



Missing and murdered First Nations women and children

Queensland Aboriginal and Islander Health Council
submission to the Legal and Constitutional Affairs Reference
Committee

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SUBMISSION

Missing and murdered First Nations women and children

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QAIHC SUBMISSION TO THE LEGAL AND CONSTITUTIONAL REFERENCE COMMITTEE

About the Queensland Aboriginal and Islander Health Council (QAIHC)

QAIHC was established in 1990 by dedicated and committed Aboriginal and Torres Strait Islander leaders within the community controlled health sector.

Originally established as QAIHF (Queensland Aboriginal and Islander Health Forum), the organisation provided a voice for the community controlled health sector in Queensland. This organisation was self-funded until 1996, when the Commonwealth Department of Health commenced funding support. QAIHC has experienced considerable growth in membership and the scope of services provided to those members since its establishment.

In 2004, the organisation was reconstituted under the Australian Investment and Securities Commission (ASIC) and assumed its current form as QAIHC.

Today, QAIHC represents 33 community-controlled health services and 11 associate members who share a passion and commitment to addressing the unique health care needs of their communities through specialised, comprehensive and culturally appropriate primary health care.

QAIHC is the peak body representing the Aboriginal and Torres Strait Islander Community Controlled Health Organisation Sector in Queensland at both a state and national level. Its membership comprises of Aboriginal and Torres Strait Islander Community Controlled Health Organisations (ATSICCHOs) located throughout Queensland. Nationally, QAIHC represents the Community Controlled Health Sector through its affiliation and membership on the board of the National Aboriginal Community Controlled Health Organisation (NACCHO) and is regarded as an expert in its field.

QAIHC as the peak of ATSICCHOs of Queensland, wishes to express the collective views on behalf of our members, regarding the current historical and systemic issues that have resulted in missing and murdered First Nations women and children, and proposed mechanisms to prevent family and domestic violence in Aboriginal and Torres Strait Islander communities.

The purpose of this submission is to highlight the importance of building the capacity of ATSICCHOs to prevent and respond to domestic and family violence and eliminating institutional racism as a barrier to accessing mainstream services. This purpose directly aligns with priority reforms two and three of the National Agreement on Closing the Gap [1] and socioeconomic target 13 within this Agreement.

QAIHC would like to thank Legal and Constitutional Affairs Reference Committee for the opportunity to comment on the Inquiry into missing and murdered First Nations women and children.

1. Opening statement

QAIHC acknowledges the devastating losses that communities and families have suffered across Australia as a result of neglect and inaction to support First Nations women and children.

Aboriginal and Torres Strait Islander women and children are more likely to experience domestic and family violence than non-Indigenous Australians [2]. Research has shown that Aboriginal and Torres Strait Islander woman are victims to 23% of all domestic related murders many of which could have been prevented [3]. Domestic and family violence within Aboriginal and Torres Strait Islander communities needs to be understood as both a cause and an effect of social disadvantage, loss of culture, intergenerational trauma and institutional racism.

QAIHC strongly believes that unaddressed domestic and family violence in Aboriginal and Torres Strait Islander communities is largely the reason for the high incidence of missing and murdered First Nations women and children, and that addressing domestic and family violence in Aboriginal communities at a systemic level needs to be made an immediate priority by all departments across all Australian Governments.

This submission addresses the role that both Governments and the ATSI CCHO sector can play to reduce the risk of domestic and family violence in Aboriginal and Torres Strait Islander communities across Australia and improve access to services to support redressing the appalling statistics.

2. Recommendations

Recommendation 1

- That the Commonwealth and State Governments invest in additional programs that promote healing and address intergenerational trauma, in addition to the programs that address health and social outcomes that are attributable to intergenerational trauma, as delivered by ATSI CCHOs.

Recommendation 2

- That Commonwealth and State Government agencies undertake clear action to address institutional racism to increase accessibility and trust within their services. In particular, taking the following actions:
 - prioritise data development and reporting against progress toward priority reform three of the National Agreement on Closing the Gap, so that all Governments can be held accountable for addressing racism in public services.
 - implement reforms to address institutional racism across all departments in all jurisdictions to promote timely access by Aboriginal and Torres Strait Islander peoples and prevent impacts of domestic and family violence early, by addressing transformational elements in clause 59 of the National Agreement on Closing the Gap.

Recommendation 3

- That Commonwealth and State Governments increase funding to the ATSI CCHO sector to increase their capacity to deliver behavioural change programs that will prevent domestic and family violence within their community, on the basis that ATSI CCHOs have a demonstrated capacity in understanding and meeting local needs and providing culturally safe health care that considers the whole family unit.

Recommendation 4

- That in developing actions to increase safety of Aboriginal and Torres Strait Islander women and children that solutions and ownership should be provided by the local community.

Recommendation 5

- That all jurisdictions implement and expand programs that facilitate partnerships between ATSI CCHOs and Aboriginal and Torres Strait Islander legal services, to improve referral pathways between services and resultant outcomes for Aboriginal and Torres Strait Islander clients, as seen in the Wuchopperen Health Service Health Justice Partnership.

3. Addressing key Terms of Reference

Systemic causes of all forms of violence, including sexual violence, against First Nations women and children, including underlying social, economic, cultural, institutional and historical causes contributing to the ongoing violence and particular vulnerabilities of First Nations women and children.

3.1 Intergenerational Trauma

Intergenerational trauma is resultant from both historical and current events, such as colonisation, forceful removal from land and communities, fragmented cultural identity, extinguishment of language, and experiences of racism, and has evidently negative impacts on health and social outcomes in Aboriginal and Torres Strait Islander peoples and communities [4]. Research has found a relationship between intergenerational trauma seen in Indigenous communities and an increased risk of domestic and family violence [5]. Further, a recent inquiry into Queensland Police Service responses to domestic and family violence found that intergenerational distrust and fear of police continues to prevent Aboriginal and Torres Strait Islander peoples from accessing their support when experiencing domestic and family violence [6]. As a result, intergenerational trauma both increases experiences of domestic and family violence in Aboriginal and Torres Strait Islander communities, and limits access to support services that may help remove First Nations women and children from domestic violence situations and aid referral to further supports, such as social and emotional wellbeing.

The current approach to addressing various issues resultant from intergenerational trauma, including programs and initiatives addressing symptoms of intergenerational trauma, such as child protection or drug and alcohol programs, while important, are only treating the symptoms of a deeper issue. [4]. Evidence suggests that individualised support for families and individuals is critical in addressing intergenerational trauma, and subsequent health and social impacts [7]. The ATSI CCHO model of care provides holistic, comprehensive primary health care that considers the cultural and social determinants of health, family and community. This can include programs that promote healing and truth-telling to address underlying trauma.

3.2 Institutional Racism

Aboriginal and Torres Strait Islander peoples' experience of institutional racism within mainstream services greatly limits access to services by Aboriginal and Torres Strait Islanders and service effectiveness [8]. A 2017 audit report addressing institutional racism in Queensland's public health system found that all 16 Queensland Hospital and Health Services (HHSs) had either very high or extremely high levels of institutional racism [8]. Additionally, Aboriginal and Torres Strait Islander people report that mainstream community health organisations are not culturally safe and remain inaccessible, due to limited knowledge of Aboriginal and Torres Strait Islander culture and the true history of colonisation.

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Lack of access to public services is also seen by Aboriginal and Torres Strait Islander peoples experiencing domestic and family violence. Studies have shown that Aboriginal and Torres Strait Islander women in Australia are hesitant to contact formal support to assist in cases of domestic and family violence [9]. This resistance to contact formal supports is especially prevalent in rural and remote locations, where the proportion of Aboriginal and Torres Strait Islander residents is higher, due to concerns relating to lack of appropriate action by responders and power imbalance [9]. Addressing all forms of racism in Government and other mainstream organisations, and rebuilding trust with Aboriginal and Torres Strait Islander peoples may improve access and result in better measures to protect First Nations women and children from domestic and family violence.

Queensland Health is working towards addressing systemic issues that prevent Aboriginal and Torres Strait Islander peoples from accessing public health and community services through the [Health Equity Reform](#). The overall aim of the Health Equity Reform is to eliminate institutional and interpersonal racism in mainstream health systems and services (both public and community) and to build genuine partnership shared decision-making processes between Government and Aboriginal communities to improve equity in health outcomes [10]. This reform sets a precedent in Queensland Government to legislate that a public entity must take steps to identify and eliminate racism to support equity so that Indigenous peoples are able to enjoy similar outcomes to that of non-Indigenous peoples.

QAIHC recognises that the Health Equity Reform is in its inception, and that we have not yet seen the successful outcome of eliminating institutional racism. However, QAIHC also notes that this is the first and most robust reform of its kind, and that other Queensland departments and Australian jurisdictions can learn from, and contextualise, this reform. For this reason, QAIHC suggests that this reform be thoroughly evaluated so that Queensland Health can improve upon its own efforts, and so that other departments and jurisdictions can follow.

Further, the inquiry into Queensland Police Service responses to domestic and family violence identified that the Queensland Police Service is not culturally safe, preventing Aboriginal and Torres Strait Islander women experiencing domestic and family violence from accessing their services [6]. The inquiry report has recommended a number of systemic changes to remove racism and improve cultural safety at a systemic level. Some of these recommendations include:

- Establishing a First Nations panel including representative community members to advise on cultural capability training [6].
- Taking steps toward interviewing witnesses in a more culturally appropriate location [6].
- Implementing a complaint mechanism to capture and address allegations of racism [6].
- Establishing a First Nations Reference Group to oversee actions toward improving cultural safety of the Queensland Police Service [6].

The need to identify and eliminate institutional racism within Government organisations is recognised under priority reform three of the National Agreement on Closing the Gap, *Transforming Government Organisations* [1]. However, QAIHC is concerned about the progress toward implementation of this priority reform, noting that the Annual Data Report released by the Productivity Commission in July 2022 states that progress on priority reforms cannot yet be reported and that developing measures to report on progress is currently in early stages [11]. This is further reflected in the Closing the Gap Implementation Tracker, which does not provide any information on the progress toward achieving commitments under priority reform three of the National Agreement on Closing the Gap [12].

Recommendation 1: That the Commonwealth and State Governments invest in additional programs that promote healing and address intergenerational trauma, in addition to the programs that address health and social outcomes that are attributable to intergenerational trauma, as delivered by ATSICCHOs.

Recommendation 2: That Commonwealth and State Government agencies undertake clear action to address institutional racism to increase accessibility and trust within their services. In particular taking the following actions:

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- prioritise data development and reporting against progress toward priority reform three of the National Agreement on Closing the Gap, so that all Governments can be held accountable for addressing racism in public services.
- implement reforms to address institutional racism across all departments in all jurisdictions to promote timely access by Aboriginal and Torres Strait Islander peoples and prevent impacts of domestic and family violence early, by addressing transformational elements in clause 59 of the National Agreement on Closing the Gap, as has been attempted by Queensland's Health Equity Reform.

Policies, practices and support services that have been effective in reducing violence and increasing safety of First Nations women and children, including self-determined strategies and initiatives.

and

Identification of concrete and effective actions that can be taken to remove systemic causes of violence and to increase the safety of First Nations women and children.

3.3 Locally driven solutions

In developing responses to domestic and family violence, solutions must be driven and owned by communities.

For example, many Aboriginal and Torres Strait Islander communities have identified the need for women's shelters to offer a safe place for women experiencing domestic and family violence. As localised examples of communities driving change:

Coen, community in Queensland's Cape York, identified the need for a safe house to support women going through domestic violence and were successful in their advocacy. The women's shelter in Coen opened in November 2017 and has support many local women to seek safety.

Additionally, Woorabinda Aboriginal Council opened a women's refuge in response to community needs. The Marie Saunders Women's Shelter in Woorabinda, community in Central Queensland, is currently utilised for women's safety, as well as women's business and other functions, as identified by the community.

3.3.1 Aboriginal and Torres Strait Islander Community Controlled Health Organisations

ATSICCHOs offer a good example of a localised response to meet community needs. Community control in combination with Aboriginal and Torres Strait Islander leadership is at the centre of the ATSICCHO governance model [13]. Through this governance model, each ATSICCHO reflects its local community's cultural values, and offers services that meet the unique needs of its community [13].

ATSICCHOs deliver culturally safe comprehensive primary healthcare, which can include family and child protection and support services, social and emotional wellbeing (SEWB), alcohol and other drug programs, men's and women's groups, mental health care and general healthcare (as needed depending on the presentation). These services are more accessible to people in Aboriginal communities due to their culturally safe environment. ATSICCHO services consider entire families' physical, mental, emotional, cultural and spiritual wellbeing needs, rather than simply treating an individual presenting for care.

ATSICCHOs play an integral role in the prevention of harmful behaviours that may lead to domestic and family violence in Aboriginal and Torres Strait Islander communities, and in offering a culturally safe place for victims of domestic and family violence to disclose their experiences and seek support. Research suggests that Aboriginal and Torres Strait Islander women's decision to disclose violence was directly related to whether they were supported by a culturally safe service [14]. Additionally, it has been identified that criminalisation of Aboriginal and Torres Strait Islander men who

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engage in violent behaviour further alienates them from society and does not break the cycle of harmful behaviour [15]. ATSI CCHOs' comprehensive model of primary healthcare may address the needs of entire families and communities suffering from domestic and family violence.

The 2021 Inquiry into family, domestic and sexual violence conducted by the House of Representatives Committee on Social Policy and Legal Affairs recommended an increase in funding for behaviour change programs, specifically for those to support Aboriginal and Torres Strait Islander peoples [16]. Given ATSI CCHOs offer culturally safe, holistic care, they are best placed to provide these behavioural change programs to support Aboriginal and Torres Strait Islander peoples and prevent domestic and family violence within their communities.

Increasing funding directly to ATSI CCHOs to increase their capacity to deliver behaviour change programs, such as SEWB and alcohol and other drug programs, is also supported by priority reform two of the National Agreement on Closing the Gap, *Building the community controlled sector* [1].

Despite this recommendation in the 2021 final report and alignment with the National Agreement on Closing the Gap, the ATSI CCHO sector has not yet seen an increase in funding for related programs.

Recommendation 3: That Commonwealth and State Governments increase funding to the ATSI CCHO sector to increase their capacity to deliver behavioural change programs that will prevent domestic and family violence within their community, on the basis that ATSI CCHOs have a demonstrated capacity in understanding and meeting local needs and providing culturally safe health care that considers the whole family unit.

Recommendation 4: That in developing actions to increase safety of Aboriginal and Torres Strait Islander women and children that solutions and ownership should be provided by the local community.

3.4 Referral pathways between health and justice

In March 2016, a Health Justice Partnership was established between LawRight and Wuchopperen Health Service to provide collaborative legal and health services designed to improve health and legal outcomes in Aboriginal and Torres Strait Islander peoples. This partnership was called the Wuchopperen Health Service Health Justice Partnership [17]. There are currently few partnerships of this kind in existence, despite the success demonstrated in the evaluation report [17]. The Wuchopperen Health Service Health Justice Partnership involved a weekly legal clinic operating on-site out of Wuchopperen Health Service, to deliver legal casework for civil legal needs, together with training for health staff and legal education for the community. This clinic strengthened the relationship between health and legal services, by improving referrals between these services, resulting in more holistic care that addressed multiple social determinants of health.

The evaluation report highlights that all clients who accessed the Aboriginal legal clinic over an 18-month period saw improved health and wellbeing, though addressing health and wellbeing outcomes related to reducing exposure to domestic and family violence, improving connection to health services, improving financial resilience, increasing capacity to exercise rights, preventing homelessness and supporting victims of crime and historic injustice [17]. 97% of those who attended the on-site Aboriginal legal clinic were connected by healthcare professionals, and 86% of clients would not have been able to resolve their legal issue without access to this clinic resultant from the Wuchopperen Health Service Health Justice Partnership [17]. Just over half (50.6%) of these clients had an indication of domestic and family violence.

Recommendation 5: That all jurisdictions implement and expand programs that facilitate partnerships between ATSI CCHOs and Aboriginal and Torres Strait Islander legal services, to improve referral pathways between services and resultant outcomes for Aboriginal and Torres Strait Islander clients, as seen in the Wuchopperen Health Service Health Justice Partnership.

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4. Conclusion

Missing and murdered First Nations women and children continue to devastate our communities. QAIHC believes that much of this devastation is attributable to the significantly higher risk of Aboriginal and Torres Strait Islander families and communities experiencing domestic and family violence. Making our communities and families feel safe requires a coordinated systemic approach, across all jurisdictions in Australia. The approach must address institutional racism within government organisations, providing prevention programs which include healing in a culturally safe environment to address intergenerational trauma, and building responses that are developed and owned by local communities.

QAIHC suggests that genuine commitment to implementation of the priority reforms in the National Agreement on Closing the Gap, through funding and legislative change, may offer a step towards making our communities safer.

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