Royal Commission into Family Violence

WITNESS STATEMENT OF JILL GALLAGHER

I, Jill Gallagher AO, Chief Executive Officer of 17-23 Sackville Street, Collingwood, in the State of Victoria, say as follows:

1. I am authorised by Victorian Aboriginal Community Controlled Health Organisation (**VACCHO**) to make this statement on its behalf.

2. I make this statement on the basis of my own knowledge, save where otherwise stated. Where I make statements based on information provided by others, I believe such information to be true.

Current role

3. I am currently employed by the Victorian Aboriginal Community Controlled Health Organisation (**VACCHO**), which represents all Aboriginal controlled health organisations around Victoria.

4. I have been with VACCHO for 17 years and I was appointed to the CEO role in 2003. My role is to provide high level support and services to the VACCHO Board and Members, to ensure the short-term and long-term health needs of Aboriginal peoples in Victoria are appropriately met.

Background and qualifications

5. I am a Gunditjmara woman from western Victoria and I have lived and worked within the Victorian Aboriginal community for all of my life.

6. Between 1980 and 1983 I worked at the Elizabeth Morgan Aboriginal Woman's Refuge and this is where I gained a good understanding of issues facing domestic violence.

7. I then worked in State Government for 15 years through the following areas:

    7.1. Museum Victoria (1983-1987);

    7.2. Victoria Archaeological Survey (1987-1997); and

7.3. Aboriginal Affairs Victoria (1987-1997).

8. During this time I developed and implemented the Aboriginal Cultural Heritage Inspectors training program. After this, I was appointed to the Board of Directors of Museum Victoria, where I served for 9 years.

9. Following this, I was the Manager of the Aboriginal Heritage Services Branch, as part of the Victorian Government.

10. I commenced working for VACCHO in 1998 as the Sexual Health Manager and from there I held a number of roles within VACCHO.

11. In 2003 I was appointed to the role of CEO of VACCHO, a position that I have held for the past 12 years.

About VACCHO

12. VACCHO is an Aboriginal community organisation which recognises that each Aboriginal community needs its own community based, locally owned, culturally appropriate and adequately resourced primary health care facility. It is the peak body for Aboriginal Health in Victoria.

13. VACCHO has a membership base of 24 full member organisations and three associate members. To become eligible as a full member of VACCHO, the Aboriginal run Community Controlled Health Organisation (**ACCHO**) in question has to be incorporated under the *Corporations Act 2001* (Cth) and it has to provide primary health care to Aboriginal communities or groups.

14. VACCHO provides many services to our members as well as the Aboriginal community as a whole. These include:

14.1. advocating on behalf of our member centres, particularly to the government;

14.2. developing and providing training and other programs that can be accessed by our members and the community;

14.3. advising the government on where system gaps exist;

14.4. supporting people in the workforce who intersect with Aboriginal health;

14.5. aged care sector policy development; and

14.6. coaching services for ACCHO board members.

Our member ACCHOs

15. Many of the ACCHOs which are members of VACCHO today started off as small Aboriginal run co-operatives that provided various services and assistance to their local Aboriginal communities. This however often did not include the provision of primary health care services. For most ACCHOs then, the addition of primary health care services was added on later, as the need for such services grew.

16. Over the years, the number of member ACCHOs has grown, and today it is fair to say that there is an ACCHO in all areas where there is a significant Aboriginal population. We have ACCHOs that cover the main population bases which are in the Geelong, Warrnambool, Portland and Heywood areas.

17. These ACCHOs range in their size as well as the suite of services that they provide to the community. For example Rumbalara Aboriginal Co-operative in Shepparton provides a full range of services as it is a larger centre. It provides dental services, housing, drug and alcohol services, mental health services, aged care facilities as well as a whole range of other services. Most of the centres are really multidisciplinary centres. In comparison, the Moogji Aboriginal Council East Gippsland Inc centre is quite small and provides only a limited number of services.

Different cultures, different ACCHOs

18. It is important to recognise that these differences in service provision, and in the way that each of the ACCHOs is run, stems from the unique culture and characteristics of the particular community in which the centre operates. It is part of our objective at VACCHO to ensure that this diversity is supported and respected rather than trying to fit each centre into a uniform mould. That is why no two ACCHO members can ever be expected to run the same service model or deliver the same service content.

19. There are many different ways in which the ACCHOs might decide to organise themselves and the services that they provide to best serve their community. One example of where a small ACCHO has been effective in delivering its services, is that of the Lakes Entrance Aboriginal Health Association (**LEAHA**). In that case, although LEAHA themselves did not provide a complete suite of services, they embedded themselves within Gippsland Lakes Community Health (**Gippsland Health**), so that they could provide access to primary health care. In effect, they acted as a gateway

to all of the services that Gippsland Health run. The additional benefit of this was that the mainstream service providers became more aware of the need to provide culturally appropriate service delivery when they did interact with the Aboriginal community. Of course a lot of work had to be done to make sure that the mainstream services were culturally safe, because a lot of people still hold stereotypical views about Aboriginal people. It did take several years for both sides to build up that trust and that mutual respect, but today it works really well and is very effective. This is an example of how the flexible approach of the ACCHOs can allow them to develop the model that works best for them and their community.

20. If we are to have our ACCHOs develop innovative models, such as happened with LEAHA where the centre was embedded in Gippsland Health, it is important that any funding that is received is directed to the ACCHO as well, and not just the host site. In that case, there was a time where LEAHA didn't have enough money to even cover everyone's salary. They have to be funded in a sustainable way if they are going to survive and be successful.

Providing a "one-stop-shop" for Aboriginal community health

21. Although there might be differences in how the ACCHOs operate and the services they provide, there is the uniting idea of providing each Aboriginal community with a "one-stop-shop" for their primary health care needs. That is because providing an Aboriginal operated, one-stop-shop for primary health care is the most effective way to ensure that the members of the Aboriginal community are able to access the services that they need.

22. The success of this approach really has to do with convenience. The convenience of health and other services being available in a culturally safe and community focused environment. A client can come in and speak to the GP, the financial advisor and the housing officer all in one visit. I can see no better way of making sure that the Aboriginal community has access to, and actually uses, these kinds of critical services. If services are provided at multiple different locations, it is highly likely that the client will only access the service that they need immediately and will not seek out other services or will be lost between services.

23. For example, in the past, our mothers, expectant mothers and kids were not accessing maternal and child health care services in high numbers, which was a real concern for us and it was having an impact on things like child vaccination rates. We

highlighted this as an issue to our ACCHOs and many of them made it a priority to get vaccination rates up, aiming for 98%. In some cases the centres have achieved that, which is in fact better than mainstream rates and just goes to show how effective the ACCHO approach can be. What changed was that instead of a mother coming in and only being seen for the matter that she presented for, where she had a baby or child with her, the Women and Babies Program got involved straight away to check that her baby had been immunised. If the baby or child had not been immunised, arrangements would be made for this to occur on the spot.

Family violence in the Aboriginal community

24. One area though, where our Aboriginal community does not have good access is to family violence services. All of VACCHO's member services that we interviewed talked about lack of funding for family violence prevention or intervention.

25. Like all other communities, family violence is also an issue in the Aboriginal community. Although I agree that there is some element of gender inequity as one of the causes of this violence, I believe this is a relatively minor cause of family violence in our community: it's really caused by lots of different factors. At the top of the causal tree I would put drugs and alcohol, but there are also mental health issues, poverty and social disadvantage, intergenerational and transgenerational trauma due to the devastation that was caused by white settlement and a wider prevalence of exposure to violence as a child leading to men being more likely to become perpetrators.

26. It should be noted though that a lot of the mental health issues relate to substance abuse issues, drug induced mental issues for example rather than necessarily underlying issues and our member services have also emphasised the role of alcohol and drugs in family violence. Substance abuse and mental issues seem to go hand in hand. Reducing drugs and alcohol in our community would reduce a lot of problems around family violence.

27. In terms of the type of violence we see, there is physical violence of course but there is also psychological abuse. I think that this type of abuse is worse actually. I have seen myself the damage that it can do to people. It's worse than broken bones, the scars that it leaves on people's minds.

Family violence services at our ACCHOs

28. Although we recognise that there is a need for family violence services within the communities that the ACCHOs serve, they don't all currently provide ongoing, family violence specific services. At present, VACCHO is aware of eight of our members receiving funding for Family Violence. These members include: Mallee District Aboriginal Services (**MDAS**), Gunditjmara, GEGAC, Ngwala Willumbong, Njernda Aboriginal Corporation, Rumbalaram, and Victorian Aboriginal Health Service (**VAHS**). Wathaurong gets minimal funding ($5000).

29. A few of these ACCHOs have family violence workers, for example Echuca, which has the highest incidence of family violence in the state.

30. Where an ACCHO does have the funds to provide a specific family violence service, this is because the individual centre has managed to negotiate that money for itself, and a number of those services that are funded have spoken about gaps their ability to provide support for the whole family as most have funds for a female or a male family violence worker but not both.

31. I have observed however that even where this project specific funding is received, the programs that are supported tend only to target the immediate effects of family violence. A number of our members have spoken about need for programs which break the violence cycle by working with families between 'crisis episodes', or with kids who have experienced family violence. There are examples of prevention and early intervention projects run by our ACCHOs. Koori Community Safety Grants were provided by the Victorian Department of Justice funded four projects, Njernda Aboriginal Corporation has been working to increase family engagement through sport. There is also excellent prevention work being done in the Loddon Mallee area to develop and run a project based on MDAS successful "Bumps to Babes and Beyond" program. However, there aren't many intensive Aboriginal-specific prevention programs currently operating.

32. Overall, this site specific funding approach has led to an unintentional disparity in the services that our ACCHOs provide. It's really a fragmented service offering. To their credit our members do their best to make up for the lack of resources by developing partnerships with specialist service providers (e.g. Ballarat & District Aboriginal Cooperative partners with WRISC) and referring to mainstream services available in

their local area, but many are concerned about lack of cultural safety of available mainstream services.

33. The failure to provide consistent and sufficient funding means that the family violence services that ACCHOs can and do provide are inadequate to meet the communities' needs. Not only are some communities not provided with the services that victims require, but families are also not able to access preventative and early intervention services. These preventative and early intervention programs are actually the most important part, if we truly want to get violence out of our community, keep families together and give kids the best start in life that we can.

34. For this we need education. For example, we need to run programs in our local schools that teach our young men and young women about what respectful relationships are. Already, as teenagers, we see that our young men are displaying behaviours that are disrespectful and we are seeing our young women accepting that behaviour, they think that it's normal but it's is not part of Aboriginal culture.

35. Our ACCHOs are the perfect places to put these preventative services in place. Women and families from the Aboriginal community already go to the ACCHOs, so they could similarly go to their local centre to access those services. When actually funded to provide prevention programs of this type, ACCHOs do a very good job. The initial evaluation report on projects funded by Koori Community Safety Grants demonstrates this, with projects being successfully run by MDAS, VAHS Rumbalara and LEAHA. It is because they already know and trust their local ACCHO that they are more likely to feel comfortable to seek the help and assistance that they need. In contrast, Aboriginal women tend not go to mainstream services because they are afraid that they are linked to Child Protection Services; that they risk having their kids taken away if they tell the truth about their family situation.

36. Further, as the ACCHOs are being run by Aboriginal people, they can develop a good relationship with the families that come in, which would allow them to identify those that were vulnerable to family violence and make sure that they got directed to the right services. One example of where we could have put this approach into action was via a centre that was going to become an associate VACCHO member, called the Bubup Wilam (meaning "the children's place") crèche and kinder, which is an Aboriginal child care centre in Thomastown. Although it is funded by the Commonwealth, the project was never actually fully funded, meaning that only the child care aspect became functional and not the family violence screening and

intensive case management aspect. We know that the ACCHOs can spot families that are vulnerable to family violence, and can act to implement preventative and support services when they do. However, we need trained support workers to do that, we need funding. Providing this family violence service could have made a world of difference in that program – it was definitely a missed opportunity.

37. I think that funding these kinds of services through the VACCHO network is the most effective way to really target family violence in the Aboriginal community, be they primary health care services or other services such as school based education.

The decision not to include family violence as part of the core health service offering

38. The government has never allocated funding to deal with family violence to the Aboriginal health system at a State wide level, nor has it involved the sector in discussions around the issue.

39. Back when money was made available to target family violence within Aboriginal communities there was a decision made not to incorporate additional family violence services into the Aboriginal health care service system, which included VACCHO members. This was because there were concerns about the privacy of victims and perpetrators given that the community attended the centres which was staffed by other community members. It was questioned what would happen if a victim attended a centre where her partner worked? These issues are not, however, insurmountable and should not be seen as a barrier to having a comprehensive family violence service offering at the ACCHOs.

40. At the time, I saw this as being a real missed opportunity because the ACCHOs have the existing infrastructure and organisational framework to be able to effectively deliver family violence services, and to do so in a way that is convenient and so effective for the Aboriginal community. At the end of the day, we are already dealing with family violence within the ACCHOs, so we may as well do it properly.

41. To me, family violence is a health issue, so in my opinion we should absolutely have services at all of our ACCHOs that deal with it. ACCHO workers should be trained and supported to be able to identify and respond to family violence issues. A number of our services have taken the initiative with this, for example, Aboriginal Community Elders Services (**ACES**) has made it compulsory for their staff to undertake training to address Elder abuse, annually. This sort of response to family violence should happen across the board at all services.

42. One issue that might come up if this were to occur is that there will be, in those centres which receive funding, men who do not see family violence as an issue or who use violence themselves. It is unlikely to be as much as an issue with regards to specialist funding, but in the general sense it could be. There are some men, though not the majority, who argue that it is culturally appropriate to use violence in intimate partner relationships. That is not true of course, when one looks at the devastation that it causes in the Aboriginal community it will show you that - no one could truly argue that such horror is part of our culture. We will need to deal with those attitudes though. For example, additional board and worker training is likely to be needed. Again though, this is not an insurmountable problem and should not be a reason why family violence is not funded across all of our ACCHOs.

Children affected by family violence

43. Because of the decision to largely exclude specific family violence programs and assistance from ACCHOs, children that are affected by the violence may miss out on gaining access to services which would otherwise support them.

44. In addition, not all of our centres provide maternal and child health care services, only a few in fact. This means that where children are at risk of family violence, or have suffered the effects of family violence, there is the possibility that they may fall through the cracks. This is because, even though the ACCHOs may work with local health authorities where maternal and child services are not provided, the inconvenience of this and the lack of culturally specific offerings within the mainstream health sector, mean that often women and their children end up missing out on them. This in turn removes another point where these mothers and children could have been screened for family violence and our members have identified that gaps in services for children experiencing family violence are a major problem. This includes a range of issues such as need for specialised trauma services for children and access to appropriate accommodation

45. It should not be happening that our children are falling through the cracks like this, when we know that our ACCHOs could do something about it, if they had the funding.

Jill Gallagher

Dated: 10 August 2015