

1 May 2026

Joint Standing Committee on Aboriginal and Torres Strait Islander Affairs

By email: rhvinquiry@aph.gov.au

Dear Committee Members

Inquiry into racism, hate and violence directed at Aboriginal and Torres Strait Islander people

Thank you for the opportunity to provide feedback in relation to the above.

About QAIHC

The Queensland Aboriginal and Islander Health Council (QAIHC) is the peak body for Aboriginal and Torres Strait Islander community-controlled health organisations (ACCHOs) across Queensland. QAIHC's role is to advocate for and support a strong and sustainable Aboriginal and Torres Strait Islander community-controlled health sector.

The QAIHC Membership comprises 35 Member organisations located across Queensland. Our Members play an integral role in the healthcare system, working in partnership with Primary Health Networks (PHNs), Hospital and Health Services (HHSs), other health organisations, and both Queensland and Commonwealth governments.

What are ACCHOs?

ACCHOs are operated and governed by local Indigenous communities to deliver holistic, culturally appropriate and comprehensive primary health care.

Our Members understand that the Aboriginal and Torres Strait Islander concept of health is holistic. It incorporates the physical, social, emotional, and cultural wellbeing of community, families and individuals. For Aboriginal and Torres Strait Islander peoples, health and wellbeing involves a whole-life-view and is more than just the absence of disease or illness.

The ACCHO Model of Care aligns with the Aboriginal and Torres Strait Islander concept of health. The Model of Care is underpinned by the social and cultural determinants of health that influence the wellbeing of Aboriginal and Torres Strait Islander people and their communities.

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QAIHC's Position

- Racism towards Aboriginal and Torres Strait Islander peoples is entrenched, systemic and ongoing, driven by the legacy of colonisation and embedded across health, justice and government systems.
- Racism is a key determinant of health and has a profound and wide-reaching impact on Aboriginal and Torres Strait Islander peoples. It contributes to significant adverse disparities in physical health, mental health and social and emotional wellbeing outcomes.
- Aboriginal and Torres Strait Islander peoples experience disproportionately high levels of racism, including in healthcare and online environments, with serious impacts on wellbeing, identity and access to services.
- Recent events, including the 2023 Indigenous Voice to Parliament referendum and changes to Queensland's Path to Treaty framework, have intensified racism, distress and mistrust in government processes.
- ACCHOs are central to mitigating direct and indirect racism experienced by individuals, delivering culturally safe, holistic care and strengthening protective factors through community-led approaches.
- Beyond addressing individual experiences of racism, tackling racism more broadly demands structural reform, sustained investment and genuine partnership that centres community leadership embodied in strengthening the ACCHO sector self-determination, and embedding cultural safety across all systems.

1. The nature, prevalence and impact of racism, hate and violence towards First Nations people, including trends over time.

1.1 Legacy of colonisation and discriminatory legislation and policies

The legacy of colonisation in Australia continues to have profound and ongoing impacts on Aboriginal and Torres Strait Islander peoples. First Nations peoples experience a disproportionate burden of disease, alongside enduring socio-economic disadvantage, reflecting the ongoing impacts of colonisation.¹ Historical and discriminatory policies have entrenched systemic inequities and shape ongoing experiences of racism, hate and violence. These impacts are evident in the intergenerational trauma associated with the Stolen Generations, the ongoing overrepresentation of First Nations peoples in custodial and child protection systems, and persistent health disparities. Together, these outcomes reflect the enduring influence of structural racism embedded across institutions and policy settings.

1.2 Health disparities as evidence of systemic racism

Health disparities between Aboriginal and Torres Strait Islander peoples and the general population are not attributable to biological differences. They are the result of the ongoing impacts of colonisation and embedded systemic racism. Racism operates as a social determinant of health, with research linking experiences of discrimination to heightened levels of anxiety, depression and psychological distress, as well as neurobiological changes and lasting damage.² These experiences are shaped by intergenerational trauma and institutional discrimination that influences the conditions in which First Nations peoples are born, grow, work and live.

Racism within health systems has been extensively documented, including findings from *Addressing Institutional Barriers to Health Equity for Aboriginal and Torres Strait Islander People in Queensland's Public Hospital and Health Services*, which identified that institutional racism and systemic barriers within

¹ Sherwood, Juanita. "Colonisation – It's Bad for Your Health: The Context of Aboriginal Health." *Contemporary Nurse*, vol. 46, no. 1, 2013, pp. 28–40, www.tandfonline.com/doi/abs/10.5172/conu.2013.46.1.28, <https://doi.org/10.5172/conu.2013.46.1.28>. Accessed 8 Apr. 2026.

² Australian Human Rights Commission. "Health Inequities in Australia: A Scoping Review on the Impact of Racism on Indigenous and Other Negatively Racialised Communities' Health Outcomes and Healthcare Access ." 2025.

HHSs contribute to inequitable access to care, poorer health outcomes for First Nations peoples, and highlighted the need for structural reform with real accountability mechanisms.³

Peer-reviewed evidence demonstrates the prevalence and impact of racism on health outcomes. A study conducted by the University of Melbourne and Deakin University surveyed 755 participants across two rural and two metropolitan Victorian local government areas and found that 97% reported experiencing at least one racist incident in the preceding 12 months. Nearly one-third of participants reported experiencing racism in healthcare settings, with the study suggesting that racism within health services may have a more significant negative impact than racism experienced in other settings, contributing to poorer health outcomes.⁴

In Queensland, First Nations peoples continue to experience higher rates of preventable illness, hospitalisation and premature mortality, as well as poorer maternal and infant health outcomes. These disparities reflect unequal access to care, the impact of racism within health systems, and the limited availability of culturally safe and appropriate models of care.⁵

From birth, First Nations babies in Queensland are around twice as likely to have a birthweight outside the healthy range compared to other Queensland babies, increasing their risk of illness and adverse outcomes. These early-life inequities contribute to poorer developmental outcomes, higher rates of perinatal mortality, and ongoing health disadvantage across the life course.⁶

Since the establishment of the National Agreement on Closing the Gap, Queensland has made significant progress and is closing the gap in life expectancy between other Queenslanders – but this single metric only tells part of the health story. Health-Adjusted Life Expectancy (HALE) is defined as the average cumulative years of life lived in full health, accounting for health loss from all causes.⁷ The Queensland *First Nations Peoples Burden of Disease Report 2018* found that the life expectancy gap between First Nations peoples and other Queenslanders narrowed between 2011 and 2018, decreasing by 1.8 years from 10.3 years to 8.5 years. However, the gap in HALE remains substantially larger at 15.8 years, which is only a marginal improvement from 16.2 years in 2011. These gains in life expectancy are not matched by improvements in overall health and wellbeing. This result instead highlights that First Nation Queenslanders are living longer with poorer health.

Between 2015 and 2019, First Nations people aged 0-74 died from potentially avoidable causes at 2.7 times the rate of other Queenslanders. This disparity underscores the disproportionate burden of preventable and premature death borne by Aboriginal and Torres Strait Islander peoples and reflects ongoing systemic failures, including the impacts of institutional racism within health and broader services. A clear example of these systemic failures is demonstrated in the findings of the inquest into the Rheumatic Heart Disease (RHD) Doomadgee Cluster, which investigated the deaths of three young Aboriginal women who lived in Doomadgee and died from RHD or complications from RHD within 12 months of each other. The investigation highlighted significant gaps in access to timely, appropriate and culturally safe primary healthcare for First Nations communities. RHD in Australia is entirely preventable and is almost exclusively a disease of poverty and social disadvantage where 68% of clients identify as Aboriginal or Torres Strait Islander.⁸

³ Marrie, A. (2017). Addressing institutional barriers to health equity for Aboriginal and Torres Strait Islander people in Queensland's public hospital and health services. Anti-Discrimination Commission Queensland & Queensland Aboriginal and Islander Health Council.

⁴ Kelaher, Margaret A, et al. "Experiencing Racism in Health Care: The Mental Health Impacts for Victorian Aboriginal Communities." *The Medical Journal of Australia*, vol. 201, no. 1, 7 July 2014, pp. 44–47, www.mja.com.au/journal/2014/201/1/experiencing-racism-health-care-mental-health-impacts-victorian-aboriginal, <https://doi.org/10.5694/mja13.10503>.

⁵ Queensland Health. "Our First Nations Health Picture." Queensland Health, 25 Sept. 2025, www.health.qld.gov.au/research-reports/reports/departmental/chief-first-nations-health-officer-report/why-health-equity-reform/our-first-nations-health-picture. Accessed 31 Apr. 2026.

⁶ Australian Institute of Health and Welfare. Aboriginal and Torres Strait Islander Health Performance Framework Queensland 2025 Report. Australian Institute of Health and Welfare, 2025.

⁷ Queensland Health. "Burden of Disease." Report of the Chief Health Officer Queensland, 24 Mar. 2025, www.choreport.health.qld.gov.au/our-people/first-nations-peoples-health-and-wellbeing/burden-of-disease. Accessed 2 Apr. 2026.

⁸ Queensland Human Rights Commission. CASE NOTE: Inquest into RHD Doomadgee Cluster. 18 July 2023.

1.3 Racism and justice system interaction

The relationship between the Queensland justice system and Aboriginal and Torres Strait Islander peoples is shaped by evidence of systemic bias and structural racism. The over-representation of Aboriginal and Torres Strait Islander peoples is widely understood as a downstream outcome of broader social determinants, including poverty, limited access to essential services, and intergenerational disadvantage.

Between 2024-25, documentation of Aboriginal and Torres Strait Islander deaths in custody recorded its highest number of deaths since 1979-80.⁹ Recent data from the Australian Institute of Criminology indicates that Aboriginal and Torres Strait Islander peoples continue to be disproportionately represented in deaths in custody, accounting for approximately 29 per cent of all custodial deaths nationally. This reflects a significant over-representation in custodial settings, including in Queensland, where First Nations peoples are substantially more likely to be arrested, remanded and detained. In 2018, a national review by the National Indigenous Australians Agency found that around three-quarters of the 339 recommendations from the Royal Commission into Aboriginal Deaths in Custody had been fully or mostly implemented, with Queensland broadly reflecting this national average.¹⁰ However, key recommendations aimed at reducing incarceration, particularly those relating to diversion, self-determination and addressing underlying social determinants remain only partially implemented. This limited progress has contributed to the continued over-representation of Aboriginal and Torres Strait Islander people in custody and reflects ongoing systemic and institutional inequities within the justice system.

2. The effect of online platforms on the reach, prominence and harm caused by racism and hate directed at First Nations people.

2.1 Increasing prevalence of racism on online platforms

Since COVID-19 restrictions and lockdowns of 2020 and 2021, there has been an accelerated transition of digital platform users and an unprecedented reliance on telecommunications services, with 95% of Australians using a communication or social media website or application (app).¹¹ In 2022-23, approximately 81.3% of Aboriginal and Torres Strait Islander people used the internet daily.¹²

While increased internet and social media use reflects a high level of digital connectivity and access, it also heightens exposure to harmful content, including racism and hate speech directed at First Nations peoples. A 2022 survey conducted by the eSafety Commissioner found that three in five Aboriginal and Torres Strait Islander adults had been exposed to online hate within a 12-month period, compared to one in three non-Indigenous adults.¹³ The study also found that Aboriginal and Torres Strait Islander adults were significantly more likely than non-Indigenous adults to report that online hate had a substantial negative impact across multiple aspects of their lives. These impacts include: their beliefs, values and identity (40% compared to 24%), their work (32% compared to 19%), their financial situation (34% compared to 17%), and their cultural community (33% compared to 18%).

These findings demonstrate that increased digital participation has been accompanied by a disproportionate exposure to online racism, reinforcing existing inequalities and contributing to broader social, cultural and wellbeing impacts for Aboriginal and Torres Strait Islander peoples.

⁹ McAlister, M., Miles, H. and Bricknell, S. (2025). Deaths in custody in Australia 2024–25. Australian Institute of Criminology eBooks. Australian Institute of Criminology. doi:<https://doi.org/10.52922/sr78199>.

¹⁰ Department of the Prime Minister and Cabinet. "Review of the Implementation of the Recommendations of the Royal Commission into Aboriginal Deaths in Custody Department of the Prime Minister and Cabinet." 2018.

¹¹ Australian Communications and Media Authority. Communications and Media in Australia Series: How We Communicate Executive Summary and Key Findings. 2022.

¹² Productivity Commission. "Socio-Economic Outcome Area 17 - Aboriginal and Torres Strait Islander People Have Access to Information and Services Enabling Participation in Informed Decision-Making Regarding Their Own Lives - Dashboard - Closing the Gap." Pc.gov.au, 2022, www.pc.gov.au/closing-the-gap-data/dashboard/outcome-area/access-information/. Accessed 8 Apr. 2026.

¹³ Burton, Melanie, et al. "Fighting the Tide: Encounters with Online Hate among Targeted Groups." ESafety Commissioner, 2025, www.esafety.gov.au/sites/default/files/2025-02/Online-hate-report_Main-Feb25.pdf?v=1739487852663.

2.2 Health and wellbeing impacts

Online platforms have significantly increased the reach and prominence of racism directed at First Nations peoples. They enable harmful content to be disseminated rapidly, repeatedly and at scale. Unlike offline experiences, online racism is persistent and highly visible, contributing to cumulative exposure over time. This heightened exposure is associated with significant adverse health and wellbeing outcomes, including psychological stress, anxiety, depression, and reduced social and emotional wellbeing.

Aboriginal and Torres Strait Islander people are disproportionately affected, reporting higher levels of exposure to online hate and greater impacts on identity, cultural connection and community wellbeing. In Australia, evidence also shows that adverse childhood experiences (ACEs) are more prevalent among Aboriginal and Torres Strait Islander populations than among non-Indigenous populations. Higher ACEs are strongly associated with increased rates of suicidal ideation, suicide attempts and psychological distress.¹⁴ Experiences of racism are closely linked to these health outcomes. For example, a 2017 study using data from the Victorian Population Health Survey found that First Nations adults who experienced racism at least weekly were 4.9 times as likely to have high or very high psychological distress as those who did not experience racism.¹⁵

For young people in particular, these harms are amplified as an individual's exposure to racism, particularly from peers, may be especially damaging to self-esteem during windows of identity development.¹⁶ Repeated exposure during this time is associated with increased risks of self-harm and suicide as well as disengagement from education and community. Taken together, this evidence demonstrates that online racism is not confined to digital spaces, it contributes to broader and compounding health inequities for First Nations peoples.

3. Initiatives that are effective in combating racism targeted at First Nations peoples and reduce individual and collective harm.

3.1 ACCHO model and service offerings

ACCHOs are primary health care services operated and governed by local communities to deliver culturally appropriate, comprehensive and holistic care. A key point of distinction between the ACCHO model and mainstream services is its holistic approach. The approach extends beyond clinical care to address the social and cultural determinants of health, including the socio-economic factors that shape health outcomes. Central to this model is the role of culture in service design and delivery, alongside a focus on strengthening social cohesion, community connection and social capital.¹⁷

This model positions ACCHOs as highly effective initiatives in combating racism and reducing its associated harms. By embedding cultural safety and community control at the core of service delivery, ACCHOs reduce experiences of racism within healthcare settings and create environments that are safe, trusted and responsive to the needs of Aboriginal and Torres Strait Islander peoples. In doing so, they address both the direct and indirect impacts of racism, including its effects on access to care, trust in institutions and overall health outcomes.

ACCHOs also respond to the health impacts of racism through integrated social and emotional wellbeing (SEWB) supports, which recognise the strong links between experiences of racism and adverse mental

¹⁴ Radford, Abbey, et al. "Examining Adverse Childhood Experiences (ACEs) within Indigenous Populations: A Systematic Review." *Journal of Child & Adolescent Trauma*, vol. 15, no. 2, 18 Aug. 2021, <https://doi.org/10.1007/s40653-021-00393-7>.

¹⁵ Australian Institute of Health and Welfare. "Aboriginal and Torres Strait Islander Adolescent and Youth Health and Wellbeing." Australian Institute of Health and Welfare, Australian Institute of Health and Welfare, 2018, www.aihw.gov.au/getmedia/b40149b6-d133-4f16-a1e8-5a98617b8488/aihw-ihw-202.pdf?v=20230605181520&inline=true. Accessed 10 Apr. 2026.

¹⁶ Woody, Mary L., et al. "Racial Stress and Trauma and the Development of Adolescent Depression: A Review of the Role of Vigilance Evoked by Racism-Related Threat." *Chronic Stress*, vol. 6, Jan. 2022, p. 247054702211185, <https://doi.org/10.1177/24705470221118574>.

¹⁷ Pearson, O, et al. "Aboriginal Community Controlled Health Organisations Address Health Equity through Action on the Social Determinants of Health of Aboriginal and Torres Strait Islander Peoples in Australia." *BMC Public Health*, vol. 20, no. 1, 4 Dec. 2020, pp. 1–13. *BMC Public Health*, [link.springer.com/article/10.1186/s12889-020-09943-4](https://doi.org/10.1186/s12889-020-09943-4), <https://doi.org/10.1186/s12889-020-09943-4>.

health outcomes, including psychological distress, anxiety and depression.^{18,19} Cultural healing initiatives, including men's and women's groups and other community-led programs are central to this approach and are consistent with the National Aboriginal and Torres Strait Islander Social and Emotional Wellbeing Framework. These programs strengthen identity, cultural connection and community cohesion. These are recognised as key protective factors for mental health and wellbeing among Aboriginal and Torres Strait Islander peoples.²⁰ By fostering resilience, restoring cultural authority and promoting social and emotional wellbeing, these initiatives directly mitigate the individual and collective harms associated with racism.

Importantly, ACCHOs represent a structural response to racism through community governance and self-determination. By shifting decision-making power to Aboriginal and Torres Strait Islander communities, they ensure that services are designed and delivered in ways that reflect community values, priorities and lived experience. Together, these elements demonstrate that ACCHOs not only reduce exposure to racism within service systems, but also actively mitigate its individual and collective harms. Because of this, they are a critical initiative in addressing racism targeted at First Nations peoples.

3.2 Prevention and early intervention approaches

Prevention and early intervention initiatives are critical to address the drivers and impacts of racism that affect Aboriginal and Torres Strait Islander people. Within the ACCHO model, these approaches are embedded across service delivery and are designed to intervene early, reduce exposure to harm, and strengthen protective factors that support long-term health and wellbeing.

Social and Emotional Wellbeing (SEWB) programs and cultural healing initiatives

SEWB programs are central to prevention and early intervention efforts by providing culturally appropriate, trauma-informed support that recognises the link between racism, stress and adverse health outcomes. These programs focus on strengthening resilience, supporting mental health, and addressing the cumulative impacts of racism, intergenerational trauma and social disadvantage. Complementing this, cultural healing initiatives, including men's and women's groups and other community-led programs, play a vital role in preventing and mitigating harm by supporting reconnection to culture, language and Country.

Evidence from the Lowitja Institute highlights that approaches addressing the interconnected nature of social, cultural, political and historical determinants of health are most effective in strengthening social and emotional wellbeing. The review emphasises that wellbeing for Aboriginal and Torres Strait Islander peoples is inherently relational and grounded in connections to family, community, culture and ancestors. These connections are critical to healing and resilience. It further identifies self-determination and culturally grounded, strengths-based approaches as essential to improving wellbeing outcomes.²¹

Together, these approaches provide accessible, culturally safe pathways that strengthen identity, promote healing and reduce the risk of more severe mental health outcomes, including psychological distress, self-harm and suicide.²²

3.3 Broader initiatives

Across jurisdictions and sectors, a range of programs and initiatives aim to both directly address racism experienced by Aboriginal and Torres Strait Islander peoples and more broadly combat discrimination against diverse population groups. These efforts are also supported indirectly through legislative mechanisms that aim to implement the principles outlined in Closing the Gap and Health Equity policy, which seek to address the underlying drivers of inequality.

¹⁸ Paradies, Yin. "A Systematic Review of Empirical Research on Self-Reported Racism and Health." *International Journal of Epidemiology*, vol. 35, no. 4, 3 Apr. 2006, pp. 888–901, [academic.oup.com/ije/article/35/4/888/686369](https://doi.org/10.1093/ije/dyl056), <https://doi.org/10.1093/ije/dyl056>.

¹⁹ Australian Institute of Health and Welfare. (2022). *Australia's health 2022: In brief*. AIHW. <https://www.aihw.gov.au/reports/australias-health/australias-health-2022-in-brief>

²⁰ Dudgeon, Pat, et al. "Aboriginal and Torres Strait Islander Social and Emotional Wellbeing and Mental Health." *Australian Psychologist*, vol. 52, no. 4, 2014, pp. 25–38, [www.tandfonline.com/doi/full/10.1111/ap.12299](https://doi.org/10.1111/ap.12299), <https://doi.org/10.1111/ap.12299>.

²¹ "Social and Emotional Wellbeing: A Review." *Social and Emotional Wellbeing: A Review*, Feb. 2025, www.lowitja.org.au/wp-content/uploads/2025/02/SocialandEmotionalWellbeing_aReview.pdf, <https://doi.org/10.48455/4f9e-3v29>.

²² Australian Government. *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing*. 2017.

National Health Reform Agreement – Addendum 2026-2031

From July 2026, the new National Health Reform Agreement (NHRA) will come into effect. Under Schedule B, *Better Health Outcomes for Aboriginal and Torres Strait Islander People*, the Australian Government, along with state and territory governments, public hospitals and health services, including those in community settings, commit to strengthening culturally safe healthcare through requiring health systems to identify, address and eliminate racism within service delivery, and to embed cultural safety as a core component of quality care.

The Agreement emphasises the critical role of the ACCHO sector in line with Priority Reform two of CTG and recognises the importance of self-determination in improving health outcomes. It reflects a commitment to addressing systemic and institutional barriers within the mainstream health system, including those shaped by racism and the ongoing impacts of colonisation, which continue to affect the health and wellbeing of Aboriginal and Torres Strait Islander peoples.²³

School-based anti-racism programs

A research project conducted by the University of Adelaide examined the impact of whole-of-school anti-racism and cultural inclusion initiatives. The findings highlight that sustained, well-resourced, and culturally inclusive approaches are critical to reducing racism experienced by Aboriginal and Torres Strait Islander students. Key success factors include strong leadership and implementation over time, improved teacher capability, and meaningful engagement with Aboriginal and Torres Strait Islander communities.²⁴

4. The threat posed by ideologically motivated extremism towards First Nations people and the role of intelligence and law enforcement agencies in protecting the community from that threat.

QAIHC has no comment.

5. The effectiveness of avenues for reporting and responding to racism against Aboriginal and Torres Strait Islander people, including the consistency, timeliness and appropriateness of outcomes across jurisdictions and institutions.

5.1 Effectiveness of reporting and responses to racism

Existing avenues for reporting and responding to racism are largely ineffective for Aboriginal and Torres Strait Islander peoples. Overall, these systems are characterised by low levels of trust, inconsistent processes across jurisdictions and institutions, delays in complaint handling, and outcomes that often fail to deliver meaningful accountability or redress.

Effectiveness is undermined by significant and well-documented barriers to reporting. Research, including work by the Ethnic Communities' Council of Victoria (ECCV), highlights a widespread perception that reporting racism will not lead to meaningful change. Aboriginal and Torres Strait Islander peoples frequently report low confidence in complaints processes, concerns that their experiences will not be taken seriously, and fear of negative consequences, all of which contribute to substantial underreporting.²⁵

Consistency across jurisdictions and institutions is limited. The Australian Human Rights Commission has highlighted that Australia's anti-discrimination framework is fragmented across federal, state and territory

²³ Australian Government. (2026). National Health Reform Agreement (NHRA) addendum 2026–2031 (consolidated). Council on Federal Financial Relations. <https://federalfinancialrelations.gov.au/sites/federalfinancialrelations.gov.au/files/2026-04/nhra-2026-31-addendum-consolidated.pdf>

²⁴ Baak, Melanie, et al. "Promoting Wellbeing through School-Based Anti-Racism Initiatives." Australian Policy Online, Adelaide University, 4 Mar. 2026, apo.org.au/node/333689?utm_campaign=Policy-Pulse-16-March-2026&utm_content=apo.org.au%2Fnode%2F333689&utm_medium=email&utm_source=comms.apo.org.au.

²⁵ Peucker, Mario, et al. UNDERSTANDING REPORTING BARRIERS and SUPPORT NEEDS for THOSE EXPERIENCING RACISM in VICTORIA Research Report. 2024.

jurisdictions, resulting in inconsistent protections and complaint process.²⁶ There is no nationally standardised approach to defining, recording, or responding to racism, resulting in these fragmented systems and uneven protections. As a result, the experience and outcome of making a complaint can vary significantly depending on the jurisdiction, sector, or institution involved.

Timeliness is another critical issue. Complaints processes are often slow, complex and bureaucratic, which can re-traumatise complainants and discourage engagement. Research examining racism complaints in the Australian health system highlights limitations in how complaints are managed by regulatory bodies and contribute to reduced confidence in systems, deterring individuals from pursuing complaints.²⁷ Delays and procedural complexity reduce the likelihood of meaningful resolution and undermine trust in institutional responses.

Appropriateness of outcomes remains a persistent concern. Where complaints are resolved, outcomes frequently focus on procedural compliance rather than addressing harm or delivering justice or redress for individuals. Evidence from the Australian National Audit Office indicates that systemic outcomes, defined as those delivering broader institutional change, occur in a minority of complaints handled by the Australian Human Rights Commission, including those made under the Racial Discrimination Act 1975.²⁸

These challenges reflect broader structural issues, including a lack of cultural safety, limited Aboriginal and Torres Strait Islander leadership or involvement in system design, and insufficient transparency and accountability mechanisms.

Addressing these shortcomings requires structural reform. This includes establishing culturally safe and accessible complaints mechanisms, developing nationally consistent standards, improving data collection and public reporting, and strengthening investment in Aboriginal and Torres Strait Islander-led advocacy and support services.

6. Other matters related to racism, hatred and violence directed at First Nations people.

6.1 Indigenous Voice to Parliament Referendum (2023)

The outcome of the 2023 Indigenous Voice to Parliament referendum has had significant and ongoing impacts on Aboriginal and Torres Strait Islander peoples, extending beyond the result itself. Emerging evidence including research led by Australian National University, found that the referendum period was associated with measurable declines in mental health and wellbeing coupled with increases in everyday discrimination.²⁹

Both during and following the referendum period, racist rhetoric across social media and public discourse intensified, with widespread reports of verbal abuse, discrimination, and in some cases physical violence directed at First Nations peoples.³⁰ This aligns with broader evidence that exposure to racism is a key determinant of poor social and emotional wellbeing, contributing to stress-related harms and negative coping behaviours, including increased alcohol use.

The conduct of the “No” campaign and the broader public debate amplified narratives that enabled racism, hatred and division. Reporting during the referendum period indicates an increase in racist incidents, with a significant proportion explicitly linked to the referendum, alongside evidence of declining trust in government and heightened perceptions of national division.

²⁶ Australian Human Rights Commission. (2023). Revitalising Australia’s commitment to human rights: Free and Equal final report 2023. https://humanrights.gov.au/_data/assets/file/0016/47122/2311_freeequal_finalreport_1.pdf

²⁷ Truong, Mandy, et al. “Racism Complaints in the Australian Health System: An Overview of Existing Approaches and Some Recommendations.” *Australian Health Review*, vol. 46, no. 1, 2022, pp. 1–4, <https://doi.org/10.1071/ah21189>.

²⁸ Australian National Audit Office. (2025). Management of complaints by the Australian Human Rights Commission (Auditor-General Report No. 24 of 2024–25). https://www.anao.gov.au/sites/default/files/2025-02/Auditor-General_Report_2024-25_24.pdf

²⁹ Wilkes, Bronwyn, et al. Research Summary: Aboriginal and Torres Strait Islander Mental Health and Wellbeing in the Lead up to the Voice to Parliament Referendum. Mar. 2024.

³⁰ Jumbunna Institute for Indigenous Education and Research, & National Justice Project. (2024). Call It Out annual report 2023–2024: If you don’t think racism exists, come take a walk with us. University of Technology Sydney.

6.2 Repeal of Queensland's Aboriginal and Torres Strait Islander Policy Framework and the Path to Treaty Act (2024)

The current policy and funding environment in Queensland reflects systemic inequity in decision-making affecting Aboriginal and Torres Strait Islander peoples. While not always explicit, these actions undermine trust and further entrench disadvantage.

In November 2024, the Queensland Government terminated the state's truth-telling and healing inquiry and the First Nations Treaty Institute, effectively halting key mechanisms designed to support reconciliation and structural reform. At the same time, Path to Treaty funding was repurposed toward projects more appropriately funded through mainstream government budgets. While framed as supporting community-level initiatives, this shift diverts resources away from community-controlled, self-determining and culturally grounded healing efforts.

This decision was compounded by a significant reduction in funding from approximately \$300 million to \$108 million and redirected into a Closing the Gap Priorities Fund without prior consultation with Aboriginal and Torres Strait Islander stakeholders. The decision raises serious concerns about transparency and a failure to uphold the Priority Reforms outlined in the National Agreement on Closing the Gap, particularly Priority Reform One (formal partnerships and shared decision-making) and Priority Reform Three (transforming government organisations).

Beyond governance and funding impacts, these actions carry significant and compounding social and emotional consequences, particularly in the context of the unsuccessful 2023 Indigenous Voice to Parliament referendum, which was associated with increased reports of psychological distress, anxiety and reduced wellbeing among Aboriginal and Torres Strait Islander peoples.

The Queensland Government's approach to its commitments under the National Agreement on Closing the Gap falls short of its core principles of shared governance and genuine partnership. There has been a clear lack of meaningful engagement with ACCHOs and the Coalition of Peaks, despite repeated efforts from the sector to engage constructively.

Further, the 2025–26 State Budget includes no substantial new, dedicated investment for Aboriginal and Torres Strait Islander Queenslanders through the Department of Women, Aboriginal and Torres Strait Islander Partnerships and Multiculturalism. Instead, investment is limited to capital works and isolated grant programs, which does not reflect the scale of need or the commitments required to close the gap.

Collectively, these actions reinforce systemic inequities closely linked to ongoing experiences of racism and the impacts of colonisation.

Recommendations

- **Embed racism as a core determinant of health** within all national policy frameworks, including the National Agreement on Closing the Gap, and require all jurisdictions to implement and report on anti-racism strategies with measurable targets and accountability mechanisms.
- **Establish nationally consistent, culturally safe complaints and reporting mechanism for racism** across health, education, justice and government systems including:
 - Independent oversight bodies
 - Transparent reporting of outcomes
- **Strengthen and invest in Aboriginal and Torres Strait Islander community controlled health organisations (ACCHO) sector.** Long-term, needs-based funding to expand culturally safe. Holistic and community-led models of care that directly address impacts of racism.
- **Invest in prevention and early intervention initiatives**, including Social and Emotional Wellbeing (SEWB) programs and cultural healing initiatives, particularly for children and young people, to mitigate the long-term impacts of racism.
- **Embed a dedicated anti-racism and cultural safety framework within the Better and Fairer Schools Agreement.** This should include explicit commitments to identify, address and eliminate racism within the education system.
- **Restore and protect investment in truth-telling, healing and treaty process.** Recognising their critical role in addressing intergenerational trauma, strengthening social and emotional wellbeing, and advancing reconciliation.

- **QAIHC broadly supports the recommendations of the Australian Human Rights Commission scoping review** and prioritises those that:
 - Recognise racism as a determinant of health
 - Strengthen cultural safety and accountability within health systems
 - Expand the Aboriginal and Torres Strait Islander community-controlled sector
 - Improve data collection and transparency
 - Establish culturally safe complaints and redress mechanisms.

Conclusion

Racism against Aboriginal and Torres Strait Islander peoples is systemic, pervasive, entrenched, and a key driver of ongoing inequity. Racism continues to negatively shape health, social and economic outcomes, while undermining trust in institutions and access to essential services.

Current responses are inadequate. Reporting and complaints mechanisms are fragmented and inconsistent, rarely delivering timely, appropriate or meaningful outcomes. More broadly, there has been limited progress in addressing the structural drivers of racism or embedding genuine partnership and accountability across systems.

Meaningful change requires sustained structural reform. This includes strengthening the Aboriginal and Torres Strait Islander community-controlled sector, embedding cultural safety across all systems, and implementing nationally consistent, accountable approaches to addressing racism in line with the National Agreement on Closing the Gap.

Thank you again for the opportunity to provide our submission.

Regards



Paula Arnol
A/Chief Executive Officer