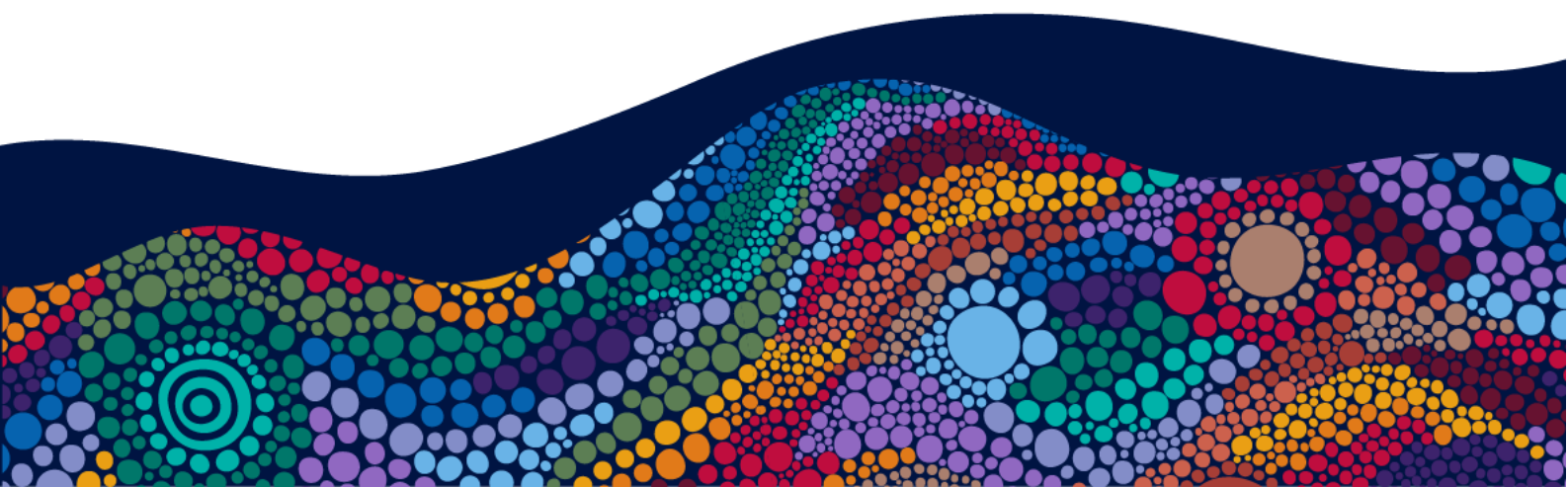


Second Action Plan (National Plan to End Violence against Women and Children 2022–2032)

Submission to the Department of Social
Services

July 2026



About NACCHO

NACCHO is the national peak body representing 148 Aboriginal Community Controlled Health Organisations (ACCHOs). We also assist a number of other community-controlled organisations.

The first Aboriginal medical service was established at Redfern in 1971 as a response to the urgent need to provide decent, accessible health services for the largely medically uninsured Aboriginal population of Redfern. The mainstream was not working. So it was, that over fifty years ago, Aboriginal people took control and designed and delivered their own model of health care. Similar Aboriginal medical services quickly sprung up around the country. In 1974, a national representative body was formed to represent these Aboriginal medical services at the national level. This has grown into what NACCHO is today. All this predated Medibank in 1975.

NACCHO liaises with its membership, and the eight state/territory affiliates, governments, and other organisations on Aboriginal and Torres Strait Islander health and wellbeing policy and planning issues and advocacy relating to health service delivery, health information, research, public health, health financing and health programs.

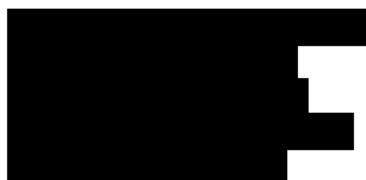
ACCHOs range from large multi-functional services employing several medical practitioners and providing a wide range of services, to small services which rely on Aboriginal health practitioners and/or nurses to provide the bulk of primary health care services. Our 148 members provide services from about 550 clinics. Our sector provides over 3.1 million episodes of care per year for over 410,000 people across Australia, which includes about one million episodes of care in very remote regions.

ACCHOs contribute to improving Aboriginal and Torres Strait Islander health and wellbeing through the provision of comprehensive primary health care, and by integrating and coordinating care and services. Many provide home and site visits; medical, public health and health promotion services; allied health; nursing services; assistance with making appointments and transport; help accessing childcare or dealing with the justice system; drug and alcohol services; and help with income support. Our services build ongoing relationships to give continuity of care so that chronic conditions are managed, and preventative health care is targeted. Through local engagement and a proven service delivery model, our clients 'stick'. Clearly, the cultural safety in which we provide our services is a key factor of our success.

ACCHOs are also closing the employment gap. Collectively, we employ about 7,000 staff – 54 per cent of whom are Aboriginal or Torres Strait Islanders – which makes us the third largest employer of Aboriginal or Torres Strait people in the country.

Enquiries about this submission should be directed to:

NACCHO





Recommendations

NACCHO recommends:

- 1 The Second Action Plan (National Plan to End Violence against Women and Children 2022-2032) explicitly aligns with the National Agreement and its four Priority Reform Areas.
- 2 Embedding principles of Indigenous Data Sovereignty in all priority areas of the Second Action Plan inclusive of all stages of development and integration of data systems, data collection, and monitoring of DSFV, aligning with Priority Reform 4 of the National Agreement.
- 3 Prioritised funding to:
 - a to upskill ACCHO staff, particularly Aboriginal Health Workers and Aboriginal Health Practitioners, on how to best respond to DSFV, and
 - b for social workers in ACCHOs to assist with case management and linkage to support services for people experiencing or at risk of DSFV.
- 4 Regarding cultural safety:
 - c mainstream service providers are held accountable through their funding agreements to demonstrate cultural capabilities required to deliver services in a culturally respectful and appropriate manner for Aboriginal and Torres Strait Islander people, and
 - d prioritised funding for ACCHOs and ACCOs to lead partnerships with mainstream organisations and have the flexibility to subcontract services to mainstream organisations where needed.
- 5 In line with Priority Reform 1 of the National Agreement, the Department works in genuine partnership with Aboriginal and Torres Strait Islander community-controlled organisations, and peak body Our Ways Strong Together to design, lead, and inform the development of the Second Action Plan.

Acknowledgements

NACCHO welcomes the opportunity to provide a submission to the Department of Social Services on the Second Action Plan (National Plan to End Violence against Women and Children 2022-2032).

NACCHO would like to acknowledge the valuable input received to this submission, and the crucial work of our members and other Aboriginal Community Controlled Organisations in providing services relating to DFSV, suicide prevention and aftercare.

NACCHO supports the submissions to this consultation made by NACCHO Members and Affiliates.

National Agreement on Closing the Gap

Advocating for and securing the National Agreement on Closing the Gap was an historically significant act of Aboriginal and Torres Strait Islander self-determination. The National Agreement is evidence of a new era of engagement by and with Aboriginal and Torres Strait Islander people. It commits Australia to a new direction and is a pledge from all governments to fundamentally change the way they work with Aboriginal and Torres Strait Islander communities and organisations – to support self-determination and build the capacity of the community-control sector.

Domestic, family and sexual violence (DFSV) **directly** relates to one target of the National Agreement on Closing the Gap, and indirectly to three targets.

- Target 9: Aboriginal and Torres Strait Islander people secure appropriate, affordable housing that is aligned with their priorities and need
- Target 12: By 2031, reduce the rate of overrepresentation of Aboriginal and Torres Strait Islander children (0–17 years old) in out-of-home care by 45%
- **Target 13:** By 2031, the rate of all forms of family violence and abuse against Aboriginal and Torres Strait Islander women and children is reduced at least by 50%, as progress towards zero.
- Target 14: Significant and sustained reduction in suicide of Aboriginal and Torres Strait Islander people towards zero.

Target 9A is improving but not on track to be met, Targets 12 and 14 are going backwards, and there is no current data to measure Target 9B or Target 13.¹ More than simply a gap to be closed, DFSV within Aboriginal and Torres Strait Islander communities needs to be understood as both a cause and effect of social disadvantage and intergenerational trauma.²

The reforms and targets outlined in the National Agreement seek to overcome the inequality experienced by Aboriginal and Torres Strait Islander people, and achieve life outcomes equal to all Australians. Governments at all levels have committed to the implementation of the National Agreement's four Priority Reform Areas, which offer a roadmap to meaningfully impact structural drivers of poor health and social outcomes for Aboriginal and Torres Strait Islander people:

Priority Reform Area 1 – Formal partnerships and shared decision-making

This Priority Reform commits to building and strengthening structures that empower Aboriginal and Torres Strait Islander people to share decision-making authority with governments, and to accelerate policy making that centres Aboriginal and Torres Strait Islander voices.

¹ Productivity Commission, Socio-economic outcome area 14, Closing the Gap Information Repository, <https://www.pc.gov.au/closing-the-gap-data/dashboard/outcome-area/social-and-emotional-wellbeing/>.

² Australian Institute of Health and Welfare (AIHW), Australia's Welfare: Indigenous Community Safety Snapshot, Sep 2023, <https://www.aihw.gov.au/reports/australias-welfare/indigenous-community-safety>.

Priority Reform Area 2 – Building the community-controlled sector

Recognising that community-controlled services achieve better outcomes, employ more Aboriginal and Torres Strait Islander people and are often preferred over mainstream services, this Priority Reform commits to building Aboriginal and Torres Strait Islander community-controlled sectors to deliver services to support Closing the Gap.

Priority Reform Area 3 – Transformation of mainstream institutions

This Priority Reform commits to systemic and structural transformation of government organisations to identify and eliminate racism, embed and practice cultural safety, deliver services in partnership with Aboriginal and Torres Strait Islander people, support truth telling about agencies' history with Aboriginal and Torres Strait Islander people, and engage fully and transparently with Aboriginal and Torres Strait Islander people when programs are being changed.

Priority Reform Area 4 – Sharing data and information to support decision making

This Priority Reform commits to shared access to regional data and information to inform local-decision making and support achievement of the first three Priority Reforms. This Priority Reform supports principles of Indigenous Data Sovereignty.

Despite some progress, the need for fundamental systemic reform remains evident. In its first review of the National Agreement on Closing the Gap, the Productivity Commission found that governments are not adequately delivering on their commitments. Despite support for the Priority Reforms and some good practice, progress has been slow, uncoordinated, and piecemeal.

The Commission noted that to enable better outcomes, governments need to relinquish some control, share decision making and acknowledge that Aboriginal and Torres Strait Islander people know what is best for their communities. Aboriginal Community Controlled Organisations, must be treated as critical partners rather than passive funding recipients, and trusted to design, deliver and measure government services in ways that are culturally safe and meaningful for their communities.

'Too many government agencies are implementing versions of shared decision-making that involve consulting with Aboriginal and Torres Strait Islander people on a pre-determined solution, rather than collaborating on the problem and co-designing a solution'³

The consultation paper states that *"all priority areas are underpinned by the recognition that First Nations leadership, practitioner-led evidence, and community expertise are critical to guiding the National Plan and ensuring its effectiveness"* and *"that experiences of violence, access to support, and interactions with systems are not the same for all people or communities."* NACCHO welcomes this recognition. To actually demonstrate this however, governments must prioritise genuine partnerships with Aboriginal and Torres Strait Islander leaders, communities and community controlled organisations, ensuring they are empowered to design, deliver, and evaluate policy and practice across prevention, early intervention, response, and recovery initiatives in ways that are culturally safe and responsive to community needs. Explicit reference to and incorporation of the Priority Reforms is needed throughout the Action Plan to reflect government commitments to improve outcomes for Aboriginal and Torres Strait Islander people.

NACCHO recommends the Second Action Plan (National Plan to End Violence against Women and Children 2022-2032) explicitly aligns with the National Agreement and its four Priority Reform Areas.

³ Productivity Commission, Review of the National Agreement on Closing the Gap, Study Report, Canberra, 7 Feb 2024 <https://www.pc.gov.au/inquiries/completed/closing-the-gap-review/report>.

Prioritising Aboriginal and Torres Strait Islander people in addressing DFSV

Aboriginal and Torres Strait Islander people are more likely to experience DFSV than other Australians.⁶ A history of dispossession, marginalisation, racism and the impact of Government policies since colonisation has resulted in profound inequity for Aboriginal and Torres Strait Islander people. This is reinforced and entrenched by ongoing experiences of structural and interpersonal racism, discrimination, dispossession of culture, land and language, and intergenerational trauma.

We know that the circumstances in which people live both informs and influences behaviour. Aboriginal and Torres Strait Islander people experience poverty, overcrowding, insecure housing, homelessness and food security to a much higher degree than other Australians, as well as a higher burden of disease and mental health issues.⁴ Additionally, pervasive racism across response systems, including social and community services, police, justice and child protection, continue to marginalise and disempower those reporting violence or seeking support.⁵

Aboriginal and Torres Strait Islander people face significant barriers to accessing support and to reporting. These include the stigma or shame associated with being a victim of DFSV, and with seeking help for mental health.^{6,7} There are concerns that seeking help for either may lead to the removal of children, poor relations with police, a pervasive lack of trust in the judicial system, and well-founded concerns for the safety of an Aboriginal and/or Torres Strait Islander partner/ex-partner in prison.

Aboriginal and Torres Strait Islander culture and self-determination are powerful protective factors. In the context of service delivery to Aboriginal and Torres Strait Islander people, provision of holistic, trauma-aware, healing informed wrap around support is crucial in order to create culturally safe, positive outcomes for survivors.⁸

Aboriginal and Torres Strait Islander people are 3 times as likely to be living in overcrowded conditions as non-Indigenous Australians.⁹ Inadequate housing is a key indicator and driver of poverty, and a critical social determinant of health. It has also been identified as a catalyst of DFSV particularly for Aboriginal and Torres Strait Islander people. Housing shortages are interconnected with other community issues, including violence.¹⁰ Research has shown that having stable housing and living conditions that were not overcrowded are significantly associated with a lower prevalence of DFSV.¹¹

Aboriginal and Torres Strait Islander children continue to be taken from their families at alarming rates. As of 30 June 2025, around 15,300 Aboriginal and Torres Strait Islander children were in out-of-home care, and 18,900 children were on care and protection orders.¹²

⁴ AIHW, 2.09 Index of disadvantage <https://www.indigenoushpf.gov.au/measures/2-09-index-disadvantage>.

⁵ AIHW, Aboriginal and Torres Strait Islander Health Performance Framework 2020 summary report. Canberra: Australian Institute of Health and Welfare; 2020.

⁶ Meyer S., Stambe R-M., Indigenous women's experiences of domestic and family violence, help-seeking and recovery in regional Queensland. *Aust J Soc Issues*. 2021; 56: 443–458, <https://onlinelibrary.wiley.com/doi/abs/10.1002/ajs4.128>.

⁷ Satyen, L. and Sharda, A., National Roundtable on Healing and Recovery from Domestic, Family and Sexual Violence Report, Deakin University, <https://static1.squarespace.com/static/6264acf4316c1162bd074e29/t/671adf86f5a0a972a9e10d90/1729814411394/Healing+and+Recovery+Roundtable+Report+-+Full+Length.pdf>.

⁸ NACCHO, Core Services and Outcomes Framework, June 2021, <https://csf.naccho.org.au/wp-content/uploads/2022/10/Core-Services-Outcomes-Framework-full-document.pdf>.

⁹ AIHW, 2.01 Housing <https://www.indigenoushpf.gov.au/measures/2-01-housing#implications>

¹⁰ Family and Community Safety for Aboriginal and Torres Strait Islander Peoples Study Report, 2020, pg. 47: <https://nceph.anu.edu.au/files/CHM200082%20TAWTBWMC1%20v9%20WEB.pdf#overlay-context=research/projects/facts-study>

¹¹ Family and Community Safety for Aboriginal and Torres Strait Islander Peoples Study Report, 2020, pg. 48.

¹² AIHW, Child protection Australia 2024–25, <https://www.aihw.gov.au/reports/child-protection/child-protection-australia-2024-25/contents/about>

Deep systemic change is required to address longstanding drivers of violence, poverty, marginalisation and disadvantage for Aboriginal and Torres Strait Islander people. Systems reform is also needed to address issues of racism, deficit approaches and assumptions about culture that are entrenched in the way governments and mainstream services develop policy and deliver programs and services to Aboriginal and Torres Strait Islander communities.

This requires consideration of the impact of all policy decisions on outcomes for Aboriginal and Torres Strait Islander people. This means Aboriginal and Torres Strait Islander people should be embedded throughout the Action Plan, and not solely rely on the upcoming *First Action Plan under Our Ways – Strong Ways – Our Voices: National Aboriginal and Torres Strait Islander Plan to End Family, Domestic and Sexual Violence 2026-2036*, and the *Second Aboriginal and Torres Strait Islander Action Plan under Safe and Supported 2021-2031: The National Framework for Protecting Australia's Children 2021-2031*.

Such an approach aligns with the National Agreement on Closing the Gap.

Data

NACCHO supports the close monitoring of the prevalence of DFSV over time, strengthened national data systems, and integration and comparability of data across ABS, AHRC and other administrative sources. However, care must be taken in collecting and using data collected from Aboriginal and Torres Strait Islander people. There is no regular, national collection of DFSV data. NACCHO notes that the Australian Institute of Health and Welfare has been funded to create a pilot data collection on specialist crisis family and domestic violence services.¹³ It is unclear whether ACCHOs, or the wider Aboriginal community-controlled sector have been involved in the development and implementation of this pilot. It is also unclear how the data from this pilot will integrate with data from other related services.

Current reporting relies on second-hand information from administrative data or irregular surveys, and frontline services like ACCHOs are largely missing from the picture. The Australian Bureau of Statistics' Personal Safety Survey,¹⁴ is used to generate key facts on partner violence. However, it does not disaggregate by Indigenous status.

Administrative data sets collected through government records, such as police records, hospitals data and mortality data could potentially be linked at the person level, however it is unclear how a longitudinal data collection identifying DFSV survivors would be helpful, or even whether it would paint an accurate picture of a complex web of interacting factors. Such data on DFSV would be difficult to interpret, as there is no way to know whether an increase in prevalence would be due to a rise in DFSV, or a rise in the number of people experiencing DFSV who are choosing to access support services.

Additionally, it is unclear how linked DFSV data would be used, and by whom. Creating a person-level data collection of vulnerable people could be counter intuitive, and in effect put people at further risk. Given the subject matter, there is potential for this data to be used to fuel deficit discourse about Aboriginal and Torres Strait Islander people and communities. We know that media coverage can perpetuate racist stereotypes, misrepresent the historical, systemic and societal contributors to DFSV, and can be complicit in silencing the voices of Aboriginal and Torres Strait Islander women.

There are also concerns that any potential linked data could be used for punitive purposes. Aboriginal and Torres Strait Islander children continue to be disproportionately removed from their families, even for reasons such as fleeing domestic violence.¹⁵ The potential to link, for example, hospital data, social services data and police records to determine people affected by DFSV would result in more identifiable data on survivors, putting them at risk of further harm. Additionally, DFSV services often record people under pseudonyms or

¹³ AIHW, Pilot data collection for specialist crisis FDV services, November 2025, <https://www.aihw.gov.au/family-domestic-and-sexual-violence/resources/pilot-data-collection-for-specialist-crisis-fdv-services>.

¹⁴ Australian Bureau of Statistics, Partner violence, November 2023, <https://www.abs.gov.au/statistics/people/crime-and-justice/partner-violence/2021-22>.

¹⁵ Human Rights Watch, Australia: Disproportionate Removal of Aboriginal Children, March 2025, <https://www.hrw.org/news/2025/03/26/australia-disproportionate-removal-aboriginal-children>.

use other synthetic data for safety reasons. Due to this, linkage quality could be questionable, leading to either mistaken links (misidentifying survivors) or missing links (not identifying survivors).

Mandatory reporting laws, which differ across jurisdictions, mean that suspected exposure to family violence could be reported by teachers, medical practitioners, religious ministers, or, in the Northern Territory, any adult regardless of occupation.¹⁶ While mandatory reporting in situations of genuine need is not an issue, there are increasing numbers of stories of mandatory reporting adversely affecting Aboriginal and Torres Strait Islander women and families.

Unborn child notifications occur when medical practitioners providing antenatal care to pregnant women identify potential issues such as domestic violence. Unborn child notifications have resulted in babies being removed at birth, and, due to the effects of systemic racism and lack of cultural knowledge, and Aboriginal and Torres Strait Islander newborns are vastly overrepresented in unborn child notifications.¹⁷ This could be at least in part remedied through additional funding for programs to support mothers experiencing violence to stay with their children.

The more data on DFSV survivors that is created and shared through government systems, the more children are being put at risk of being removed from their families – with detrimental flow on effects on the children, their families and community and increased risk of suicide for children and their parents.^{18, 19} The possibility of linked data on vulnerable people being used for such punitive actions would therefore result in fewer Aboriginal and Torres Strait Islander people feeling safe to access hospitals or social services, or report to the police. The very sensitive nature of DFSV data must be stressed. The Action Plan must balance the need for data with the right to privacy and safety of those whose data is being collected.

Priority Reform 4 of the National Agreement on Closing the Gap notes the need for Aboriginal and Torres Strait Islander people to have shared access to location specific data and information to support their communities and organisations to achieve the National Agreement's other Priority Reforms and Targets. Any prevalence and monitoring data, and data systems should be created with Aboriginal and Torres Strait Islander people, and follow the principles of Indigenous Data Sovereignty, as outlined by *Maiaṁ nayri Wingara*.²⁰

NACCHO recommends embedding principles of Indigenous Data Sovereignty in all priority areas of the Second Action Plan inclusive of all stages of development and integration of data systems, data collection, and monitoring of DFSV, aligning with Priority Reform 4 of the National Agreement.

The importance of ACCHOs in the prevention, early intervention and response to DFSV

Support for DFSV requires early intervention, and intensive wraparound support, across health, social, housing and other sectors. It is critical that these services are provided in culturally safe, culturally appropriate settings – if not, Aboriginal and Torres Strait Islander people may not seek help. Aboriginal and Torres Strait Islander staff and culturally competent staff working from a trauma-informed perspective can

¹⁶ Australian Institute of Family Studies, Mandatory reporting of child abuse and neglect, August 2023, <https://aifs.gov.au/resources/resource-sheets/mandatory-reporting-child-abuse-and-neglect>.

¹⁷ Collard, S. Birth alerts are meant to help children at risk of abuse. They are routinely used against Aboriginal mothers, The Guardian, June 2025, <https://www.theguardian.com/australia-news/2025/jun/18/birth-alerts-are-meant-to-help-children-at-risk-of-abuse-they-are-routinely-used-against-aboriginal-mothers>.

¹⁸ Georgatos, G., for NITV, Children removed from families are at highest risk to suicide, The Point, October 2016, <https://www.sbs.com.au/nitv/the-point/article/children-removed-from-families-are-at-highest-risk-to-suicide/hndtyudbk>.

¹⁹ Wall-Wieler, E., Roos, L.L., Brownell, M., Nickel, N., Chateau, D., and Singal, D., Suicide Attempts and Completions among Mothers Whose Children Were Taken into Care by Child Protection Services: A Cohort Study Using Linkable Administrative Data. *The Canadian Journal of Psychiatry*. 2017;63(3):170-177. <https://journals.sagepub.com/doi/full/10.1177/0706743717741058>

²⁰ Maiaṁ nayri Wingara, Maiaṁ nayri Wingara Principles, 2018 <https://www.maiamnayriwingara.org/mnw-principles>.

have positive relationships with the community and use tools and resources in a way that is effective and meaningful with Aboriginal and Torres Strait Islander clients.²¹

ACCHOs are highly trusted services in Aboriginal and Torres Strait Islander communities, and are best placed to respond to the social and cultural determinants of health. This has also been acknowledged by the Domestic, Family and Sexual Violence Commissioner, Micaela Cronin in her National Press Club address in August 2024: *“Aboriginal controlled organisations who are in many ways at the forefront and leading much of the work in addressing family, domestic and sexual violence. I think some of my observations would be that some of the best practice is led by Aboriginal communities and Aboriginal controlled organisations.”*

ACCHOs are deeply embedded in their communities. Relationships with other services such as police, education and community services enable an ACCHO to be aware of non-medical pressures and events that have an impact on individuals and communities. ACCHOs are well placed to assist in enhanced prevention and early intervention in the context of DFSV victimisation and perpetration. ACCHOs provide holistic models of care, which:

- 1 Underscore the importance of connecting the physical, mental, social, emotional and spiritual dimensions of health and wellbeing to promote preventive and comprehensive care, with a strong focus on prevention not solely through focusing on treatment.
- 2 Integrate the concept of ‘joined up services’, to ensure that healthcare services are coordinated and work together seamlessly to provide comprehensive support for individuals and communities. For example, ACCHOs often provide referral pathways to legal representation, social supports and other services.
- 3 Are run by a board of local community members, elected by their community or affiliate organisations, with the goal of providing services for community, by community.

Health care, particularly primary health care, plays an important role in addressing DFSV. ACCHOs help to address the impacts of DFSV on health by:

- Providing first responder and follow-up health care, such as treating wounds and injuries.
- Providing a safe space for testing and treatment of sexually transmitted infections and blood borne viruses, as an essential component of sexual violence follow up care.
- Providing culturally safe identification, treatment and support for Aboriginal and Torres Strait Islander people who have sustained a traumatic brain injury as a result of DFSV.
- Using their cultural, community and clinical expertise to prevent and respond to family, domestic and sexual violence.

Primary prevention approaches have a demonstrated ability to deliver sustainable local solutions that not only reduce DFSV violence but contribute to positive life outcomes for Aboriginal and Torres Strait Islander people.²²

²¹ Scrine, C., McAullay, D., White, T., and Strobel, N., Evaluation of the Family Domestic Sexual Violence Pilot Program in Aboriginal Community Controlled Health Services in Western Australia: Interim Evaluation Report, September 2024, <https://www.ahcwa.org.au/wp-content/uploads/2022/11/AHCWA-FDSV-Interim-Evaluation-Report-18Sept2024.pdf>.

²² Our Watch (2018) Changing the picture: A national resource to support the prevention of violence against Aboriginal and Torres Strait Islander women and their children, Our Watch, Melbourne. <https://media-cdn.ourwatch.org.au/wp-content/uploads/sites/2/2019/11/05233003/Changing-the-picture-AA-3.pdf>

Case Study | Waminda

Waminda is a NACCHO member ACCHO located on the lands of the Wandj Wandandian, Jerrinja, Cullunghutti, Wodi Wodi people in the South Coast of NSW, specialising in providing services for women and their Aboriginal families of all ages. Waminda provides health and wellbeing services, maternity services, as well as client support services and cultural programs. Culture is at the foundation of their work, and Aboriginal families are at the core of their model of care.²³

The case management team at Waminda provides support and advocacy both internally and externally for Aboriginal families who are facing a range of challenges in their lives. The team combine specialist skills and a collaborative approach whereby each case worker is able to offer expertise in a particular area, i.e. domestic family and sexual violence and social and emotional wellbeing or justice health. They work together as required with other case workers, clinic staff, healing and wellbeing practitioners to ensure the delivery of a holistic, seamless and wrap around support for women and their families.²⁴

Case Study | KKY Aboriginal Corporation

KKY stands for Kornar Winmil Yunti, or 'men working together' in Ngarrindjeri. KKY is an Aboriginal Community Controlled Organisation (ACCO) that initially focussed on men's behaviour change around domestic, family and sexual violence but has since expanded to incorporate working holistically with women, children and community.²⁵

Aboriginal culture is at the heart of KKY services and considered a protective factor for Aboriginal people. At KKY, services recognise, and are centered on, the diversity, vibrancy and wisdom of Aboriginal cultures. With offices in Adelaide, Berri, Port Lincoln, Mount Gambier, and Port Augusta, KKY supports more than 1,900 people each year through their wide range of programs.²⁶

Greater integration across the service system is needed so that it can respond to the whole family in a way that avoids disruption and further trauma. Aboriginal and Torres Strait Islander-led, whole of community solutions are critical to address the impact of DFSV. Building a service system around existing trusted relationships such as with ACCHOs and ACCOs amplifies the opportunity and reach of programs.

With additional training, ACCHO primary health care workers could play a stronger role in identifying families at risk of DFSV; implementing early preventive supports; and identifying and supporting those affected by DFSV. This training would be best delivered through ACCHOs, or in partnership with Aboriginal Community Controlled Registered Training Organisations (ACCRTOs).

NACCHO recommends prioritised funding:

- a) to upskill ACCHO staff, particularly Aboriginal Health Workers and Aboriginal Health Practitioners, on how to best respond to DFSV, and
- b) for social workers in ACCHOs to assist with case management and linkage to support services for people experiencing or at risk of DFSV.

Cultural safety

Systemic change is needed in the accessibility of justice responses and the support services available to Aboriginal and Torres Strait Islander people experiencing DFSV. Holistic community justice responses that address the needs of victims are critical, as is dealing with perpetrators of DFSV within a framework of justice that involves community.

²³ Waminda South Coast, Grandmother's Heartbeat – Waminda Model of Care 2024, <https://www.youtube.com/watch?v=Jilm42dc6m4>.

²⁴ Waminda, Clint Support Services at Waminda, <https://waminda.org.au/support/#case-management>.

²⁵ KKY, Kornar Winmil Yunti (KKY): About Us, <https://www.kky.org.au/about-us>.

²⁶ KKY, New KKY General Brochure, https://www.kky.org.au/files/uqdd/2897af_af2f4cb9dd5347409105ef4374fd2f94.pdf.

Systems reform should prioritise comprehensive approaches that are led by Aboriginal and Torres Strait Islander communities, and community controlled organisations which respond to victims holistically, and take a restorative and rehabilitative approach to offenders. DFSV affects whole families and communities – to assist healing a holistic response is needed.

Eliminating racism and embedding cultural safety, improving engagement and partnership with Aboriginal and Torres Strait Islander people and communities is essential to ensure accessibility to and engagement with services.

While necessary, it is not sufficient to focus solely on strengthening and building capacity in the Aboriginal and Torres Strait Islander workforce to ensure cultural safety. This risks placing the burden for delivering cultural safety on those who also require it. The provision of culturally safe services must be an on-going commitment by government agencies and mainstream service providers.

A strong understanding of cultural safety must be part of the organisational mindset at all levels. Focus should be on cultural capabilities, and developing skills, knowledge and behaviours required to plan, support, improve and deliver services in a culturally respectful and appropriate manner.²⁷ This requires comprehensive, cultural capabilities training and greater engagement by listening to Aboriginal and Torres Strait Islander people about their experiences and taking those learnings on board across the organisation. Without cultural respect and understanding as a core component of the Second Action Plan and its initiatives, we are unlikely to see the benefits for Aboriginal and Torres Strait Islander people. While a dedicated Aboriginal and Torres Strait Islander Action Plan is needed, it is not enough on its own. Aboriginal and Torres Strait Islander needs and priorities must also be embedded throughout the Second Action Plan. The AIHW *Cultural safety in health care for Indigenous Australians: monitoring framework*²⁸ may offer insights on how best to evidence the provision of culturally safe care. Consideration should be given to the development of mandated, specific guidance on delivering cultural safe care and supports for Aboriginal and Torres Strait Islander people. Face to face training delivered and contextualised by local communities is required. This may mean that staff receive different training to colleagues in other locations. This is appropriate. Critical to cultural safety is the understanding that *only the person who is recipient of a service or interaction can determine whether it is culturally safe*.²⁹

Government funding processes tend to prioritise larger mainstream services. These organisations often receive funding to deliver services for Aboriginal and Torres Strait Islander communities while also depending on ACCHOs and ACCOs to facilitate services and programs. This can lead to exploitation of smaller local community-controlled services to support mainstream providers who then do not deliver culturally safe services to local communities.

These mainstream organisations often deliver services that are not culturally safe, and do not work in genuine partnership with Aboriginal and Torres Strait Islander organisations. Such arrangements can also draw funding away from ACCHOs and ACCOs, which undermines Government's commitment to Priority Reform 2.

Competitive funding processes often hinder ACCHO opportunities for partnership and can create substantial administrative and cost burdens for ACCHOs.³⁰ Partnership should be led by the community-controlled sector, not mainstream organisations. ACCHOs and ACCOs should be prioritised for funding and have the flexibility to subcontract services to mainstream organisations, rather than the other way around.

²⁷ Mohamed J, Stacey K, Chamberlain C and Priest N. (2024), Cultural safety in Australia, Discussion paper, Lowitja Institute, Melbourne. <https://www.lowitja.org.au/resource/cultural-safety-in-australia/>.

²⁸ Australian Institute of Health and Welfare, Cultural safety in health care for Indigenous Australians: monitoring framework, <https://www.aihw.gov.au/reports/indigenous-australians/cultural-safety-health-care-framework/contents/about>.

²⁹ Refer to the Aboriginal and Torres Strait Islander Health Performance Framework - summary report 2020. <https://www.indigenoushpf.gov.au/>

³⁰ SNAICC (2023). Stronger ACCHOs, Stronger Families – Final Report. <https://www.snaicc.org.au/wp-content/uploads/2023/05/SNAICC-Stronger-ACCOs-Stronger-Families-report-2022.pdf>.

NACCHO recommends:

- a) mainstream service providers are held accountable through their funding agreements to demonstrate cultural capabilities required to deliver services in a culturally respectful and appropriate manner for Aboriginal and Torres Strait Islander people.
- b) prioritised funding for ACCHOs and ACCOs to lead partnerships with mainstream organisations and have the flexibility to subcontract services to mainstream organisations where needed.

Partnership with Our Ways Strong Together

With the establishment of the National Aboriginal and Torres Strait Islander Family, Domestic and Sexual Violence peak body, Our Ways Strong Together in March 2026, it is fitting that the development of the Second Action Plan includes the involvement of the community controlled sector.

Our Ways Strong Together represents a wide range of community controlled organisations involved in crisis response, prevention and early intervention, behaviour change, healing, and support for children. The peak body aims to grow and strengthen the community-led frontline services doing this crucial work.

“Our Ways Strong Together is built from community, for community. Aboriginal and Torres Strait Islander services and peak bodies have been leading this work for generations without a national, integrated sector body to represent them. Today we unite their voices at a national level. This peak body is about strength, culture and healing. It’s about ensuring our communities have the integrated support they need to keep families and communities safe. Our Ways Strong Together is an example of the Priority Reforms from the National Agreement on Closing the Gap in action. It is a concrete action towards strengthening the community controlled sector and enabling Aboriginal and Torres Strait Islander people to have a seat at the decision-making table.” – *Donella Mills, Interim Chair Our Ways Strong Together, and Lead Convenor of the Coalition of Peaks*

Our Ways Strong Together has been established in response to calls from the community and the sector, and co-designed with them in a process led by the Coalition of Peaks. It builds on decades of work by Aboriginal and Torres Strait Islander people, community-controlled organisations and peak bodies to improve life outcomes for Aboriginal and Torres Strait Islander people.³¹

It is important that government demonstrates its commitment to working in partnership with the community controlled sector on the legal, policy and funding reforms needed to prevent family, domestic and sexual violence and support victim-survivors in the development of the Second Action Plan.

NACCHO recommends in line with Priority Reform 1 of the National Agreement, the Department works in genuine partnership with Aboriginal and Torres Strait Islander community-controlled organisations, and peak body Our Ways Strong Together to design, lead, and inform the development of the Second Action Plan.

³¹ Coalition of Peaks, New national Aboriginal and Torres Strait Islander peak body to address family, domestic and sexual violence. 25 March 2026. <https://www.coalitionofpeaks.org.au/media/new-family-domestic-violence-peak>.