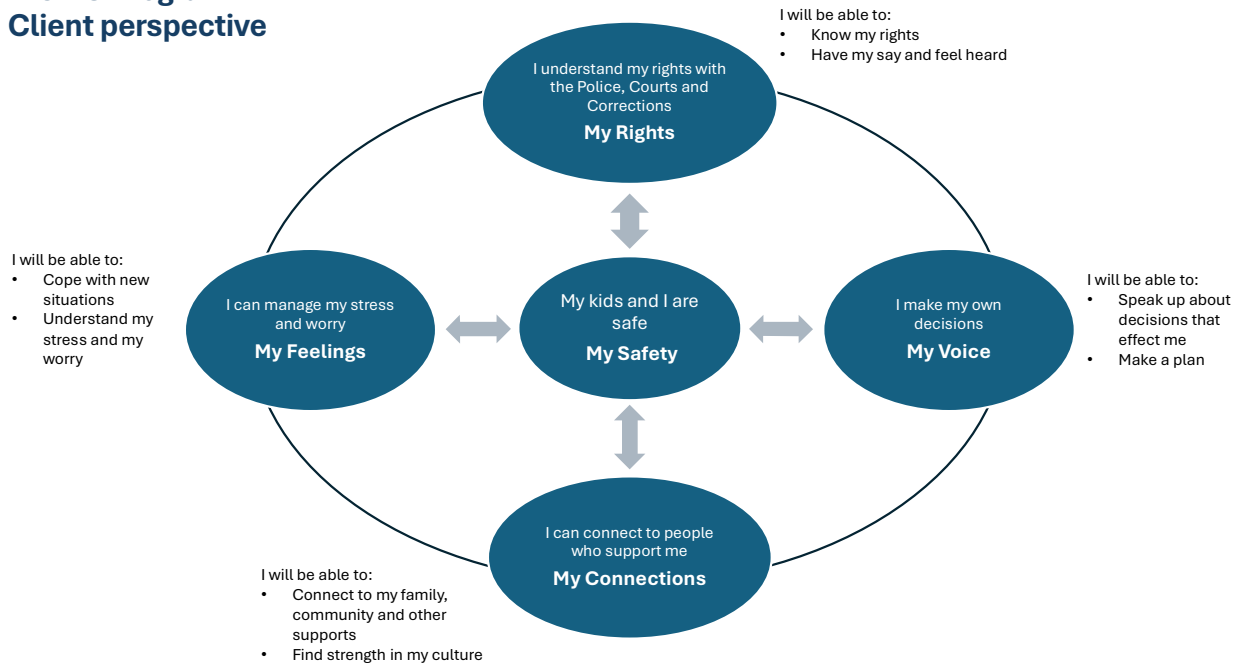
1. My Rights – I understand my rights with the Police, Courts and Corrections
2. My Voice – I make my own decisions
3. My Feelings – I can manage my stress and worry
4. My connections – I can connect to people who support me
5. My safety – My kids and I are safe.

²⁹ Northern Territory Government (2018) Domestic, Family & Sexual Violence Reduction Framework 2018-2028

³⁰ Northern Territory Government (2018), Monitoring, Evaluation and Accountability Plan for the Northern Territory Domestic, Family and Sexual Violence Framework 2018-2028, and its action plans

Figure 15: ICMS Theory of Change

ICMS Program - Client perspective



3.1 What short and long term outcomes have clients achieved?

Data analysis provides some insights into the type of engagement clients have had through ICMS, which according to the ICMS Theory of Change should be indicative of some form of short-term outcome change. Notably:

- Most ICMS clients received support for more than 3 months from the time of case opening to case closure and receive on average around 34 support sessions.
- Clients receive general support as well as referrals for more specialist support, receive financial assistance through the brokerage funds, support to attend or participate in court processes, to complete a Crime Victim Support Unit application, discuss Domestic Violence Order's, complete a Victim Impact Statement and be registered on the Victims Register.
- The above services and supports are all part of the ICMS theory of change (Appendix 5) and are intended to support clients to achieve post traumatic growth.
- The case studies confirm that engagement is client led and support activity is based on the needs of the clients.

Client feedback:

"The VSO also challenges me & gets me to hold myself accountable which has helped a lot in my decision making & also helped with my anxiety, as I wasn't doing this for myself or wasn't very proactive before engaging with VoCNT."



The client’s perception of their own achievement of short and long term outcomes can be measured via the client feedback and show that clients:

- ✓ feel like they can plan for their own and their children’s safety;
- ✓ have improved problem solving skills;
- ✓ feel supported to access and understand the court and police processes;
- ✓ feel heard; and
- ✓ can better understand and express their own feelings and actions.

Findings from the case studies show that it is too soon to report on long term outcomes for clients of the ICMS. This appears to be related to a few factors such as:

- During the pilot clients often disengage from ICMS prior to the completion of the CJS processes and that many are still in a state of housing stress or housing instability resulting in them still feeling vulnerable, unsafe and frustrated.
- The person who was responsible for the violence may not have had criminal matters heard due to the long wait times for court proceedings, or the person may not have completed a custodial sentence and the victim is still needed to participate or engage with the CJS processes in some way.
- Clients seems to feel that their ICMS has done as much as they can and can’t assist them anymore and they have to ‘just wait’ until the CJS process completes and they can move to more stable living arrangements before they can begin to recover and make long term changes in their life.
- For some clients disengagement with ICMS also seemed to occur after the VSO started to raise issues that may require the client to make long term behavioural changes and the client expressed they were not ready to address those issues or make changes. This impression was corroborated by the VSO’s working with those clients.

However, the flexibility of the ICMS model that steps clients up to intensive support or transition them to lower-intensity services when appropriate, based on assessed need is in line with the NTG’s DFSV Reduction framework and evidence of a delivering on Priority Action 3.2 “ connected, coordinated and collaborative response that puts the client at the centre”³¹



Client Quotes:

“Throughout this entire process, I have felt very supported by their services. They have provided me with guidance, understanding, and reassurance at a time when it was most needed.”

“After I was explained my rights by the VSO I'm more confident when dealing with authorities and I speak up and insist to get what I need as I know my rights now.”

³¹ NT Government Domestic, Family & Sexual Violence Reduction Framework 2018–2028

3.2 What factors influenced achievement of client outcomes either favourably or unfavourably?

In addition to the issues raised under 3.1, a number of client factors also appeared to influence client outcomes.

- The case studies indicated that many clients had experienced DFSV prior to the incident that triggered their ICMS referral. They also tended to have previous interactions with the community services system and appeared to be quite familiar with available supports, such as providers of food vouchers, alcohol and other drug counselling or rehabilitation, housing assistance, and short-term accommodation.
- They also showed that regardless of age, location, ethnicity or gender, the ICMS clients were trying to manage a range of intersectionality issues and this resulted in their support needs being complex and challenging for them and the service system to address. For example, most had combinations of mental health, substance use, housing insecurity, financial instability, child protection or family court matters, and extended family breakdown and conflict.
- Furthermore, the case studies show that housing stability is an ongoing issue for most clients and impacts their ability to feel safe and therefore be in a position to feel capable or willing to engage in longer term change. The length of time to address this key need means most clients remain 'in crisis' or in insecure and unstable environments.



Case study

The client self-referred following an incident in which her ex-partner broke into her home and caused significant damage to the property and her personal belongings. She has a long history of severe, chronic, and life-threatening violence, including repeated breaches of full no-contact DVOs. She had previously engaged with VoCNT several years earlier. At the time of this self-referral, she was seeking support to replace essential goods and to make her home safe and secure for herself and her children.

As a Territory Housing tenant, the client reported extensive property damage, including unsecured doors and windows and used syringes in the yard. She expressed frustration at the lack of timely action from Territory Housing to address these urgent safety concerns. The VSO provided persistent and proactive advocacy with Territory Housing to ensure immediate safety repairs were prioritised. The VSO also engaged with NT Police regarding ongoing DVO breaches, supporting the client to navigate communication challenges and rebuild trust in police responses.

- The ICMS team believe that some clients are only willing to engage with VoCNT to have their immediate needs met and are not ready to engage in often more challenging and deeper work required for long term therapeutic growth and change. The team engage clients in discussion about rights, feelings, voice, and connection, which starts to begin the process of growth for clients and ensures even if they disengage for now, they have the foundations upon which to make additional changes at a later point.

The team believes disengagement may also be related to the criminal justice system processes being slow and that it can be difficult for clients to engage with these processes once the offender is in prison or they are immediately safe, and that some clients will re-engage with ICMS once the other court and justice processes begin. The ICMS has been designed to facilitate re-engagement at any time.

- Additionally, the ICMS team believe that when a client is referred immediately following a violent incident and is feeling unsafe and in need of urgent housing, transport or other health and wellbeing supports, the client is more engaged but may not be ready to discuss achieving the other client outcomes such as knowing their rights and being heard, managing their stress and worry, making their own decision and being connected to people who support them. Staff feel that engaging clients on these broader yet connected outcomes begins but cannot be fully realised in the short term and may be affected by the client's experience of the criminal justice processes not progressing or being resolved in that time.
- The ICMS Team report that clients often wait months for Police and court processes to be actioned in relation to the person who was responsible for the violence and that when that person is still in the community, the clients are focussed on being safe. When that person is in custody, the client expresses feeling safer but aware that the person has not yet been processed by the court and so they may or may re-enter the community in the near future. The client appears to be in limbo waiting for that process and trying to stay connected to that process, using their Victim Support Officer as a conduit or facilitator of that proceed.
- The timeliness of the court processes are such that there is still no formal outcome and hence the client may have disengaged for the time while waiting and may or may not reengages with ICMS as time passes.
- Another related factor which the ICMS Team have expressed, is that the exchange of information between the various partners in the criminal justice process is ad hoc and personality dependent. They reported that obtaining information from other agencies varies widely sometimes happening easily while other times it is slow, frustrating for clients and requires repeated attempts. The difference appears to hinge on whether the VSO or VoCNT has an established relationship with someone in that agency.
- Finally, the VSO appears to play a key role in connecting criminal justice and community support organisations to clients, being the link between Police and clients, passing on information and following up to ensure referrals are received and actioned, as well as advocating for the client to receive information, to have their issues addressed, and to be heard in CJS and other matters such as housing.

Q4: What impact has the program had on the criminal justice system responses

It has not been possible to conclusively report on the impact ICMS has had on the system more broadly, but indications are that the service is valued by individual CJS stakeholders.

The definition of the criminal justice system adopted for the purpose of this evaluation is all agencies and processes involved in the initial receipt, assessment, actions and interventions related to an alleged criminal act perpetrated on a victim.

As discussed earlier, it was intended that a PRG would be formed and managed by VoCNT to support implementation of the new service and to provide advice throughout the evaluation. Since this was not formed, a survey was sent to referral agencies and system partners. One third of the stakeholder survey respondents were CJS agencies who reported positively on the service provided to clients. One respondent asked about potential for children and young adults to be referred in the future, and one indicated little knowledge about the referral processes, despite being from a key referral agency (NT Police).

4.1 What practice and procedural changes have criminal justice system organisations made during the period of the program?

The evaluation found that there were a few procedural and policy changes made during the period the ICMS has been operational but that these were not made as a direct response or even linked to the ICMS. In addition to these wide system level changes, the ICMS team believe there have been very few sustained policy or practice changes since the service began. As outlined below, some changes were made for a time but appeared more as a result of relationships between ICMS staff and CJS staff.

- There were a significant number of legislative changes enacted during the period of the ICMS pilot, that have impacted almost all the criminal justice system agencies. Data is not available to quantify or report on the impact of these changes for DFSV victims or ICMS clients, however the ICMS team believe that the court processes are slower and their clients are not receiving the information they need and should receive as per the NT Charter of Victim Rights.
- The relevant legislative changes are summarised below:
 - Bail – the *Bail Legislation Amendment Bill 2024* was passed in late 2024 and enacted in April 2025, and made changes to *the Bail Act 1982*, *Bail Regulations 1983* and other Acts. The changes related to DFSV were to:
 - expand the scope of the presumption against bail at section 7A(1)(de) of the Act to include all accused charged with a ‘serious’ or ‘prescribed’ offence who are on bail for a ‘serious’ or ‘prescribed’ offence;
 - expand the presumption against bail to all alleged serious violence offences, regardless of whether a weapon is used;
 - insert a new presumption against bail for alleged repeat serious offenders, aimed at accused who have, within the period of 2 years immediately preceding the date of the new alleged prescribed or serious offence, been found guilty of 2 or more prescribed or serious offences for which a conviction was recorded;

- insert section 28(2AA) that requires alleged repeat offenders who are granted bail despite the presumptions against bail in 7A(1) (de), (dea) & (df), to be subject to electronic monitoring. If electronic monitoring is impracticable, new section 28(2AA) requires some form of specified residence. The purpose of this is to secure the attendance of an accused person at court and to enhance community safety by monitoring an accused's compliance with bail conditions³²
 - Offences – changes to the Criminal Code Act 1983 regarding various violence offences
 - Mandatory sentencing – changes to the Sentencing Act 1995 to implement mandatory sentencing for various offences and to reinstate mandatory sentencing for Domestic Violence offenders.
 - Domestic and Family Violence – changes to grant Police powers to enter private property to search for parole and Domestic Violence offenders.
- There were also some procedural changes in the NT Police when they changed from their former PROMIS system to the new SERPRO system of recording incidents in November 2024.
- Much has been reported in the media about the impacts of these changes such as much higher rates of incarceration and correctional centres being over capacity, longer court lists and hence longer times for matters to be dealt with by the Courts.³³ No data was available for this evaluation, to quantify these impacts.
- The ICMS Intake Officer and VSOs have developed strong working relationships with key individuals across NT Police, the Witness Assistance Service, the Courts and Corrections. However, these relationships have not translated into sustained systemic change. For example, despite repeated advocacy by VoCNT, suggested improvements to how NT Police capture and record victim contact information at the time of an alleged offence — information that is critical for VoCNT to make timely contact with referred clients — have not been consistently adopted.



Case study

The client had a history of severe sexual and physical violence perpetrated by her partner and continued to feel unsafe due to ongoing breaches of the DVO. She reported feeling unsupported by both Police and Territory Housing. With no extended family to rely on, she also expressed shame about leaving the relationship and about the impact the violence had on her children.

The VSO coordinated communication with Police, the Witness Assistance Service, and both the Family and Criminal Courts to ensure the client received timely and accurate information. After 197 days of support, the case was closed when the client demonstrated increased confidence in managing her own needs, including progressing her housing applications and navigating her legal matters independently.

³² Attorney-General's Department <https://agd.nt.gov.au/law-reform-reviews/law-reforms/bail-legislation-amendment-bill-2024>

³³ <https://www.abc.net.au/news/2025-03-15/nt-judge-urges-rethink-on-how-to-reduce-crime/105015740>; <https://nit.com.au/23-07-2025/19262/nt-government-under-fire-for-incarceration-crisis-as-calls-increase-to-halt-commonwealth-funding>;

https://www.justicereforminitiative.org.au/robert_tickner_tough_on_crime_is_failing_in_the_territory

Summary of Key Performance data as per Funding Agreement

VoCNT has been reporting against the funding agreement performances indicators on a six-monthly basis. For completeness, a summary of data for these indicators as at March 2026 is provided below:

Table 12: Indicator data at March 2026

Indicator	Results @ March 2026
The proportion of months during which a minimum of 90 clients accessed the service	215 clients received case management through the ICMS since commencement. During 2025, the monthly average number of cases receiving a service in that month was 34.
The proportion of clients accessing the service who are at the intensive level	The proportion of clients whose case was classified as Intensive at the end of each month varied from 3% to 39%. See summary analysis of this finding on page 32.
The proportion of clients accessing the service who are on the Victims Register	VSO's supported clients to apply to be placed on the VR. This was recorded via session types. 10% of the total client were registered on the VR. Eligibility criteria to be on the VR is very restrictive. 92 conversations about the VR with victims were recorded.
The proportion of clients accessing the service who have provided Victim Impact Statements (VIS).	VSO's supported clients to complete a VIS if they chose to do so. This was recorded via session types. 5% of victims wrote a VIS with ICMS support. Most victims had already completed their VIS with attending police at the time of incident and some victims wanted to wait until sentencing to complete their VIS.
The number of targets in the Reconciliation Action Plan that have been met.	This was not within scope of the evaluation and is reported upon by VoCNT.
The proportion of clients accessing the service who have completed client surveys as part of the evaluation process	5% of clients completed the client feedback survey.
The Number of Program Reference Group meetings held with a quorum	No PRG meetings were held

Chapter 4: Summary Findings and Recommendations

The Intensive Case Management Service pilot has demonstrated clear progress in establishing and delivering a specialised, trauma-informed service for victims of domestic, family and sexual violence in the Northern Territory. Despite early challenges — including staff recruitment delays, system modifications, and the inability to establish the Program Reference Group — the service is now operational across multiple regions and delivering intensive, client-centred support to victims of DFSV."

A summary of the specific findings for each evaluation domain is presented below. These are followed by two sets of actions for consideration. Ten recommendations are directed at VoCNT and the Department of the Attorney-General and Justice as the parties to the ICMS funding agreement, and relate to the continuation, design and delivery of the service. Five observations relate to system-level issues that affect ICMS client outcomes but fall outside VoCNT's direct control and outside the original scope of this evaluation. These observations arise from the evaluation evidence and are presented for consideration by the relevant agencies; they have not been discussed with those agencies.

Findings and recommendations by evaluation domains

Implementation

- The ICMS has been implemented as intended with more than double the numbers of clients supported than was envisaged.
- There is strong alignment to the VoCNT Therapeutic Practice Model, the Sanctuary Model and to the NTG's Domestic Family and Sexual Violence Reduction Framework Outcome 3 Priority Actions.
- While some milestones were delayed, particularly around recruitment and CDS modification, the program is now embedded in practice and well regarded by referral and system stakeholders.
- The intended Program Reference Group could not be established, limiting system-level feedback and likely impacting discussion about system level changes. Individual agency to agency advocacy and discussion was required by the ICMS Program Manager and CEO VoCNT.
- The action learning style approach to the evaluation using monthly data reviews and reflection sessions drove continuous improvement, strengthened staff capability, and documented practice learnings. This assisted VoCNT to also modify and refine broader victim support service approaches across the organisation.
- VoCNT needed to strengthen engagement with NT Police and community organisations to address inconsistent referral patterns and ensure timely access for clients to the ICMS.
- The team's capacity to reach regions outside Darwin and Palmerston has been challenging due to continuous referrals, sustained caseloads and case management activity. This has impacted the ability to undertake ongoing regional stakeholder and community engagement and likely receive the level of referrals that could be expected due to the reported incidence of DFV in those regions.
- The first Nations VSO roles have been difficult to fill and retain and this has likely impacted the ability of ICMS to establish, maintain and sustain relationships with

Wadeye. It will also constrain the ICMS's capacity to respond to the known higher prevalence of DFV being experienced by Aboriginal women and children in all parts of the NT.

Recommendations:

- 1. Continue to fund the ICMS at VoCNT with expansion of funding to enable improved support for victims in Alice Springs, Katherine and Tennant Creek**
- 2. Develop a victim support capability within VoCNT for victims of DFSV from remote communities.**

Clients

- Most ICMS clients have been a victim of DFSV in the past and the incident that led to the ICMS referral is not their first engagement with a community service organisation or the NT Police. Many have children in their care or in the care of family/kin or child protection services and many have undiagnosed mental health concerns and have financial instability and insecure housing.
- The intended intensive case management approach is being delivered to all clients. There are appropriate referrals being received, there are therapeutic trauma informed support tools being used which are suitable for the clients to achieve some short-term outcomes and begin the process of post traumatic growth.
- Case management is intense, client focussed, and strength based, regardless of how the case is classified. It is not time limited or time bound, VSO's stay in contact and leave the door open for clients to reengage at any time.
- ICMS is unique and different to the other victim support services offered by VoCNT. There are higher number of support sessions, longer length of time spent with clients, longer cases, and case management covers a wider range of issues based on the clients' overall needs.
- The Sanctuary framework has been a foundation for a strong and consistent case management approach grounded in the principles of therapeutic growth. Staff have consistently and confidently applied the Sanctuary tools and have supported clients to lay the foundations for longer term post traumatic growth.
- Evidence suggests ICMS clients benefit from improved safety planning, access to justice processes, brokerage support, and ongoing engagement through their recovery journey, however it is too soon to quantify the long-term outcomes from the ICMS approach.
- VSO's support clients to meaningfully engage in the CJS processes by offering support to attend and be represented in court. They also provide support to access CJS services and assist clients to understand the purpose of DVO's, the CVSU, a VIS and the VR.
- VSO's also make referrals to legal and community service organisations and become a key information exchange partner with these agencies.

- A clear and ongoing role played by all VSO's was as an advocate for their clients reminding agencies about client rights or following up when matters have not been addressed or clients have not received information they need. In some cases, the VSO has been responsible for initiating and coordinating case management activity with client consent, when multiple agencies are involved.
- Despite this level of support and assistance, many clients disengage from the service before the CJS matters have been fully addressed which appears to relate to the length of time these processes take and the fact that many remain in unsafe and insecure housing arrangements. They are advised they can reengage at any stage especially when the court or sentencing processes begin.
- The brokerage funds have assisted clients with immediate health and safety, accommodation and repairs and maintenance related to the violent incident.
- ICMS clients report feeling an increased sense of confidence, an improved understanding of their rights and how to access services in the future, and report a high sense of satisfaction with the services offered to them by their VSO.
- The use of the CRAT is not widespread but could be used more as a way of formally connecting ICMS cases with the Family Safety Framework. Greater integration of the CRAT within ICMS practice would also support the goals of *DFSV Strategy 2025–2028* by positioning the ICMS service within this broader system architecture and improving the identification and escalation of high-risk cases. Some policy and procedures would be needed within VoCNT and with NT Police.

Recommendations:

- 3. Maintain the ICMS practice model with the open-door policy, continued brokerage funds and no restrictions timeframe for client engagement.**
- 4. Maintain the use of the therapeutic trauma informed tools embedded within the Sanctuary framework.**
- 5. Revise the data collection for ICMS to capture client's mental health and other intersectional issues.**
- 6. Consider development of an ICMS policy and procedures for use of the CRAT and formal registration of cases and coordination with the Family Safety Framework. This should also include adding a session type in CDS to enable monitoring and review of the new CRAT and FSF policy and procedures.**

Criminal justice system

- Broader system change arising from the establishment of ICMS has been difficult to drive due to the absence of the Program Reference Group.
- The *NT Charter of Victim Rights* sets out how victims can expect to be supported, protected and informed throughout the criminal justice process. The ICMS has played a role in advancing several aspects of the Charter: VSOs consistently explain victims' rights, advocate on their behalf, and support them to engage with justice processes. Client feedback confirms that this support has increased their understanding of their rights and confidence in navigating the system. However, the evaluation found that other obligations under the Charter — particularly the provision of timely and

consistent information from justice system agencies, and the expedient progression of matters through the justice system — were not consistently observed in the experience of ICMS clients. The case studies and qualitative feedback indicate that these delays and information gaps erode clients' willingness to remain engaged with the justice process and impede their ability to take the necessary steps towards post-traumatic growth.

- Anecdotal evidence and stakeholder feedback indicate that strong individual relationships between ICMS staff and CJS staff in several agencies and regions have significantly improved information sharing and support for victims. Police and Courts have relied on VSOs to maintain contact with clients, gather information on their behalf, relay updates, and help ensure that other agencies can effectively carry out their roles.
- The information exchange process between the ICMS and the CJS agencies is not reliable or sustainable in its current form, as it is highly relational and person dependent.
- The client experience suggests there is a clear need to enhance the efficiency of the CJS to address DFSV matters. While there is a specific initiative in the NT Crime Reduction Strategy to achieve early resolution of matters³⁴, no noticeable progress has yet been observed by VoCNT in respect to DFSV matters.
- Significant legislative and some procedural changes have influenced the criminal justice landscape in the NT over the period of the pilot, but their impacts on victim experiences and ICMS outcomes is unclear and not yet been formally captured.
- Community Corrections (CC) has not been as involved as originally anticipated due to most cases commencing soon after an incident and the CJS process taking time to reach the point where CC would need to become involved with the client.

Recommendations:

- 7. Establish a central point of contact for VoCNT within NT Police.**
- 8. VoCNT and CJS system partners work together to improve the efficiency, effectiveness and sustainability of information exchange processes between providers and more importantly, with victims themselves.**
- 9. Progress the strategic initiatives of the NT Crime Reduction Strategy in respect to the court efficiency and early resolution of DFSV matters.**
- 10. Promote and establish mechanisms to monitor the implementation of the NT Charter of Victim Rights to ensure it is embedded in practice not just policy. This could be the role for a formally consisted cross government Reference Group such as what was envisaged for the ICMS Program Reference Group.**

³⁴ Northern Territory Government, Northern Territory Crime Reduction Strategy 2025-2028

Other system issues related to intersectionality of clients' needs

The evaluation identified additional system-level issues that, while outside the original scope, emerged consistently from the client data, case studies and staff reflections. These relate to housing, mental health and locality — factors that intersect with and directly affect the outcomes the ICMS is working to achieve. Given their significance for victim safety and recovery, the evaluators have included them here with associated opportunities for improvement. These recommendations have not been discussed with the relevant agencies but are offered for consideration as part of a broader effort to strengthen the system of supports for DFSV victim-survivors.

Housing

- Evidence consistently shows that the period when a victim survivor leaves a violent relationship is the time of greatest risk for them and their children. Research also highlights the multiple systemic barriers people face when attempting to leave, which can contribute to experiences such as homelessness, economic insecurity, social isolation, and the loss of employment, income, assets, and support networks.³⁵
- The National Plan states that “Unaffordable or insecure housing is a major barrier for victim-survivors to re-establish their lives after leaving a violent situation and a key consideration in their decision to leave. A shortage of transitional and long-term social and affordable housing means some women and children exiting crisis accommodation are faced with a choice of returning to a violent home or becoming homeless. This is further complicated by overcrowding in crisis accommodation, particularly prevalent in regional, remote and very remote areas”³⁶.
- In this evaluation, lack of stable and secure housing was found to be a key factor impacting ICMS client’s ability to move beyond crisis and potentially their willingness to engage and be able to make long term post traumatic growth and change.
- The Department of Housing, Local Government and Community Development (DHLGCD) became a key stakeholder for ICMS despite the original model not envisaging this. However, despite a Domestic and Family Violence (Housing) Policy³⁷ existing, the VSO and ICMS client experience suggests there is no systemic approach within the DHLGCD to addressing tenant queries as they are dealt with at a regional housing office level and by different roles within those regions. This results in long delays and extensive time for VSO’s and other housing providers chasing referrals and advocating on behalf of clients who find it difficult to maintain this activity themselves when dealing with other issues and challenges.
- The significance of housing as a barrier to recovery is recognised in the Crime Reduction Strategy 2025–2028, including a specific initiative to increase housing options for domestic violence victim survivors. The strategy recognises the importance of housing stability for both those impacted by domestic violence and those trying to get their life back on track.³⁸

³⁵ Australian Institute of Health and Welfare, Family, domestic and sexual violence in Australia: continuing the national story 2019, AIHW, Australian Government,

³⁶ Australian Government, National Plan to End Violence against Women and Children 2022–2032

³⁷ Northern Territory Government, Department of Housing, Local Government and Community Development, Domestic and Family Violence (Housing) Policy, February 2024

³⁸ Northern Territory Government, Northern Territory Crime Reduction Strategy 2025-2028

- Some ICMS clients are renting privately, and the NT Residential Tenancies Act 1999³⁹ has a number of provisions that protect the tenant if they are the victim of an act of domestic violence yet the ICMS experience indicates that these provisions are not well understood. This is another area where the VSO's have acted as advocates for their clients in respect of private property manager and landlord responsibilities.

Observations:

Obs 1: Implement the *NT Crime Reduction Strategy* initiatives related to increased housing options for DFSV victim/survivors.

Obs 2: Review how the DFSV housing policy is implemented including how clients can have their immediate safety concerns addressed in a timelier manner and a clear point of referral for external agencies working with victims as advocate and supports.

Obs 3: Promote the legal responsibilities of private landlords and property managers in relation to victims of DFSV.

Mental health

- Most ICMS clients have been the victim of multiple forms of interpersonal violence and DFSV, resulting in ongoing health, psychosocial, vocational, financial and housing challenges. The national statistic is that one quarter of women in Australia have had at least three different forms of interpersonal victimisation⁴⁰ which is sometimes referred to as complex trauma or cumulative trauma.
- Many ICMS clients have undiagnosed mental health as well as substance misuse issues which they feel ashamed about but have highlighted during support sessions with their VSO's. This finding is consistent with other well documented findings about the significant short and long term impacts of DFSV on adult victim/survivors and their children⁴¹.
- While the VSO's have provided crisis counselling, used brokerage funds to purchase immediate supports and made referrals to mental health, alcohol and other drug and community support programs for their clients, the availability of appropriate support and the willingness of clients to access and engage with services varies considerably. For many ICMS clients, they are still in crisis, dealing with immediate safety and CJS processes, and fear being stigmatised, judged and not believed in relation to the violence, if they seek help for these issues. In other instances, the specialist services do not exist in their locality or the services have waitlists or require the client to be assessed and receive a mental health diagnosis before providing services.

Observations:

Obs 4: Fund a full-time mental health clinician as a part of the ICMS Program.

³⁹ Northern Territory Government, Residential Tenancies Act 1999

⁴⁰ As cited in Australian Government, National Plan to End Violence against Women and Children 2022–2032

⁴¹ Australian Government, National Plan to End Violence against Women and Children 2022–2032

Locality

- The CJS response and the level and type of support available to victims of DFSV differs greatly depending on where the victim lives. The ICMS client experience shows that the VSO's are critical in attempting to fill immediate gaps and advocate for services for their clients. The need for more support services is well documented especially for Aboriginal women and children, and those in remote communities where the services are fewer and needs are often more complex and higher⁴².

Observations:

Obs 5: Continue to expand services for victims of DFSV and build the capacity of universal service and the community, through the Safe, Respected and Free from Violence strategy.

⁴² NT Coroners Court, Inquests into the deaths of Miss Yunupingu, Ngeygo Ragurk, Kumarn Rubuntja and Kumanjayi Haywood [2024] NTLC 14 Findings of Territory Coroner Elisabeth Armitage, 2024

Summary of Recommendations and Observations

Based on the evaluation findings, this section presents two sets of actions for consideration:

Recommendations are directed at VoCNT and the Department of the Attorney-General and Justice (DAGJ) as the parties to the ICMS funding agreement. They arise directly from the evaluation evidence across the three evaluation domains and relate to the continuation, design and delivery of the ICMS.

Observations relate to system-level issues that were identified through the evaluation evidence — including client data, case studies, staff reflections and stakeholder feedback — but which fall outside VoCNT’s direct control and outside the original scope of this evaluation. They are presented as matters for consideration by the relevant agencies. They have not been discussed or tested with those agencies and are not presented as formal recommendations of this evaluation. They are included to ensure that the evidence gathered through the ICMS pilot contributes to the broader understanding of the system barriers affecting DFSV victim-survivors in the Northern Territory.

Recommendations

The following ten recommendations are directed at VoCNT and DAGJ for consideration in decisions about the continuation and future design of the ICMS.

Area	#	Recommendation	Suggested Responsible Organisation/Agency
Implementation	1	Continue to fund the ICMS at VoCNT with expansion of funding to enable improved support for victims in Alice Springs, Katherine and Tennant Creek.	DAGJ
	2	Develop a victim support capability within VoCNT for victims of DFSV from remote communities.	VoCNT
Clients	3	Maintain the ICMS practice model with the open-door policy, continued brokerage funds and no restrictions timeframe for client engagement.	VoCNT
	4	Maintain the use of the therapeutic trauma informed tools embedded within the Sanctuary framework.	VoCNT
	5	Revise the data collection for ICMS to capture clients mental health and other intersectional issues.	VoCNT
	6	Consider development of an ICMS policy and procedures for use of the CRAT and formal registration of cases and coordination with the Family Safety Framework. This should also include adding a session type in CDS to enable monitoring and review of the new CRAT and FSF policy and procedures.	VoCNT and NT Police

Area	#	Recommendation	Suggested Responsible Organisation/Agency
Criminal justice system	7	Establish a central point of contact for VoCNT within NT Police.	NT Police
	8	VoCNT and criminal justice system partners work together to improve the efficiency, effectiveness and sustainability of information exchange processes between providers and, more importantly, with victims themselves.	DAGJ
	9	Progress the strategic initiatives of the NT Crime Reduction Strategy in respect to court efficiency, specialist DFSV courts, prosecution support, and early resolution of DFSV matters.	DAGJ
	10	Promote and establish mechanisms to monitor the implementation of the NT Charter of Victim Rights to ensure it is embedded in practice, not just policy. This could include a formally constituted cross-government reference group, such as what was envisaged for the ICMS Program Reference Group.	DAGJ

Observations

The following five observations arise from the evaluation evidence but relate to system-level factors outside VoCNT's direct control. They are presented for consideration by the relevant agencies. As noted above, these observations have not been discussed with the agencies identified and the suggested responsibilities are indicative only.

Area	#	Observation	Suggested Responsibility
System-level barriers to client outcomes	Obs 1	Progress the strategic initiatives in both the Crime Reduction Strategy and DFSV Reduction Strategy 2025-2028 related to increased housing options for DFSV victim-survivors.	DAGJ / DHLGCD
	Obs 2	Review how the DFSV housing policy is implemented, including how clients can have their immediate safety concerns addressed in a timelier manner and a clear point of referral for external agencies working with victims as advocates and supports.	DHLGCD
	Obs 3	Promote the legal responsibilities of private landlords and property managers in relation to victims of DFSV.	DHLGCD
	Obs 4	Fund a full time mental health clinician within VoCNT.	DAGJ
	Obs 5	Continue to expand services for victims of DFSV and build the capacity of universal services and the community, through the Safe, Respected and Free from Violence strategy.	DCF

Several of the observations above are consistent with commitments the NT Government has already made under the *DFSV Reduction Strategy 2025–2028* and the *Crime Reduction Strategy 2025–2028*. In these cases, the ICMS evaluation evidence provides additional support for the implementation of existing initiatives, rather than proposing new policy directions.

Appendices

Appendix 1: The Sanctuary Model

“The Sanctuary® Model is a blueprint for clinical and organizational change which, at its core, promotes safety and recovery from adversity through the active creation of a trauma-informed community. A recognition that trauma is pervasive in the experience of human beings forms the basis for the Sanctuary Model's focus not only on the people who seek treatment, but equally on the people and systems who provide that treatment”⁴³

The model has four key domains:

1. Shared Knowledge - Understanding Trauma to promote resilience by educating and empowering individuals to understand and implement trauma theory;
2. Shared values – based on eight that provide the backbone for creating value drive environments where individuals embrace growth and change. The Commitments as follows:
 - a. Growth and Change
 - b. Open Communication
 - c. Democracy
 - d. Non-Violence
 - e. Emotional Intelligence
 - f. Social Responsibility
 - g. Social Learning
 - h. Cultural Humility;
3. Shared language - Utilising the S.E.L.F (Safety, Emotion, Loss and Future) Framework as a problem-solving resource, organisations can safely navigate complex situations and actively promote client, staff and team wellbeing;
4. Shared practice – using the Sanctuary Toolkit which comprises a range of practical skills that enable individuals and organisations to more effectively, respond to difficult situations, build community and develop resilience to cope with adversity and trauma.⁴⁴

⁴³ Sanctuary Institute [Sanctuary Model – Sanctuary Institute](#)

⁴⁴ The MacKillop Institute [Sanctuary | MacKillop Institute](#)

Appendix 2: Evaluation Framework

Original Data Collection Methods and Data Sources

Domains	Eval Question	Sub questions	Methods	Data sources
Implementation	Was the ICMS implemented as intended?	Did the program meet milestones and if not, what was the impact?	Desktop review	Contract and service plan
			Staff consultation	Monthly staff reflection sessions
		What factors influenced program implementation, either favourably or not?	Staff consultation	Monthly staff reflection sessions
			PRG consultation, and referral partner survey	Quarterly meetings and survey results
Clients	Was the ICMS delivered as intended to the target recipients?	How was the program delivered to clients?	Client data	CDS reports
			Case studies	Case study summarises
			Staff consultation	Monthly staff reflection sessions
			Criminal justice system data requests	DPP and Community Corrections
		How did the program delivery model adapt when client needs changed over time?	Client data	CDS reports
			Case studies	Case study summarises
			Staff consultation	Monthly staff reflection sessions
		What factors influenced program delivery over time?	Staff consultations	Monthly staff reflection sessions
			PRG and referral partner survey	Survey results

Domains	Eval Question	Sub questions	Methods	Data sources
	Has the ICMS delivered the expected outcomes for the target population?	What short and medium term outcomes have clients achieved?	Client surveys	Survey results
			Client data	CDS exit notes
			Case studies	Case study summarises
		What factors influenced achievement of client outcomes, either favourably or not?	Staff consultation	Monthly staff reflection sessions
			Case studies	Case study summaries
			PRG consultation	Quarterly meetings
System	What impact has ICMS had on the criminal justice system response?	What practice and procedural changes have criminal justice system organisations made during the period of the program?	PRG consultation	End of Yr 1 and Yr 2 Interviews

Planned Data Matrix

Data Method	Data Source	Data item	Frequency
Desk top review	ICMS documents Sanctuary documents McKillop documents	<ul style="list-style-type: none"> Contract and service plan Sanctuary tools McKillop client survey 	As needed
Staff consultations	Staff reflection session	<ul style="list-style-type: none"> Thematic summary of client issues Thematic summary of system issues 	Monthly
PRG consultations	PRG Meetings	<ul style="list-style-type: none"> Meeting record 	Quarterly
Client data	CDS reports	<ul style="list-style-type: none"> Number of active and intensive clients x demographic and offence types, length of contact, services offered Number and type of referrals received x referral source x offence type x open cases/enquiry x location Number of cases closed x quarter x reason and outcomes Number of cases re-opened x demographic x reason Number of new cases for clients x demographic x offence type Number of hrs of contact/assistance x clients x active/intensive Occasions of assistance x type of assistance x active/intensive clients Number of clients accessing brokerage x amount provided x demographics x active/intensive Number of clients who have applied to the Victims Register (application discussed v lodged) Number of clients who have provided a Victim Impact Statement (statement discussed v completed and submitted) Number of clients referred to partner agencies and accessing services Cases where family members receiving support x number of members and type 	Monthly

Data Method	Data Source	Data item	Frequency
	CDS client records	<ul style="list-style-type: none"> • Thematic summary of case closure exit notes • Thematic summary of case review notes • Number and type of Sanctuary tools used x active/intensive clients 	Quarterly
	Criminal Justice System	<ul style="list-style-type: none"> • Number of clients engaged with DPP to provide evidence (where requested) • Number, type and outcome of requests to Community Corrections • Number, type and outcome of requests from Community Corrections 	Quarterly

Appendix 3: Evaluation Activity

Establishment Phase

Summary of activities undertaken

The Evaluator facilitated workshops with the VoCNT CEO, Program Manager and ICMS staff over 6 months to establish the following:

- ICMS practice guidelines and service delivery approach linked to the VoCNT Therapeutic Practice model and to the Sanctuary model;
- CDS online case management system changes to support implementation of the ICMS;
- Define the referral pathways and methods for addressing enquiries and decision making about client contact and ICMS case allocation;
- Define the ICMS program and client outcomes to align with the various practice models, clarifying how the Sanctuary tools will be used, and how the ICMS activities will be delivered by the program team during case management;
- Develop the Draft Terms of Reference for the PRG (See Appendix 4).

Core evaluation materials developed

- The evaluation questions were further developed and expanded to four with eight sub questions;
- A Data Collection Framework was developed (See Appendix 2)
- A Client Journey Map was drafted and refined as the team began receiving referrals and undertaking case management. It shows the processes by which referrals are managed, assessed, clients contacted, cases created and case management activities undertaken throughout the client's engagement with VoCNT. (See Appendix 5);
- Data collection changes were made in CDS and new reports developed to capture the necessary quantitative information to inform the evaluation;
- A Program Logic was developed to show the link between the ICMS objectives, activities and outcomes, and the NT Domestic and Family Violence Strategy outcomes. (See Appendix 7);
- To more clearly define the practice approach and embed Indigenous ways of knowing, being and doing into the ICMS in recognition of the predominantly Indigenous client group, an ICMS Theory of Change was developed at both the program and individual level. (See Appendix 6);
- An Evaluation Framework containing all of the above, as a single source document to inform and guide the evaluation (Appendix 2).

Challenges

- This phase took longer and occurred at the same time as the ICMS team began taking referrals and delivering services to clients.
- VoCNT had to recruit and train several new staff in both Darwin and Alice Springs, including staff who identify as Aboriginal or Torres Strait Islander. This process took longer than intended and there was some turnover and consequently the team was continuously forming over several months.
- VoCNT had to work with the CDS developers to introduce the changes needed to support the new ICMS and support data collection. A number of changes were made to most aspects of the existing VoCNT CDS system and to the reports that were being generated to support ICMS data collection.

- The establishment of the Program Reference Group was frustrating and there was little to no engagement and commitment from Government agencies to participate in this group. VoCNT and the Department of Attorney-General and Justice eventually agreed in early 2025, that this group would not proceed after the Director of CVSU also could not establish participation certainly from government agencies.
- The development of the practice approach for the ICMS program took time and the evaluator worked with the program staff through several workshops to develop a shared understanding of how the team would work with clients and clarify how the pilot would be different from the services offered by the Victim Support service at VoCNT.

Action Learning Phase

Summary of activities undertaken

The Evaluator worked with the VoCNT Program Manager and staff in the following ways:

- CDS reporting and quantitative data collection was produced monthly;
- Case reflection workshops were facilitated by the Evaluator and attended by all ICMS program staff, initially held monthly and later 6 weekly or bimonthly. At these meetings the Evaluator prepared and presented a data story to show current and trend information, as well as highlight indicative findings and assumptions. The data and assumptions were discussed by the team, and this often resulted in practice discussion about what the team could be doing differently to better support clients or engage with stakeholders. A standard set of implementation, client and system level questions were used to prompt action learning discussion. Minutes and action logs were recorded by the Evaluator.
- The ICMS program team also held their own sessions to discuss practice issues and reflect on questions raised in the monthly workshops and prepare team feedback for the upcoming workshop.
- The Evaluator and team developed the format and method for undertaking client case studies and gathering qualitative client feedback. These tools were developed to reflect the ICMS Theory of Change domains and outcome statements.
- The Evaluator defined several client journeys from the monthly data set and then randomly identified cases that matched these journeys, obtaining identified case notes and document some the CDS system to review as case studies.
- The Evaluator circulated a Referral and System Partner online Survey and analysed the results.

The following core evaluation materials were developed:

- Quantitative data summaries from January 2025 – March 2026;
- Qualitative information collected from the ICMS program team during case reflection meetings and related to implementation, client and system issues;
- Case study and client feedback tools;
- Case study reports;
- Referral agency survey tool; and
- Key stakeholder interview schedule and questions.

Challenges

- ICMS referrals from Police were not consistent, not always timely or contain enough information for the team to contact the client. VoCNT management raised these issues with Police for action but changes within the NT Police lines of command meant that action to address did not occur.
- Referrals from Wadeye were not consistent and neither was VoCNT capacity due to the First Nations Victim Support Officer in the ICMS team being unfilled for long periods.
- Referrals in Alice Springs were initially slow but increased with recruitment of an Alice Springs based ICMS Support Officer and stakeholder and community engagement.
- Gathering qualitative client feedback did not commence until the second half of 2025 due to the need to refine the collection method to consider the most appropriate way to not re-traumatise clients or engage with clients who have chosen to disengage with ICMS early.
- Ongoing discussion between the Evaluator and the ICMS team about the definition, ways to define, and what are the differences in case management approach and activities for the two levels of case management envisaged in the ICMS pilot – active and intensive.
- The Program Reference Group was not established and hence there was no way to have input from key stakeholders about the ICMS program delivery or a structured and regular way for VoCNT to discuss the ICMS with these key system partners.

Reporting Phase

Summary of activities

1. 12 month Progress Report

The progress report was submitted in August 2025 and reported on program and early evaluation findings from July 2024 – June 2025. The report summarised monthly quantitative client data and issues from reflection workshops held up to that point.

2. Final Evaluation Report

This final report reports on the program activity and evaluation finding from the program inception until March 2026.

Appendix 4: Draft Terms of Reference for Program Reference Group

Intensive Case Management Service Program Reference Group Draft Terms of Reference

Background

This document sets out the roles and responsibilities of the reference group that will support our new Intensive Case Management Service (ICMS). It provides guidance on the group's purpose, roles, responsibilities, membership, operations, and tenure.

The ICMS is a new two year program being developed and delivered by Victims of Crime NT (VoCNT) with grant funding provided by Department of the Attorney-General and Justice. The objectives of the program are to:

- 1) Increase engagement and improve the experience of victims of crime, particularly those experiencing domestic and family violence, to enable meaningful and informed participation in the criminal justice system.
- 2) Work with organisations in the criminal justice system to assist them to recognise and implement appropriate changes to practice and procedure where possible to respond the needs of victims.

It is intended that engagement with victims will commence as close to the time of the incident as possible and support the victim throughout the criminal justice process. This would generally be categorised as being from post incident and police investigation, through the court process and sentencing, the order period and planning for the end of the sentence.

The program will use a case management approach and expect to have contact with clients for between 12 and 24 months.

Purpose

The purpose of the PRG is to assist VoCNT to deliver an effective program by;

- identifying and providing advice on ICMS service delivery issues;
- discussing and providing advice on criminal justice system policy and practice issues highlighted by the ICMS client experiences;
- identifying and providing advice on any regionally specific service or criminal justice system issues; and
- contribute to a developmental evaluation of the ICMS.

Role and Responsibilities

The PRG remit is advisory in nature only and as such members are invited to make recommendations directly to VoCNT and on matters relevant to the criminal justice system.

The group will also be invited to contribute advice and recommendations to the Evaluator and consider and make comment on the draft and final Evaluation Reports.

Membership

The composition of the PRG includes:

- CEO, VoCNT
- Manager Victim Support Programs, VoCNT

- Director, Crime Victims Services Unit, Department of the Attorney-General and Justice
- A First Nations nominee from the Crime Victims Support Unit. Department of the Attorney-General and Justice
- A First Nations nominee from NT Police
- A nominee from the Domestic, Family and Sexual Violence Reduction Strategy Unit, Department of Children and Families
- Public Prosecutions and the Witness Assistance Services
- Courts
- Family Safety Framework
- Community Corrections
- Territory Housing
- Aboriginal Justice Unit

The PRG has no fixed number of members and the membership may change over time. Ideally, where a nominee is attending on behalf of an agency, the person can attend all meetings and may nominate a proxy to attend if/when they are unable to attend.

The ICMS Evaluator will attend PRG meetings but is not a formal member of the PRG.

Chair

At the first meeting the membership will nominate a Chair of the PRG. The Chair will not be a VoCNT staff member. If the Chair is absent, another member of the group can volunteer to Chair the meeting.

Meeting Administration

The PRG will meet quarterly commencing November 2024.

Meetings will be held in person wherever possible, however members can join online via Microsoft teams. Unless otherwise agreed, VoCNT will not provide financial support to attend meetings.

The Manager Victim Support Program will provide Secretariate services including sending out calendar invitations, agenda and meeting papers, preparing and circulating minutes.

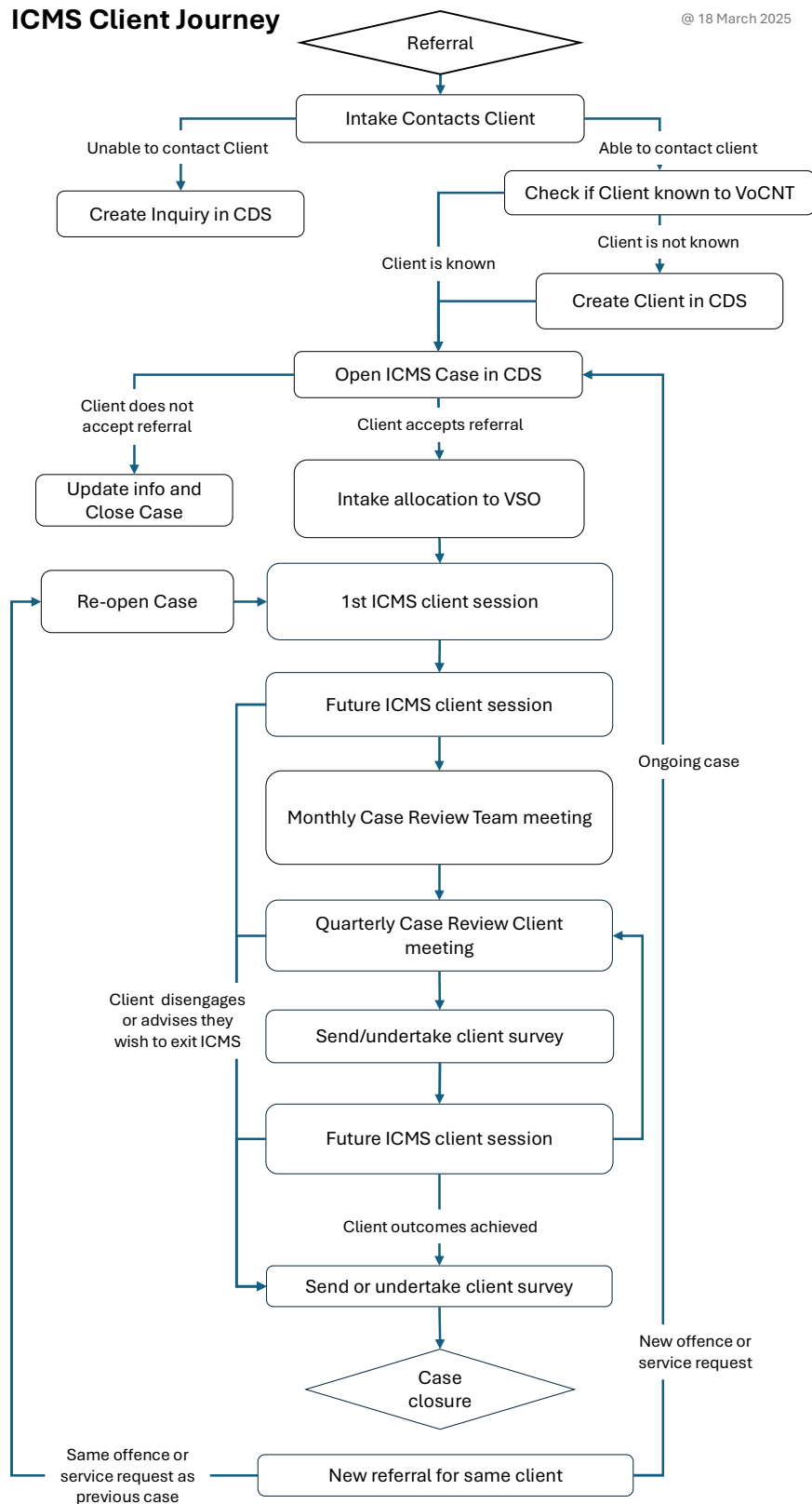
Agenda and meeting papers will ideally be circulated five (5) working days prior to the PRG meeting.

Minutes will be circulated within 5 working days of the meeting.

Tenure

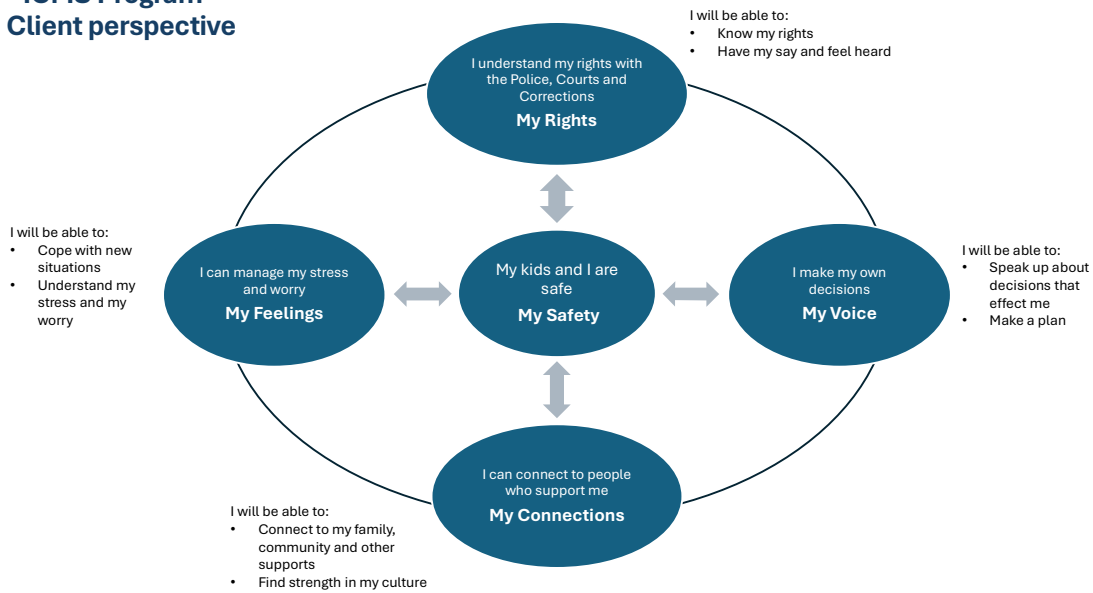
The PRG will operate for up to two years until July 2026, in line with the funding agreement.

Appendix 5: ICMS Client Journey



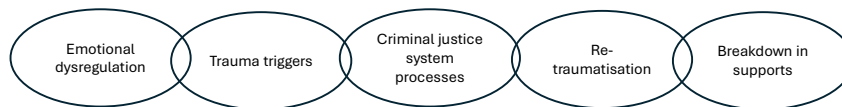
Appendix 6: ICMS Theory of Change

ICMS Program - Client perspective

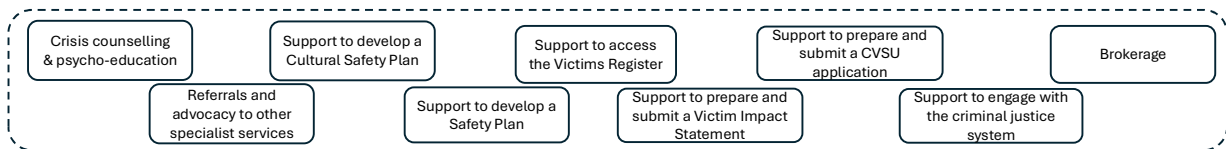


ICMS Program

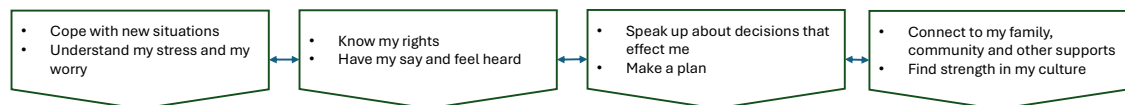
As a trauma informed therapeutic case management service, we commit to not disengage and will continue to support clients on their journey as they experience



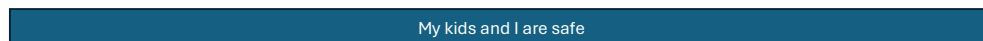
We offer



So that our clients achieve post traumatic growth by being able to



and reach this outcome.



Appendix 7: ICMS Program Logic

Inputs	Domain	Output (Actions)	Short-term outcomes	Medium-term outcomes	Long-term outcomes	Impact
<ul style="list-style-type: none"> Coordinator Staff Brokerage funds CDS Referral partners Sanctuary model Sanctuary tools VoCNT Therapeutic practice Model ICMS Assessment Tool Program Reference Group 	Client	Referral to existing services	Client have meaningful and informed participation in the criminal justice system <i>(NT Strategy wording – Victim survivors have access to appropriate support to address the immediate impacts of DFSV)</i>	Clients have improved sense of wellbeing and safety	Clients experience healing and post traumatic growth <i>(NT Strategy wording – long term impact of DFSV on victim survivors lives is reduced and they are helped to recover and thrive)</i>	Victims/survivors are safe, respected and free from violence wherever they choose to live, work, learn and play.
		Crisis counselling				
		Regular contact to update and inform about CJS processes				
		Practical logistical support				
		Brokerage				
		Case management				
		Case review				
		Victim support during police interviews/court support/criminal justice proceedings				
		Victim Impact Statements, Victims Register and CVSU applications				
	Facilitate Community corrections contact with victims					
System	Information and learning sessions with partner orgs	Organisations recognise and implement appropriate changes to practice and procedures <i>(NT Strategy wording – the NT has a strong and integrated DFSV service sector)</i>	Organisations working effectively with victims and reducing the risks of re-traumatisation			
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