VACCHO

Consultation on the Second Action Plan of the National Plan to End Violence against Women and Children 2022–2032

31 July 2026

The peak representative for the health and wellbeing of Aboriginal and Torres Strait Islander people living in Victoria.

Victorian Aboriginal Community Controlled Health Organisation

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Acknowledgment of Country

VACCHO respectfully acknowledges that our office is based on the unceded lands of the Wurundjeri people of the Kulin Nation.

We pay our respects to Wurundjeri ancestors and caretakers of this land, and to Elders both past and present.

We extend our respect to all Traditional Owners and Elders across the lands on which we and our Members work and acknowledge their everlasting connection to Country, Culture, and Community.

Always was, always will be, Aboriginal land.

Acknowledgement of those harmed by violence

VACCHO acknowledges all those Aboriginal and Torres Strait Islander peoples and their families who have experienced family violence in its many forms.

All efforts to prevent and respond to family violence must be deeply informed by their experiences and advocacy, holding their experiences front of mind always.

VACCHO also recognises the vital work of the frontline ACCO sector family violence workforce and organisations such as Boorndawan Wilam, Dijirra and Elizabeth Morgan House who undertake tireless advocacy for women, children and those experiencing violence.

About us

The Victorian Aboriginal Community Controlled Health Organisation (VACCHO) was established in 1996. VACCHO is the peak Aboriginal and Torres Strait Islander health and wellbeing body representing 35 Aboriginal Community Controlled Organisations (ACCOs) in Victoria. The role of VACCHO is to build the capacity of its Membership and to advocate for issues on their behalf.

Capacity is built amongst Members through strengthening support networks, increasing workforce development opportunities and through leadership on health and wellbeing. Advocacy is carried out with a range of private, community and government agencies, at state and national levels, on all issues related to Aboriginal and Torres Strait Islander health.

Nationally, VACCHO represents the Community-controlled health and wellbeing sector through its affiliation and membership on the board of the National Aboriginal Community Controlled Health Organisation (NACCHO). State and Federal Governments formally recognise VACCHO as Victoria's peak representative organisation on Aboriginal and Torres Strait Islander health. VACCHO's vision is that Aboriginal and Torres Strait Islander people will have a high quality of health and wellbeing, enabling individuals and communities to reach their full potential in life. This will be achieved through the process of Community control.

Note on Language

The term Aboriginal includes all Aboriginal people living in Victoria. The terms 'Community' or 'Communities' in this document refers to all Aboriginal and/or Torres Strait Islander communities across Australia, representing a wide diversity of cultures, traditions, and experiences. Community is always capitalised unless it has the word Aboriginal in front of it or if it's referencing a non-Aboriginal community.

Introduction

VACCHO welcomes the opportunity to provide feedback on the Second Action Plan for the National Plan to end family, domestic and sexual violence, with the view that this input will feed into the development of all five national action plans that are out for consultation, with particular focus on the 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 (Our Ways).

Aboriginal Communities, particularly women and children, are disproportionately impacted by family violence across Australia. These impacts are felt far and wide, causing significant loss, trauma, and disruption for families and communities. VACCHO supports the critical need for focus and investment right across the family violence continuum from primary prevention through to healing and recovery. Importantly, for the Aboriginal and Torres Strait Islander Communities that VACCHO represents, this must be grounded in a culturally safe and intersectional approach, recognising the compounding impacts of colonisation including racism and discrimination, poverty and financial insecurity, and poor social and emotional wellbeing (SEWB) and health outcomes.

Family violence has been publicly labelled a public health emergency since the Royal Commission into Family Violence (The Commission) handed down its final report in 2016. Despite being labelled a public health emergency, in practical terms it is not resourced or responded to as one. VACCHO's submission is tightly focused on health and wellbeing, whilst acknowledging that family violence requires a whole-of-system and society change across a range of settings and sectors. This submission is structured around the recommendations as many of them cut across many, if not all, of the five priority areas identified in the consultation paper.

VACCHO welcomes the commitment to a standalone plan to address family, domestic and sexual violence against Aboriginal and Torres Strait Islander peoples but strongly urges that this needs to be funded and invested in at a scale that is proportional to the crisis our Communities are facing. Without adequate investment this will be yet another plan that does not work towards ending family, domestic and sexual violence.

Recommendations

RECOMMENDATION 1:
Undertake strategic mapping across jurisdictions and the federal government to align and strengthen the impact of the National Plan.

RECOMMENDATION 2:
Invest in Dhelk Dja as a key partner in delivering a coordinated national response.

RECOMMENDATION 3:
Invest in shifting societal beliefs and narratives, with a focus on Aboriginal boys and men, and challenging harmful gender norms.

RECOMMENDATION 4:
Invest in Aboriginal-led healing services as a critical prevention and recovery response to family violence.

RECOMMENDATION 5:
Invest in ACCO-led Social and Emotional Wellbeing (SEWB) programs and supports.

RECOMMENDATION 6:
Ensure all personnel working within the health service system receive critical trauma-informed and culturally safe training to identify and respond to family violence.

RECOMMENDATION 7:
Invest in service models and programs that centre and respond to the whole-of-family, not just individuals.

RECOMMENDATION 8:
Build the evidence on 'what works' in family violence prevention and response, with a focus on the how health and wellbeing services prevent and respond to family violence.

RECOMMENDATION 9:
Increase and optimise funding and resourcing for ACCOs to work and support across the family violence continuum, including integrated intergovernmental funding.

RECOMMENDATION 10:
Invest in housing access and availability across the continuum (crisis accommodation, transitional housing and long-term housing).

Recommendation 1: Undertake strategic mapping across jurisdictions and the federal government to align and strengthen the impact of the National Plans

Family violence policy is shaped by a complex landscape of Commonwealth and State strategies, funding streams, and governance arrangements. While the National Plans provides an overarching national framework, implementation often occurs through multiple jurisdictional mechanisms that can result in fragmented investment, duplicated effort, and inconsistent accountability.

Undertaking strategic mapping across jurisdictions is critical to identify areas of overlap, gaps, and opportunities for greater alignment, ensuring that policy, funding, and reform efforts are mutually reinforcing rather than operating in parallel.

Recommendation 2: Invest in Dhelk Dja as a key partner in delivering a coordinated national response

Dhelk Dja Safe Our Way-Strong Culture, Strong Peoples, Strong Families is an Aboriginal-led agreement in Victoria to address family violence in Communities. It commits the Victorian Government to work together with the Dhelk Dja Koori Caucus, made up of leaders on the frontline of family violence services and action groups. The Dhelk Dja Partnership Forum is responsible for governing the Dhelk Dja: Safe Our Way – Strong culture, strong peoples, strong families, and its Action Plans.

The role of Dhelk Dja and the Koori Caucus is critical to elevate Community voice, lived experience, and advocating for systemic change. Right across the family violence continuum Statewide – from prevention, early intervention, crisis response, and healing, it is a mechanism that ensures stronger government accountability.

VACCHO strongly recommends channeling further investment into the governance structure of Dhelk Dja. This investment should facilitate localised responses through the Community Infrastructure Fund (CIF), emphasising projects that have demonstrated tangible impact and exhibit scalability potential. Such strategic funding considerations will reinforce the effective implementation of Dhelk Dja principles and initiatives, and support local responses to address family violence.

A coordinated approach across both the Victorian and Federal Governments is also essential. Dhelk Dja should be the key forum in Victoria that is worked with to ensure that Commonwealth and State policies, funding and implementation efforts are aligned with its priorities. Greater cross-jurisdictional coordination would reduce duplication, improve accountability, and enable governments to work through a, Aboriginal-led structure that reflects Community priorities. This would provide a more coherent and sustainable

approach to preventing family violence, strengthening families, and supporting healing across Australia.

Recommendation 3: Invest in shifting societal beliefs and narratives, with a focus on Aboriginal boys and men, and challenging harmful gender norms

Colonisation has disrupted Aboriginal cultural and social systems, including cultural roles, responsibilities, and pathways – particularly for Aboriginal boys and men – through which people are supported, guided, and connected to Community, Culture and Country. The impacts of dispossession, child removal, racism, incarceration, and socioeconomic disadvantage continue to influence the experiences of many Aboriginal men and boys today. Aboriginal men are over-policed, racially profiled, and problematised, often resulting in young boys growing up into these identities.

Many Aboriginal boys are raised within strong networks of Aboriginal women, men, Elders, and extended Kin. However, many young people also experience a lack of consistent access to positive male role models, cultural mentors, and opportunities to develop strong identities, belonging and healthy relationship skills. Addressing this gap requires investment in Aboriginal-led approaches that support boys and men to understand their strengths, responsibilities and roles within families and communities[1].

To prevent family, domestic, and sexual violence, approaches must engage men and boys in ways that promote accountability, respect, gender equality, and healthy relationships while also addressing the broader social and cultural determinants that influence wellbeing. There is a need to promote the strength and resilience of men and boys through a whole-of-Community approach. This can be achieved through investment in research, programming and collaboration that fosters a transformative shift in the narratives surrounding Aboriginal men, including the persistent deficit-driven perspectives. If we are to shift the dial and end family, domestic and sexual violence, we need to be collaborating with men and boys in a strengths-based way that does not other or alienate.

Primary prevention requires challenging harmful attitudes, including misogyny and rigid gender norms, from an early age. Evidence demonstrates that attitudes towards gender, relationships and violence begin developing in childhood and adolescence[2]. Supporting Aboriginal boys and young men through culturally grounded programs that promote respect, emotional literacy, connection, positive role modelling, and healthy masculinity is therefore critical. Whilst Aboriginal women experience disproportionate rates of domestic, family, and sexual violence, it is important to recognise men and boys as also impacted by violence through the intersecting impacts of colonialism, racism, and patriarchal

[1] Healing Foundation with Adams, M, Bani, G, Blagg, H, Bullman, J, Higgins, D, Hodges B, Hovane,V, ,Martin-Pederson, M, Porter, A, Sarra, G, Thorpe A and Wenitong M (2017). Towards an Aboriginal and Torres Strait Islander violence prevention framework for men and boys.

[2] Our Watch, Policy Brief: Men and Masculinities in the Primary Prevention of Gender-based Violence (2025).

constructs. Harmful gender norms that lead to violence against women, also drive men's use of violence against other men and boys[3].

A significant proportion of people who use violence have histories of childhood trauma, exposure to violence, abuse, or other adverse experiences[4]. Understanding these pathways is essential to designing effective prevention and accountability responses. Connected with this is the consistent research that highlights that individuals who experience or perpetrate family violence are more likely to suffer from physical and mental health issues. This cyclical relationship between violence and unwellness (whether from experiences of trauma, substance and alcohol use, poverty, and housing instability) creates a detrimental feedback loop. When people are unwell, they are more prone to engaging in violent behaviours perpetuating a cycle that compromises both personal and communal social and emotional wellbeing. Recognising and addressing this interconnection is crucial for breaking the cycle of violence and fostering healthier, more resilient communities.

Recommendation 4: Invest in Aboriginal-led healing services as a critical prevention and recovery response to family violence

Healing is fundamental to preventing and responding to family violence in Aboriginal Communities. Intergenerational trauma arising from colonisation, dispossession, the Stolen Generations and ongoing racism continues to contribute to poorer social and emotional wellbeing, family violence, substance use, mental ill-health and suicide[5]. While specialist family violence, alcohol and other drug (AOD), and mental health services are essential, they cannot address the underlying impacts of trauma on their own.

Aboriginal Communities have consistently called for dedicated, culturally grounded healing services that support individuals, families and Communities to heal from trauma, strengthen cultural identity and restore connections. Investing in healing is both a recovery and prevention strategy. Strengthening Aboriginal social and emotional wellbeing through healing reduces the long-term impacts of trauma, builds resilience and protective factors, and further, helps break cycles of intergenerational violence[6]. This aligns with evidence that healing-oriented, Aboriginal-led approaches improve wellbeing and are critical to addressing the drivers of family violence.

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[3] Ibid

[4] Royal Commission into Family Violence. (2016). Report and Recommendations. State of Victoria. Cunningham, T., et al. (2019). Risk factors for men's perpetration of intimate partner violence: A systematic review.

[5] Dudgeon, P., Milroy, H., & Walker, R. (eds.) (2021). Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice (3rd ed.). Canberra: Australian Government Department of the Prime Minister and Cabinet.

[6] Healing Foundation (2021). Towards Truth, Healing and Reconciliation: National Healing Strategy.

In 2021, the final report of the Royal Commission into Victoria's Mental Health System recommended establishing **two On-Country Healing Centres** to support resilience, healing and trauma recovery through connection to Country, kinship and Culture (recommendation 33.1)[7]. The Balit Durn Durn Centre at VACCHO facilitated an Aboriginal-led rigorous co-design process, overseen by a knowledge holder group. Despite having a robust Healing Centres service model, the two On-Country Healing Centres remain unfunded.

The Healing Centres aims to deliver an accessible service – seven days per week, by walk in or referral – to support healing from intergenerational trauma and the impacts of colonisation. This model is unique by placing an understanding of trauma within the context of disconnection from Country, family, and Culture at the Centre. Although not specifically focused on family violence, if funded, this model would deliver across all family violence priority areas set out within the consultation paper, providing much needed support right across the continuum from prevention to recovery from a whole of family lens.

Recommendation 5: Invest in ACCO-led Social and Emotional Wellbeing programs and supports

Investment in ACCO-led social and emotional wellbeing programs and supports should focus on funding:

- Mental health, suicide prevention and alcohol and other drugs programs
- Intensive child and family support through the Nest Model.

Mental health, suicide prevention and alcohol and other Drugs programs

The drivers of family violence are complex and interconnected. While it is widely accepted that violence against women is heavily rooted in gender inequality, research identifies several key reinforcing factors that are interlinked and can exacerbate family violence. Substance use, mental illness, experiences of past trauma and life stressors are strong contributing factors within a family violence context[8]. The Coroner's Court of Victoria identifies various factors that are present leading up to Aboriginal and Torres Strait Islander people dying by suicide. Many people who died by suicide had a diagnosed mental illness (78%), a history of substance use (84%), or interpersonal stressors such as family violence or childhood trauma (100%).[9] Moreover, the Royal Commission into Family Violence heard

[7] Final Report – Summary and recommendations

[8] Australian Institute of Health and Welfare (2026)

[9] Coroners Court of Victoria - Suicides of Aboriginal and Torres Strait Islander people in Victoria, 2021–2025

that between 50% and 90% of women accessing mental health and AOD services had experienced child abuse or family violence[10].

Given the correlation between mental illness, substance use, experiences of trauma and family violence, it is essential that support and services for both victims and perpetrators of family violence are holistic and centred around Aboriginal Social and Emotional Wellbeing (SEWB). Programs and services centred around the Aboriginal SEWB model ensure that every aspect of a person's self is being addressed and provides support for each issue someone might be experiencing. It moves away from siloed models that address individual issues, to a multifaceted and culturally grounded approach. The collaborative approach used in the SEWB model across the ACCO sector also ensures that risk factors are identified early, early intervention supports are prioritised, and people are connected with the right supports.

An example of a good practice model includes **Yoowinna Wurnalung Aboriginal Healing Service** in Lakes Entrance. It delivers a range of therapeutic, trauma-informed specialised services and programs that support women, men, children, young people and Elders experiencing family violence. Their services include SEWB support, cultural support, behavioural change programs and AOD services.

There continues to be significant service access gap for some groups of Aboriginal people: Aboriginal women experiencing addiction and seeking access to detoxification and rehabilitation services; as well as Aboriginal people in custodial settings, including those on remand.

VACCHO's recently co-designed **Alcohol and Other Drugs Model of Care** for Aboriginal and Torres Strait Islander women and gender diverse people (the Model) is the first of its kind in Australia, and will support women, their children and Kin to address their substance use in a culturally safe and grounded environment where clinical AOD support is individually tailored and determined. The Model prioritises women who are experiencing family violence or have contact with the justice and/or child protection systems – as these cohorts of women are often extremely disadvantaged when attempting to access AOD supports and services. Investment to implement this Model is essential to ensure that AOD, intergenerational trauma, and mental health concerns are addressed holistically in a family-centred, culturally safe way. This model remains unfunded.

Aboriginal people are overrepresented in Victoria's prison system. VACCHO envisions a Victoria where Aboriginal people experience a dignified and safe existence in custodial settings and do not die in custody. Ensuring all people in prison can access equivalent stands of care reduces broader public health risks, supports people's chances of successful reintegration and reduces recidivism. Existing Justice-led systems tend to prioritise security over health, often delaying access to care until crises emerge. This leads to higher rates of emergency transfer, increased hospital costs, and poorer outcomes upon release.

[10] Royal Commission into Family Violence, Victoria (2015).

VACCHO is calling for three critical and transformative changes that will uplift prison healthcare for everyone and support Aboriginal and Torres Strait Islander people in custody to reduce recidivism rates and support positive reintegration into Community. The **Transforming Care in Custody ACCO-Led Health and Wellbeing Model** remains unfunded.

Intensive child and family support through the Nest Model

Preventing violence also requires a strong investment early in life. Strong SEWB is a key protective factor that builds resilience, strengthens identity and connection to family, Culture and Community, and supports healing and recovery for children and young people who have experienced violence, trauma and adversity. Aboriginal-led, culturally grounded SEWB approaches are therefore critical, not only in responding to the impacts of violence but also to reducing the likelihood of violence occurring across the life course.

Aboriginal children and young people in Victoria experience disproportionately high levels of trauma and adversity. More than one in ten Aboriginal children have been removed from their families[11]—almost twice the national rate. Family violence is often associated with child removal. Aboriginal children are three times more likely to experience high levels of psychological distress than non-Aboriginal children[12]. These experiences increase the risk of poor mental health, substance use, suicide, ongoing involvement with child protection and youth justice, and both experiencing and using violence later in life.

Despite this need, access to culturally safe mental health and SEWB services remains critically low. The Royal Commission into Victoria's Mental Health System identified a significant gap for Aboriginal children whose mental health needs are deemed too complex for primary care but do not meet the threshold for specialist mental health services, leaving many children to deteriorate until they reach crisis point.[13] Investment in Aboriginal-led child and family SEWB services, including intensive models would address this critical service gap by providing culturally safe, trauma-informed support early, strengthening children, families and communities, and preventing the escalation of violence, mental ill-health and intergenerational trauma.

In 2021, the final report of the Royal Commission into Victoria's Mental Health System recommended the establishment of an intensive social and emotional wellbeing service for Aboriginal infants, children and families (recommendation 33.4). Since 2023, VACCHO's Balit Durn Durn Centre led an Aboriginal-led co-design process in partnership with the Department of Health to develop a robust **service model framework known as The Nest**. The model was designed as a statewide, Aboriginal-led intensive social and emotional wellbeing service for Aboriginal children aged 0–11 years and their families, delivered through ten ACCOs, with statewide implementation support provided by VACCHO.

The Nest aims to provide intensive, culturally safe and trauma-informed support to

[11] Closing the Gap targets: key findings and implications, Child protection - Australian Institute of Health and Welfare

[12] Victorian Auditor-General's Office, *Child and Youth Mental Health*, p. 71.

[13] Final Report – Summary and recommendations

Aboriginal children and families experiencing complex social and emotional wellbeing needs. By strengthening children's wellbeing, supporting caregivers and intervening early, the model addresses many of the underlying drivers and impacts of family violence. Although not specifically designed as a family violence service, if fully funded, The Nest would contribute across the family violence continuum through early intervention, healing and recovery, while reducing reliance on crisis responses and strengthening Aboriginal families, culture and community connection.

While the recent Victorian Budget provided limited funding to establish two Nest sites, this falls well short of the scale of need identified and to provide state-wide coverage through the co-design process and significant service gaps remain. State-wide coverage would require 10 Nest sites.

Recommendation 6: Ensure all personnel working within the health service system receive critical trauma informed and culturally safe training to identify and respond to family violence

While everyone has a responsibility in stopping family violence, there are several key settings that have a big role in preventing, identifying and responding to family violence. These settings include the health sector, schools and education institutions, police and justice systems, first responders and family violence frontline organisations. Whilst training and education to better identify and respond to family violence or associated risk factors is critical across all these sectors, VACCHO is focused on the health and wellbeing sector.

The health system is a first contact point for many Aboriginal and Torres Strait Islander people experiencing family violence. Often, it is one of the first places where a person might disclose that they are experiencing or using violence. In some instances, it may also be the only place enabling people affected by violence to safely access the care and support they need.

The way a health worker responds to family violence disclosure can be pivotal in whether someone goes on to seek help and support. As such, it is critical that health service staff, workers, clinicians and professionals have sufficient training to identify risk, respond and support people experiencing family violence.

Although health and wellbeing workforce are mandated to ask about Family Violence, there remain gaps in workforce understanding that Family Violence impacts Aboriginal families differently compared to non-Aboriginal families. Therefore, dedicated capacity building training across health organisations and health professionals on how to safely have a conversation about family violence is critical. Importantly, this training should be

culturally safe and trauma informed and provided to staff across all levels of health organisations.

Training must go beyond siloed and mainstream risk assessment frameworks. It must incorporate culturally informed and safe ways of assessing risk and protection for Aboriginal communities. It should also recognise that for Aboriginal people, there are historical and continuing impacts of colonisation including in the context of child removal. This very real fear of reports made to child protection for Aboriginal women in particular impacts on reporting of family violence in all settings and contexts including within the health system. Understanding the broader family impacts of this and dynamics at play including the potential weaponisation of kids through custody disputes is also essential. Having the context and understanding embedded within training is essential in ensuring that health professionals and assisting staff can safely respond to family violence in a culturally informed, protective and sensitive way is essential.

Recommendation 7: Invest in service models and programs that centre and respond to the whole of family, not just individuals

Family violence impacts the entire family unit, disrupting SEWB, and causing significant physical, emotional, psychological and financial harm to those who experience it.[14] All levels of government must adopt a whole-of-family approach, recognising the diversity in family structures, including those of Aboriginal communities and LGBTQISGBB+ groups. The service system is still focused on intimate partner violence, despite expansion of definitions in recent years. The service system needs to catch-up and extend support and resources for our Elders, children, young people, and extended kinship networks.

Children and young people who experience family violence directly or indirectly – including through witnessing violence, living with its impacts including custody battles and court proceedings– must be treated as having experienced family violence in their own right. This is essential to breaking the cycles of violence that can emerge because of unaddressed trauma.

The service system is still individual client based, whilst family violence can and often does impact the whole extended family unit. Models like **The Nest and Healing Centres,** both Aboriginal-led and co-designed by Community, focus on whole of family responses.

There is also persistent misalignment with federal and jurisdiction policies and funding. Crisis-driven and siloed mainstream care that characterises much of Victoria's current health and social care system are not designed with and for Aboriginal families.

[14] Safe and Equal (2026, July). *Understanding family violence: Impacts of family violence.* https://safeandequal.org.au/understanding-family-violence/impacts/

Despite strong evidence that investment in Aboriginal-led, integrated, prevention-focused, and family-centred initiatives deliver better outcomes, current investments in Aboriginal health and wellbeing continue to be focused on the tertiary end of systems. For example, 84 per cent of national expenditure on child protection systems is allocated to the tertiary end of the system.[15]

In Victoria there are several strong and effective 'whole of family' focused ACCOs who deliver family violence focused services across the continuum from prevention to healing and recovery. These include:

- Boorndawan Willam Aboriginal Healing Services (BWAHS) adopts a whole-of-family approach to deliver specialist family violence supports to Community in the Eastern Suburbs of Melbourne. Services include intensive case management for women and children, men's case management and behavioural change programs, counselling, integrated family services responses, as well as evidence-based therapeutic programs for women, men, children, young people and families.[16] Recognising the connection between alcohol and other drug (AOD) use, gambling and family violence,[17] BWAHS Kaydo Kertheba Program is delivered by dedicated AOD practitioners to support individuals seeking support with substance use and/or gambling, as well as families - including parents, carers, Elders and children - impacted by a loved one's AOD and/or gambling use.[18]
- Yoowinna Wurnalung Aboriginal Healing Service delivers therapeutic, trauma-informed general and specialist services and programs that support and empower Aboriginal and Torres Strait Islander women, men, children, young people, Elders, couples and families to have a better understanding of family violence and be able to make decisions to keep them safe. This includes case management, counselling and clinical services, early intervention and support programs, post-intervention services and supports, parenting programs and a range of education, cultural and wellbeing activities.

Efforts to address family violence through a whole-of-family approach shouldn't be confined to specialist family violence services. ACCOs deliver a range of health and social and emotional wellbeing programs that support families across different life stages and circumstances. This runs from pre-birth maternity services, to aged care and Elder support programs run through organisations such as Aboriginal Community Elders Services (ACES) and Rumbalara. Specific program examples of whole-of-family programs include Connected Beginnings, Australian Family Partnership Program (ANPP) and The Nest.

Elders in particular are often not reflected in discussions around family violence despite holding integral and culturally significant roles within Aboriginal Communities. Dhelk Dja

[15] Family Matters Report: https://www.familymatters.org.au/wp-content/uploads/2021/12/FamilyMattersReport2021.pdf
[16] Boorndawan Willam Aboriginal Healing Service (2026). *Our Services.* https://bwahs.com.au/
[17] Suomi, A., Perry, J., Rehill, P., Boxall, H., Rees, S., & Noble-Carr, D., & Cowlishaw, S. (2025). Family and domestic violence and gambling harm in NSW. Australian National University.
[18] Boorndawan Willam Aboriginal Healing Service (2026). *Our Services.*

Koori Caucus have raised alarming increases in the visibility of elder abuse within Victorian Aboriginal Communities. There is a particular concern that Aboriginal Elders, including Stolen Generations Survivors, avoid engaging with mainstream services due to distrust, fear and previous negative experiences with the system. Elder abuse is severely underreported and under-recognised as a form of family violence across systems. There is a need for both better recognition of elder abuse, its legitimacy and prevalence as a form of family violence and increased investment into ACCO-led culturally safe elder abuse prevention, advocacy supports and healing. These investments should include financial counsellors that are embedded in the Elder Care support teams at ACCOs.

Recommendation 8: Build the evidence on 'what works' in family violence prevention and response, with a focus on the how health and wellbeing services prevent family violence

Despite being at an elevated risk of experiencing family violence, there is a significant evidence gap regarding effective programs and strategies for reducing family violence in Aboriginal and Torres Strait Islander Communities.[19]

Measuring impact and progress in family violence across prevention, response and healing is challenging given the impacts of programs are often not immediately evident. This is especially the case in the prevention space and understanding the long-term impacts of SEWB, mental health, AOD and child and family focused preventative programs. Communities know what works best for them and see the impacts of this prevention and response work on the ground. However, ACCOs are not resourced to support formal monitoring and evaluation, and as such this impacts formal evidence of the mechanisms through which change is being achieved. Building an understanding of 'what works' at the program level is therefore critical for developing a more robust evidence base for the prevention and reduction of family violence and securing funding.

When allocating funding to ACCOs including SEWB, AOD and child and family focused preventative services and programs, government should consider what resources may be needed to support robust monitoring and evaluation over the life of the program. Funders should engage with ACCOs to understand whether there is sufficient internal capacity to monitor and evaluate its family violence-related programs. Recognising there will be gaps in evaluation capability across the ACCO sector, funders should be prepared to allocate funding for a) internal evaluation capacity building training and b) external monitoring and evaluation supports. Without this investment, the critical enablers of change may continue to be obfuscated.

[19] Karen Milward and Urbis (2023, March). *Aboriginal Family Violence Prevention Evidence Review: Final Report.* https://www.respectvictoria.vic.gov.au/aboriginal-family-violence-prevention-evidence-review-0

VACCHO are aware of several programs delivered across Victoria that have struggled to fund their work. Some of these programs – despite having achieved strong community outcomes – have not been refunded. It is a considerable barrier that the types of 'evidence' prioritised by governments in their decision-making are difficult for smaller, under-resourced organisations to generate. There is valuable prevention, early intervention, response and recovery knowledge held within Communities. Investment in knowledge translation and collaborative, participatory research will help to address evidence gaps and turn research findings into actionable insights.

Recommendation 9: Increase and optimise funding and resourcing for ACCOs to work and support across the family violence continuum, including integrated intergovernmental funding

ACCOS continue to navigate a fragmented funding environment characterised by multiple short-term funding streams, differing program objectives, inconsistent reporting requirements and limited alignment across Commonwealth and state investment. This fragmentation creates unnecessary administrative burden, duplicates effort and limits the ability of organisations to design integrated, place-based responses that reflect the holistic needs of Aboriginal children, families and Communities. Family violence does not occur in isolation, nor do the solutions. Sustainable outcomes require coordinated investment that recognises the interconnected nature of social and emotional wellbeing, health, housing, child and family services, justice, education and economic participation.

There is a need for all levels of governments to work together to better align funding across jurisdictions, portfolios and sectors, including through longer-term, flexible investment that supports Aboriginal-led models of care. Greater integration of funding would enable ACCOs to respond to the whole needs of children and families rather than discrete program objectives, strengthening collaboration across service systems and reduce duplication and service gaps. Coordinated investment maximises the impact of existing resources, support implementation of major reform agendas such as the National Plan and Closing the Gap, and provide the certainty required to build and sustain an Aboriginal workforce and evidence-informed models of care.

The prevention of violence against Aboriginal and Torres Strait Islander people is most effective when led by Community.[20] ACCOs are often the first and most trusted health and wellbeing service provider for many Aboriginal and Torres Strait Islander people. Because of this relationship, ACCO and their staff are often best placed to identify and respond to the risk of family violence and instances where family violence is occurring.

[20] Respect Victoria. (2023, May). *Aboriginal Family Violence Prevention Evidence Review.* https://www.respectvictoria.vic.gov.au/aboriginal-family-violence-prevention-evidence-review-0

It is crucial that ACCOs are funded to engage with Community members at each stage of the family violence continuum – spanning prevention, intervention, crisis response, and recovery. Investing in ACCO-delivered family violence services will mean Community members have access to culturally safe, holistic, and family-responsive care. Ensuring ACCOs are resourced to work with Community across the family violence continuum will also strengthen continuity of care, as there will be a reduced need to refer existing ACCO clients to external, mainstream services, which historically have been culturally unsafe and are not always best placed to support Community.

For example, **Djirra** work with and support Aboriginal and Torres Strait Islander peoples experiencing family violence through a range of frontline services and **Elizabeth Morgan House** Aboriginal Women's Service (EMH) support women experiencing family violence with a range of services and supports, including the recent service model design of an Aboriginal Healing Unit at Dame Phyliss Frost Centre. EMH provide intake and assessment support through pilot program funding which is scheduled to end at the end of the financial year.

Recommendation 10: Invest in housing access and availability across the continuum (crisis accommodation, transitional housing, and long-term housing)

Investing across the housing continuum should focus on:

- Prioritised access to safe crisis accommodation and transitional housing. This can be achieved by increasing the number of culturally safe refuges available to those leaving violence and alternative accommodation available to those using violence.
- Investment in long-term housing options.
- Investment in support roles that promote the awareness of housing options including Aboriginal housing initiatives, Community housing and public housing as well as provide support for these application processes.

Whilst housing might not squarely sit within the conventional definition of health and wellbeing, housing and homelessness sit within VACCHOs remit of health and wellbeing in a broad and holistic sense. Access to safe and secure housing remains one of the most critical needs and most significant barriers to prevention, safety, and recovery for those affected by family violence. Aboriginal people living in Victoria face the intersection of family violence, housing insecurity, and homelessness. VACCHO advocates for investment and commitment right across the housing continuum - crisis, transitional, and long-term housing – Importantly, this must be under culturally safe and community-led models.

Emergency and transition housing and accommodation for those experiencing violence is woefully inadequate. For crisis accommodation, more often than not, this is in the form of caravan parks, motels and rooming houses which are widely reported as being unsafe,

unsuitable and re-traumatising for those fleeing violence. These settings are regularly reported as being culturally inappropriate and discriminatory towards Aboriginal people leaving violence. Through the Dhelk Dja Koori Caucus, both lived experience and those working in the front-line service system, it' is apparent that instances of racism within these settings is common. Governments and service providers should phase out a reliance on these places and invest in culturally safe, secure and trauma informed accommodation such as Aboriginal-specific refuges. These Aboriginal-specific refuges must be developed by or in partnership with local Community to ensure they meet local needs and reflect cultural values.
Transitional housing also plays an important role in providing a bridge between emergency or crisis accommodation and long-term housing for those impacted by family violence. Transitional housing can offer a more independent, medium-term housing option for those leaving violence. Yet like emergency housing, its availability is limited especially for Aboriginal communities, and even more so in rural and regional areas. Similarly, investment here should focus on developing culturally appropriate and trauma informed transitional housing that is proportional to the need in Community.

Alongside safe, secure, and culturally appropriate crisis accommodation and transitional housing for those leaving violence, there must also be more investment into housing options for those using violence. This is essential for ensuring those using violence can be removed from the family home with as little disruption to those impacted by the violence as possible. It also puts those using violence in a better position to be able to engage in behaviour change programs and avoid contact with harmful settings.
Investment in long term safe and secure housing solutions is critical in ending cycles of violence and abuse but also for primary prevention in limiting the conditions in which violence is likely to occur, by providing a protective factor for strong social and emotional wellbeing. Despite well intended initiatives and policy intent existing, Aboriginal people affected by family violence continue to face excessive delays in accessing long-term social housing. There must be far stronger investment in long-term social housing.
VACCHO also supports dedicated quotas for Aboriginal people affected by family violence and/or sexual abuse to ensure allocation is relative to those who need it most. Importantly, long term social housing must be purpose built, safe and secure.

Whilst there are some solid Aboriginal housing initiatives that exist at present, from involvement in Dhelk Dja and the Aboriginal Housing and Homelessness Forum (AHHF) as well as from anecdotal Community experiences, it is clear that accessing both the knowledge of these programs and initiatives, as well as the support required to navigate what are still complex application processes, is difficult. This is a significant barrier to Community seeking to find long-term housing in particular.

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