NTCOSS
Northern Territory Council of Social Service

Condensed Report

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

Process Evaluation of the RAMF Champions Implementation

Project 2023 - 2026

Contents

This is the condensed report, the case studies in this condensed report have been shortened and include fewer photographs than the full report. For full case studies refer to the Case Studies document, and for detailed methodology, extra project timelines, additional graphics, and appendices, please refer to the full evaluation report.

1. Introduction

1.1 What is the RAMF Champions Implementation Project 2023-2026?

The RAMF Champions Implementation Project 2023-2026 (the Project), funded by the Northern Territory Government (NTG) and coordinated by the Northern Territory Council of Social Service (NTCOSS), supports eight services to implement the Risk Assessment Management Framework (RAMF). NTCOSS employs a project coordinator (the Coordinator) and each of the eight services (RAMF Champion Organisations) has a designated person or team (RAMF Champion(s)) who is responsible for leading the implementation of the RAMF in their service.

The Coordinator facilitates capacity building for RAMF Champions through monthly Communities of Practice (CoP), monthly one-on-one support and mentoring, and leads a process evaluation (this report) to help develop feedback for RAMF Champion Organisations and learnings for the NT Government and domestic and family violence (DFV) sector.

The Project uses a community development approach and aims to increase the capacity and capability of the RAMF Champions, in turn supporting improved RAMF implementation in the eight RAMF Champion Organisations and the broader system. It also serves as an important bridge between high-level policy and frontline practice by supporting the translation of the RAMF into the daily operations of universal services.

1.2 The key evaluation questions are:

1. What support did the Coordinator provide to the eight RAMF Champion Organisations for RAMF implementation?
2. What did the support provided by the Coordinator achieve, and did it improve the implementation of RAMF?
3. What are the facilitators and barriers to implementing RAMF in the eight RAMF Champion Organisations?
4. What are the key learnings from the RAMF Champions' organisational implementation, including insights for the review and expansion of the RAMF?

1.2.1 Evaluation Purpose

The evaluation examined how support provided by the Coordinator influenced the RAMF Champions and their implementation of the RAMF. It also sought to identify the facilitators and barriers to implementation across the eight participating organisations, with the aim of drawing out key learnings to inform and strengthen future implementation efforts and broader system reform.

There is no established blueprint for supporting implementation through this model, meaning the work has been exploratory and developmental in nature.

1.3 RAMF Champion Organisations

The eight RAMF Champion organisations in the project are listed below with hyperlinks to the organisation's website:

1. One Tree Community Services NT (One Tree)
2. Miwatj Health Aboriginal Corporation (Miwatj)
3. Relationships Australia NT (RA NT)
4. Catholic Care NT (CC NT)
5. Katherine West Health Board Aboriginal Corporation (KWHB)
6. Yalu Aboriginal Corporation (Yalu)
7. Central Australian Aboriginal Congress (Congress)
8. Laynhapuy Homelands Aboriginal Corporation (Laynhapuy)

A map illustrating the eight organisations and their respective operating sites can be accessed by clicking here. This demonstrates the number of different sites that RAMF implementation was aiming to impact at the time of the report writing in 2026.

See Appendix A for a detailed description of each service and program delivered at the time of report writing. See Appendix B for a detailed project timeline.

Below is a map of the RAMF Champions at the time of data collection during the evaluation.

Figure 1: Map of the Locations of the RAMF Champions at the time of data collection for the evaluation.

Image sourced from Ontheworldmap.com and edited on Canva.

Image supplied by KWHB RAMF Champion

2. Background

2.1 What is a risk assessment approach to domestic and family violence?

Formal risk assessment approaches to domestic and family violence (DFV) emerged in the 1980s as a response to systemic failures where it had been identified that women who were murdered by their partners had often sought help from services prior to their death.[1] Globally, these approaches evolved into system-wide frameworks.

This occurred in response to growing evidence that individualised, uncoordinated and ad-hoc responses to DFV were failing to identify escalating risk and prevent serious harm and homicide.[2] Reviews, coronial inquests and research from around the world consistently showed that women experiencing domestic, family and sexual violence often had contact with multiple services before serious harm or homicide occurred. Yet critical information about their risk was not recognised, shared or responded to collectively, and opportunities to enhance safety were missed.[3,4]

In Australia, these risk frameworks were created with the aim of breaking down institutional silos by creating a shared knowledge and language about DFV, to ensure that a victim-survivor's safety is prioritised consistently regardless of which agency they contact, and to develop clear mechanisms for holding people using violence accountable for their actions.[4] These tools aim to allow for efficient resource allocation and facilitate vital information sharing between agencies to monitor the high-risk behaviour of people using violence.

However, these frameworks are also critiqued for their limited accuracy and can result in intrusive interventions or system surveillance, further taking power away from victim-survivors.

One of the strongest criticisms concerns the gap between framework intent and frontline reality.[5] This is less about whether frameworks are needed, and more about how they are designed, implemented, and experienced in practice. Without effective implementation they can create a "compliance driven" process where risk assessment becomes a documentation exercise that promotes a "tick-box" approach.

This minimises the aim of the tool, which is to promote a dynamic process of safety planning and risk analysis that can help empower safety.[6] Risk frameworks have also been criticised for insufficient responsiveness to intersectional cultures and identities, particularly for Aboriginal and Torres Strait Islander peoples, migrant and refugee communities, people who identify as Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual and/or Aromantic, and other identities (LGBTQIA+ people), and people with disability.[6,7]

2.2 Context of the NT and responding to DFV

The NT has the highest rates of DFV in Australia.[8] While DFV occurs across all communities, the scale and impact of violence in the NT reflect a distinct set of historical, social and structural conditions. DFV disproportionately affects Aboriginal and Torres Strait Islander women and children, whose experiences are shaped by intersecting forms of inequality.[9]

2.2 Context of the NT and responding to DFV

Although there are limitations in available data, current evidence indicates that rates of domestic assault in the NT are approximately three times the national average, while domestic violence related homicide rates are around seven times higher.[10]

Between 2000 and 2024, 87 women have been killed by their partners in the NT, with nearly all victims being Aboriginal and Torres Strait Islander.[11] These statistics likely do not demonstrate the full extent of violence occurring in the NT, as rates of under reporting for DFV are high.

To understand these patterns, it is important to consider the historical, social and structural conditions that shape them. For the broader population, the ongoing impact of colonisation has shaped power relations and social norms, including the normalisation of gender inequality, rigid gender roles and attitudes that tolerate violence against women. For Aboriginal and Torres Strait Islander peoples, colonisation has had devastating impacts on intergenerational trauma, disrupted cultural systems and persistent systemic racism. These factors drive DFV rates and operate alongside reinforcing factors that are more prevalent in the NT than elsewhere in Australia.[12]

Reinforcing factors in the NT include the highest rates of poverty[13], homelessness[14], overcrowding[15] and substance abuse.[16] While these factors do not directly drive or cause violence, they can intensify stress, reduce options for safety, and increase exposure to harm.

Geography further shapes the NT DFV context. Vast distances separate communities from service centres, and many communities are remote and culturally and linguistically diverse.

Poor road and housing infrastructure add strain. Significant workforce shortages caused by limited access to culturally appropriate education, burnout-related attrition and population transience place sustained pressure on DFV service systems.[17] Individual staff or services in remote communities are often required to respond to crisis while also supporting long-term safety and wellbeing across large regions, sometimes with the nearest police station or another service being multiple days drive away.

Alongside these challenges, communities across the NT demonstrate a wide range of strengths in responding to DFV that are often overlooked by formal service systems. These include strong social and kinship networks that provide practical support, guidance, and informal safety mechanisms; community-led initiatives such as women's and men's groups, local cultural projects, and grassroots shelters; and the leadership of Elders, respected local figures, and community knowledge holders who offer guidance, mediation, and accountability grounded in local values and traditions.[18]

Many communities have developed innovative or traditional, context-specific strategies for prevention, early intervention, and healing that operate outside formal service frameworks.[19] This reflects the deep knowledge of local needs and realities. Recognising these strengths across both Aboriginal and Torres Strait Islander and non-Indigenous communities is essential for DFV responses to be culturally safe, effective, and sustainable. Interventions need to build on existing strengths and empower grassroots initiatives rather than replacing them.[20]

2.3 What is the Risk Assessment and Management Framework in the NT?

In 2018 the NT Domestic and Family Violence Act was amended to include a requirement for the NT Government to develop a framework for DFV risk assessment and management, and a DFV Information Sharing Scheme. The NT DFV RAMF was developed and then launched in 2020.[21] The RAMF was created to strengthen the ability of services in the NT to respond to DFV by providing a framework to create an integrated service response.

The purpose of the RAMF is to increase the safety and wellbeing of victim survivors of DFV, and to increase the accountability of people who commit DFV through a risk assessment and management framework. As stated in the RAMF, when assessing and managing the risk of DFV, it is important that services work together, sharing evidence-based understanding, language and approaches. Central to the RAMF is the Common Risk Assessment Tool (CRAT), an evidence-based tool used to assess risk, and the likelihood of serious harm or death.

Where a victim survivor is assessed as high risk with an imminent threat to life, the CRAT provides a pathway for referral to the Family Safety Framework (FSF). The FSF is a multi-agency, action-based response for high-risk DFV cases, with meetings held across key NT locations. Led operationally by NT Police and supported by the Department of Children and Families (DCF), it coordinates services to enhance victim safety and prevent homicides.

The RAMF outlines common expectations in assessing, responding to and managing risk, so that they are recognised as shared responsibilities across the service system. This shared approach promotes collaboration across agencies responding to DFV and enables an integrated service response.

The RAMF is designed to support all services to better identify and respond to DFV risk. Information Sharing Entities (ISEs) are legally required under section 124R of the Domestic and Family Violence Act 2007 to align their policies and practices with the RAMF, while non-ISEs are encouraged to do so.

The DFV Information Sharing Scheme, also introduced through the 2018 amendments, allows ISEs to share information without consent in certain circumstances to improve victim safety, enable timely and coordinated responses, and reduce the need for victim survivors to retell their stories. Organisations can also apply to become ISEs. The Scheme does not replace mandatory reporting, privacy obligations, or requirements under the Care and Protection of Children Act 2007.

Together, the RAMF, the RAMF tools and guides, including the CRAT, the DFV Information Sharing Scheme and FSF aim to improve safety, strengthen accountability, and reduce DFV-related harm and homicide.

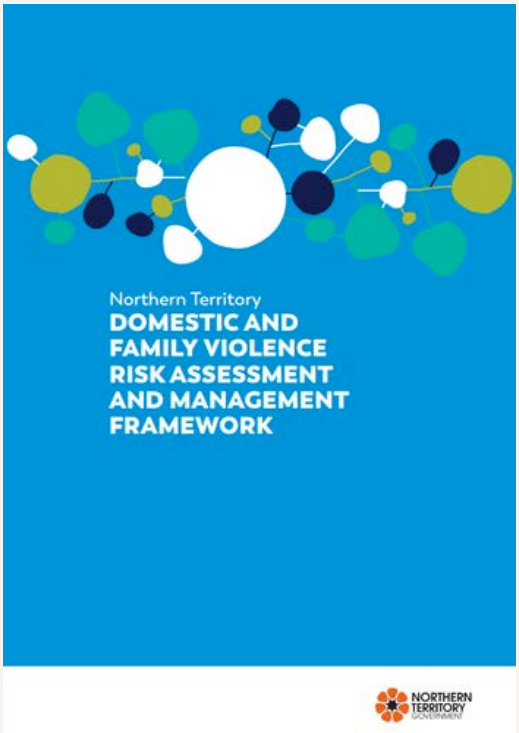


Image of the RAMF as published online in May 2026.

3. Method

3.1 Designing the evaluation

The evaluation work plan was developed through a participatory design process. To build the evaluation questions and evaluation work plan (Appendix B), the Coordinator held individual discussions with all RAMF Champions to identify the types of information that would be most meaningful to their organisation, and how the evaluation could support practice, organisational learning and local community priorities. The Australian Evaluation Society First Nations Cultural Safety Framework[22] and the Lowitja Institute's Tools to Support Culturally Safe Evaluation[23] were used to ensure that the evaluation was designed and implemented in a culturally safe way. This was important given that five participating services are ACCOs, many RAMF Champions identify as Aboriginal and/or Torres Strait Islander, and all organisations work with Aboriginal and Torres Strait Islander staff, clients and communities.

The Domestic, Family and Sexual Violence Prevention Division (DFSVPD), within NT Government was consulted to strengthen the relevance of findings for policy, future investment and system-level use. This evaluation was also undertaken in line with the NT Government Project Evaluation Framework and Toolkit.[24]

Image of Coordinator with RAMF Champions from One Tree Community Services NT in Wadeye designing the evaluation (supplied by Coordinator).

Consistent with these frameworks, the evaluation applied principles of Indigenous data sovereignty and free, prior and informed consent. Processes were designed to ensure confidentiality and to minimise burden on RAMF Champions, recognising the relational nature of the work and the cumulative demands faced by the workforce. A participatory and empowerment approach was used to centre marginalised voices and lived experience, and to use the evaluation to help build the capacity of the RAMF Champions in evaluations, to evaluate their own work, and to provide support for local leadership and community-control.

3.2 Internal evaluation

This evaluation was conducted by NTCOSS, led by Meghan Wright, the Coordinator. It was therefore an internal evaluation. This was particularly useful in the context of this Project where trust and relationships are central to meaningful engagement and enhance the developmental evaluation approach.

This was useful when the Coordinator used member checking and participatory methods to analyse the data and together with the RAMF Champions co-created the key learnings, findings and recommendations. To strengthen accountability to culturally safe practice, adhere to the Lowitja guides, and to manage the limitations of an internal evaluation, RAMF Champions were surveyed on their experience of the evaluation, its ethics and the cultural and personal safety of the process. In addition to this the Coordinator completed a Lowitja reflection tool on improving the culturally safe practices.

3.3 Data Sources

As per the data matrix (Appendix C), five data sources informed the evaluation.

Data sources include:

- Minutes and actions from the CoP sessions created after each monthly meeting
- Notes from the individual organisation mentoring sessions collected during the sessions
- Interview transcripts with each RAMF Champion recorded and transcribed at the end of first two years of the project
- Online survey results collected at the end of first two years of the project
- In-person or online focus group notes created during the session

These are described in more detail in the full report and in Appendix C.

3.4 Recruitment and consent

Prior to participating in interviews and the survey, all RAMF Champions were provided with an explanatory statement and consent form and were given a presentation on the evaluation with opportunities for questions (Appendix F and G).

All components of the evaluation were voluntary, and participants were notified that they could withdraw their consent and data at any time. The risk of participant distress was low as it did not increase exposure to harmful content.

All questions used in the process were constructed to elicit strength-based answers and empowering reflections. However, the interviewer was aware of signs of distress and provided each interviewee with a self-care plan (Appendix H) to mitigate the risk.

3.5 Analysis

Preliminary analysis was conducted independently by the Coordinator. This consisted of the qualitative data being analysed according to the key evaluation questions and then thematically organised using established qualitative research methods. Specifically, data was coded and organised into themes representing shared meaning rather than majority consensus, recognising that qualitative validity is measured by depth and insight rather than participant frequency. Thematic saturation was used to determine when sufficient data had been collected. This was identified when the same ideas were consistently repeated across sources, and existing themes were being confirmed rather than new themes emerging.

Initial themes were then reviewed by the RAMF Champions during a CoP; feedback was integrated by the Coordinator and then confirmed again through multiple rounds of member checking with RAMF Champions. The quantitative data was analysed using descriptive statistics in response to the key evaluation questions, supported by ANROWS evaluation and data specialists. All preliminary findings were shared with the RAMF Champions in an online presentation in October 2025, to critically reflect on emerging findings and seek feedback. To maintain confidentiality, all RAMF Champions were assigned a participant number for analysis, and are quoted anonymously throughout this report using this identifier.

NTCOSS also engaged an evaluation consultant who peer reviewed the work at all stages. Multiple rounds of feedback on the evaluation report were collected between February - May 2026.

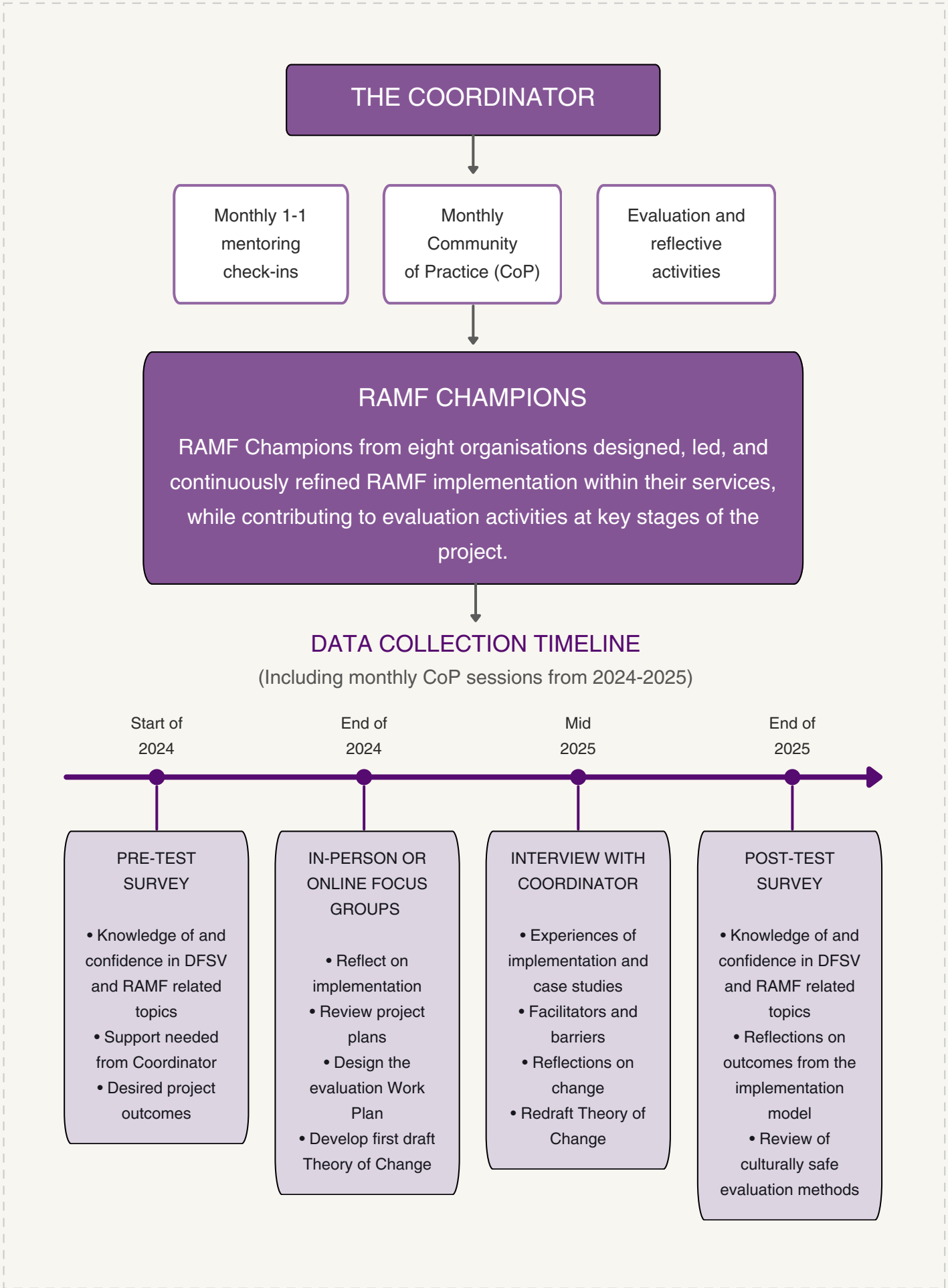
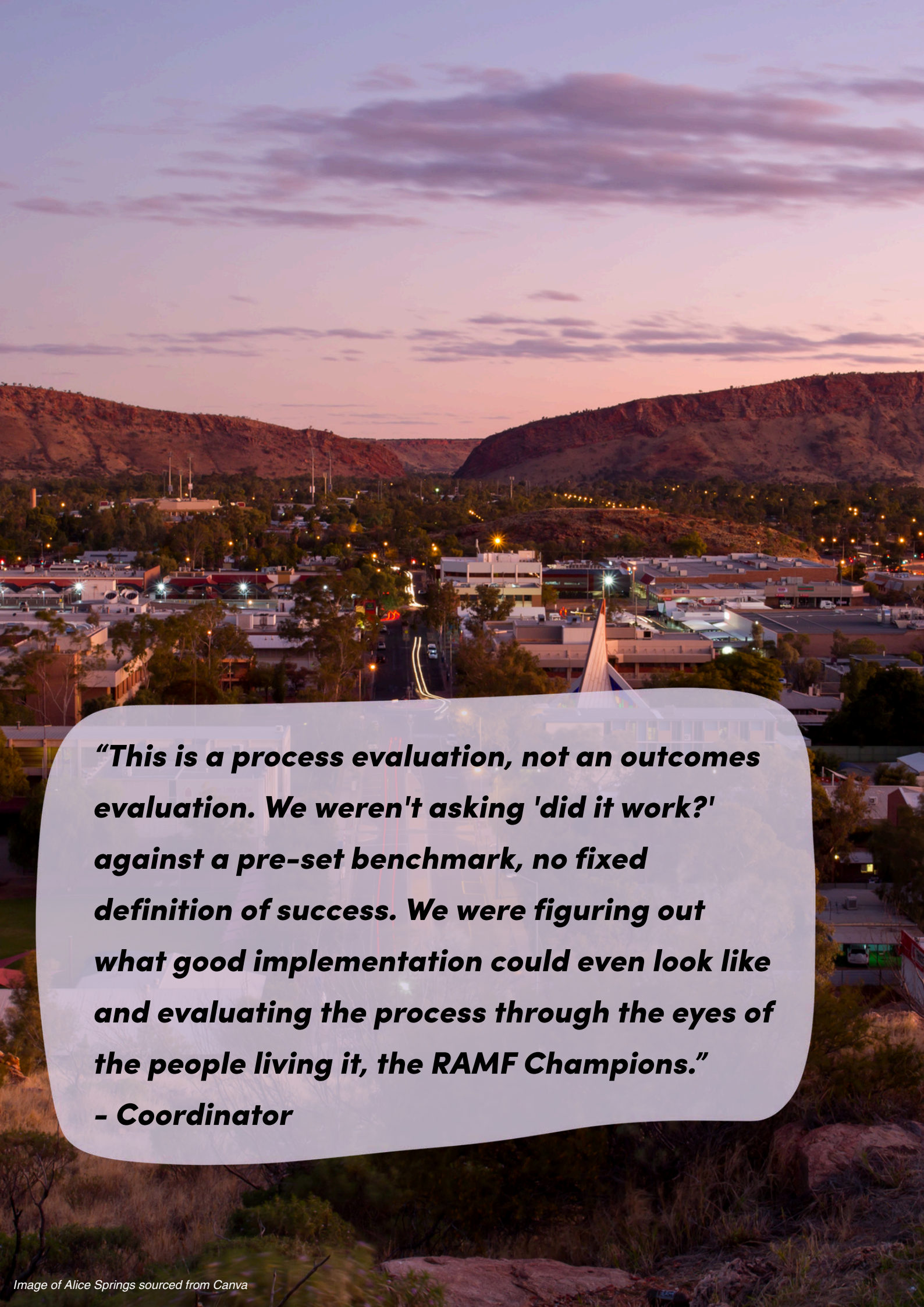


Figure 2: The Implementation Model and RAMF Champion Evaluation Activities Timeline



"This is a process evaluation, not an outcomes evaluation. We weren't asking 'did it work?' against a pre-set benchmark, no fixed definition of success. We were figuring out what good implementation could even look like and evaluating the process through the eyes of the people living it, the RAMF Champions."

- Coordinator

Image of Alice Springs sourced from Canva

4. Findings

4.1 What support did the Coordinator provide to the eight services for the RAMF implementation?

The primary objective of the Coordinator role is to facilitate the CoP and support RAMF Champions within individual organisations to ensure they can implement the RAMF and strengthen their organisation's ability to respond to DFV.

The support provided by the Coordinator included:

- Establishing the Project's operational principles and structure
- Individual monthly mentoring to each RAMF Champion
- Facilitation of the monthly CoP

4.1.1 The Project's operational principles and structure

The Coordinator developed the Project's operational structure. The Coordinator aimed to work from a clear and consistent set of principles that guided all implementation support, informed by the Lowitja Institute's Culturally Safe Evaluation Guide. These principles included people-centred, culturally safe and context-led practice; trust and shared decision-making; critical reflection; strengths-based and evidence-informed practice; and change management and empowerment approaches. These principles recognised that effective RAMF implementation is shaped locally, built on relationships, and grounded in the expertise of practitioners and communities. Rather than applying a one-size-fits-all model, organisations were encouraged by the Coordinator to adapt the RAMF to their own context and priorities. As one Champion reflected, *"it is not about what you do, but how you do it".*

The Coordinator, with ongoing RAMF Champion consultations and feedback, shaped the structure of the CoP sessions, the monthly 1-1 meetings, and thus crafted how the Project was coordinated. Structured evolving cycles of action, reflection and adaptation were built into the Project reflecting action research principles. The Coordinator's aim was to support RAMF Champions to implement the RAMF, while reflecting on the process, question underlying assumptions, and identify improvements or changes that needed to be made.

4.1.2 Individual mentoring

Individual mentoring formed a core component of implementation support. On average, RAMF Champions participated in 10 one-to-one sessions per year (approximately 1.5 hours each), with frequency ranging from 7 to 19 sessions depending on organisational need. Individual support focused on:

- Project mapping: supporting RAMF Champions to plan and sequence RAMF integration
- Reducing isolation: especially for workers in remote areas or sole-practitioner roles
- Resource sharing: enabling tools, frameworks and approaches to be adapted
- Capacity building: providing education about the RAMF, implementation and DFV topics
- Troubleshooting: providing a space to work through implementation challenges
- Enabling interagency collaboration: building connections between RAMF Champion organisations and other relevant services

Support also focused on using the NT Government Implementation Guide and other projects that have focused on strengthening services' ability to respond to DFV.

4.1.3 Community of Practice

The Coordinator facilitated a CoP, including planning sessions, managing administration, documenting learnings, supporting communication between meetings, and responding to emerging group needs. Ongoing feedback about the usefulness of the CoP was collected in individual mentoring sessions and was shared with the DFSVPD, NT Government, and those who attended the CoP.

The Coordinator ran 30 CoP sessions over the course of the project. 24 sessions between 2024-2025 were included in the data for this evaluation. Each CoP had an attendance rate of at least 75%. The CoP sessions occurred online and ran for 1.5-2 hours every month and discussed a variety of topics relating to the implementation of the RAMF. The CoP provided a peer learning opportunity to facilitate the implementation of the RAMF. The terms of reference for the CoP were co-created with the RAMF Champions, and defined the goals of the CoP (refer to Appendix I for the CoP Terms of Reference, goals, and standing agenda).

CoP topics were informed by one-on-one meetings with RAMF Champions, surveys about future CoP topics, discussions in the CoP, the RAMF Implementation Plan, and existing national and international literature on the topic.

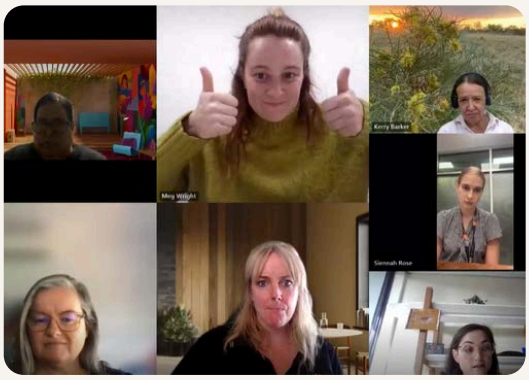


Image of Coordinator with RAMF Champions during an online Community of Practice (CoP) session (supplied by Coordinator).

It was delivered flexibly in response to RAMF Champion needs and interests. The CoP topics are detailed in Appendix J (CoP Learning Map and Topics).

4.2 What did this support provided by the Coordinator achieve?

The support provided by the Coordinator achieved a measurable strengthening of RAMF implementation across participating organisations. Both quantitative and qualitative findings indicate that the support model was effective in improving organisational and individual capacity to implement the framework in a sustained and meaningful way.

Some key products (excluding CoP educational presentations) created by the Coordinator to support implementation include the following:

- A foundational library of DFV, RAMF, evaluation and implementation related resources, publications and tools
- A composite narrative of a character named Sam, drawn from the experiences of women across the NT that RAMF Champions have worked with. The story is intended to provide a human and contextual lens on DFV and helps to clearly define the problems within the service system that RAMF, the DFV Information Sharing Scheme and FSF are together attempting to address (see Appendix K)
- Case study from the Project exploring different starting points, and different approaches to implementing RAMF (Appendix L)
- A draft theory of change specific for RAMF implementation created with the RAMF Champions (Appendix M)

4.2 What did this support provided by the Coordinator achieve?

It achieved the following:

1. Structural support for RAMF Champions' facilitated implementation progress
2. Capacity building for RAMF Champions built implementation effectiveness and efficiency
3. Wellbeing support for RAMF Champions improved their retention and implementation momentum
4. Improved interagency collaboration between RAMF Champion Organisations and other relevant services improved the impact of RAMF implementation

These four findings are detailed below.

Structural support for RAMF Champions' facilitated implementation progress

This is defined as:

- Providing structure for the RAMF implementation phases, activities, and in the CoP
- Direction on implementation activities
- Feedback on project plans, monitoring and surveying activities, staff consultation plans, policies, processes, and other implementation activities
- Problem-solving about implementation hurdles
- Hands-on assistance with implementation during site visits

RAMF Champions consistently described this type of support as essential, with many noting that implementation would have been delayed or not possible without it.

"The Coordinator has provided me a great deal of support creating Project plans, solving problems … without the Coordinator I believe I would not have completed as near as much as I have now...it made RAMF implementation possible". **- Participant 1**

Capacity building for RAMF Champions built implementation effectiveness and efficiency

This is defined as:

- Setting up learning and education sessions
- Sharing resources such as templates, policies, documents and clinical tools to learn from
- Providing access to broader sector knowledge

Pre–post survey analysis provided qualitative data that demonstrates that the Coordinator built RAMF Champion capacity through these activities. Although the statistical test cannot determine overall significance due to the small sample size, all questions showed a higher level of confidence following the support from the Coordinator and the CoP. Questions measuring the RAMF Champions confidence were scored between 1-5 (1 being low and 5 being the highest). RAMF Champions expressed the most positive change in confidence in understanding DFV Information Sharing (mean change of 1.15) and prevention techniques of DFV (mean change of 1.08). Additionally, six of 21 questions showed statistically significant changes, with all questions increasing in confidence post-intervention. Increased capacity about DFV and the RAMF enabled improved implementation by improving efficiency and competence with complex project planning and tasks. Some organisations identified that because they participated in this project new DFV leaders emerged in their organisations and communities and they identified service gaps and pursued new funding opportunities to continue DFV reform. This indicates the positive flow on effects of the capacity building of RAMF Champions.

"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

4.2 What did this support provided by the Coordinator achieve?

Wellbeing support for RAMF Champions improved their retention and implementation momentum

This is defined as:

- Debriefing with the Coordinator and with other RAMF Champions in the CoP
- Strength-based, narrative and reflective practice techniques employed in all one-on-one sessions and CoP sessions

Many RAMF Champions reported increased job satisfaction as a direct result of the Coordinator's involvement. This was particularly pronounced among RAMF Champions working in remote settings or in isolated roles without direct teammates and colleagues. These activities also enabled RAMF Champions to share experiences, and feel part of a wider community, supporting wellbeing.

This wellbeing support was identified as being important when RAMF Champions experienced resistance to implementation from other staff, DFV disclosures from staff and clients, and supported management processes for complex risk situations. While six RAMF Champion Organisations experienced RAMF Champion turnover during the implementation period, feedback from participants demonstrated wellbeing supports meaningfully extended RAMF Champions' engagement and effectiveness in their roles. Some RAMF Champions indicated that they stayed in their roles longer than they otherwise would have had these supports not existed. This is important for RAMF implementation because continuity of RAMF Champions maintains productivity and momentum, and protects institutional knowledge, which prevents delays and inefficiencies in the implementation of the RAMF.

"Attending the CoP has been extremely beneficial for my personal...wellbeing, mitigating burnout, vicarious trauma, and high stress. This CoP brings other like-minded people together...being a part of something bigger than just my own role". - Participant 8

"Due to having changes internally it was very helpful to have the consistency of the Coordinator to feel supported and listened to. Having them and the CoP... made me feel solid in my job even when I wasn't getting other support".
- Participant 4

Improved interagency collaboration improved the impact of the RAMF implementation

The Coordinator facilitated cross-organisational learning and collaboration and helped reduce duplication. Organisations with overlapping service footprints reported faster relationship-building and clearer referral processes from their participation in the CoP and requesting contacts from the Coordinator. Shared tools and documents in the CoP reduced time burdens, duplication and promoted consistency.

The CoP functioned as a structured mechanism for interagency collaboration, embedding shared practice across services. This improved the efficiency of RAMF implementation, and for some associated activities improved their quality by increasing the number of RAMF Champions collaborating and reviewing the work.

"Sharing and receiving resources from other RAMF organisations and NTCOSS has been so valuable… sharing resources makes it a lot less time consuming". - Participant 2

4.3 What are the facilitators and barriers to implementing RAMF in the eight services?

The following facilitators and barriers were identified as the most impactful to the RAMF implementation across participating organisations. As experiences varied, not every RAMF Champion organisation encountered each of the facilitators or barriers listed, some were prominent for certain organisations while absent or less significant for others. Where a factor was intense or context-specific, it is explored in more detail in section 4.4 as it relates to a key learning.

The following lists of facilitators and barriers are detailed in tables on the next 4 pages.

It is also worth noting that facilitators and barriers were often two sides of the same coin. Many of the barriers identified by RAMF Champions were simply the absence or inverse of a facilitator, where leadership buy-in drove implementation forward, its absence stalled it; where community engagement strengthened momentum, a lack of it created distance; where internal systems were updated and aligned, outdated or inconsistent ones created confusion.

Rather than treating facilitators and barriers as separate lists, it may be more useful to read them together as a spectrum. The same conditions that enabled success in one organisation were, when missing, the source of difficulty in another. This reflects how deeply implementation depended on local organisational and systemic context.

Facilitator

The evaluation found nine facilitators to implementing the RAMF across participating organisations:

1. Support from the Coordinator and the CoP
2. Adapting the RAMF to context
3. Whole-of-organisation approach to implementation
4. Leadership buy-in
5. Staff centred care and improving capacity and capability
6. Updating internal organisational systems
7. Community engagement
8. Partnerships with other services
9. Investing in grassroots initiatives outside the system

Barrier

The evaluation found eight barriers to implementing the RAMF across participating organisations:

1. Short term funding
2. Low accessibility of the language used in the RAMF booklet, guides, and tools
3. Limited RAMF and DFV training availability
4. Lack of organisational leadership support for the project and role
5. High staff turnover
6. Limited, unavailable, under-resourced and/or inadequately trained critical support services
7. A lack of men's services
8. The impact of weather and emergencies

Table 1: Facilitators to implementing the RAMF

Facilitators	Explanation	Quote
Support from the Coordinator and the CoP	The Coordinator, CoP and individual support enabled better implementation.	*"The support of [the Coordinator] to facilitate us sharing and getting this done is actually integral to the project. We would not have implemented this to the level that we have without the support of [the Coordinator]." - Participant 1*
Adapting the RAMF to context	Adapting and translating the booklet, guides and training to local service systems and cultural contexts was a major facilitator and non-negotiable pre-condition for success. Each area has differences in services, programs, referral options, cultures and languages which strongly affected how implementation worked in practice. RAMF Champions highlighted the role of cultural leaders, trusted relationships, and ongoing consultation in shaping practice.	*"In each location [of our service] there are different services and projects available. So, it has to look different everywhere. That is a lot of work. It means building an internal system for one site that has FSF and then building a different system for another site that doesn't have FSF." - Participant 2*
Whole-of-organisation approach to implementation	A whole-of-organisation approach better supported RAMF implementation. Success occurred when frameworks were embedded as part of the core of the organisation and across everything rather than a stand-alone policy tool.	*"RAMF is an excellent tool. We have adapted it to fit our context and communities. We feel really proud of the impact this is having. We see this through the whole organisation… we are [implementing]…online documentation systems…supporting staff and taking care of our own…[and] giving people [in community] an opportunity to tell their story". - Participant 5*
Leadership buy-in	Engaged leadership was a key enabler of successful implementation across all settings. RAMF Champions emphasised senior leader involvement, with Aboriginal and Torres Strait Islander leadership in ACCOs, being crucial for culturally relevant communication, shared understanding, and staff commitment. Where this leadership was present, implementation was legitimised, information flowed effectively, and RAMF Champions felt supported.	*"It started with the Board, getting one of our staff with strong knowledge who is [First Nations and local to the community] to present this information to the board in language. If this happens implementation can happen more effectively…[and]…information can flow better through the organisation". - Participant 7*
Staff centred care and improving capacity and capability	Successful implementation depends on a safe and supportive workplace for staff where disclosures of DFV can be managed, and vicarious trauma is mitigated. Recognition of the work completed outside of business hours by local staff, including receiving DFV disclosures, means they need greater support and recognition. A staff centred approach was found to improve capacity and capability.	*"The more we train staff the more staff disclosures we will get. If enough resources and investment is put into staff in the first place for this, then the staff are going to stay, which then flows onto everything". - Participant 1*

Table 1: Facilitators to implementing the RAMF (continued)

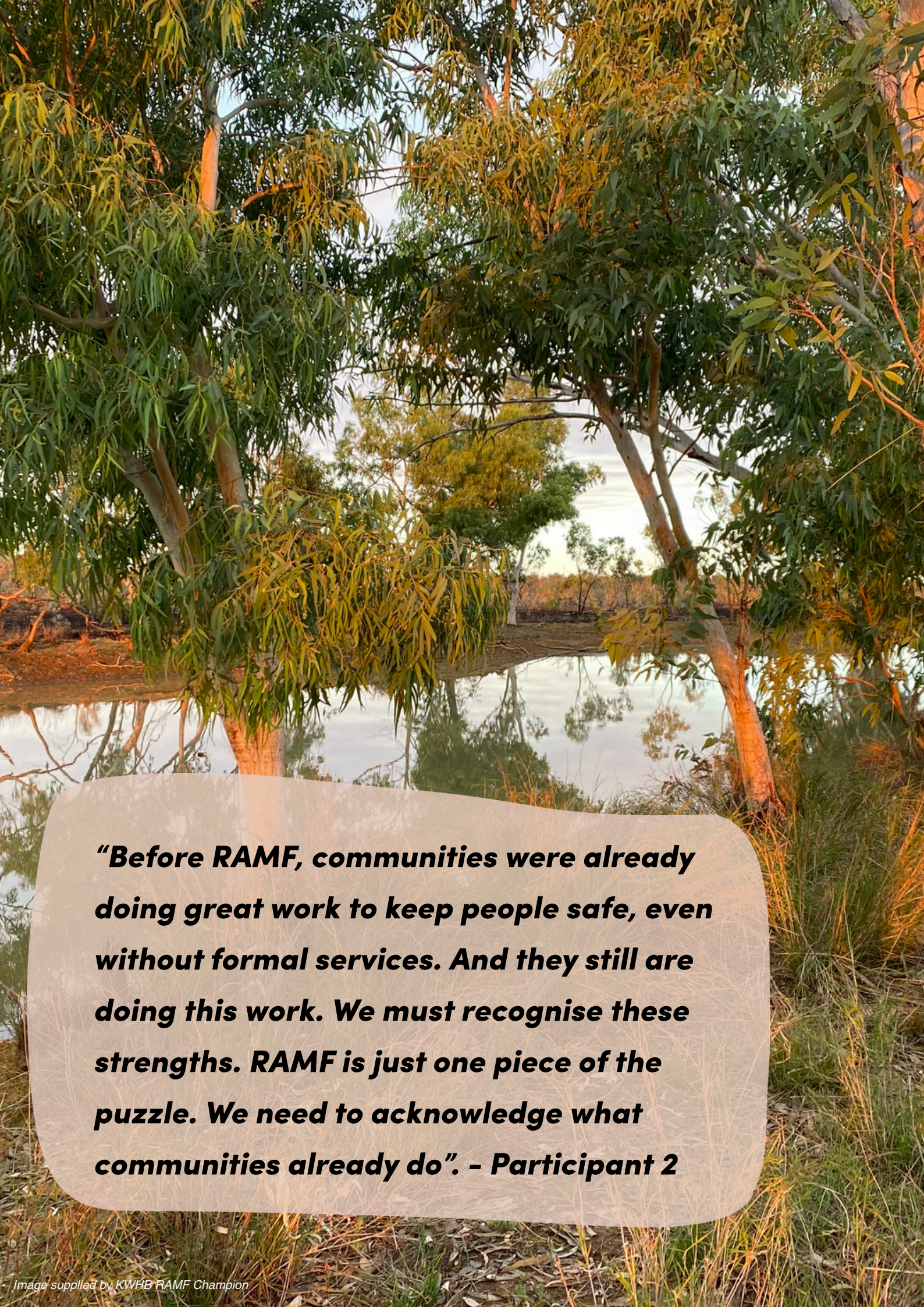
Facilitators	Explanation	Quote
Updating internal organisational systems	Updating internal organisational systems supported implementation. Successful approaches included making changes to policies, processes, online documentation systems and then running internal trainings to update staff practices, and for ACCHS creating changes to their individual Communicare electronic health record system.	*"We feel like our staff are great. They will respond sensitively but there wasn't this consistent system supporting them and the whole organisation. Each team was doing something slightly different and now we have this system that staff can rely on and fall back on and feel supported by, and we built the system together and based off RAMF. RAMF has helped us gain some consistency across all our systems. Knowledge, approaches, reporting, everything". - Participant 6*
Community engagement	Educating community about the services, and how to access them, and about DFV more broadly is essential for successful RAMF implementation. RAMF Champions said sustainable change relies on this knowledge being in community and growing the number of Aboriginal and Torres Strait Islander DFV leaders and Champions.	*"What has worked and what we need more of is we need more local [First Nations] RAMF Champions to [focus on] educating local people. To have this work be sustainable you have to identify First Nations RAMF Champions so that they can spread the messaging in community". - Participant 9*
Partnerships with other services	Partnerships with other services were essential for implementation. Collaboration reduced duplication, improved information sharing, and supported system integration, particularly with services with a shared footprint.	*"The [RAMF Champion Implementation] Project has improved our partnerships by helping us become an Information Sharing Entity. This helps us support clients who move between services. This means our systems better support them…which is already proving just how valuable it is as our clients are so transient between some of these systems and information sharing, you know, historically has been a big barrier to supporting clients". - Participant 10*
Investing in grassroots, place-based initiatives	Effective change was supported by community-led initiatives that bring together the whole community. RAMF Champions who invested in grassroots, place-based initiatives reported improved community buy-in and engagement with the process, and more holistic DFV responses.	*"We don't just want to build up [our service], we need to grow the whole community, and we all need to be around the table, young people, old people, everyone. This is why [a program at our service] is so effective, because it was identified by the community as a need, not made to fit a grant. RAMF is not community-led, that's the problem. It's about listening to First Nations people, not just following a document". - Participant 11*

Table 2: Barriers to implementing the RAMF

Barriers	Explanation	Quote
Short term funding	Short-term funding constrained effective change management. Ongoing uncertainty around funding limited long-term planning and role stability, making it difficult to sustain workforce continuity and relationships. This disrupted consistent implementation efforts and hindered the embedding of practice changes over time.	*"The sheer amount of work that needs to be done in the area, when you're on a shorter-term funding model, trying to figure out what the priority is for your organisation, for the communities that you work in is too hard. How do you do something sustainable with 2 years of funding? So, I think that's a huge challenge". - Participant 4*
Low accessibility of the language used in the RAMF booklet, guides, tools	The language used in the RAMF booklet, tools, and guides is highly academic and can be difficult to understand for people without higher education or for whom English is not a first language. It can also be challenging to apply in fast-paced service environments when working directly with clients. RAMF Champions noted that the low accessibility in remote settings created additional barriers for Aboriginal and Torres Strait Islander staff.	*"The success of this Project long-term rests on changing the material to fit the context of remote First Nations people. The use of the word risk throughout the whole framework is challenging in [the Yolnu lands]. There is no translation". - Participant 7*
Limited RAMF and DFV training availability	Limited or no specialist DFV training and limited or no RAMF training in remote areas created significant barriers to improving workforce readiness and capability. RAMF Champions reported wanting to ensure their staff were appropriately prepared for the complexity and risk of DFV work but described lacking training options to enrol staff in to and a lack of guidance about the different types of training staff might need to be most effective.	*"I think the challenge for RAMF currently is that it sits in urban centres, in content and training, and so a lot of our frontline healthcare staff, our Aboriginal health practitioners, our remote teachers and, you know, Aboriginal corporation staff and community members aren't getting access to this training cause, you know, a lot of them are living between 300 to 600 kilometres away from an urban centre so that they're missing the bulk of the RAMF training. It needs to be more accessible to them in language, and location". - Participant 10*
A lack of organisational leadership support for the project and role	Some RAMF Champions reflected that limited organisational leadership understanding and buy-in regarding RAMF implementation could undermine momentum, restrict authority, and overburden RAMF Champions. This could affect retention and lead to frustration, powerlessness, and concerns about sustainability.	*"This Project is quite difficult because it is bigger than RAMF itself, we really have to get to the root causes. I am also [client facing] and [managing frontline staff] and so there is not enough time. I have no implementation team and no power to authorise changes. I need more support from my organisation to do this properly". - Participant 3*

Table 2: Barriers to implementing the RAMF (continued)

Barriers	Explanation	Quote
High staff turnover	High staff turnover and heavy workloads made it hard to sustain change. A study by Menzies reported an average annual staff turnover rate of 151% in ACCHS clinics in regional and remote NT. [22]	*"Our staff are busy running emergency departments in remote communities; they don't have time for this. Also, our staff turnover and vacancies are our biggest barrier. As soon as I get someone on board, they quit or their contract ends". - Participant 4*
Limited, unavailable, under-resourced and/or inadequately trained critical support services	RAMF implementation was at times constrained by the availability, expertise and capacity of surrounding services. Some RAMF Champions experienced challenges in working relationships with statutory services, including variable police responses and uncertainty around DFV information sharing. Difficulties accessing or referring to the FSF also caused delays in some contexts. In remote and under-serviced areas where specialist DFV services were limited or an FSF was not yet in place, these gaps affected how fully RAMF could be operationalised.	*"We have been in situations where we feel like a client is going to die and then the FSF has left us hanging. The system they promised doesn't exist for us. So then after implementing everything staff feel like 'what is the point', we did what you said, and it doesn't work. That is really hard for momentum and getting staff onboard". - Participant 6*
A lack of men's services	Outside of Darwin, Katherine and Alice Springs, there are no formalised men's behaviour change programs. Additionally, there are few services across the NT who work with men and boys. This is an issue for RAMF Champion organisations who more frequently engage with men compared to specialist DFV services.	*"Who do we refer the men to? RAMF says it holds people accountable but with no direction and there is no one to refer to. We have to work with both men and women". - Participant 7*
The impact of weather and emergencies	Natural disasters and extreme weather slowed implementation by diverting staff to emergency work and restricting travel, causing delays as immediate needs took priority over RAMF activities.	*"We have not been able to get out to [a few sites] because of the rain and so managing that takes precedence over everything else". - Participant 7*



"Before RAMF, communities were already doing great work to keep people safe, even without formal services. And they still are doing this work. We must recognise these strengths. RAMF is just one piece of the puzzle. We need to acknowledge what communities already do". - Participant 2

Image supplied by KWHB RAMF Champion

4.4 Findings

What are the key learnings from the RAMF Champions Implementation Project?

This section details each key learning, related recommendations for the NT Government and where applicable include case studies from RAMF Champion Organisations showing high-quality implementation practice. The case studies in this report version (Condensed Report) have been shortened and do not include photos (see Case Study document for more details). The learnings span four levels: the project model itself (learnings 1–3), the RAMF framework and its accessibility (learning 4–5), and the organisational and internal systems conditions that shape implementation (learnings 6–10), and external social and systems conditions that shape implementation (learnings 11-13). Taken together, they point to a consistent theme: that successful RAMF implementation is not primarily a technical challenge, it is a relational, organisational, and systems change challenge.

13 KEY LEARNINGS

There are 13 key learnings from the Project regarding RAMF implementation in the eight services:

1. A dedicated project coordinator and a CoP are high-value investments
2. RAMF Champions are critical for implementation, however they are under-resourced
3. RAMF Champions need more structured guidance about the RAMF implementation
4. The implementation of the RAMF would benefit from increasing the accessibility of the RAMF and DFV training
5. Tailoring the RAMF to fit context is not only a facilitator but a necessary pre-condition for implementation
6. Whole-of-organisation approaches are the most successful model for the RAMF implementation
7. First Nations leadership and organisational leadership is essential for implementation
8. Clear governance structures for implementation improve implementation efficiency
9. Workforce wellbeing and safety processes and mechanisms are foundational to the RAMF implementation
10. The RAMF implementation requires integration into internal systems within each individual organisation
11. Growing community awareness through community DFV education sessions strengthens the RAMF implementation planning, adaptation and momentum
12. Collaborating with DFV specialists, other RAMF Champions and/or services with a shared footprint greatly improved the efficiency of the RAMF implementation
13. Broader service system development and investment in community-led DFV initiatives is needed to maximise impact of the RAMF implementation

01

KEY LEARNING

A dedicated independent project coordinator and a CoP are high-value investments.

A dedicated project coordinator, mentoring and peer learning in the CoP significantly improved RAMF implementation. The Project found that the structural support (providing feedback on project planning and problem solving) was useful and RAMF Champions rated the Coordinator's support in the survey on average 4.9/5 (n=9). The results demonstrate that this model supported RAMF Champions' wellbeing, and built their capacity, knowledge and confidence.

The Coordinator and the CoP also helped to maintain the momentum of implementation, improved interagency collaboration (especially between RAMF Champion Organisations) and improved or sustained RAMF Champions' retention. In the survey results, all RAMF Champions rated that having access to a dedicated and independent project coordinator and the CoP was a 5/5 for impact (n=9).

Figure 3: Simple Implementation Logic Model and Impact

Recommendation 1: Continue to fund the RAMF Champions Implementation Project, including a central, independent project coordinator, and introduce 5-year funding agreements for RAMF Champion Organisations to support sustainability.

02

KEY LEARNING

RAMF Champions are critical for implementation, however they are under-resourced.

RAMF Champions drove the organisational reform and change required to implement RAMF but often lacked sufficient authority and resourcing, creating sustainability risks for the role. Where RAMF Champions held multiple roles, worked alone, or lacked decision-making power, implementation was less effective.

For some organisations it affected RAMF Champion retention and led to frustration, feelings of powerlessness, and concerns about implementation momentum. In addition to this, short contract lengths and the cost of remote travel limited the ability of RAMF Champions to plan for and create sustainable long-term change for RAMF implementation. Sustainable implementation requires recognising that this is significant change work that takes time, support, and investment to achieve and maintain.

This was particularly significant given the scale of change required across large organisations, where meaningful implementation takes time to embed into systems, practice, and culture. In some cases, even a single one-week trip for a RAMF Champion to a remote service site could cost the service up to $6,000 for all expenses, making regular in-person engagement difficult to sustain. As a result, opportunities for consistent follow-up, relationship-building, and incremental change were constrained, especially in remote contexts where ongoing presence is critical for effective implementation.

Image of Coordinator with RAMF Champions from Yalu Aboriginal Corporation on Galiwin'ku during an in-person focus group (supplied by Coordinator).

Image of Coordinator with RAMF Champions from KWHB during an in-person focus group (supplied by Coordinator).

03

KEY LEARNING

RAMF Champions need more structured guidance about the RAMF implementation.

Additional practical RAMF implementation guidance and tools would accelerate future rollouts. This guidance could include for instance, articulating phases of implementation, a specific theory of change for RAMF implementation, a guide explaining the role of RAMF Champions, template policies and procedures, packages for briefing leadership on the project and implementation monitoring and evaluation tools.

RAMF Champions suggested that these resources would reduce time at the beginning of the project where participants felt unsure about how to proceed. It would also help improve implementation efficiency by reducing duplication of materials by each service.

Recommendation 2: Develop RAMF implementation phases and a RAMF/DFV maturity model. This will allow organisations to identify where they are on the RAMF implementation journey to becoming a DFV informed organisation. Include self-evaluation tools for organisations to monitor their progress.

Recommendation 3: Create a RAMF Champions Implementation Project induction package. Include orientation training to inform boards, leadership and RAMF Champions about RAMF implementation to increase commitment and readiness.

Recommendation 4: Produce a suite of culturally safe RAMF implementation guides and project management resources to assist organisations to recognise existing community and organisational strengths, adapt the RAMF to their context, take a whole-of-organisation approach, and reduce duplication between organisations.

04

KEY LEARNING

The implementation of the RAMF would benefit from increasing the accessibility of the RAMF and DFV training.

The accessibility and applicability of the RAMF booklet, guides, tools and training impacts frontline staff uptake and buy-in, ultimately affecting implementation efficiency. The framework is not always in accessible language or contextualised to diverse settings, limiting their usability for frontline workers, expressly those working remotely, people from language backgrounds other than English, and those without academic training. RAMF Champions identified opportunities to increase RAMF usability in remote contexts with plain-language summaries, metaphors, visual tools, and guidance on adapting resources. Developing remote-friendly formats and remote case studies would further increase the framework's practicality. These adaptations would broaden engagement and make the framework more accessible in diverse communities and fast-paced frontline environments.

RAMF Champions consistently identified limited access to RAMF training in remote areas, and DFV training more broadly across the NT, as significant barriers to implementation. While RAMF Champions wanted staff prepared for the complexity and risk of DFV work, they reported limited training options and insufficient time, clarity and system-level guidance to coordinate training across sites, roles and professions.

RAMF Champions noted that distinctions between "universal" and "specialist" services do not align with the reality of their work. The current RAMF booklet describes the role of universal services as screening, referring, mandatory reporting, information sharing and documentation. However, this does not reflect the realities of remote services and other frontline settings. It also overlooks the specialist DFV functions already embedded within many universal services (a universal service with a safe house or men's behaviour change program).

These findings highlight the need to clarify DFV role expectations, create flexible training pathways that provide access to specialist knowledge, and embed context-sensitive guidance within the RAMF. RAMF Champions suggested that distinguishing roles based on worker or team functions, rather than entire services, would better reflect practice, strengthen trust in the RAMF, and improve implementation buy-in.

Recommendation 5: Update the RAMF, including RAMF training, based on community consultation, to strengthen its application in remote contexts.

Recommendation 6: Introduce a three-tier, role-based RAMF responsibility framework to replace the current distinction of universal and specialist services.

04

KEY LEARNING

The implementation of the RAMF would benefit from increasing the accessibility of the RAMF and DFV training.

Case Study 1: Miwatj improved access to DFV education through PARt training

Miwatj partnered with the Prevent Assist Respond (PARt) project to deliver locally relevant DFV training across the Gove Peninsula, Galiwin'ku and Milingimbi in August 2025, addressing limited access to RAMF training in Northeast Arnhem Land. Success was driven by trainers with local knowledge and language skills, real NT case studies, and relationship-based delivery. Contextualised training built shared understanding, challenged myths, strengthened trauma- and violence-informed practice, and increased staff confidence, readiness and survivor safety.

"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

Case Study 2: CC NT adapted RAMF training to improve accessibility for staff

The RAMF Champion tailored training for culturally and linguistically diverse staff, many of whom were recent migrants with English as a second language, delivering foundational DFV content through small-group workshops. The approach resulted in strong engagement and immediate practice change. Following training, a staff member confidently responded to a high-risk disclosure using the RAMF approach, contributing to a coordinated response that improved safety and support for the woman involved. This demonstrated how accessible, culturally responsive training can build workforce confidence and strengthen real-time responses to family violence.

"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 Miwatj RAMF Champion Rachel Jewell with the PARt team in North East Arnhem Land (supplied by Miwatj RAMF Champion).

05

KEY LEARNING

Tailoring the RAMF to fit context is not only a facilitator but a necessary pre-condition for implementation.

RAMF Champions reported that successful implementation depends on recognising differences between services, communities and cultures across locations, and tailoring the approach accordingly. Organisations that created context-specific adjustments to DFV and RAMF processes had improved implementation. Consulting staff to design context specific implementation and ensure it was fit for purpose was reported as essential for sustainable planning. Staff surveys and interviews helped identify needs and priorities, boosting ownership and staff engagement. Meaningful community engagement and local leadership is needed to adapt the content to fit cultural context and increase the cultural responsiveness of implementation. RAMF Champions found this improved the acceptability of the changes by community and helped motivate staff. Adapting the content to fit the local cultural context also helped to identify the existing strengths in community and build the changes off these. RAMF Champions said meaningful implementation must recognise the protective and support work that communities already do, often without formal services. Valuing this work builds trust, legitimacy, and service ownership and buy-in.

Case Study 3: KWHB used community data from a survey to guide service design

KWHB developed a Family, Domestic and Sexual Violence (FDSV) awareness and attitudes survey to inform service design, RAMF implementation, and regional planning across the Big Rivers region. Guided by RAMF principles, staff engaged directly with more than 320 people across 20 communities to understand local experiences of violence, service gaps, healing practices, and community priorities. The findings created valuable baseline data, informed new FDSV programs (Healing For Our Mob) and advocacy efforts, and strengthened staff and community buy-in for change. By grounding implementation in community voices, KWHB improved the relevance, responsiveness, and sustainability of its FDSV work.

"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

Case Study 4: One Tree adapted the CRAT to improve accessibility

One Tree developed a pictorial version of the RAMF CRAT and related safety tools to support use in multilingual and varying literacy contexts. Using visual prompts and plain language, the adapted tools improved accessibility, confidence, and consistency in identifying and responding to risk, while supporting meaningful participation from local staff. The innovation was later shared through the Community of Practice and adopted by other organisations.

“No one was using it before this change. It is accessible”. – One Tree RAMF Champion

06

KEY LEARNING

Whole-of-organisation approaches are the most successful model for the RAMF implementation.

Implementation was more effective when a whole-of-organisation approach was taken. Success occurred when RAMF was adapted to fit context and then embedded as part of the core of the organisation and across everything, rather than a stand-alone policy tool. This aligns with foundational implementation science, which demonstrates that standalone training yields only a 10–15% transfer to actual practice, whereas integrating training with coaching, organisational support, and systems change (whole-of-organisation approach) can boost practice change up to 80%.[26, 27]

The organisations that had greater impact were those that took a comprehensive whole-of-organisation approach including:

- Leadership, Governance & Shared Responsibility: committed leadership, clear governance structures, and dedicated implementation support
- Organisational Culture & Staff Wellbeing: workforce wellbeing, staff safety, and culture change
- Internal Systems & Capability Development: training and professional development, policies and procedures, and DFV systems and processes
- Community Engagement: community relationships, cultural responsiveness, and community awareness and participation
- Evaluation and review: data collection and learning, monitoring implementation progress, and continuous quality improvement

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

06

KEY LEARNING

Whole-of-organisation approaches are the most successful model for the RAMF implementation.

Case Study 5: KWHB adopted a whole-of-organisation approach

KWHB embedded RAMF across systems, workforce development, and client practice. This included integrating RAMF into Communicare, supporting staff reflection and wellbeing, and strengthening client engagement. By addressing policy, culture, and practice together, KWHB adapted RAMF to local contexts and improved its capacity to respond to family, domestic and sexual violence.

"Putting the RAMF into our online client documentation system, Communicare, is translating the RAMF content to our internal forms. This helps the clinicians ask the right questions". – KWHB RAMF Champion 2

"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

"RAMF is an excellent tool. We have adapted it to fit our context and communities. We feel really proud of the impact this is having. Safety comes first". – KWHB RAMF Champion 1

Case Study 6: Congress adopted a whole-of-organisation approach

Congress embedded RAMF through leadership commitment, governance structures, culturally safe DFV screening, and clinical support systems. Congress demonstrates its commitment to preventing and responding to violence through community initiatives such as the Ingkintja Men's March Against Domestic Violence, and by establishing an internal secondary consultation model, providing staff with real-time guidance on risk assessment, safety planning, referrals, and decision-making. This approach strengthened staff confidence, wellbeing, and the organisation's capacity to respond to DFV. This has also been identified as integral to staff wellbeing, ensuring they are able to debrief and be provided reassurance about their response in often complex client scenarios. This approach has been well-received by staff and has resulted in around 20 secondary consultations in the few months it has been running.

"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 Ingkintja Men's March Against Domestic Violence hosted by Congress (supplied by Congress website).

07

KEY LEARNING

First Nations leadership and organisational leadership is essential for implementation.

RAMF Champions described leadership as one of the most important factors, with success depending on organisational conditions like leadership commitment. Furthermore, implementation was strongest when shaped and championed by Aboriginal and Torres Strait Islander leaders and local leaders. Leadership commitment is critical for the organisational change that RAMF implementation requires because it provides the necessary vision, resources, and credibility to drive adoption and overcome resistance. Leaders, by acting as role models in these RAMF Champion Organisations, built trust and ensured new strategic goals aligned with the changes, improving long-term success. However, where leadership did not prioritise RAMF implementation as an ongoing organisational focus, progress would often begin, lose momentum, and then gradually fall away, requiring effort to restart and rebuild engagement.

Case Study 7: Laynhapuy prioritised First Nations leadership in RAMF implementation

Laynhapuy embedded RAMF through a Yolŋu-led approach, ensuring implementation was guided by community voices, local knowledge, and discussions in Yolŋu Matha. Through education to the board in language, yarning circles, bush picnics, and ongoing community conversations, Yolŋu leaders shaped how DFV prevention and response would occur in their communities. This work takes time and must be approached holistically. Before making practice changes or developing service responses, there are ongoing, careful community conversations about what constitutes violence and what a culturally safe response looks like in the region, built slowly through sustained dialogue and shared understanding. This strengthened cultural safety, local ownership, and engagement while recognising and building on existing community strengths.

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

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

Recommendation 7: Invest in strong and visible First Nations leadership across the DFV system to improve culturally secure and responsive implementation.

08

KEY LEARNING

Clear governance structures for implementation improve implementation efficiency.

Clear and well-understood internal governance structures were identified as a key enabler of effective and efficient implementation. RAMF Champions described how defined processes, decision-making pathways, and role clarity supported shared understanding across the organisation, reduced confusion, and improved efficiency. Governance arrangements that provided a “clear flow” enabled staff to know how to act, who was responsible for decisions, and how implementation tasks should progress. These structures supported consistency and teamwork, allowing implementation to be embedded as routine practice rather than ad hoc.

Case Study 8: 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. 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.

“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).

09

KEY LEARNING

Workforce wellbeing and safety processes and mechanisms are foundational to the RAMF implementation.

Ensuring staff wellbeing and safety are prerequisites for effective implementation and developing client facing DFV practices. Organisations that took a staff centred care approach to implementation had greater success. A staff centred care approach is two-pronged; personal safety (staff can disclose personal experiences of DFV and be supported appropriately, for example can access DFV leave) and professional safety (staff can safely complete their tasks, ask questions, debrief, and there are vicarious trauma prevention and management practices in place). RAMF Champions described the process of implementation as relationship-based, requiring trust, safety, and time from staff. RAMF Champions found implementation progressed where staff felt heard, valued, and resourced. RAMF Champions also reported that a staff centred care approach and culture had positive flow on effects to overall staff retention and job satisfaction, and staff readiness to improve and change DFV practices. Local staff also need greater support and recognition for the work they complete outside of business hours. Trusted workers receive DFV disclosures outside of business hours. However, some RAMF Champions reported leadership resistance or limited prioritisation of staff wellbeing, often linked to competing priorities, emergencies, financial pressures, and limited understanding of RAMF. Where staff wellbeing and workload are not actively supported or managed, particularly in roles exposed to high levels of trauma, there is limited capacity for staff to take on new learning or practice change. In these contexts, staff can also feel undervalued by their organisation, which further reduces engagement and readiness for implementation. Addressing these conditions is essential before expanding staff responsibilities with clients or expecting sustained practice change.

Case Study 9: CC NT strengthened implementation through staff centred support

CC NT established a bi-monthly internal Community of Practice for frontline workers, creating a safe space for reflection, peer learning, and support in responding to DFV. The CoP helped staff build confidence, problem-solve complex cases, reduce stress and burnout, and translate RAMF from policy into everyday practice, demonstrating the importance of supporting workforce wellbeing alongside systems change.

Case Study 10: RA NT addressed vicarious trauma through an organisation review

RA NT commissioned a consultant to do a strategic review of vicarious trauma as part of RAMF implementation, examining systems, leadership, supervision, and service delivery. Rather than individual-focused responses, findings are informing organisation-wide improvements to workload, supervision, reflective practice, and supports. This strengthened a coordinated approach to workforce wellbeing alongside safe client care.

10

KEY LEARNING

The RAMF implementation requires integration into internal systems within each individual organisation.

RAMF Champions all took a unique approach to internal system-building, however successful approaches included making changes to policies, processes, online documentation systems and then running internal trainings to update staff practices. When the internal system was strengthened together (policies, process documentation systems and training), these elements improved consistency, strengthened risk identification, and enhanced coordination across teams. RAMF Champions indicated that internal system changes had greater acceptability when they were driven by staff consultation, collaborative design and adapting systems to local, cultural, and sector-specific contexts. Figure 6 below explains this in more detail.

Case Study 11: KWHB, Congress and Miwatj used Communicare system changes to strengthen RAMF implementation

KWHB, Congress and Miwatj each updated their individual Communicare clinical documentation systems to embed RAMF-aligned DFV screening and documentation. This enabled consistent risk identification, tracking over time, and improved integration with reporting and safety frameworks. Changes were developed collaboratively with staff and adapted to local and cultural contexts, strengthening frontline practice and making RAMF more usable in routine care.

"*Doing this work can never just be about training staff. Training alone doesn't stick, it lands in an organisation and then gets absorbed by the same systems, cultures, and pressures that existed before. People leave, priorities shift, and without something structural holding the change in place, it fades. To make it real, you have to change the systems around the people. The policies, the documentation, the referral pathways, the supervision structures, the way leadership talks about this work and whether they show up for it. Training is the beginning of the conversation, not the end of it. If the system doesn't change, the learning doesn't either".* - Miwatj RAMF Champion

Case Study 12: RA NT strengthened RAMF practice through a Practice Quality Forum

RA NT identified a need for more practical, workplace-specific training and delivered a two-day Practice Quality Forum to support RAMF implementation. The forum focused on applying the Practice Quality Framework, CRAT use, mandatory reporting, and new documentation systems, with all practitioners attending to ensure consistency. It increased staff confidence, knowledge, and buy-in by linking theory to real practice through case studies and shared learning.

"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

11

KEY LEARNING

Growing community awareness through community DFV education sessions strengthens the RAMF implementation planning, adaptation and momentum.

RAMF Champions emphasised that without community education about DFV and where to access help the effectiveness of implementation would be reduced. Community members need to be informed so they can access services appropriately, provide feedback on the service to improve effectiveness, and to drive sustainable change in community. Leadership from Aboriginal and Torres Strait Islander RAMF Champions was identified as facilitating this work. Their cultural authority, community relationships, and lived understanding of local realities were described as "game changing" for supporting community awareness and engagement. They were able to translate RAMF into local language, cultural frameworks, and everyday practice in ways that external models alone could not achieve. Their leadership strengthened trust, increased community confidence in services, and supported uptake.

Case Study 13: Yalu used community education to strengthen implementation

Yalu received RAMF training in Galiwin'ku and then developed their own locally led education on healthy relationships, coercive control, and lateral violence in Yolŋu Matha and English. Staff later extended this into community outreach, going house to house and holding yarning circles with families to share DFV information in culturally safe, relational ways. This approach increased community understanding, trust, and help-seeking, and was shared across the CoP as a model for local adaptation and engagement by other organisations.

"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 DFV training with community and staff delivered by Yalu RAMF Champion (supplied by Yalu RAMF Champion).

Recommendation 10: Increase sustainable opportunities for local community members in remote communities to receive culturally secure, trauma informed DFV education, including train the trainer workshops.

12

KEY LEARNING

Collaborating with DFV specialists, other RAMF Champions and/or services with a shared footprint greatly improved the efficiency of RAMF implementation.

Collaborating with other services on implementation activities, strengthening partnerships and referral pathways supported building an interagency response, therefore improving RAMF implementation. Collaboration was most impactful with services who had shared footprints, were the same type of organisations, or where one organisation held specialist local knowledge that could be shared. These partnerships reduced duplication and created higher quality implementation activities than services would have achieved on their own. In contrast, competition, distrust, a lack of coordination between services, or a lack of services to work with due to geographical isolation, made RAMF implementation and creating an integrated response more difficult.

Case Study 14: One Tree and Yalu partnered to strengthen RAMF implementation through community-led training

Yalu delivered First Nations-led training in Wadeye to One Tree staff, commissioned by Victims of Crime NT, on coercive control and lateral violence, creating culturally safe learning spaces and high engagement. This led to broader community outreach, including yarning circles and a community awareness march, reinforcing DFV prevention as a shared responsibility. The partnership highlighted the importance of peer-to-peer training, trusted relationships, and community-led education in strengthening RAMF implementation.

Case Study 15: Yalu and Miwatj partnered to strengthen interagency responses

Through the RAMF Champions CoP, Yalu and Miwatj built a stronger interagency partnership in Galiwin'ku, improving coordination, information sharing, and culturally safe responses to DFV. This collaboration helped identify siloed practice, improve referrals, and strengthen client safety and trust, supported by shared RAMF understanding and dedicated time to build relationships.

"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

Recommendation 11: Develop a live map of all DFV services and projects across the NT to support local service knowledge, referral pathways and regional service coordination, and funding for ongoing updates of all information to ensure currency, completeness and accuracy. Ensure this map collates and builds upon existing mapping projects and consider incorporating this into the existing NTCommunity Directory and resource updates to the site appropriately.

13

KEY LEARNING

Broader service system development and investment in community-led DFV initiatives is needed to maximise impact of the RAMF implementation.

RAMF Champions throughout their implementation noted opportunities to further develop the broader service system. Very few services across the NT provide direct prevention, intervention, and healing services for boys and men, creating a significant barrier to effective implementation. This places substantial pressure on RAMF Champion Organisations which often have more frequent contact with men and adults using violence than “specialist” services that primarily support women and victim-survivors. Many RAMF Champions throughout the project have now identified working with men as a key area they need to strengthen their work.

RAMF Champions also highlighted that implementation worked best when statutory services were trained and aligned with RAMF, improving collaboration and responses. Their involvement was essential for effective service pathways that aligned with RAMF. The project identified opportunities to improve follow-through on DFV reports, as without this it significantly reduced staff motivation and community trust in RAMF and the service system.

The accessibility and functioning of the FSF has at times limited the effectiveness of the service system and slowed RAMF implementation for some RAMF Champions and RAMF Champion Organisations. In some areas, particularly remote and under-serviced regions, FSF referrals have not always been able to proceed due to distance or the absence of a local FSF. Similar challenges have been noted across some metropolitan sites, where referrals have at times not progressed with limited feedback or guidance for referring organisations. These experiences have affected staff confidence in navigating both the FSF and RAMF processes in some contexts.

More broadly, RAMF and the formal service system have a more limited reach outside of organisational working hours and in under-resourced areas, pointing to the value of broader investment in healing, prevention, and community-led approaches to reducing DFV. Community members, cultural authorities, and informal networks are already undertaking significant protective work, often in contexts where formal services are limited or unavailable. Implementation tended to be most effective when it built on these existing community strengths and was responsive to DFV priorities identified by communities themselves. RAMF Champions noted that strong DFV responses require both integrated service systems and grassroots, community-led initiatives.

However, funding directed only to individual organisations can create silos, lateral violence and competition. There is, hence, a need for whole-of-community investment in DFV prevention and response, enabling services, community leaders, community members and lived-experience voices to work toward shared goals. This approach was seen by RAMF Champions as critical to fostering long-term, locally driven change.

13

KEY LEARNING

Broader service system development and investment in community-led DFV initiatives is needed to maximise impact of the RAMF implementation.

At the same time, RAMF Champions identified meaningful opportunities to strengthen the model. Five Champions sit on FSF panels representing their organisations and have observed that as RAMF has expanded through this project, there is an opportunity to ensure referral quality keeps pace, including by supporting practitioners to exercise professional judgement alongside structured tools, and ensuring that victim-survivors' lived experiences remain central to the process.

Clearer guidance around DFV information sharing was also identified as an area for development. Champions also noted that FSF processes could be further strengthened through greater cultural responsiveness, more meaningful inclusion of children's experiences, and increased community representation from and within Aboriginal communities

Recommendation 12: Advocate for and continue to invest in best practice, evidence based DFV education and response systems for statutory services and all NTG workers.

Recommendation 13: Expand local community and organisational capacity to work effectively and safely with adults using violence by providing increased access to training, resources and tools that align with or are part of the RAMF.

Recommendation 14: Increase funding opportunities for culturally secure spaces and services that work with boys and men, and people using violence.

Recommendation 15: Evaluate the impact of RAMF implementation and expansion on the Family Safety Framework (FSF) and resource the FSF according to the findings.

Recommendation 16: Advocate for flexible, community-wide funding grants to support innovative, whole-of-community DFV responses, particularly in remote communities.

13

KEY LEARNING

Broader service system development and investment in community-led DFV initiatives is needed to maximise impact of the RAMF implementation.

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. Beyond staff training, they share this knowledge across projects and the wider community. A key example is the "Girl Power" project for disengaged girls who may have experienced DFSV. Started by a leader in the organisation in her backyard, it became a core Yalu activity. With RAMF support, the project adapted DFSV education to be age-appropriate and strengths-based. 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. These girls took their learnings home, influencing family and multiple generations to challenge bullying and lateral violence.These leaders running the Girl Power group work across the socio-ecological model, empowering girls, upholding culture, and educating the broader community. When communities lead solutions, engagement and long-term impact is stronger.

"Girl Power is our shining star. Where the young girls get the education. And I think, yeah, 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

"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

Image of Coordinator interviewing Yalu staff Litisha Baker and Jasmine Yunupingu about Girl Power and an image of the Girl Power camp (supplied by Coordinator).

"The long-term success of this project depends on adapting the RAMF and all materials to better reflect the contexts, experiences, and needs of remote First Nations communities". - Participant 1

Image supplied by Canva of the area near Wadeye

5. Recommendations

In consideration of the findings and key learnings, 16 recommendations are made by NTCOSS and the RAMF Champions. Recommendations regarding the RAMF and RAMF training and the broader DFV system are made in acknowledgment of the structural and systemic factors that directly affect implementation efficiency and effectiveness in the 8 RAMF Champion Organisations.

Recommendation 1: Continue to fund the RAMF Champions Project, including a central independent project coordinator, and introduce 5-year funding agreements for RAMF Champion Organisations to support sustainability.

- Resource a dedicated and centralised coordinator to facilitate the CoP and provide one-on-one mentoring.
- Continue to resource a RAMF Champion role in identified organisations. Support organisations to create an enabling environment, providing RAMF Champions with sufficient capacity to carry out project activities (0.8 FTE quarantined for the project), participate in at least 80% of CoP meetings, and meet monthly with the Coordinator. Continue to fund RAMF Champions with the same or overlapping footprint in the group to improve collaboration between services.
- Fund at least one in-person CoP session annually to ensure meaningful engagement for remote RAMF Champions.
- Recognise RAMF Champions as experts with both specialist and implementation knowledge, enhancing their credibility and influence within their organisations and the sector through invitations to consultations and other relevant events.
- Ensure dedicated and funded time between rounds of RAMF Champions to embed learnings and implement recommendations arising from RAMF implementation and evaluations.
- Ensure funding length is a minimum of 5-years for a RAMF Champions implementation project round, and covers the true cost of project delivery, including full-time employment, remote travel to all project sites, operational costs, and professional development.
- Ensure administrative and reporting requirements are manageable for organisations.
- Ensure organisations working in culturally and linguistically diverse settings receive adequate resources to engage necessary cross-cultural supports including interpreters and translation.

Recommendation 2: Develop RAMF implementation phases and a maturity model. This will allow organisations to identify where they are on the RAMF implementation journey to becoming a DFV informed organisation. Include self-evaluation tools for organisations to monitor their progress.

- Define the phases of implementation for RAMF. Completing each phase of implementation corresponds with the level of "RAMF maturity" achieved by the organisation.[28,29,30,31]
- Create a RAMF specific Theory of Change (see draft in Appendix M), and guidance on short-, medium- and long-term outcomes that correspond with the stages of implementation to promote organisations tracking their progress and consistent evaluations across the NT.
- Ensure the evaluation and monitoring guides help to identify previous effective activities, and do not minimise or exclude the existing strengths in communities and organisations that complement RAMF but may sit outside the system.

Recommendation 3: Create a RAMF Champions implementation project induction package. Include orientation training to inform boards and leadership, and RAMF Champions about the Project to increase commitment and readiness.

- Induction packages to be in plain English, recognise and build on the strengths and existing work of communities and organisations in DFV, and prioritise staff centred care, trauma-informed approaches, and whole-of-organisation implementation strategies.
- Key content to cover becoming an Information Sharing Entity, adapting the RAMF to the local context, developing governance structures and authorising environments to support efficient implementation, and clarifying the role of the RAMF Champion.
- Package to provide education on the socio-ecological model of violence prevention and situate RAMF within the broader context of DFV, highlighting that RAMF intersects with other legislation and frameworks and addresses one piece of a complex problem.

Recommendation 4: Produce a suite of culturally safe implementation guides and project management resources. These guides should help organisations to recognise existing community and organisational strengths, adapt the framework to their context, take a whole-of-organisation approach and reduce duplication.

- Resources to be visual, in plain English, non-prescriptive, and include case studies and lessons from RAMF Champions to highlight best practice.
- Key resources could include: a project management guide aligned with implementation phases and organisational RAMF maturity; guidance for remote contexts on translating content to fit context and tools to help adaptations that add and do not remove evidence; whole-of -- organisation and team based implementation approaches with suggested governance structures; workforce mapping and organisational audit tools; staff centred care approaches to implementation and tools to support personal and professional safety; guidance on building partnerships and referral pathways; client journey mapping tools; adaptable training packages; template policies and procedure guides; and community engagement tools.

Recommendation 5: Update the RAMF, including training, based on community consultation, to strengthen its application in remote contexts.

A review and update to RAMF could consider:

- A dedicated remote edition of the framework.
- Accessibility, including consideration of plain English and visual aids.
- Guidance for communities and services that do not have access to a Family Safety Framework.
- Whole-of family and whole-of-community experiences of DFV, remote-focused tools, content on healthy relationships, lateral violence, and responding to sexual violence and people using violence.
- Guidance and case studies about early intervention, risk management strategies, and how it can reduce risk.
- Developing client facing cross-cultural tools for explaining the cycle of violence and safety planning.
- Case studies that demonstrate how Information Sharing works between organisations, and case studies where organisations are not Information Sharing Entities.
- Guidance and tools on working with adults using violence, particularly for workers in remote contexts. Ensure this expansion includes comprehensive implementation guides and training.
- The development of a tool that demonstrates how RAMF intersects with other legislation and frameworks, including the Clinical Guideline for Culturally Safe Health Service Responses to Domestic, Family and Sexual Violence in the Northern Territory, the Safe and Together Framework, and the Child Safe Standards.
- An evidence-based, culturally informed update of the CRAT and creation of a pictorial version.
- Embedding staff centred care and staff safety, both personally and professionally, as a key component at the beginning of the framework.
    - Flexibility to ensure implementation aligns with cultural protocols and security in the NT.
    - Addressing needs of staff experiencing violence or vicarious trauma.
- Training modules that correspond with the tiered levels of responsibility (Recommendation 6).
- Reinstating RAMF training in remote communities that has been co-designed and co-delivered with local community leaders.
- More opportunities for RAMF Champion Organisations to complete RAMF train the trainer sessions. Allowing RAMF Champion Organisations to deliver RAMF training to their staff, and to train up local people in remote locations to deliver in communities where RAMF training does not currently occur.
- Supporting RAMF Champions to co-design and develop resources in language for remote locations.

Image supplied by KWHB RAMF Champion

Recommendation 6: Introduce a three-tier, role-based RAMF responsibility framework to replace the current distinction of universal and specialist services.

Key components to include:

- Levels of responsibility: foundational/universal, intermediate, and comprehensive.[32,33]
  - Foundational / Universal roles are responsible for initial risk identification, initial assessment and appropriate escalation.
  - Intermediate roles are responsible for risk identification, contribution to further assessment, and supported decision-making.
  - Comprehensive roles are responsible for leading risk assessment, completing CRATs, and holding decision-making accountability.
- Clear accountability for CRAT use:
  - Comprehensive-level workers are responsible for leading and completing CRAT assessments, with other roles contributing to risk identification, initial assessment and escalation processes.
- Context-based role expectations:
  - Workers operating in remote settings, where access to other services or police is limited, should be trained and supported to operate at a comprehensive level.
- Workforce mapping tool:
  - Development of a tool to support organisations in mapping roles against RAMF responsibility levels, ensuring alignment between expectations, capability, supervision and remuneration.

Recommendation 7: Invest in strong and visible First Nations leadership across the DFV system, including in Aboriginal Community Controlled Organisations, to improve culturally secure and responsive implementation.

Recommendation 8: Strengthen the *NT DFV Workforce and Sector Development Plan* to include recommendations that reduce exposure to system level trauma, and role design and supports that improve worker safety. Reference these measures in the section within the RAMF about a supported, safe and capable workforce.

Recommendation 9: Support the development of tools and grants that strengthen staff wellbeing (personal and professional safety) within organisations, ensure they align with the RAMF and current component 5.

Recommendation 10: Increase sustainable opportunities for local community members in remote communities to receive culturally secure, trauma informed RAMF and DFV education, including train the trainer workshops.

Recommendation 11: Develop a live map of all DFV services and projects across the NT to support local service knowledge, referral pathways and regional service coordination, and funding for ongoing updates of all information to ensure currency, completeness and accuracy. Ensure this map collates and builds upon existing mapping projects and consider incorporating this into the existing NTCommunity Directory and resource updates to the site appropriately.

Recommendation 12: Advocate for and continue to invest in best practice, evidence based DFV education and response systems for statutory services and all NTG workers.

Recommendation 13: Expand local community and organisational capacity to work effectively and safely with adults using violence by providing increased access to training, resources and tools that align with or are part of the RAMF.

Recommendation 14: Increase funding opportunities for culturally secure spaces and services that work with boys and men, and people using violence.

Recommendation 15: Evaluate the impact of RAMF implementation and expansion on the Family Safety Framework (FSF) and resource the FSF according to the findings.

- Expanding RAMF into universal services will increase identification of risk and result in higher referral volumes to the FSF, as more frontline workers are trained to recognise and refer high-risk cases, and the system needs to be able to respond to this increase without bottlenecks and delays.

Recommendation 16: Advocate for flexible, community-wide funding grants to support innovative, whole-of-community DFV responses, particularly in remote communities.

6. Conclusion

This is not just about implementing the RAMF but thinking holistically about how we strengthen an organisation's ability to respond to violence.

This evaluation examined how RAMF was implemented across eight NT services, focusing on the Project model and Coordinator, the facilitators and barriers to implementation, and key learnings for future RAMF rollout and strengthening. Overall, the findings show that implementing RAMF is a complex, context-specific systems change process that requires ongoing coordination, resourcing, and organisational commitment.

The Project model, made up of organisational RAMF Champions, a dedicated Coordinator, and a CoP, was an important support for implementation. It helped build RAMF Champion skills and confidence, supported wellbeing, reduced professional isolation, and improved communication and collaboration between services. The Coordinator role in particular strengthened shared learning and coordination, supporting more consistent implementation across the RAMF Champion Organisations.

RAMF Champions identified several key facilitators and barriers. Facilitators included adequate resourcing, strong organisational and First Nations leadership, and the ability to adapt RAMF to local contexts. Whole-of-organisation approaches, clear governance, attention to workforce wellbeing, community engagement, partnerships and investing in grassroots initiatives also supported implementation.

Barriers included limited resources, variability in organisational readiness, workforce capacity challenges, and broader system fragmentation, especially in coordination with external and statutory services. Overall, implementation success depended heavily on local organisational and system conditions.

The evaluation identified clear areas for strengthening implementation including better access to RAMF resources and availability of RAMF and DFV training, especially in remote areas; stronger system-wide coordination and referral pathways, and continued investment in workforce wellbeing and capability, including support for responding to people using violence.

Overall, the Project provided an effective structure for supporting implementation and strengthening collaboration across services. However, its impact depended on wider system support and investment. The findings show that sustained, coordinated effort is needed to embed RAMF effectively across different service contexts.

Underpinning this work is a vision of meaningful and sustained systemic change. This Project sought to contribute to a future without DFV by building the knowledge, skills, and confidence of people across services, communities, and sectors in the NT to identify, assess, and respond to DFV effectively. When this capability is strengthened collectively across systems and communities, the potential for transformative change is significant.

This report adds to evidence on how to implement complex DFV frameworks like RAMF. It shows that successful implementation relies not just on policy, but on strong relationships, organisational commitment, leadership, and adapting to local contexts. These insights can support more consistent, coordinated, and culturally responsive responses to DFV across the NT and similar settings.

"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

A distinctive strength of the Project was its commitment to individualised implementation. Rather than prescribing a single uniform approach, the Project enabled each organisation to adapt the framework to its own context, workforce, community, and local conditions. This flexibility was not a limitation; it was central to effective implementation. The project therefore offers an important model for the broader rollout of complex practice frameworks. Meaningful implementation requires space for local adaptation, supported by strong coordination, shared learning, and sustained support.

A one-size-fits-all approach can undermine the consistency it seeks to achieve, whereas a structured yet flexible model, such as the one demonstrated through this Project, is more likely to support genuine and lasting organisational change.

Image of Coordinator and some RAMF Champions at the NTG DFSV Conference in Mparntwe/Alice Springs in 2024 (supplied by Coordinator).

"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

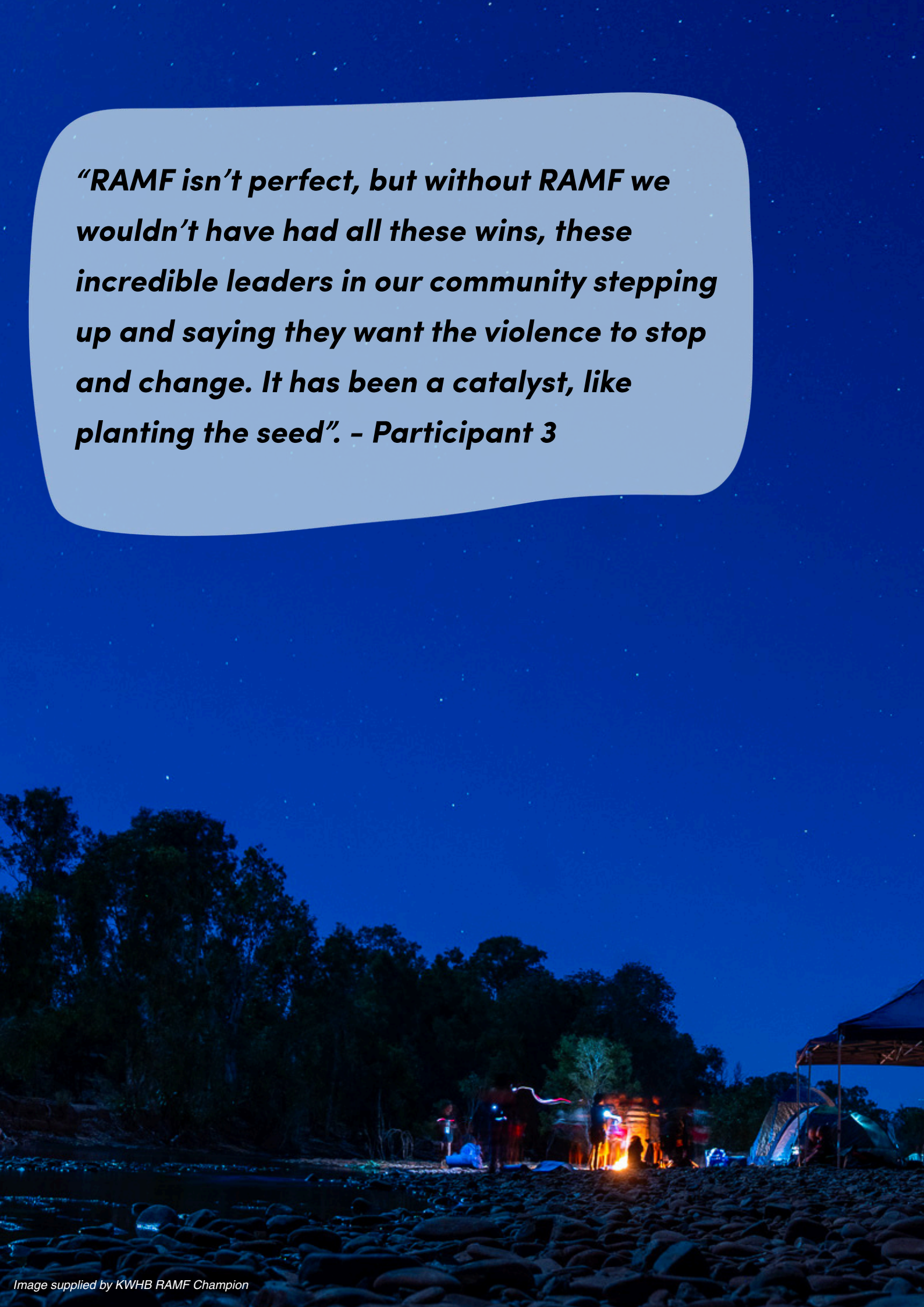


Image supplied by KWHB RAMF Champion

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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

Thank you to Cat Street, founder and director of HUB Evaluation, who provided evaluation support as an external consultant.

HUB Evaluation

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.

Terminology

This report will use the term 'Domestic and Family Violence (DFV)' to reflect the language of the RAMF. In this report, the term Aboriginal and Torres Strait Islander peoples and First Nations peoples are used interchangeably to respectfully recognise the distinct cultural identities of Australia's First Nations peoples.

Acronyms	Full form
ACCO	Aboriginal Community Controlled Organisation
ACCHS	Aboriginal Community Controlled Health Service
CoP	Community of Practice
CRAT	Common Risk Assessment Tool
DCF	Department of Children and Families
DFV	Domestic and Family Violence
DFSV	Domestic, Family and Sexual Violence
DFSVPD	Domestic, Family and Sexual Violence Prevention Division
FSF	Family Safety Framework
NT	Northern Territory
NTCOSS	Northern Territory Council of Social Service
NTG	Northern Territory Government
RAMF	Risk Assessment and Management Framework

Definitions	
Communicare	Communicare is the electronic health record system used across Australia by many Aboriginal Community Controlled Health Services, including some of the RAMF Champion Organisations
Community of Practice	A community of practice (CoP) is a group of people who share a common interest, passion, or profession. They interact regularly to solve problems, share knowledge, and continuously improve their skills.
Cultural Safety	Cultural safety is "an environment that is safe for people: where there is no assault, challenge or denial of their identity, of who they are and what they need. It is about shared respect, shared meaning, shared knowledge and experience, of learning, living and working together with dignity and truly listening" (Williams, 1999).
DFV	Domestic and Family Violence is "The combination of tactics and forms of violence which are often used to exercise control over women, children, and other family members. The violence can take the form of physical, sexual, stalking, emotional, psychological, technology-facilitated and financial abuse and it can include criminal and non-criminal behaviour, and as a pattern of behaviour aimed at controlling a partner, ex-partner or family member through fear, for example by using behaviour, which is violent and threatening, and to place at risk their immediate and longer-term safety and wellbeing" (RAMF, 2020).
DFSV	DFSV is used to describe both the diverse forms of domestic and family violence, as well as the co-occurrence of sexual violence and sexual assault that occurs both inside and outside the domestic or family context.
RAMF Champion(s)	Designated roles within RAMF Champion organisations to lead RAMF implementation as funded by the Department of Children and Families.
RAMF Champion Organisations	Organisations who received grant funding from Department of Children and Families for the RAMF Champion Project to implement the RAMF within their service.
Services with Statutory Responsibilities	Statutory services are "government agencies, services and individuals whose responsibilities include providing statutory or legal responses to victim survivors and/or people who commit DFV as part of their work, such as police, Sexual Assault Referral Centres, child protection, youth justice, judiciary and courts, corrections and mental health" (RAMF, 2020).
Specialist Service	A specialist service is "a service for whom the prevention of and response to DFV is their core business, such as women's safe houses, DFV refuges, DFV counselling services, DFV outreach and advocacy services, men's behaviour changes services, and specialist legal services. Workers in these services usually have specialist skills in DFV" (RAMF, 2020).
The Coordinator	The central and independent NTCOSS coordinator of the RAMF Champions Implementation Project 2023–2026.
The Project	The RAMF Champions Implementation Project 2023–2026.
Universal Service	A universal service (also called generalist service) is "a service who may encounter victim survivors or people who commit DFV as part of their work providing health, education, or social services, but for whom DFV is not their core business. This includes services working in the areas of health, education, alcohol and other drugs, mental health, family support, housing and homelessness, financial support, disability, general practice, generalist legal support and youth support" (RAMF, 2020).
Victim-survivor	"A victim survivor is a person against whom DFV has been perpetrated including a child or young person. The term is often used to recognise a victim survivor's agency and individual capacity" (RAMF, 2020).

Tables and Figures

Appendices

See full Appendix list in the Full Report.

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Preferred citation:
Wright, Meghan. 2026. Strengthening Domestic and Family Violence Responses Across Eight Services in the Northern Territory: A Process Evaluation of the RAMF Champions Implementation Project 2023-2026. Northern Territory Council of Social Service. https://ntcoss.org.au/domestic-family-and-sexual-violence/

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