




Case Studies

Strengthening Domestic and Family Violence Responses Across Eight Services in the Northern Territory

Process Evaluation of the RAMF Champions Implementation Project 2023 - 2026

An aerial photograph of a wide, winding river with a light greenish-brown hue, flowing through a dense, vibrant green forest. The river meanders across the landscape, creating several large loops and curves. The surrounding terrain is a mix of deep green forest and lighter green areas, possibly wetlands or cleared land. The sky above is a clear, bright blue with a few wispy white clouds. A semi-transparent, light green rounded rectangle is overlaid on the upper left portion of the image, containing a quote in bold black text.

“RAMF isn’t perfect, but without RAMF we wouldn’t have had all these wins, these incredible leaders in our community stepping up and saying they want the violence to stop and change. It has been a catalyst, like planting the seed”. - Participant 3

The following pages present 16 case studies showcasing high-quality RAMF implementation practices and activities developed through the RAMF Champions Project. Drawn from the experiences of the eight participating organisations, these case studies highlight practical examples of how RAMF was adapted, embedded, and sustained across diverse service and community contexts. Together, they demonstrate the creativity, leadership, and commitment of RAMF Champions, while providing valuable examples for other organisations seeking to strengthen their domestic and family violence responses.

Implementation Case Study: Miwatj

Case Study 1: Miwatj engaged PArT to deliver education to improve accessibility to DFV information

Miwatj invested in collaborative, locally relevant DFV training through the Prevent Assist Respond (PArT) project. RAMF training infrequently came to Nhulunbuy and remote Northeast Arnhem Land communities. To overcome this barrier, in August 2025, PArT training was delivered on the Gove Peninsula, Galiwin'ku and Milingimbi, where people attended a multi-day training tailored to the local context.



Image of Miwatj RAMF Champion Rachel Jewell with the PArT team in North East Arnhem Land (supplied by Miwatj RAMF Champion).

"Having a trainer who could deliver in Yolŋu Matha and knew the area was so valuable. They also built relationships and created safety, supporting staff through personal disclosures." - Miwatj RAMF Champion



Image of Miwatj staff participating in a training activity (supplied by Miwatj RAMF Champion).

Key success factors were trainers with local knowledge and language, using real NT case studies, and building ongoing relationships with the service and staff. Foundational training is essential for organisational change: it builds shared knowledge, challenges myths, embeds trauma- and violence-informed care, and shows that addressing family violence is everyone's responsibility. Contextualised, language-accessible training helps staff apply learning faster and increases confidence, readiness, and survivor safety.

Implementation Case Study: CatholicCare NT

Case Study 2: CC NT adapted RAMF training to improve accessibility to DFV information

The RAMF Champion adapted RAMF training for culturally and linguistically diverse staff, many of whom were recent migrants with English as a second language, delivering small-group sessions over three four-hour workshops that covered foundational concepts (DVOs, coercive control, gaslighting, risk factors, screening, and culturally responsive support) proved effective.

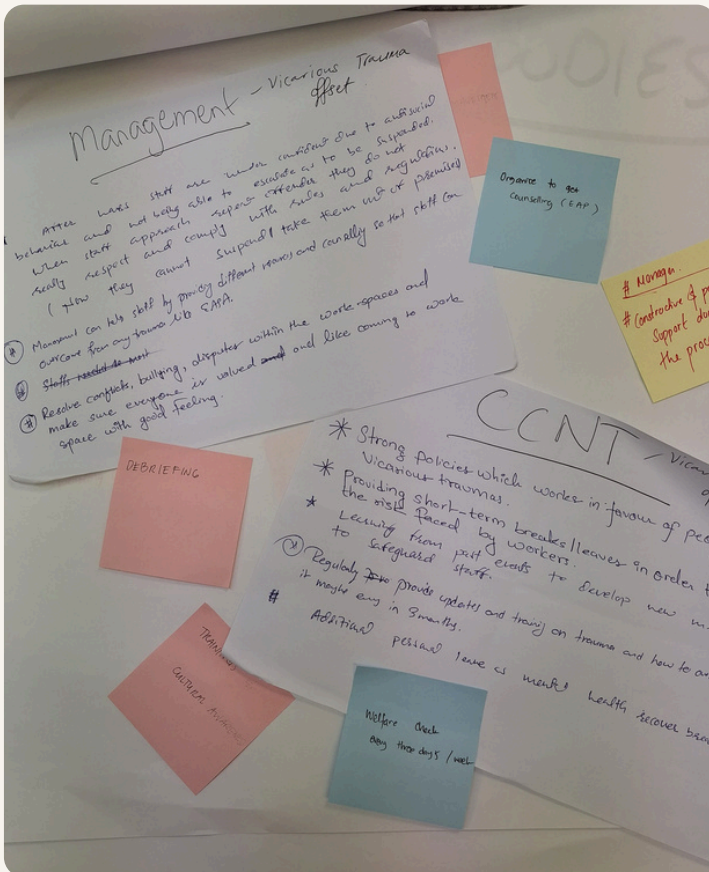


Image of CC NT RAMF Champion training activity (supplied by CC NT RAMF Champion).

“Without changing the content to fit the learning needs of this group, they would not have understood the RAMF changes we are making”. – CC NT RAMF Champion

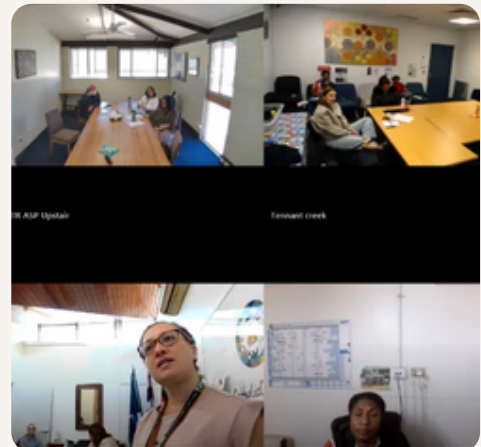


Image of CC NT RAMF Champion running an online training session (supplied by CC NT RAMF Champion).

This resulted in high engagement and immediate practice change. One example involved a high-risk disclosure where the staff member was able to respond using the RAMF approach the day after this tailored training. This supported a coordinated response that led to the woman experiencing violence accessing a shelter, the person using violence being remanded, and the woman safely re-engaging with the service at a later date. The staff member reflected that the training directly supported their confidence and ability to manage the situation and take appropriate action in real time.

Implementation Case Study: KWHB

Case Study 3: KWHB collected baseline data and surveyed community to inform service design and adapt RAMF implementation to fit the local context

In late 2024, KWHB developed a Family, Domestic and Sexual Violence (FDSV) awareness and attitudes survey to inform the design of FDSV services at KWHB and across the Big Rivers region. The survey was developed in partnership with Sunrise Health Service, Wurli-Wurlinjang Health Service and NT Health, with questions aligned to the RAMF. It helped build a shared understanding of FDSV, identify community needs, and highlight service gaps across the region. Staff visited remote communities and spoke directly with hundreds of community members about their experiences, perspectives and priorities. This process created valuable baseline data on community awareness and attitudes towards FDSV while also raising awareness and encouraging conversations about safety, healing and support. Watch the KWHB team talk about this here: [watch video here](#).



Image of KWHB bush trip to a remote service location (supplied by KWHB RAMF Champion).

“We spoke to about 323 people across 20 communities and had heartfelt, open conversations about what violence looked like locally. The results shaped our health promotion and project activities; it was really powerful”. – KWHB RAMF Champion

The findings have informed both RAMF implementation and the design of the [Big Rivers Healing for Our Mob](#) partnership program. Community feedback continues to guide KWHB's advocacy, funding priorities and program development. By grounding implementation in local knowledge and community voices, KWHB strengthened staff and community engagement, helping build support and momentum for improved FDSV responses.

Implementation Case Study: One Tree

Case Study 4: One Tree adapted the CRAT to fit their context

In remote and rural communities, building shared understanding of DFV is essential to effective RAMF implementation. Standard tools and written materials can be difficult to use where English is a second, third or fourth language, or where literacy levels vary. To address this, One Tree developed a pictorial version of the CRAT. The tool used visual prompts and plain-language explanations to support conversations about risk in ways that were accessible and culturally relevant. Rather than relying on dense written text, the pictorial CRAT enabled local workers to sit with women and families and talk through safety concerns in a more relational and inclusive way.

SER-FOR-157
Visual Client Risk Indicator Form
one tree
the place to be

Who is the client?
Date: _____ Time: _____
Client Name: _____
DOB: _____ Phone: _____ Lot Number: _____
Person problem is related to: _____

RISK FACTORS: What has the problem person done?

Physical harm <input type="checkbox"/>	used a weapon <input type="checkbox"/>	violence when using alcohol or drugs <input type="checkbox"/>	controlling behaviour <input type="checkbox"/>	hurts pets <input type="checkbox"/>
breached DVD <input type="checkbox"/>	stole money or cards <input type="checkbox"/>	history of violence <input type="checkbox"/>	threatened physical or sexual harm <input type="checkbox"/>	other <input type="checkbox"/>

More details:

1

Image of One Tree Visual Client Risk Indicator Form (supplied by One Tree RAMF Champion).

“The women who work night shift are local, and until we created the pictorial CRAT, it wasn’t being done, this makes the system actually useable and accessible for our local staff”. – One Tree RAMF Champion



Image of One Tree safe house staff participating in DFV training (supplied by One Tree RAMF Champion).

During a CoP session One Tree shared this development, and since then Yalu has also integrated the pictorial CRAT into their organisation. The RAMF CRAT and Safety Plan has also been adapted by One Tree into pictorial forms. This approach demonstrates how RAMF can be adapted to local contexts while maintaining its core focus on safety and supporting meaningful participation from the local workforce.

Implementation Case Study: KWHB

Case Study 5: KWHB's whole-of-organisation approach

KWHB, after a number of organisational developments, has embraced a whole-of-organisation approach to strengthening the service's ability to respond to family, domestic and sexual violence. The implementation team at KWHB has members focused on the following change dimensions: policy and program evaluation, staff capacity building and consultation, and client facing practice. Watch the KWHB implementation team about the features of their approach to implementation ([watch video here](#)). The video explores how the RAMF has been adapted and embedded into practice within their organisation.



Image of the Yarralin Health Centre (from the KWHB website).

“We are monitoring and reviewing how RAMF is working by interviewing staff and asking how they are going and what they want. We're taking care of our own as well, our staff”. – KWHB RAMF Champion 2



Image of the Borroloola sign on a bush trip (supplied by KWHB RAMF Champion).

In the video they describe integrating RAMF into systems such as Communicare to support more consistent client engagement, alongside ongoing staff reflection, monitoring, and wellbeing support. Champions also highlight the importance of safety, local adaptation, and creating space for people to tell their stories.

Implementation Case Study: Congress

Case Study 6: Congress whole-of-organisation approach to RAMF Implementation

As a large comprehensive primary health care service providing care to more than 14,000 clients across Central Australia each year, Congress recognised the need to take a whole-of-organisation approach to implementing RAMF. Leadership committed to the change, and governance structures were established to ensure different teams could contribute to how DFV responses were embedded across the service. As part of this work, Congress developed and implemented a culturally safe DFV screening question. Screening is a key public health strategy that supports early identification. Implementation highlighted that staff are often managing multiple priorities within a single consultation. When DFV is disclosed, referral options may be limited, particularly in remote communities where specialist services are not available. Completing a CRAT in these situations can feel high-stakes and isolating.



Image of the Mutitjulu clinic (from the Congress website).

“We are in the process of implementing this, and I think it will be really helpful to staff managing many responsibilities”.
– Congress RAMF Champion



Image of a men's march against violence hosted by Congress (supplied by Congress website).

To address this, Congress established an internal on-call secondary consultation model. Staff can contact the DFSV Practice Lead for real-time guidance on risk assessment, safety planning, documentation, referrals and decision-making. By embedding this support within policy and clinical governance systems, Congress created a practical model that reflects the realities of primary health care in remote Central Australia. The model also supports staff wellbeing through opportunities for debriefing and reassurance when responding to complex situations. It has been well received by staff and resulted in around 30 secondary consultations within its first few months of operation. Congress also demonstrates its commitment to preventing violence through community initiatives such as the Ingkintja Men's March Against Domestic Violence.

Implementation Case Study: Laynhapuy

Case Study 7: Laynhapuy focused on First Nations leadership

Laynhapuy's RAMF implementation was grounded in a culturally secure, Yolŋu-led approach. From the outset, Yolŋu Board members were informed about RAMF and DFV in language, enabling Yolŋu leaders to determine how implementation would occur and what was most relevant to their communities. This empowered Yolŋu staff to act as DFV RAMF Champions, lead community conversations, and support balanda staff to respond more appropriately.



Image of people in their homelands at the beach (from the Laynhapuy website).

“For this to work, you really need a passionate Yolŋu leader or leaders. And not for RAMF, but for DV”. – Laynhapuy RAMF Champion

“This is not about implementing a piece of paper, it is about talking to [Yolŋu] people and hearing their voices”. – Laynhapuy RAMF Champion

By ensuring implementation was guided by Yolŋu voices, Laynhapuy strengthened cultural safety, trust, and sustained engagement in DFV prevention and response. This work takes time and must be approached holistically. Before making practice changes or developing service responses, there were ongoing, careful community conversations about what constitutes violence and what a culturally safe response looks like in the region. This was built slowly through sustained dialogue and growing a shared understanding during bush picnics.

Implementation Case Study: RA NT

Case Study 8: Relationships Australia NT (RA NT) demonstrated enabling governance structures and a whole-of-organisation approach

RA NT adopted a whole-of-organisation approach to RAMF implementation, embedding responsibility for change across governance, leadership, management, and frontline practice rather than locating it with a single role or team. RA NT established strong governance through a Practice Quality and Risk Board Committee and a Practice Quality Leadership Group, creating organisation-wide accountability and ensuring adequate resourcing for RAMF implementation. These structures supported collaboration, clear decision-making, and efficient rollout of changes, particularly where leadership had authority to act on Champion recommendations.



Image of RA NT RAMF Champion implementation approach (supplied by RA NT RAMF Champion).

“The top thing that has helped us create change is our governance structures. It has taken a lot of investment of time to set this up, but it has made everything flow a lot quicker”.

– RA NT RAMF Champion



Image of RA NT RAMF Champion service front (supplied by RA NT RAMF Champion).

The RAMF Champion played a critical role, combining clinical, project, and change management expertise to guide implementation, support staff, and link frontline experience with leadership decision-making. However, implementation was not dependent on the RAMF Champion alone. Transparent, shared governance processes ensured RAMF was embedded across teams, policies, supervision, and practice systems, reinforcing a whole-of-organisation approach and increasing both implementation efficiency and effectiveness.

Implementation Case Study: CatholicCare NT

Case Study 9: CC NT focused on staff-centred care through an internal CoP and explored how it could improve implementation of RAMF

A key strength of the CC NT RAMF implementation is their internal CoP for frontline workers. The bi-monthly CoP brings together small groups from across their service sites to reflect, share challenges, and build confidence in responding to DFV.

“The CoP helps shift changes from policy to frontline practice, supports staff to feel safe and capable, and reduces stress so they can do their job effectively”.

– CC NT RAMF Champion



Image of the internal CoP hosted online (supplied by CC NT RAMF Champion).



Image of the internal CoP hosted online (supplied by CC NT RAMF Champion).

The CoP provides a safe space for discussion, peer learning, and emotional support, helping staff improve practice, problem-solve complex cases, and reduce stress and burnout. The CoP also informs leadership about frontline priorities, making implementation more practical and grounded in day-to-day work. This approach highlights the importance of supporting the workforce alongside implementing new frameworks and processes. By creating regular opportunities for reflection, connection, and learning, CC NT has strengthened staff confidence and wellbeing while embedding DFV practice change. The CoP demonstrates that effective implementation is not only about systems and tools, but also about investing in the people responsible for putting them into practice.

Implementation Case Study: RA NT

Case Study 10: RA NT addressed vicarious trauma through an organisation-wide strategic review and partnership with an external expert

As part of implementing the RAMF, RA NT recognised that increased exposure to DFV risk was placing additional demands on the workforce. Rather than responding through isolated wellbeing initiatives, RA NT commissioned a strategic organisational review of vicarious trauma, ensuring a whole-of-organisation response aligned with its Practice Quality Framework and governance structures. The review examined organisational systems, leadership practices, supervision structures, and day-to-day service delivery to identify how vicarious trauma was experienced and managed across the organisation.

“It has been such a good process working with [the external consultant], and so helpful for our organisation” – RA NT RAMF Champion

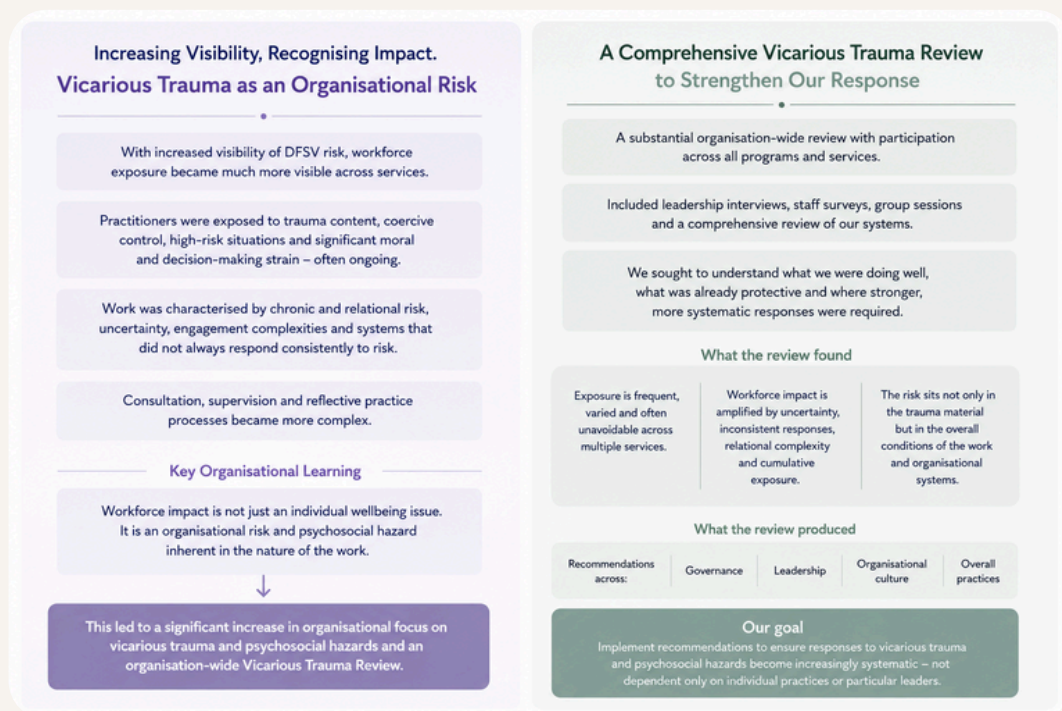


Image of RA NT RAMF Champion Vicarious Trauma Review Findings (supplied by RA NT RAMF Champion).

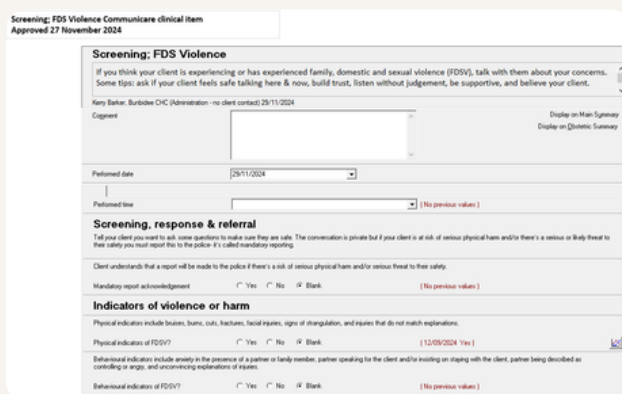
This approach ensured that workforce wellbeing was not addressed at an individual or team level alone, but embedded within organisational design, decision-making and practice expectations. Findings from the review are informing staged implementation of improvements across supervision, workload management, reflective practice, and organisational supports. This work reinforces RA NT’s commitment to ensuring that safe and effective responses to client risk are supported by a sustainable, well-supported workforce.

Implementation Case Study: KWHB, Congress and Miwatj

Case Study 11: KWHB, Congress and Miwatj updated their internal systems

Communicare is the clinical information system used by many health care services across Australia to manage patient care, appointments, and patient record keeping. KWHB, Miwatj and Congress all have their own separate Communicare system, and each organisation independently identified that updating Communicare was a key area to strengthen frontline practice for responding to DFV. RAMF Champions at each of the health organisations worked with their staff to create updates to their system, sharing their decisions and changes with the other RAMF Champions during the CoP.

“Putting the RAMF into our online documentation system Communicare is translating the RAMF content to our internal forms. This helps the clinicians ask the right questions”. – KWHB RAMF Champion



The image shows a screenshot of a web-based form titled "Screening: FDS Violence Communicare clinical item". The form is approved as of 27 November 2024. It includes a section for "Screening: FDS Violence" with instructions for clinicians. Below this, there are fields for "Performed date" (set to 29/11/2024) and "Performed time". The form also contains sections for "Screening, response & referral" and "Indicators of violence or harm", each with radio button options for "Yes", "No", and "Blank".

Image of the KWHB Communicare Clinical Item (supplied by KWHB RAMF Champion).



Image of Timber Creek clinic (supplied by KWHB website).

Changes included creating a screening question for DFV in Communicare that aligned with the RAMF, allowing systematic documentation, tracking of risk over time, and aggregation of client data. This supports mandatory reporting of DFV and child harm, child protection, and the Family Safety Framework, while tailoring RAMF to local, remote, and cultural contexts through adapted screening questions. This is an example of tailoring RAMF implementation to fit a primary health context. The RAMF Champions in each region and organisation consulted widely with clinicians and other Communicare users, Communicare administrators, cultural advisers and leadership teams to develop their patient information system.

Implementation Case Study: RA NT

Case Study 12: RA NT strengthened DFV practice by hosting a Practice Quality Forum

As part of its RAMF implementation, RA NT identified that existing RAMF training was too theory-focused and not practical enough for senior practitioners. Staff understood DFV dynamics, myths, and risk concepts, but wanted clearer guidance on what best practice CRAT use looks like in real sessions and what the internal process is specific to their workplace, especially after internal processes were updated to reflect the RAMF.



Image of RA NT RAMF Champion service front (supplied by RA NT RAMF Champion).

“The investment of a two-day forum significantly assisted in practitioner buy in. At the Forum, practitioners were given the time, information and resources on how the new process fit into their job, why the new process is important, and how RA NT is committed to supporting victims/survivors. We tried to make it interesting too and focused lots on case studies and learning that wasn’t too heavy, like a case study about Beauty and the Beast”. – RA NT RAMF Champion

To address this, RA NT established a two-day Practice Quality Forum (18–19 June 2024) to ensure whole-of-organisation practitioner training. The Forum focused on practical application of the new Practice Quality Framework, mandatory reporting, assessing risk, managing serious matters, CRAT use at RA NT, and case note requirements. All practitioners attended across sites, creating a fixed point in time for consistent implementation of new processes. The RAMF Champion measured the impact of this forum. Survey results showed increased knowledge of mandatory reporting requirements, stronger understanding of documentation standards, and greater confidence in assessing risk and completing a CRAT compared to before the Forum.

Implementation Case Study: Yalu

Case Study 13: Yalu's community education approach in Galiwin'ku

At the beginning of 2024, RAMF training was delivered in Galiwin'ku to over 20 Yalu staff. The facilitator used the remote RAMF package and added in discussions on lateral violence, prompting further reflection and learning. This led Yalu staff to develop and deliver their own training on healthy relationships, coercive control, and lateral violence, tailored to local knowledge and delivered in Yolŋu Matha and English, which has since been shared across other remote communities and Yolŋu services.



Image of DFV training with community delivered by Yalu RAMF Champion (supplied by Yalu RAMF Champion).

“We are going house to house and teaching. It’s our own people sitting down, listening, and at one house one of the girls from the Girl Power program began to educate her family with the information we have been teaching in those sessions.” – Yalu RAMF Champion



Image of RAMF training with Yalu staff (supplied by Yalu RAMF Champion).



Image of DFV training with Yalu staff (supplied by Yalu RAMF Champion).

This then led to Yalu identifying the need to educate local community members who were not staff. Yalu delivered DFV education to community by going house to house and facilitating small yarning circles with families. Rather than relying on formal workshops, local Yolŋu educators and RAMF Champions met families in their homes, creating culturally safe spaces to talk about domestic, family and sexual violence, coercive control, and healthy relationships which was all held in language. This relational approach built trust and increased community awareness. It also strengthened RAMF implementation by developing a shared understanding of DFV across the community. Watch the Yalu RAMF feedback video: [watch video here](#)

Implementation Case Study: Yalu and One Tree

Case Study 14: One Tree working with Yalu to create a shared understanding about DFV

As part of its RAMF implementation, One Tree partnered with Yalu to deliver training on understanding coercive control and lateral violence, funded and instigated through Victims of Crime NT. The training was delivered by First Nations women from Yalu and was for First Nations women in Wadeye. This created a culturally safe learning space where participants reported high levels of engagement.



Image of Yalu DFV training with One Tree staff at the end of the session (supplied by One Tree RAMF Champion).

“When Yalu came to deliver training, I have never seen people engage so much. This is the key”.

– One Tree RAMF Champion



Image of Yalu DFV training with One Tree staff in Wadeye during an activity (supplied by One Tree RAMF Champion).



Image of DFV training certificate presentation with Yalu staff and One Tree staff (supplied by One Tree RAMF Champion).

The sessions created space to explore how coercive control and lateral violence show up in families and communities, and how these dynamics connect to broader systemic and historical factors. The training was followed by a community awareness march, reinforcing that DFV prevention is not only a service responsibility, but a whole-of-community effort. This partnership highlighted the importance of growing local First Nations RAMF Champions and investing in community-led education. It demonstrated that meaningful engagement is more likely when learning is delivered by people with shared cultural knowledge, lived experience, and shared community context. The training created space for conversations that may not have occurred in more formal settings and helped strengthen local ownership of DFV prevention and response efforts. It also reinforced that sustainable change is built through local leadership, trusted relationships, and approaches that are grounded in community context.

Implementation Case Study: Yalu and Miwatj

Case Study 15: Yalu and Miwatj built effective partnerships for improved interagency management of DFV cases

Yalu and Miwatj provide services in Galiwin'ku and, through the RAMF Champion Project and CoP, have built a strong partnership to strengthen culturally safe, interagency responses to DFV. This collaboration has revealed siloed practices and referral issues, improved information sharing, enhanced client safety, and reduced re-traumatisation for victim-survivors.

“It’s so good having a relationship with Yalu, they alert us to safety issues and help align referrals, improving practice and client care. I really rely on them”. – Miwatj RAMF Champion



Image of Yalu CEO Anahita Tonkin and Miwatj RAMF Champion Rachel Jewell (supplied by Coordinator).



Image of Coordinator Meghan Wright, Yalu RAMF Champions Litisha Baker and Jasmine Yunupinu, and Miwatj RAMF Champion Rachel Jewell (supplied by Coordinator).

While not all solutions are implemented yet, ongoing collaboration reflects RAMF’s focus on continuous improvement. Being part of the RAMF Champions group made this partnership more efficient, with funded time for meetings, shared understanding of RAMF, and trust-building, which supported open communication and stronger teamwork. Yalu also provided guidance, feedback, and referral pathways for Miwatj, creating coordinated care.

Implementation Case Study: Yalu

Case Study 16: Yalu’s Girl Power Project highlights why community-led initiatives and approaches to implementation are so powerful

At Yalu in Galiwin’ku, Yolŋu leaders created local projects reflecting community knowledge, language, and experience. A key example is the “Girl Power” project for disengaged girls who may have experienced DFV. Started by a leader in the organisation in her backyard, it became a core Yalu activity. With RAMF support, the project adapted DFV education to be age-appropriate and strengths-based.

“Girl Power is our shining star. Where the young girls get the education. And I think...that again it's run by Aboriginal women and their young women and they're strong, they're fearless leaders. You know, and I think it's amazing, the stories that come out of that and how life changing and life impacting it might be” – Yalu RAMF Champion



Image of Coordinator interviewing Yalu staff Litisha Baker and Jasmine Yunupinu about Girl Power (supplied by Coordinator).



Image of Yalu Girl Power camp (supplied by the Yalu RAMF Champion).

A 2024 camp taught healthy relationships, lateral violence, and consent in language and on country, creating a safe space. Some girls described it as the best and safest experience of their lives. The project also engaged mothers and influenced girls to challenge bullying and lateral violence, impacting families and multiple generations. The Girl Power program works across the socio-ecological model, supporting youth, empowering girls, upholding culture, and educating the broader community. When communities lead solutions, engagement and long-term impact are stronger. Watch Yalu talk about Girl Power: [watch the video here](#).

“We need education, the community wants to know this. Education is the power. If the community has the knowledge, we will have the power to pass this on to the next generation and reduce rates of domestic violence in all forms. That is why we focus on talking to [community]”. – Yalu RAMF Champion

“Nobody experiencing violence arrives at a service needing only a risk assessment. They arrive needing to be believed, supported, and kept safe, and the organisation they walk into needs to be ready for all of that. Healing and prevention too. Clients don't experience violence in neat categories, and organisations can't respond to it that way either. RAMF is a tool, and a good one, but the real question was never just 'are we using the RAMF?', it was 'are we genuinely becoming an organisation that can respond to violence in all its forms?' That's a much bigger ask, and a much more important one”.

- Participant 2



Acknowledgements

Aboriginal and Torres Strait Islander Peoples

The Northern Territory Council of Social Service (NTCOSS) acknowledges the Traditional Owners of Country throughout the Northern Territory (NT) and recognises their continuing connection to land, waters and culture. We pay our respects to their Elders past and present. Aboriginal sovereignty has not been ceded.

Victim-Survivors

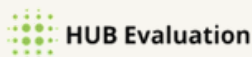
NTCOSS acknowledge and honour the courage, strength, and dignity of all victim-survivors of domestic and family violence (DFV), and of those who speak out, act, and work to improve our community's safety. We remember the people who have lost their lives to DFV in the NT, across Australia, and around the world. We stand in solidarity with victim-survivors, their families, and communities, and recognise the ongoing collective work required to end DFV and create safer, more respectful futures for all.

Authorship

Strengthening Domestic and Family Violence Responses Across Eight Services in the Northern Territory is a publication by the Northern Territory Council of Social Service. The evaluation was conducted and written by Meghan Wright (NTCOSS Coordinator for the Risk Assessment and Management Framework (RAMF) Champions Implementation Project).

Thank you

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The NTCOSS Coordinator thanks the RAMF Champions for their wisdom, generosity, creativity, and support. It has been a privilege to get to know and learn from each of you. Your dedication to making change, deep passion to end violence, your approaches to problem solving, and your bravery and persistence in the face of resistance is inspiring. The report and the evaluation process would not have been possible without you, your RAMF Champion organisations and your trust and honesty. For full list of acknowledgments, see full report.

NTCOSS and RAMF Champions recognise the significant contributions of the Domestic, Family and Sexual Violence Prevention Division at the Northern Territory Government, RAMF trainers, the Northern Territory DFSV sector, and the many activists and community leaders whose ongoing work has supported the implementation of RAMF and specifically this project. We acknowledge the depth of effort and commitment that has laid the foundation for this work and continues to strengthen responses to DFSV.

Positionality Statement

The Northern Territory Council of Social Service (NTCOSS) is a non-government organisation and the peak body for the social and community service sector in the Northern Territory (NT). NTCOSS's membership is comprised of community managed, non-government, not for profit organisations, which work in social and community service delivery, sector development and advocacy. NTCOSS advocates for and with the domestic, family and sexual violence (DFSV) sector (the Sector) in the NT to improve safety, wellbeing, economic and social justice outcomes for impacted individuals and communities. The Sector includes Aboriginal Community Controlled DFSV services, Aboriginal Family Violence Legal Services, remote safe houses, women's shelters, DFSV specialist counselling services, women's legal services and specialist sexual violence services. The Sector and associated peaks are committed to working with the NT Government to support and enable partnership.

The NTCOSS Coordinator Meghan Wright (she/her) is an Australian-born, non-Indigenous person, and has been living in Mparntwe/Alice Springs since 2022. She is an academically trained domestic, family and sexual violence (DFSV) researcher, policy and advocacy worker with lived experience. She recognises that her social location, experiences and perspectives may shape this work and its findings and is committed to ongoing reflection and strengthening her intersectional practice.





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