

MDAS Submission to Developing the Aboriginal and Torres Strait Islander Plan to End Violence Against Women and Children

'self-determined, healthy, robust & culturally strong Aboriginal communities across the Mallee Region'



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THE MALLEE REGION

The Victorian Mallee is in the far northwest of the state, bordered by the South Australian border and the Murray River. It is one of the most isolated and sparsely populated regions of Victoria. The main centre of the Mallee is the city of Mildura, which is 550 kilometres from Melbourne. The semi-arid region is characterised by loamy soil and a Mediterranean climate that supports a thriving farming industry, which has long been the cornerstone of the Mallee's economy. It is one of Australia's major food producing regions, contributing over \$5b to the national economy annually. In recent years, employment opportunities have expanded, particularly in the services sector, including community services, education, health, IT and business support. Its climate has also seen growth in the renewable energy sector through the development of large scale solar 'farms'. With a strong Aboriginal community in the region, there is also the opportunity to capitalise on the increased interest in nature-based and Indigenous tourism, with significant cultural heritage and sites, located in the Mallee or close by.

The northwest region of Victoria has long been home to diverse cultural groups attracted by the river and fertile soils. Aboriginal groups have lived, traded and travelled through the Mallee for tens of thousands of years and as such, it is defined by a rich mix of languages and heritage. Whilst much is still yet to be fully understood, there are numerous known Aboriginal languages linked to the region. They include but are not limited to:

- Latje Latje
- Wergaia
- Barkindji
- Neri Neri
- Ngtait
- Wadi Wadi
- Wemba Wemba
- Barababaraba
- Mutti Mutti

Despite its strengths and potential, the Mallee continues to face many challenges. Climate change has, and will continue to, impact the horticultural sector, as will volatile global markets. Beyond that, the region has long suffered due to under and poorly targeted funding. Regional roads are in poor condition, and public transport has been failing to meet the needs of communities for many years. Demographic data also shows that the region has one of the state's highest rates of disadvantage. Education attainment is lower, average income is lower and unemployment rates are higher. Statistically, the health outcomes of people living in the Mallee are poorer than average. With inadequate health service provision, wait times to see doctors can stretch to months and patients often need to travel to Melbourne or Adelaide to receive treatment. The region's mortality rates across all measures are higher and life expectancy is lower.



MALLEE DISTRICT ABORIGINAL SERVICES

Originally known as the Sunraysia District Aboriginal Corporation, Mallee District Aboriginal Services (MDAS) began operations in the early 1980s. Back then the service was delivered by two staff from one small, shared office.

As of 2022, MDAS has over 260 staff based in offices in Mildura, Swan Hill and Kerang, providing services for a client population of 5000 people, located in a catchment of 32,618 km². MDAS supports a diverse community, made up of several language groups. Priding itself on offering culturally safe, evidenced-based support, MDAS delivers community services, which provide support for families, children, youth, and adults, and include disability, social and emotional and wellbeing, housing, chronic disease management and health and fitness, with a focus on early intervention, prevention, and empowerment.

As an Aboriginal Community Controlled Health Organisation (ACCHO), MDAS consults widely to ensure local knowledge and voices inform our decision making and service delivery, and that our programs meet the current and emerging needs of our community.

One of the largest Victorian ACCHOs, MDAS is a recognised leader in innovative Aboriginal services, with a growing reputation for fostering partnerships and collaboration to deliver better outcomes.

More than half of MDAS staff is of Aboriginal and/or Torres Strait Islander background, and we remain committed to providing a resilient workforce with high Aboriginal employment and demonstrated cultural competency for non-Aboriginal employees.

The vision for the dedicated Aboriginal and Torres Strait Islander Action Plan "Our people, no matter where they live, work and play are culturally safe and strong, and live free from violence." is one that resounds strongly for MDAS staff, the following submission is derived from their lived experience and insights into family violence.



DRIVERS AND REINFORCING FACTORS OF VIOLENCE AGAINST ABORIGINAL AND TORRES STRAIT ISLANDER WOMEN AND CHILDREN

The consistent failure to implement the recommendations from myriad Royal Commissions, Reports and Investigations coupled with the tendency of government to cherry-pick actions and insights that suit their agenda rather than those which genuinely meet the needs of community, has thwarted the good intentions and possibilities of the Closing the Gap priority reforms resulting in the continuation of drivers and reinforcing factors of violence against Aboriginal and Torres Strait Islanders women and children.

Despite attempts to be more progressive in recent decades, a legacy of white system policies remains within Australia and feeds a management of deficit rather than providing the supports and mechanisms needed to assist people out of entrenched disadvantage. As we move towards reconciliation, governments from both sides of the political divide need to acknowledge that no one policy or legislative framework will change the past. Their task is to consciously advocate for a modern political system that actively works towards better outcomes, for all Australians, through a fair distribution of resources, services, representation and policies that are transformative, aspirational and meaningful.

One of the inherent failings of current policy in relation to Aboriginal issues is its development through a homogenic lens. It could be argued that one of the main reasons Australia is not meeting its Closing the Gap targets is due to the one-size-fits-all approach that appears to underpin much of the Plan. The needs and responses that may be required in the Northern Territory to achieve identified outcomes are not necessarily mirrored in the Mallee. Both policy and funding models must flexible and driven by regional circumstances and the priorities therein.

Life outcomes for Aboriginal and Torres Strait Islanders across the Mallee continue to be negatively affected by the ongoing impacts of colonisation, dispossession from land and culture, erosion of lore and customs, the Stolen Generation and intergenerational trauma. They are further exasperated by a lack of adequate housing, low educational outcomes, entrenched poverty, poorer access to services and supports, geographic isolation and an enduring bias that sees the needs of regional, rural, and remote areas largely overlooked in the development of policy and funding models. This is clearly articulated in the table below comparing key domains of Aboriginal and non-Aboriginal people at a local, state, and national level.

MDAS welcomes the development of an Action Plan specific to Aboriginal and Torres Strait Islander women and children and is committed to delivering appropriately designed, wrap-around services that will see our community heal and prosper. This will require a removal of bureaucratic barriers and adoption of policies that genuinely support self-determination and allow Aboriginal communities greater choice to meet their social, cultural and economic needs.



Source: ABS	Mildura Aborigina I and/or Torres Strait Islander people %	Mildura All Persons %	Swan Hill Aborigina I and/or Torres Strait Islander people %	Swan Hill All Persons %	Victoria Aborigina I and/or Torres Strait Islander people %	Victoria All Persons %	Australia Aborigina I and/or Torres Strait Islander people %	Australia All Persons %
Median weekly								
household								
income	\$1,180	\$1,341	\$1,184	\$1,379	\$1,565	\$1,759	\$1,507	\$1,746
Participation in								
the Labour force (2022)	50.2	57.0	47.3	58.8	58.5	62.4	54.1	61.1
Unemployed	JU.Z	37.0	47.3	30.0	30.3	02.4	J4.1	01.1
(2022)	14.9	5.2	15.7	3.5	9.6	5.2	12.3	5.1
Single parent families with children U15 (2016)	60.7	27.0	55.6	23.2	46.9	18.3	45.9	20.4
Jobless families	00.7	27.0	33.0	23.2	40.3	10.3	43.3	20.4
with children U15 (2016)	47.6	17.5	46.2	15.0	32.5	11.0	36.1	11.9
Children where mother has low educational attainment (2016)	49.2	22.3	36.4	17.8	33.7	12.7	38.8	17.0
Households receiving Commonwealth Rent Assistance (2021)	46.4	24.2	49.9	17.1	34.0	18.1	35.7	20.5
Learning or Earning – 15 to 24yrs (2016)	62.0	78.8	77.0	79.0	75.7	86.2	65.4	84.3

According to the 2016 Personal Safety Survey (PSS), an estimated 275,000 Australian women suffered physical and/or sexual violence from their current partner. For around 15 per cent of these women (12,000), the reason for returning was that they had no money or nowhere else to go. Returning to their violent partner seemed a better choice than being homeless or trying to subsist in poverty.¹

 $^{^1\} https://assets.website-files.com/62b998c0c9af9f65bba26051/63228540ce74a60866ee4e98_The Choice-violence-or-poverty-web.pdf (pages 9 - 10)$



Financial stress or insecurity, unemployment and insecure or inadequate housing are major risk factors to family violence in Australia and are exacerbated in rural and regional Aboriginal communities. As the previous table demonstrates, Aboriginal and Torres Strait Islander communities within the Mildura and Swan Hill regions have higher rates of unemployment and households receiving Commonwealth Rent Assistance than the state and national average. With Australia currently ranked as one of the most expensive places in the world to live, welfare recipients are failing to make ends meet. As such, the recent announcement of a 3.7 percent increase to select welfare payments to address the surging cost of living is woefully inadequate.

Limited or inadequate housing is a major contributor to Aboriginal and Torres Strait Islander women, and thus their children, remaining in violence fuelled homes. Put simply, they have nowhere else to go. Secure and appropriate housing plays a crucial role in enabling Australians to participate fully in society. It is a necessary pillar in people achieving positive health, educational and employment outcomes. With rental costs rising nationally by an average of 10 percent in 2022 and predictions it could rise further over the next twelve months, an immediate increase to Commonwealth Rent Assistance is also crucial². Residents of Mildura are currently struggling with a 0.84 percent vacancy rate and median rental costs of \$375 per week³ whilst in Swan Hill the vacancy rate sits at 0.42 percent with median rents sitting at \$340 per week⁴.

Government must, as a matter of urgency, increase welfare payments to reduce the financial stressors giving rise to family violence or contributing to women choosing violence fuelled relationships over living below the poverty line. It is also imperative that increasing the availability of crisis, transitional and long-term social housing remain a major priority for all levels of government.

WORKING WITH ABORIGINAL AND TORRES STRAIT ISLANDER MEN AND BOYS

Colonisation dismantled social structures, traditional male and female roles and cultural protective factors that had sustained Aboriginal communities for thousands of years. MDAS staff have shared their stories of Aboriginal boys being removed from their families and subjected to sexual and physical abuse, and later returning with severe psychological damage. With the full impact still emerging, there remains a deficit in understanding the complexity of their trauma and the ramifications. Post colonisation both men and women lost agency and status, women came to be seen as possessions and men turned to violence and coercion as a means of controlling them, with substance abuse used as a means of self-medication. Frustration manifested as anger and violence,

² https://www.corelogic.com.au/news-research/news/2022/national-vacancy-rates-hit-record-low-as-affordability-starts-to-impact-rent-hikes

³ https://www.realestateinvestar.com.au/Property/mildura

⁴ https://www.realestateinvestar.com.au/Property/swan+hill



yet this behaviour was accepted within community as the alternative, contacting authorities and risking family members being removed again, was too high a price to pay. This has resulted in the high levels of intergenerational family violence we are witnessing today.

The MDAS violence prevention programs have identified that although perpetrators, most clients are victim-survivors themselves with limited understanding that their behaviours are illegal. By attending the MDAS programs they gain an insight into, and awareness of how, they have mistreated their loved ones and the support and tools required to make positive change in their lives.

With over one hundred men having participated in the programs to date, only a handful have reoffended, the success being credited to clients having an opportunity to engage with trained staff who provide healing in a culturally safe and supportive environment. Staff are trauma-informed and walk alongside their clients in their healing journey. The program has proved so successful that MDAS receives phone calls from prisons across the country with inmates wishing to attend the program as well as from other Aboriginal Community-Controlled Organisations (ACCOs) with clients they believe would benefit from participating. As stated by the program manager:

Everything is cultural healing with us, even though these guys are known perpetrators they need to know their culture and that is our way of providing a wrap-around service. I strip them right back and talk about spirituality, what life was like before colonisation, we talk about the Stolen Generation and the effect it has had on community, and then we move on to drugs and alcohol, violence, sexual assault, diabetes, health.

There are four key elements to Aboriginal culture – love, respect, sharing and caring. That's what I was taught from my dad. We cared for everyone in the clan, sharing. We don't go and hunt one kangaroo, we get heaps and share amongst everyone. Respect our Elders. Always respect the Elders, that's what is enforced in our culture. And love, love everyone. That's the four things that I have been taught and it's what I'm teaching the young guys now because that's where it all starts.

We are not judgemental and what we say in the circle, stays in the circle, it's all brother love. And the guys just love it. If they went to a mainstream program, they would be challenged by a female facilitator and it won't work and that's why we made it a cultural healing group, it's Men's Business.

We have two guys who have been in the program and have been coming back for six years now. They just love the atmosphere, the brother bond it creates, and now they mentor the new ones that come in. They tell them to talk up, if you've got issues, now is the time to get it off your chest. It's very powerful.



MDAS programs are designed to ensure healing, recognising that men and boys need to be culturally strong to drive positive change and mentor generations to come. It is through this lens that MDAS strongly advocates for additional funding for adolescents and the introduction of funding for children 12 years and under. At present there is no funding to develop programs for children under the age of 12 displaying violent tendencies, even though research shows early intervention in addressing known risk factors is the most effective mechanism for preventing a trajectory of violent behaviour into adulthood. MDAS has designed a program to support adolescents and prevent an escalation of any emerging issues as follows:

We do a seven-week program with adolescents around culture. The first week we come together and introduce each other. A message stick is placed in the yarning circle and when one person wants to talk, they take the stick and when he's finished, he puts it back and we all discuss whatever issues he has raised.

I get the kids to set the rules, not me, because they own the program.

The following week we go out on the land, I get them to take their shoes off, put their feet into the dirt and reflect on what it would have been like a thousand years ago, walking through the bush with just a spear and a boomerang chasing a kangaroo. We have a didgeridoo playing in the background, so it is therapeutic as well, a wraparound approach.

In the third week we go and get some clapsticks and clean them and get them to paint their journey, where are they now and where do they want to be in life. Then I take the clapsticks away from them. The next week I take them out and show them how to get coolamons and all that stuff the traditional way. We make spears, I teach them how to straighten them, the traditional way. How I was taught by my dad and such and such.

In the seventh week we come back together with the participants carers and support people. I introduce the kids with their clapsticks, and they talk to everyone about their journey. Where they are now, and where they want to be in life.

In our way it's our boys becoming young Aboriginal men – their initiation - their pathway to adulthood.

THE SPECIFIC NEEDS OF ABORIGINAL AND TORRES STRAIT ISLANDER CHILDREN

Every child has the right to feel safe and secure within their own environment and one of the key measures required to keep Aboriginal and Torres Strait Islander children safe is a complete review of



legislative frameworks and a move away from historic child protection policies skewed to white Australian philosophies and practices.

At present a Victorian coronial inquest is examining the violent deaths of four children between 2015 - 2017 and the extent to which Victoria's current child protection policies and practices may have contributed. Of these cases, three were identified as being Aboriginal and all had one or more of the following risk factors in their home lives: drug use in the home; a parent with severe mental illness; rough sleeping; their mother forming a new relationship; and their mother's partner having a history of violence.

As an organisation specialising in family services, MDAS is strongly advocating for the introduction of a new care system within Victoria that accurately reflects the Aboriginal model for raising strong, healthy children who have all the supports needed to thrive. This new model would involve transferring decision-making powers to Aboriginal Community Controlled Organisations (ACCOs) who specialise in family services and thus capable of providing the wraparound services needed to bring families together, rather than separating them. There are two guiding principles to this approach: not viewing the child in isolation and recognising the need to build capacity within the nuclear family and valuing the kinship, or extended family model, that supported Aboriginal communities prior to colonisation.

One of the common themes raised by MDAS staff was the need to break cycles of intergenerational welfare, of poverty, of abuse. ACCOs know their communities, they know what interventions work culturally, they know how to achieve better outcomes and this expertise and experience needs to be capitalised on if we are to reduce violence against children and their over representation in the child protection system. MDAS is committed to breaking these cycles by ensuring children are always in view when designing and developing programs and initiatives.

One exercise undertaken with MDAS clients focuses on the relationship of parents with their children and stepchildren, examining the root cause of a client's anger and illustrating the different forms of abuse, highlighting that abuse can be physical, verbal, emotional, financial or coercive. Many clients grapple with understanding the long-term impact of abuse and how, when victims feel unwanted and unworthy of love, it can lead to low self-esteem, risky and inappropriate behaviours, substance abuse and oftentimes the cycle is repeated.

Educating and promoting change within our community is MDAS' main driver, the aim being to improve the awareness and understanding of what family violence looks like within the home and the impact family violence has on the whole community.



COMMUNITY-CONTROLLED SOLUTIONS

Shared decision-making

Aboriginal Community-Controlled Organisations (ACCOs) came about to address the specific health and wellbeing needs of their local communities. Genuine commitment to Closing the Gap and reducing violence against Aboriginal and Torres Strait Islander women and children requires government to recognise and better harness this experience and expertise. ACCOs are experts in understanding the social determinants effecting their client base and how to provide community with the self-determination required to meet their social, cultural, health and economic needs. However, this will require the development of new working models, with government acknowledging ACCOs need greater autonomy to design and develop culturally appropriate, place-based programs.

To illustrate, MDAS was recently forced into a lengthy dispute over the accreditation of a violence prevention program tailored to Aboriginal men. Accreditation standards mandated the program must be designed to run with one male and one female facilitator, however as the MDAS program is considered "Men's Business" women are not permitted. This separation of men's and women's business is central to Aboriginal and Torres Strait Islander culture yet the accrediting body initially dismissed these cultural sensitivities, resulting in a protracted dispute and a lengthy period during which time MDAS could not offer this program to community.

This experience is testament to why shared decision-making is crucial in the development of matters relating to Aboriginal and Torres Strait Islanders. The ability to provide physically, emotionally and spiritually safe environments for victim-survivors supports the view that ACCOs should play an active, leading role in co-designing.

Systemic racism

Accessing assistance is also a key concern of MDAS practitioners, community members are often reluctant to seek help or report incidents of family violence due to previous negative experiences within mainstream services. Aboriginal clients need access to appropriate cultural practices to support their healing, yet systemic racism has manifested culturally unsafe, unwelcoming environments that lack sensitivity and compassion within many services. Historical practices have also led to government agencies being viewed with distrust, and fears of child removal remain front of mind.

Moving forward government needs to address issues of systemic racism through the introduction of mandatory cultural safety training and standards within all government funded bodies thus providing



Aboriginal women and children, who do not have access to an ACCO, the opportunity to seek help within a culturally safe environment prior to some situations escalating to violence.

Breaking the cycle

Entrenched poverty driven by low educational outcomes and unemployment is a significant driver of family violence particularly when they apply across a broader community such as the Aboriginal population within Mallee. As such MDAS staff are unwavering in their belief that breaking the cycle of intergenerational welfare dependence across our communities is key to reducing family violence. We need to have higher aspirations for Aboriginal people. We need to cease speaking in terms of deficit and start speaking in terms of opportunity and action.

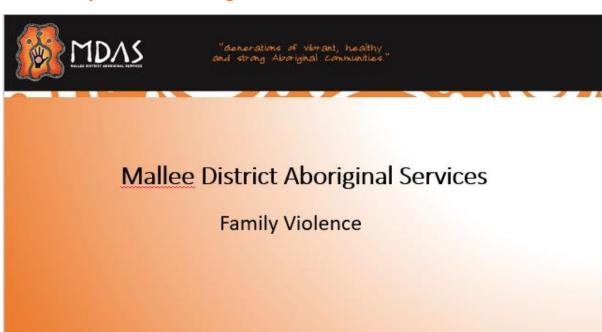
"Breaking the cycle of handouts and intergenerational welfare dependence in our community, we have to stop it and we need to educate the kids to break that cycle. I say to the guys don't wait for handouts, if you want something, you work for it, don't stand there with your hand out. We are not that people, we work hard for what we get." MDAS Program Manager

Despite programs and services being available through government agencies, general distrust of the government sector due to decades of perceived neglect, white system policies and racism discourages many of our community members from accessing these agencies for help. Historically, ACCOs have invested in primary health care, social and emotional wellbeing, and family services however due to community reluctance to engage with mainstream services, we now see an opportunity to elevate program and service delivery to support greater outcomes in education and employment. The is particularly pertinent given recent Closing the Gap data highlighting targets in these areas are currently not on track.

MDAS staff are adamant that early intervention delivered through a community-led, holistic approach driven by ACCOs is key to delivering better outcomes for Aboriginal men, women and children. MDAS has a clear view of the direction it needs to pursue to provide the best support and opportunities for the community it serves. Capitalising on the programs and experience that already exist, a true partnership with government would provide MDAS the ability to broaden its impact in addressing family violence within our community.



MDAS Family Violence Program





"denerations of vibrant, healthy and strong Aboriginal Communities."

Indigenous Family Violence Prevention and Healing Camps Program

The Mallee District Aboriginal Services' Family Violence team, provides numerous opportunities for indigenous men. These opportunities consist of:

- Individual Mentoring.
- Family Violence Counselling.
- Education Programs.
- · Healing Activities.
- Cultural Activities.





"Senerations of Vibrant, healthy and strong Aboriginal Communities."

Indigenous Men's Healing Camps Program

These programs that are ran by the family violence team. They're aimed at providing:

- Mentoring
- Men's Groups.
- Yarning circles.
- Cultural and Healing Activities.
- Team Building
- Leadership Workshops.

The family violence team also regularly receives and make referrals and networks with other relevant agencies.



"denerations of vibrant, healthy and strong Aboriginal Communities."

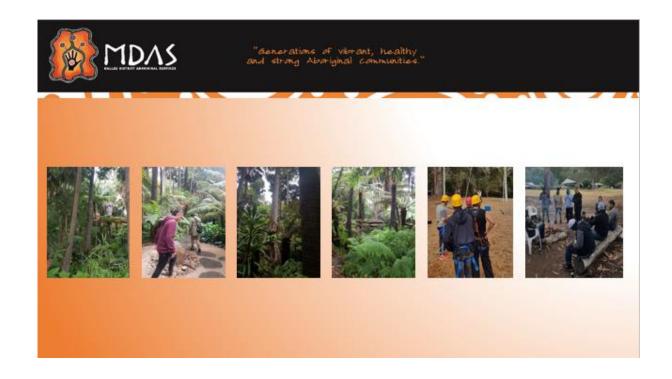
GOALS

Goals the Family Violence team aim to provide each client that has been referred to the services:

- To provide a safe place where men can seek support to deal with or heal from issues such as grief, loss and trauma.
- To provide mentoring, support, case management and outreach services for men, that may assist to strengthen their wellbeing and independence.
- To provide counselling and education programs for men, to strengthen their social and emotional wellbeing.
- To provide therapeutic and educational groups for men, to address family and relationship issues.
 Including family and domestic violence, conflict resolution and fatherhood.
- To provide healing and cultural activities, to improve men's wellbeing and strengthen cultural identity.
- To provide a safe and supportive service for males to heal and develop positive relationship skills, where they are encouraged to embrace changes that work towards building strong, healthy relationships, families and communities.









Overview of current MDAS family violence services

Family Violence

Meminar Ngangg Gimba – Refuge

Meminar Ngangg Gimba – Outreach (Mildura/ Robinvale/ Swan Hill/ Kerang)

Meminar Ngangg Gimba – Cultural Healing Group Work

Men's Family Violence Case Management

Men's Family Violence Cultural Behaviour Change Group Work

Men's Family Violence Cultural Healing Group Work

Adolescent Family Violence Case Management

Adolescent Family Violence Culture Healing Group Work

Social and Emotional Wellbeing

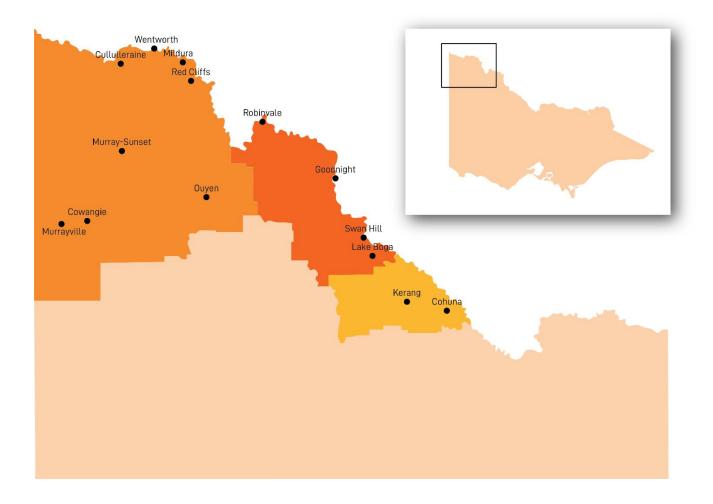
Koori Women's Diversion (Mildura)
Koori Men's Diversion (Mildura)
Mental Health Demonstration Project (Mildura)
Alcohol and other Drugs Treatment Service (Mildura Swan Hill/ Kerang Robinvale)
Family Wellbeing program (Mildura Swan Hill/ Kerang Robinvale)
Local Justice Worker program (Mildura) (Swan Hill Under Family services)
SEWB Mental Health Access (Swan Hill)
Mental Health Community Support Service (Swan Hill & Mildura)

Housing Support

Transitional Support



MDAS Catchment



Contact: Alison Clarke

Policy and Advocacy Advisor aclarke@mdas.org.au

