

22 November 2024

First Nations National Plan Steering Committee  
via SNAICC Secretariat

By email: [familysafetyplan@snaicc.org.au](mailto:familysafetyplan@snaicc.org.au)

**RE: SUBMISSION TO THE DEVELOPMENT OF THE 'OUR WAYS – STRONG WAYS – OUR VOICES: NATIONAL ABORIGINAL AND TORRES STRAIT ISLANDER FAMILY SAFETY PLAN'**

To the First Nations National Plan Steering Committee,

Please accept this as a submission from Central Australian Aboriginal Congress (Congress) to the development of the *Our Ways – Strong Ways – Strong Voices: National Aboriginal and Torres Strait Islander Family Safety Plan*.

Congress appreciates the additional time allowed for us to provide this submission.

**About Congress**

Congress is a large Aboriginal Community Controlled Health Service (ACCHS) based in Mparntwe (Alice Springs). Established 50 years ago, Congress is 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.

We deliver services to more than 14,000 Aboriginal people living in Mparntwe and remote communities across Central Australia including Ltyentye Apurte (Santa Teresa), Ntaria (Hermannsburg), Wallace Rockhole, Utju (Areyonga), Mutitjulu, Amoonguna, Imanpa, Kaltukatjara (Docker River), and Yulara.

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.

Under the leadership of our community-elected Aboriginal Board, Congress has long been an advocate for safe communities and the prevention of violence, especially through campaigning for effective population-level controls on the availability of alcohol.

**Previous submissions of relevance**

Congress has contributed substantially to a range of processes addressing the issue of family violence in Aboriginal communities. Rather than replicating these submissions in this current Family Safety Plan consultation process, we draw your attention to the following submissions which we attach to this letter, and which are also available to view on our website:



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***Submission to the Joint Standing Committee on Aboriginal and Torres Strait Islander Affairs: Inquiry into Community Safety, Support Services and Job Opportunities in the Northern Territory, December 2022<sup>1</sup>***

***Submission to the Senate Standing Committees on Legal and Constitutional Affairs: Inquiry into Missing and Murdered First Nations Women and Children, December 2022<sup>2</sup>***

Key recommendations from these submission are listed below:

- Any approach to address family violence in Aboriginal communities must recognise the rights to self-determination of Aboriginal peoples as established under international agreements to which Australia is a signatory, including the United Nations Declaration on the Rights of Indigenous Peoples.
- Long-term, ongoing investments in evidence-based, culturally responsive, early childhood development programs for Aboriginal children, delivered through ACCHSs and integrated with family support services are a critical primary prevention strategy for Aboriginal family violence.
- Action to reduce Aboriginal poverty is needed to reduce levels of community violence. This should include (a) an increase in JobSeeker and similar citizenship entitlements with an additional loading on such payments for those in remote or very remote areas to address significantly higher costs of living in those places; and (b) redesign citizenship entitlement administrative systems to ensure they are socially and culturally appropriate for Aboriginal people, especially those in remote areas.
- Increased investment in housing for both remote and urban areas as an important underpinning strategy to support women's independence and address mental health and social and emotional wellbeing issues, including family violence.
- Aboriginal community-controlled organisations, especially Aboriginal community-controlled health services, should be recognised as preferred providers for government funded services to address family violence, in recognition of their greater service effectiveness, their higher levels of employment of Aboriginal people (especially women), and their formal structures for involving Aboriginal communities in decision-making.
- That a Northern Territory Alcohol Data Monitoring Group is established, in accordance with the draft terms of reference provided by the Aboriginal Medical Services Alliance Northern Territory (AMSANT), to consider the potential alcohol-related harms at a regional level from a broad range of data sets. If it is clear that there has been a significant increase in harms,

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<sup>1</sup> See <https://www.caac.org.au/wp-content/uploads/2023/02/Congress-Submission-to-Community-Safety-Inquiry-December-2022.pdf>

<sup>2</sup> See <https://www.caac.org.au/wp-content/uploads/2022/12/Congress-Submission-to-Indigenous-Women-Inquiry-December-2022-FINAL.pdf>

especially family violence, and other strategies have not been able to reduce the harm then consideration should be given for re-instating the Stronger Futures Alcohol Reforms.

- That coordinated, sustained national action and funding is required to provide support for Aboriginal women experiencing or at risk of family violence, including at least:
  - reorientation of police and justice systems to ensure that family violence against Aboriginal women is treated equitably and with the seriousness that it deserves through specialist family violence units, with responses informed by local Aboriginal social and cultural knowledge;
  - establishment of mechanisms for coordination, information-sharing and case management amongst local agencies for Aboriginal women including those at lower levels of risk; and
  - needs-based funding for culturally appropriate support for Aboriginal women experiencing or at risk of family violence, including through free culturally safe crisis accommodation; women's support services (outreach and centre based); and advocacy services.
- That, recognising their important role in preventing and responding to violence against Aboriginal women, the establishment of integrated, evidence-based women's health and family support services for Aboriginal women be funded and supported in Aboriginal community controlled health services across Australia.
- That a male cultural space ('Men's Shed') be piloted in Central Australia, incorporating male cultural leadership and therapeutic trauma-informed and healing focused care. Based on participatory action research principles, the pilot should investigate the possibility of the space including supported accommodation for mandated residential care for male perpetrators.
- To reduce the risks of re-offending, and drawing upon experiences of Aboriginal courts and specialist therapeutic courts, all courts dealing with those accused of Aboriginal family violence should: (a) be culturally safe; (b) involve senior Aboriginal community members to assist with understanding the factors driving offending behaviours and in determining effective sentencing; and (c) include access to specialist therapeutic advice to assist with understanding any mental health or other issues related to offending and to ensure referral of offenders to appropriate services such as drug and alcohol treatment or mental health services.

### Support for key areas of primary prevention

Further to the recommendations above from our previous written submissions, Congress supports the four key areas for primary prevention as outlined and described by Jess Hill and Professor Michael Salter in their 2024 paper, *Rethinking Primary Prevention*.<sup>3</sup>

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<sup>3</sup> See <https://jesshill.substack.com/p/rethinking-primary-prevention>

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These are:

1. Accountability and consequences. This means both accountability for the success of prevention work, accountability for systems, and accountability and consequences for perpetrators as a means of prevention.
2. Prevention of, and recovery from, intergenerational trauma and child abuse.
3. Address the socioeconomic impacts and gradients of domestic and sexual violence and coercive control.
4. Address the commercial determinants of domestic and sexual violence and coercive control, including alcohol, gambling and pornography.

Thank you for your consideration of these important issues. Congress is willing to contribute further to this process should there be opportunity to do so. In the meantime, please contact Congress' Public Health Medical Officer, Dr John Boffa on [john.boffa@caac.org.au](mailto:john.boffa@caac.org.au) or Health Policy Advisor, Emma Delahunty on [emma.delahunty@caac.org.au](mailto:emma.delahunty@caac.org.au) if you would like more detail on the matters raised here.

Yours sincerely



Donna Ah Chee  
Chief Executive Officer