Central Australian
Aboriginal Congress
ABORIGINAL CORPORATION | ICN 7823

House of Representatives Standing Committee on Social Policy and Legal Affairs Inquiry into family, domestic and sexual violence.

Context

Central Australian Aboriginal Congress (Congress) is a large Aboriginal community controlled health service based in Alice Springs. We are one of the most experienced organisations in the country in Aboriginal health, a national leader in primary health care, and a strong advocate for the health of our people. Since the 1970s, we have developed a comprehensive model of primary health care that includes:

- multidisciplinary clinical care;
- health promotion and disease prevention programs; and
- action on the social, cultural, economic and political determinants of health and wellbeing.

It is important to acknowledge that despite high rates of family, domestic and sexual violence in some Aboriginal communities, this is not normal or customary behaviour compared with non-Aboriginal communities, and that it does not occur in every community and experienced by all Aboriginal people.

Lateral violence such as family, domestic and sexual violence within communities is related to the overall inequity and disadvantage experienced by Aboriginal people, as a result of colonisation and disempowerment. It is therefore important to acknowledge this disparity, and that a holistic approach to prevention and addressing violence recognises the needs of the Aboriginal community. This includes:

- Addressing the social, economic and cultural determinants of healthy and cohesive communities
- Supporting and resourcing Aboriginal Community Controlled Services as key providers of preventative programs to Aboriginal communities
- Listening to Aboriginal people about the services and programs needed to prevent violence in our communities, about what works, what can work and the research that supports these ideas.

Summary of recommendations:

1) *Acknowledge that violence in Aboriginal communities is underpinned by disadvantage, inequality and poverty as a result of colonisation; disempowerment; and the historical suppression of culture and language.*
2) *Recognise that addressing the social and economic determinants of health and wellbeing in communities is key to preventing violence in Aboriginal communities.*
3) *Resource Aboriginal-led services as the most effective, evidence-informed services to Aboriginal people, providing comprehensive, culturally-secure programs that strengthen individuals and families.*
4) *Implement a volumetric tax on alcohol in a way that achieves a national minimum unit price at $1.30 per standard drink as well as other evidence based measures to reduce the consumption of alcohol at a population level especially amongst the heaviest drinkers and young people.*
5) *Ensure there are mechanisms in place for close collaboration and integration of health and other agencies, including justice, to provide wrap around support services for both victims and offenders.*

6) *Reforms to income support and access to quality housing is a crucial factor in supporting Aboriginal women to become economically independent, and safe.*
7) *Seek to elevate the position of women in communities within defined structures and institutions e.g. leadership, education and employment including the development of locally-led, targeted leadership and employment programs.*
8) *Note the evidence behind successful male-specific programs for Aboriginal men that are therapeutic, trauma-informed and culturally secure, and recognise the social determinants that underpin violence.*
9) *Resource locally-led, trauma-informed, male-specific violence prevention programs, including supported accommodation.*

a) Immediate and long-term measures to prevent violence against women and their children, and improve gender equality

Key point: The higher proportion of family, domestic and sexual violence in Aboriginal communities is due to disadvantage, inequality and poverty. Prevention requires addressing these determinants.

*It should be noted that the full extent of violence of any kind within Aboriginal communities, and against Aboriginal women, is difficult to determine. This is due to underreporting and is therefore likely to be higher[1].

- *Rates of domestic and family violence in Aboriginal communities in Alice Springs*

Rates of domestic and family violence in Alice Springs Aboriginal communities are some of the highest in the country. In 2013, Aboriginal females were 3.6 times more likely to experience domestic-related assaults in Alice Springs than the rest of the NT. There is also a high volume of domestic violence cases being dealt with in the courts for a relatively low population.[2] These figures have improved with the recent of alcohol supply reduction reforms (see below). However, the trauma and disempowerment that underpins domestic violence remains.

- *Rates of sexual violence in the NT*

The rate of sexual violence has risen dramatically within the total Australian population. According to the Australian Bureau of Statistics (ABS) the number of sexual assault victims (ABS terminology) has increased by eight per cent across Australia from 2016, reaching an eight-year high in 2017.

In the Northern Territory (NT) the rate of sexual violence is disproportionately higher for Aboriginal people, who are 2.7 times likely to experience sexual assault than non-Aboriginal people.[3] Between 2010-2017 the rate of sexual assaults for Aboriginal people increased by 44 victims to 270 per 100,000, where-as the rate for non-Aboriginal people rose by 11 victims to 99 per 100 000. While this data does not take into account the recent alcohol reforms, it still highlights the difference between the Aboriginal population and the non-Aboriginal population.

Like other states and territories, young people aged between 15 and 19 years account for the highest proportion of victims in the NT (21 per cent for both Aboriginal and non-Aboriginal people), with the majority being female. Sixty-five per cent of Aboriginal victims in the NT identified the offender as a family member.

- *Colonisation, breakdown of cultural and disempowerment underpins higher rates of lateral violence:*

There are a number of interrelated factors that contribute to higher rates of violence including colonisation; disempowerment; the suppression of culture and language; the forcible removal of children from their families. Much of the lateral violence that occurs within Aboriginal communities and families is related to these factors and the intergenerational effects of family violence, alcohol and other drugs, and socio-economic stressors; and the ongoing experience of racism and discrimination.

There is growing evidence that unresolved intergenerational trauma underpins many health and wellbeing issues in Aboriginal communities including family violence.[4]

- *Higher rates of developmental vulnerability in Aboriginal communities:*

Adverse childhood experiences such as family violence, are a strong predictor for poor social functioning, impaired well-being, health risks and disease, and contribute powerfully to many major public health and social problems. There is a strong association between adverse childhood experiences and increased levels of depression, suicide attempts, sexually transmitted infections, smoking, alcoholism, higher levels of violence and antisocial behaviour, school underperformance and lower IQs, economic underperformance and poor physical health.[5]

As children's brains and social-emotional skills develop, they learn to regulate their emotions, attention and behaviour. Disruptions to healthy neurodevelopment lead to problems with the brain's executive functions such as impulsivity due to poor emotional self-regulation, problem solving, coping and decision-making skills. Impulsively, often but not always, under the influence of alcohol and other drugs, further reduces the capacity for emotional self-regulation and violent behaviours, including harmful sexual behaviour which is a precursor to high-risk sex offending as an adult.[6]

Aboriginal children are at a higher risk than non-Aboriginal children for unhealthy brain development and therefore impulsive behaviours. According to the Australian Early Development Census (AECD), 60 per cent of Aboriginal children are developmentally vulnerable on at least one measure of childhood development. Aboriginal children are twice as likely as non-Aboriginal children to be developmentally vulnerable in at least two measures (AED Census Report 2015). Furthermore, children living in very remote areas are 2.6 times more likely to be developmentally vulnerable than children living in major cities.

- *Social and economic stressors as a factor in domestic, family and sexual violence:*

Aboriginal people living in Alice Springs experience high rates of social and economic disadvantage, including:

- A median individual income at just over one third (34%) of that for non-Aboriginal people;
- Poor educational attainment - 86% of Aboriginal people did not complete schooling to Year 12; and 10% did not go to school at all; and
- Thirty seven per cent of the Aboriginal population of Alice Springs over the age of 15 are employed (81% for non-Aboriginal residents). [7]

Disadvantage increases the risk of family, domestic and sexual violence. Social and economic disadvantage is a major factor in domestic, family and sexual assault across the world, both for victims and people who commit assaults.[8] For people who are sexually assaulted this may include: low education attainment and lack of economic empowerment.

For people who commit rape this includes: Poverty mediated through forms of crisis of male identity; Lack of employment opportunities; Lack of institutional support from police and judicial system; General tolerance of assault within the community. Alcohol and drug consumption by both the victim and the person committing the assault is a contributing factor arising from poverty and leading to assault.

Poverty also manifests in areas that increase the risk for family, domestic and sexual assault including housing and overcrowding. Over half (54%) of state-owned Aboriginal houses in the NT are overcrowded, while other states average about 8 per cent.[9] The social stress associated with over-crowding may also be a contributor to family and sexual violence.[10,11]

In other words, the need to address inequality cannot be ignored as a fundamental measure to reduce family, domestic and sexual violence in Aboriginal communities. For Aboriginal people, this includes addressing poverty, education, housing, and meaningful employment.

Recommendations

1) *Acknowledge that violence in Aboriginal communities is underpinned by disadvantage, inequality and poverty as a result of colonisation and disempowerment.*
2) *Recognise that addressing the social and economic determinants of health and wellbeing in communities is key for preventing violence in Aboriginal communities.*

b) Best practice and lessons learnt from international experience, ranging from prevention to early intervention and response, that could be considered in an Australian context.

Key points:

There are a number of evidence-backed practices, ranging from prevention to early intervention and responses, that can be learnt from Aboriginal-led organisations here in Australia.

Programs to prevent violence within Aboriginal communities are best devised and led by Aboriginal people, with early intervention services provided through Aboriginal organisations.

Aboriginal community controlled health services (ACCHSs) have a central role in prevention and the promotion of health and wellbeing for Aboriginal families. This includes strengthening family wellbeing and preventing violence (within communities and individuals), early intervention and secondary prevention and support for healing, and addressing the social determinants of health.

The establishment of ACCHSs from the 1970s onwards has been in response to mainstream services that have failed to meet the needs Aboriginal people and have contributed to the health and wellbeing gap. The ACCHS model links community empowerment, overcoming disadvantage, and improving health outcomes through the provision of health services.[12]

Furthermore, the comprehensive model of PHC offered by ACCHSs goes beyond the treatment of individual clients for discrete medical conditions to include a focus on cultural security; patient transport; patient advocacy; population health programs including health promotion and prevention; public health advocacy and inter-sectoral collaboration; participation in health planning processes; structures for community engagement and control; and significant employment of Aboriginal people.

ACCHSs embody an empowered model of service delivery that guarantees community input into decision-making and high levels of Aboriginal leadership across the organisation. The ACCHS sector employs almost 3,500 Aboriginal and Torres Strait Islander workers, making it the largest industry employer of Aboriginal and Torres Strait Islander people in Australia.

As well as employment, ACCHSs have governance structures that ensure community input into decision-making. Of PHC organisations receiving Commonwealth funding, almost all (99%) of ACCHSs have boards composed fully or of a majority of Aboriginal and Torres Strait Islander people; by contrast three quarters (75%) of mainstream PHC organisations have no formal Aboriginal and Torres Strait Islander community input into decision making, having either no Board or no Aboriginal and Torres Strait Islander representation on a Board.[13]

Valuing and operationalising Aboriginal culture and leadership is fundamental to rebuilding and stabilising family and community life leading to improved population health outcomes. In combination with broader action on the social determinants of health and violence and existing primary and secondary prevention services available through Aboriginal community controlled health services, culturally strong role models are key to addressing the intergenerational trauma that is the basis of Aboriginal family violence.

Aboriginal community controlled services are demonstrably more effective than mainstream services. ACCHSs contribute significantly to improved health outcomes, and better child and maternal health outcomes including reductions in preterm births and increases in birth weight and reductions in child neglect.

Aboriginal and Torres Strait Islander people show a clear preference for the use of ACCHSs, leading to greater access to care and better adherence to treatment regimes.[14,15] The capacity of ACCHS to deliver culturally safe care is fundamental to this preference, which in turn is founded upon formal processes that guarantee Aboriginal community input.

Aboriginal community controlled services – prevention and early intervention: Evidenced- based programs that strengthen families and relationships

As a comprehensive primary health care service, Congress provides a range of holistic programs to address the broader needs of Aboriginal people including primary and secondary prevention measures that support healthy behaviours and relationships, strengthen families and seek to prevent antisocial and violent behaviours.

Local Aboriginal staff with language act as cultural brokers for non-Aboriginal clinicians to ensure clients are culturally safe and engaged with services.

- *Family Support Services for high needs, vulnerable families using a bicultural model of social workers working with Aboriginal family support workers*.

Our Family Support Services aim to prevent child neglect and out-of-home care by working with highly vulnerable families, using evidenced-informed programs focused on primary and secondary prevention. We work with high needs, vulnerable families, in partnership with other key service providers with the aim of supporting and empowering parents and caregivers to make sustainable changes in their lives to improve the health and wellbeing outcomes for their children.

In 2018 we provided a service to 62 families and a total of 153 children. Only one child was placed into out-of-home care while on the Intensive Family Support Program (where neglect has been substantiated), and no child entered care for families in the Targeted Family Support Service (before child protection notifications). However one child was removed while the family was on the waitlist.

- *Australian Nurse Family Partnership Program parenting support program promoting healthy development in early childhood:*

A 2018 study of Congress' Nurse Family Partnership Program (nurse home visiting from maternal to two years postnatal) showed the program has had a major impact on the primary prevention of child neglect and out-of-home-care[i]. From 2009 to 2015, compared to matched controls, children of families on the program were 62% less likely to have any episode of substantiated neglect and the children of first time mothers were 94% less likely to spend any annualised days in out-of-home-care.

- *Early childhood programs*

It is now well established that in the first few critical years, children need stimulation and positive relationships with care givers to develop neural systems crucial for adult functioning and healthy relationships. Longitudinal studies show targeted early childhood educational programs reduce the risk factors for children that may lead to poor mental health in adulthood. Such evidence-based programs have, for example, reduced rates of alcohol and other substance use by young adults, improved educational and employment outcomes, reduced the proportion of teen pregnancies, and are associated with more active lifestyles and reduced incarceration rates.[16,17,18]

Congress provides regular child health checks and developmental screening; an assessment and treatment service for developmental delay and disability; and evidence-informed early childhood health and development programs.

These programs are based on an international evidence-based program modified for the Australian context and adapted in language for Aboriginal communities known as the Abecedarian Approach Australia or 3a. This approach has shown a major impact on the developmental, educational and health outcomes across the lifespan for children from at-risk and vulnerable families.

The recent evaluation of our Child Health and Development Centre for 6 month- 3.5 year olds from non-working, disadvantaged families demonstrated that such a service can be successfully operated within an ACCHS and is contributing to improved outcomes for children. The program is inclusive of mothers and fathers and aims to have fathers involved in their children's learning.

- *Young people and healthy relationships*

Since 1998 the Congress Community Health Education Program (CCHEP) has delivered the young males community health education program (YMCHEP) and the young woman's community health education program (YWCHEP) to youth aged 10 - 20 years of age, in schools and community services/organisations.

Both programs deliver similar units covering basic holistic health. The units covered in the female package include: puberty, sex, well women's checks, safe sex, STIs, contraception, pregnancy, relationships and body care. The male package includes; puberty, sex, well male's checks, safe sex, STIs, fatherhood, relationships and body care.

CCHEP's goal is to help young people gain the knowledge, skill and positive attitudes to grow as strong, aware and confident people who can make healthy choices about their relationships and sexuality.

This is achieved in fun, interactive and culturally appropriate way, so that the learning experience is memorable. Education is through series of learning activities which are designed to encourage youth to actively participate and share their views.

- *Health promotion including healthy relationships*

Congress' Red Tails/Pink Tails (Right Tracks Program) works in partnerships with sporting clubs to educate young people on health and wellbeing, alcohol, violence and sexual health, job readiness, language and culture. Through mentoring, young people are developed into role models, leaders and mentors.

- *Social and emotional well-being (SEWB) services including clinical psychology, Alcohol and Drugs (AoD) services.*

As an ACCHS, Congress provides fully integrated mental health services as part of comprehensive primary health care. Congress has pioneered the '3 streams' approach to mental health services which integrates: a) social and cultural support b) medical care and c) psychological therapy including AOD and suicide prevention including an intensive case management approach when needed.

Support for cultural connection and spirituality are important in addressing intergenerational trauma through supporting resilience, positive social and emotional wellbeing, and living a life free of addiction to alcohol and drugs.[19]

Psychology services are provided in prisons, including offenders who have committed sexual violent crimes.

Congress will also be delivering a major youth diversion program which aims to keep young people out of prison and into education and employment. Our youth workers and other staff are trained in the 'Love Bites' education program which teaches respectful relationships for young people, including on relationship violence and sex and relationships.

- *Alcohol and other drugs treatment*

Services provided by Aboriginal AOD workers or Aboriginal Family Support Workers cross a broad range of areas that respond to the needs of the client and the community. Such services include assistance with education and training, finding employment, accommodation, Centrelink, strengthening relationships with kin and country, enhanced cultural identity, group work and many other services.

There is evidence that all of these services provided together are important and all Aboriginal alcohol treatment programs provide these types of services. There are demonstrated less substance use and fewer physical and mental health problems as well as improved social functioning when standard treatments are supplemented with social service supplemented treatment programs.[20]

- *Services specific to women*

Alukura is a women's only Aboriginal health service that delivers culturally safe and responsive, holistic and comprehensive primary health care to Aboriginal women and women having an Aboriginal baby. The service is guided predominantly by our traditional Aboriginal Grandmothers and aims to preserve and recognise Aboriginal identity, culture, law and languages as they relate to pregnancy and childbirth and the provision of culturally appropriate care for Aboriginal women and babies. This has increased the engagement of women in health and maternity services.

- *Services specific to males*

Ingkintja, Congress' male-only place providing for example: health checks; medical care; sexual health care; anger management and family violence intervention support; nutrition, quitting smoking and/or drinking and other healthy lifestyle support; referrals to Congress SEWB services; and a 'Men's Shed' to learn new skills.

Key to Ingkintja's effectiveness is the employment of local Aboriginal males who are language speakers and who are able to build trust and rapport with prisoners and provide cultural support so that men feel confident about engaging with services. For example, the Ingkintja Male Lifestyle Program delivers male lifestyle and health programs every Monday morning. The program focuses on educational sessions on tobacco use, alcohol use and issues, healthy relationships, community issues, general health issues including sexual health—in a cultural setting with a cultural perspective. Over the weeks, males developed confidence in yarning up in discussions and have taken a strong interest in health promotion messages. Since the program commenced, males are becoming more aware of their behaviour and its impact on their health. Some males have ceased smoking with support from the team. In addition, other programs and services have attended to talk with males and improve community relations.

- *Integration of programs and services*

Integration of these multifaceted and complex services is achieved by operating as one comprehensive primary care service. We work in partnership with other organisations so that duplication is avoided and service gaps are covered. However, multiple services delivered by numerous non-Aboriginal organisations outside of effective partnerships had led to an often competitive and fragmented service environment. This lack of cohesion raises the level of chaos already experienced by vulnerable families.

- *Advocacy on alcohol supply*

Alcohol is a major contributor to mental ill health and poor social and emotional wellbeing. Alcohol abuse is directly associated with at least 8 per cent of the burden of disease and injury borne by Aboriginal people, including through homicide, violence and suicide.[21] This does not include the indirect health effects of alcohol abuse acting through social determinants such as poverty, mental health problems and childhood neglect.

A reduction in the supply of alcohol is one of the most cost effective initiatives that could be undertaken in the primary and secondary prevention of mental poor health and antisocial behaviours, particularly among young people and the heaviest drinkers, who are the most disadvantaged and vulnerable to mental illnesses. [22] In particular, there is clear evidence that increasing the price of alcohol reduces consumption and alcohol related harm; it is also a highly cost effective intervention.[23,24,25]

For years Congress has led, through the Peoples Alcohol Action Coalition, a public health campaign to reduce alcohol related violence, leading to major alcohol reforms in the NT in particular the introduction of a floor price on alcohol, point of sale interventions and a Banned Drinkers Register. This has seen domestic assaults drop nearly 50 per cent and the Alice Springs Emergency Department reports a larger decline in severe domestic violence incidents including forearm fractures and broken jaws. This is a significant contribution to the primary prevention of domestic violence but it needs to be supported by enhanced services and programs.

Alice Springs:	Oct. 2017 – Dec. 2017	Oct. 2018 – Dec. 2018	Difference
Alcohol – related assaults	382	192	190 (-49.7%)
Alcohol – related DV assaults	244	128	116 (-47.54 %)

It is expected that the reduced exposure to alcohol and alcohol related violence in the family home will have a significant impact on vulnerable children including reductions in Adverse Childhood Experiences, and repeating intergenerational cycles of violent and/or victim behaviour.[26]

The success of alcohol supply measures in relation to domestic violence warrant a Commonwealth response. There is substantial evidence for a volumetric tax on alcohol to achieve a national minimum price leading to a population-level change in consumption and harm. Additionally the tax could be hypothecated into treatment and other harm reduction programs. See Congress' submission to the NT Alcohol Policies and Legislation Review.

- *Further services needed*

There is a need for locally-led, trauma-informed, male-specific violence prevention programs, including supported accommodation. **This is discussed further at G.**

Recommendation

3) *Resource Aboriginal-led services as the most effective, evidence-informed services to Aboriginal people, providing comprehensive, culturally-secure programs that strengthen individuals and families*
4) *Implement a volumetric tax on alcohol in a way that achieves a national minimum unit price at $1.30 per standard drink as well as other evidence based measures to reduce the consumption of alcohol at a population level especially amongst the heaviest drinkers and young people.*

c) The level and impact of coordination, accountability for, and access to services and policy responses across the Commonwealth, state and territory governments, local governments, non-government and community organisations, and business.

Responding to family and sexual violence in Aboriginal communities requires a whole-of-government response with intersections between government services and ACCHSs to provide preventative and ongoing therapeutic care. There must be formal relationships between the justice system, other agencies and ACCHSs so that there is a balance achieved between holding offenders to account and reducing recidivism through therapies.

For both victims and offenders there needs to be wrap around services that support healing and ongoing therapeutic care with connection to culture. This approach must be holistic and include addressing the issues that often precede violence within populations i.e. the social determinants including housing, education, employment and alcohol control.

Congress services that work specifically with vulnerable families and individuals also participate in the Family Safety Framework, an interagency group led by NT Police to respond to individuals and families experiencing domestic and family. SEWB and IFSS also participate in the Police-led Operation Haven, a coordinated agency approach which seeks to:

- detect and prevent domestic violence offences;
- protect domestic violence victims through the active targeting of offenders, including detection and prosecution; and
- target the causal factors of domestic violence including alcohol abuse, recidivism and family dysfunction.

This requires working effectively within information sharing frameworks while maintaining the trust of at-risk women.

Recommendation

5) *Ensure there are mechanisms in place for close collaboration and integration of health and other agencies, including justice, to provide wrap around support services for both victims and offenders.*

d) The way that health, housing, access to services, including legal services, and women's economic independence impact on the ability of women to escape domestic violence.

Key point: Income support and access to housing are major barriers for women needing to develop their own economic independence and remove themselves from family violence.

There are a number of legal options for women to access in Alice Springs including Aboriginal and women's-only services. A core function of these services is to provide legal advice and representation on domestic violence matters. Congress is currently trialling having lawyers from these services operate from within our clinics in an effort to increase referrals and promote the safety and confidentiality of accessing these services.

However, the income support and poor housing options in a relatively small community, preclude women from establishing a safe base to gain independence from a violent relationship.

Generally speaking Aboriginal people use income support at disproportionally higher rates than non-Aboriginal people. While only 3 per cent of the total population, Aboriginal people represent 10 per cent of Newstart recipients and 19 per cent of those on Youth Allowance. These figures are even higher for Aboriginal people in Central Australia. Both the Newstart Allowance and the Youth Allowance already fall below the poverty line.[27]

Only 35 per cent of Aboriginal people living in remote areas of workforce age are employed. While there are fewer employment opportunities in remote areas than in metropolitan areas, [28] the failure to reach the Closing the Gap targets including: reading and writing, school attendance, early childhood learning and health outcomes, means many Aboriginal people in remote areas are not workforce ready.

- *Income support and housing for Aboriginal mothers*

Newstart and other Centrelink payments are not set up for vulnerable individuals and families, particularly Aboriginal families and others who may have English as a second language. Additionally, navigating MyGov requires a high level of literacy and technical capacity.

Aside from cultural, language and literacy barriers, accessing and reporting to Centrelink requires internet and phone access which is not always available to Aboriginal people on income support, more so for those people living in remote areas. Also, people often cannot apply or report by phone when payments are cut off.

A significant number of Aboriginal men are not accessing Newstart or Youth allowance. This is because of the barriers outlined above, in addition to difficulties related to obtaining identification and not being able to meet reporting requirements. As a result, men and fathers are too often supported by their partners or other family members who are on Centrelink payments.

ParentsNext is not working for Aboriginal families in Alice Springs. Two clients have recently had their payments stopped. One was because the mother did not go to a playgroup because she was not aware of the group, and was not able to access (i.e. the centre was unattended) when she did tried to speak to someone, so had her payments cut off for 5 weeks.

Kinship systems means Aboriginal families will always support other family members and Centrelink payments will often have to be stretched over many people. The result for families is:

- Food insecurity resulting in poor nutrition and chronic disease
- overcrowded houses resulting in poor health e.g. skin conditions, rheumatic heart disease and trachoma, exposure to alcohol and other drugs
- disengagement from services including education
- and risks to the other major determinants of health.

Overcrowding, poor housing infrastructure and homelessness remain a huge issue for Aboriginal families, and a major barrier for women and children seeking independence.

Housing and overcrowding is a key determinant of health and wellbeing, affecting health mental health and social and social and emotional wellbeing including family and domestic violence.[29,30] Additionally, overcrowding impacts on early childhood development and school attendance due to overcrowding.[31]

It should be noted that when vulnerable families are effectively supported, i.e. receiving sufficient income support and housing, they are able to do well, and their children have a better chance of good health outcomes. Congress case workers have seen the dramatic improvements in women and children's health and wellbeing once stable housing has been provided including children attending school regularly and being able to wash and have clean clothes.

- *Elevating the status of women*

Adequately funded, initiatives in town and remote areas, developed and led by Aboriginal women that, for example, empower women e.g. economically through social enterprises, promote healing and strengthen women individually and collectively. There are a number of initiatives identified through the Australian National Research Organisation for Women's Safety (ANROWS), particularly around addressing violence against Aboriginal women. Initiatives are designed and led by local Aboriginal women, are preventing and reducing the impact of violence, and are relevant to the context of the local region.[3233]

The position of women should be elevated in communities by increasing the number of women on boards, in employment, and in education. Aboriginal-led services are ideally placed to initiate employment and leadership programs for Aboriginal women, though this should be extended to government departments. Congress' own organisational structure is also reflective of strong Aboriginal women who are on the Board, executive, including the CEO, cultural advisors, and senior managers.

Recommendation

6) *Reforms to income support and access to quality housing is a crucial factor in supporting Aboriginal women to become economically independent, and safe.*

7) *Seek to elevate the position of women in communities within defined structures and institutions e.g. leadership, education and employment including the development of locally-led, targeted leadership and employment programs*

e) The efficacy of perpetrator intervention programs and support services for men to help them change their behaviour.

Key points:

Services to Aboriginal men that are Aboriginal-led and grounded in culture and healing, will help to address the underlying issues e.g. dispossession and trauma that precipitate lateral violence.

There is a need for locally-led, trauma-informed, male-specific violence prevention programs, including supported accommodation.

Australia's National Research Organisation for Women's Safety (ANROWS) report called *Innovative models in addressing violence against Indigenous Women*[34] supports the male-specific programs Congress is seeking to develop. Qualitative data from Aboriginal communities in the Kimberly (WA), Darwin (NT) and Cherbourg (Queensland) was collected on the key issues around family violence and good practice service models.

The report recommends that Aboriginal-led services are prioritised over any other provider. This is because Aboriginal services provide culturally secure, social and emotional wellbeing and AOD services, with support for the social determinants including housing, employment and alcohol reduction strategies.

The principles identified from the ANROWS report for developing a men's service to reduce domestic and family violence include:

- Taking a strengths-based approach rather than a deficit approach. This includes being non-judgmental and supportive of men so that they will engage and can heal. This is an important step towards developing positive relationships.
- Cultural knowledge must be embedded within the service.
- Local Aboriginal men with training in psychological service provision (minimum Cert IV) are central to the service.
- Outreach and proactive engagement with men is necessary, as well as support to access employment, training and housing.

The Report recommends moving away from the common assertion that domestic and family violence is always due to men exerting power over women to an approach that also recognises the social determinants of male violence and the need for a supportive approach including behavioural change programs within the criminal justice system for perpetrators of violence.

Health and social services seeking to address domestic violence should specifically work with men - as family members and individuals - from the perspective of disempowerment through colonisation and trauma, and the need for healing and support underpinned by cultural knowledge. In this framework, men who are violent can be seen as products of a traumatic historical and social environment themselves needing empathy, compassion and support from services and programs to help them to heal and change.

The report does not use this approach to argue that men should not be at the same time held accountable by the courts for their actions and serve time in the criminal justice system as appropriate but rather to argue that they also need rehabilitation and not just punishment in order to change.

This approach recognises the complex issues related to family violence within Aboriginal communities including: intergenerational trauma; couple violence (i.e. both men and women fight); neurodevelopmental conditions including FASD; as well as overcrowding and unemployment.

In the two models cited in the report, the need for services to men had been identified by the Aboriginal women's services. These include:

- The Darwin Aboriginal and Torres Strait Islander Women's Shelter (DAIWS) Indigenous Men's Service: The service proactively engages with men (picking them up from around town) for activities such as fishing and relaxation exercises, as well as supporting physical and psychological needs including neurodevelopmental assessment. The service takes men into Country, walking and camping in the bush and sitting and yarning. The program builds leadership skills and capacity to mentor younger men, as well as practicing self-control to maintain healthy relationships. Sixty-five per cent of men showed genuine signs of improvement, 30 per cent showed some sign and five per cent showed no signs and continued within the justice system.

- The Men's Outreach Service in Broome (established on the insistence of Aboriginal women on the reference groups of the Marnaja Jarndu Women's shelter) engages with identified offenders to support them with issues including AOD, mental illness, homelessness, and trauma. Staff are local Aboriginal men or men with strong links to the community. The service is developing a local culturally secure behavioural change program that involves partners and family. There is little support for mainstream behavioural support and cognitive therapy programs as that are not adapted to Aboriginal men.

The need for locally-led, trauma-informed, male-specific violence prevention programs, including supported accommodation

A male-specific program devised and run by Aboriginal people within an Aboriginal community-led service, is a crucial part of violence prevention and early intervention. Without realistically and effectively addressing the fundamental sources of violence, a focus on women-as-victims' services will never be sufficient to deal with this issue.

The evidence[35] above demonstrates that domestic violence in Aboriginal communities can be addressed by working with men from the perspective of disempowerment and intergenerational

trauma from colonisation and dispossession by taking a trauma-informed, supportive approach including the need for healing through cultural knowledge. Culture and spirituality are important in addressing trauma and family violence through supporting resilience, positive social and emotional well-being, and life free of addiction.[36]

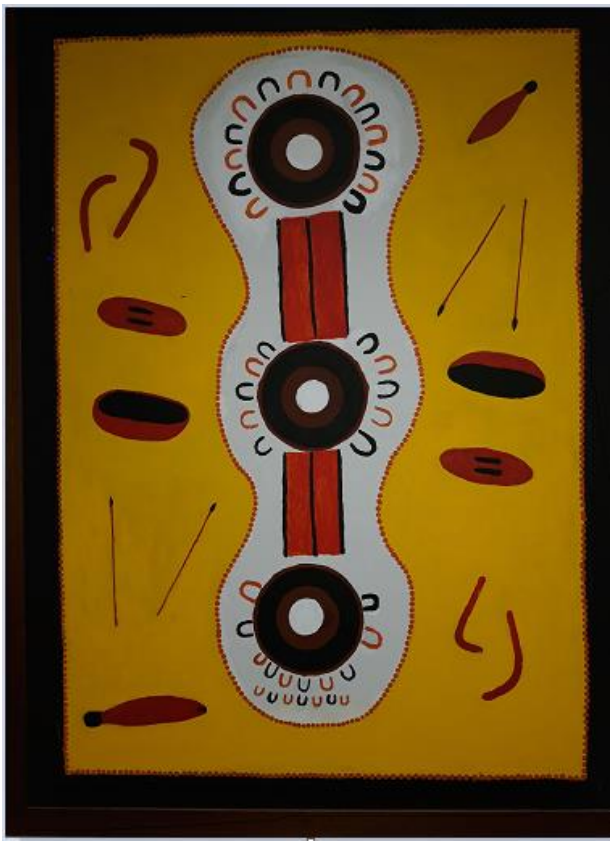
This will be a different approach to current government initiatives including the Northern Territory Government's Domestic, Family and Sexual Violence Reduction Framework 2018-28, which focuses on men as perpetrators requiring behaviour change and rehabilitation, though in the absence of culturally-secure, trauma-informed programs that support healing.

- *Local, Aboriginal-led solutions to preventing violence*

Solutions to domestic and family violence are already collectively understood by Aboriginal men and women. Several years ago, Congress facilitated a Men's Health Summit at Inteyerrkwe, near Alice Springs. In a formal statement the men said:

> *"We acknowledge and say sorry for the hurt, pain and suffering caused by Aboriginal males to our wives, to our children, to our mothers, to our grandmothers, to our granddaughters, to our aunties, to our nieces and to our sisters. We also acknowledge that we need the love and support of our Aboriginal women to help us move forward.*

The old men painted the traditional relationships between men and women and families. The painting depicts the symbiotic and cooperative relationships which are represented by men's and women's implements equally proportioned across the canvas. The old men and women sit side-by-side at the top of the painting, connected to the younger men and women, sitting side-by-side in the middle, connected to the girls and boys sitting side-by-side, at the bottom of the painting.



A key recommendation of the Summit, devised by the participants, included the establishment of community-based violence prevention programs, including programs specific to Aboriginal men. In other words, Aboriginal men know what is needed and have been asking for this for years.

Men and women at Congress have devised a program based on this story. We have sought funding though without success to date. Within a structured program this knowledge of respectful relationships would be reinforced by elders whose cultural authority is formally recognised and valued.

Culture is understood and listened to by men and boys when it is taught by older men who they respect, particularly elders. Mentors would be conduits for this knowledge, along with their own foundation of a healthy family life reflecting

healthy relationships between men and women, and participation in employment and enriching community activities e.g. sports and cultural activities. As noted by a senior Aboriginal staff member developing these ideas, mentors can teach other males that 'women are not possessions.'

This vision requires well-resourced, formalised, coordinated program to connect mentors, mentees and elders within the broader structures of an Aboriginal Community Controlled service to embed the broader understanding of gender equity within vulnerable communities, through the most at-risk men, supported by strong mentors.

In the proposed program, once males are engaged and connected to the program, and feeling confident and able to talk and take information on board, they can then be influenced about their relationships with their partners, with women in general, notions of equity – particularly as it related to cooperation and symbiosis – and start to change their lives around and work within the community to restore stability within their families and for their children. As trust and understanding is built, mentors can introduce them to our support services, housing services, employment and training services.

Males would also be linked to or referred by Congress' existing trauma-informed, culturally-secure SEWB services, therapeutic and cultural group work (proactively engaging men, facilitation of program-specific bush trips), and Parenting Under Pressure program and schools programs, Family Support Services, Australian Nurse Family Partnerships, Parenting support for fathers; Provision of couple and individual counselling for both partners and health promotion through sports programs like Right Tracks mentoring program.

A crucial part of funding a male-specific service is the establishment of accommodation for men whose anger is escalating and need time and space to deescalate, with supportive services attached. This is in itself prevents violence and reduces the need for women and children to leave the house. This would also be a step down facility for males leaving gaol as well as a place for males who are violent to go to live will receiving therapeutic and social support.

It is important to note that this proposal has been supported by the Aboriginal women who value and welcome men's role and contributions to their health and wellbeing and to that of their children, family and community.

Recommendations

8) *Note the evidence behind successful male-specific programs for Aboriginal men that are therapeutic, trauma-informed and culturally secure, and recognise the social determinants that underpin violence.*
9) *Resource locally-led, trauma-informed, male-specific violence prevention programs, including supported accommodation.*

h) The experiences of all women, including Aboriginal and Torres Strait Islander women, rural women, culturally and linguistically diverse women, LGBTQI women, women with a disability, and women on temporary visas.

See submission above.

i) The impact of natural disasters and other significant events such as COVID-19, including health requirements such as staying at home, on the prevalence of domestic violence and provision of support services.

It appears that domestic violence improved considerably during the COVID-19 restrictions but this is something that needs to be formally evaluated. Anecdotally there is a widespread community view that there was less violence and this is attributed to a number of factors including the increase in the Jobseeker payment which helped to address poverty as well as less access to alcohol. It could be the impact of the COVID restrictions in the Aboriginal community are quite different to mainstream Australia and this need to be properly evaluated.

j) The views and experiences of frontline services, advocacy groups and others throughout this unprecedented time.

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