



Royal Commission
into Family Violence

WITNESS STATEMENT OF ANNETTE GILLESPIE

I, Annette Kay Gillespie, Chief Executive Officer of **safe steps**, Family Violence Response Centre, in the State of Victoria, say as follows:

1. I am authorised by **safe steps** 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.
3. I make this statement in relation to the Royal Commission's consideration of homelessness, in particular. In my view, a major difficulty with family violence intervention in Victoria at present is that it is viewed within the framework of homelessness. This has implications both for the manner in which family violence service providers receive funding and for service delivery. I expand upon this position below.

Current role

4. I have been the Chief Executive Officer of **safe steps** since December 2012.
5. **safe steps** is the state wide, 24 hour, 7 days a week central family violence responder. It provides a critical pathway into the specialist family violence sector system, including into safe accommodation, for those who require it.
6. The aim of **safe steps** is to be the voice for the prevention and elimination of violence against women and children by providing an immediate response that informs, protects and connects women and children so that they are safe. **safe steps** seeks to build the voice of women and children to influence research, service provision and the wider community, to eliminate violence.
7. **safe steps** has made a submission to the Royal Commission that addresses the deficiencies that we perceive in the current family violence system, and proposes a new approach that fundamentally confronts the causes of violence, and the needs of women and children who experience family violence. Attached to this statement and

marked “AG-1” is a copy of **safe steps**’ submission to the Royal Commission, dated 19 June 2015.

Background and qualifications

8. I began working in the family violence sector as a volunteer at the Christchurch Women’s Refuge in New Zealand, now known as Aviva Family Violence Services, in the early 1990s. In those days, volunteers were trained to provide the same crisis response work as the paid staff and Coordinators.
9. The support that I provided at the Christchurch Women’s Refuge included support in working with children. I was a mother at the time and I would often take my son along to the refuge with me. I realised very quickly the different experiences of family violence had by children. The women would always say that their children did not know anything about the violence. Until you spoke to the children, you did not really know what their experience was.
10. After some time spent volunteering at Christchurch Women’s Refuge, I was offered a paid position as the Coordinator of Children and Youth Services. To further my education I went to Canterbury University to study Sociology. I graduated in 1999 and subsequently undertook a Master’s degree in Education (dist) with a certificate in Counselling at Canterbury University. I did placement work with The GOALS Centre in Christchurch, all of which was in New Zealand.
11. I was involved in the development of the first children and youth service in New Zealand, specific to family violence, which has since been adopted throughout the Women’s Refuge system across the country. I worked with adolescents; specialising with those whose mothers had been seriously injured or killed in incidents of family violence.
12. Some years later I went into management, becoming the CEO of Christchurch Women’s Refuge in 2001. I returned to University to obtain degrees in Management and Leadership, always through a lens of family violence and prevention.
13. I was a member of The Governance Board of the National Collective of the Independent Women’s Refuge Inc. for a number of years in the 1990s including a period as Board Chair. The National Collective is the peak body for women’s refuges in New Zealand and is an independent, bicultural community organisation with

support services designed to work across the breadth of different refuges available, including for indigenous women, Pacific Islanders and migrants.

14. I have been a party to the development of family violence legislation in New Zealand, including in the development of the *Domestic Violence Act 1995* and review of that Act, subsequently in the removal of section 59 of the *Crimes Act 1961*, and in anti-smacking legislation.
15. In 2005, I was CEO of Christchurch Women's Refuge (now known as AVIVA) and contracted the agency to work in partnership with NZ Police to host the first "Family Safety Teams" pilot programme, bringing together Police investigators with adult and child victim advocates for families experiencing family violence. I also contracted Christchurch Women's Refuge to work in partnership with the NZ Ministry of Social Development to pilot local initiatives associated with the Government led, "It's not OK" campaign in the South Island in 2007 and was involved in men's behavioural change programs for a number of years.
16. I was in Christchurch during the 2010/11 earthquakes. Following the September 2010 earthquake I led a response that coordinated all the social services together into a joint, family violence and natural disaster response team. Our service was one of the few that functioned in Christchurch following the earthquake. We observed that there was a 50% increase in family violence immediately following the earthquake. That increase then dropped to 30% after some time passed, however it never returned to pre-earthquake rates.
17. In 2011, family circumstances led me to move to Australia.

A comparison of the family violence sector in Victoria and New Zealand

18. I am in the somewhat unusual position of knowing the New Zealand family violence sector very well, and the sector here in Victoria quite well. I make the following observations in relation to the way that the two systems operate.
19. The New Zealand model focuses on providing a centralised response to family violence. If a woman makes contact with a refuge and she is experiencing abuse, then she will receive the assistance she requires, regardless of what that particular assistance is, what stage she is at in her journey, or how she presents at the refuge. There is no obligation on the part of the woman to convince anyone that she is entitled to receive a particular service, or to match a certain criteria. If a woman self-identifies

as experiencing family violence, then she will be eligible for refuge services. Women are assessed on a 'impacted by' basis and not a risk or a high-risk basis, and they are not turned away.

20. Women are assisted in New Zealand by reference to what they need to ensure their safety. One of those things may well be a home; however there are no particular drivers around homelessness. In 20 years of working in family violence in New Zealand, I never once had a conversation exclusively about homelessness. The conversation was only ever about, "What does this woman need to be safe? What are her options?" By having that focus, it means that whatever a woman needs, the sector will provide it for her. If a perpetrator is required to leave the home, that is because it keeps the woman safe, not because it places a roof over her head, in particular.
21. A consequence of the broad response provided to women experiencing family violence in New Zealand is that the staff development in the sector is very strong. Family violence workers are required to be able to practice in every area of the system. It is not a matter of saying, "this is drugs and alcohol, I don't do drugs and alcohol", rather, "this is a woman who needs to be safe and therefore, I need to upskill to be able to respond appropriately".
22. In Victoria, the response is very different. There are different streams of service that may or may not be available to the person experiencing family violence; namely, crisis response, refuge response and outreach response services. These streams operate discretely and women are screened by specialist organisations to determine who the organisations wish to see. I have observed that the screening process in Victoria tends to screen people out rather than in.
23. Victorian refuges impose many different criteria for entry. A woman might be prevented from accessing a refuge for many reasons, including that she is not at risk enough; she is too high a risk; she requires specialist services that are not provided; or it might be that she has been at the refuge before and has disclosed the address. **safe steps'** statistics indicate that on any given night 35% of refuge providers have available vacancies. While there may be genuine reasons why a woman's circumstances do not exactly match the circumstances of the bed that is available the gap between women needing beds and women getting access to beds is too great to adequately be explained as a 'client matching' issue. Often beds are not available

due to unwillingness by refuges to take clients at specific times or to take clients with particular high and complex service needs.

24. The development of the staff within the Victorian sector is reduced because typically a worker specialises in one area of the system e.g. crisis response, outreach or refuge services, or practices in one particular field such as mental health, drug & alcohol or homelessness. Within that field, there is only a certain level that you can get to and people tend to stay in their area of speciality. Researchers and policy drafters, who are viewed as being the experts on family violence in Victoria, tend to have limited practical experience in service delivery to women and children. This too differs from the situation in New Zealand, where the expertise is recognised as being held by those people delivering services on the ground and the majority of workers in policy and research have come from working within a 'grass roots' organisation such as a refuge.
25. One very successful initiative in New Zealand has been the Family Safety Teams (established in 2007) where NZ Police funds family violence services to employ family violence workers to work alongside NZ Police members to form an integrated specialist family violence response team that is located within NZ Police stations and focuses on complex needs and high risk families affected by family violence. A critical component of these teams is to provide a safe at home response for the most at risk women and children.
26. Finally, in New Zealand, there is a strong focus on children. I have noticed that children are almost invisible here in Victoria. A focus on children in New Zealand means that you would not remove a child from their home, where possible, because that is disruptive. Children serve as a reinforcing factor as to why women, not perpetrators, should remain in the home where they want to, or immediately be brought into safe accommodation.
27. In my experience, women experiencing family violence will almost always wish to remain in the home, because this is where their networks are. It is only if the violence has reached such a point that it has completely ruined her relationship with the environment that a woman will want to leave, and in those instances, the sector has already failed to provide adequate support. Generally speaking, the women we were assisting in New Zealand were not homeless, because the minute they identified as experiencing family violence, we were able to help them. In Victoria, the response is

much more directed towards the final stages of family violence, where accommodation has become a major concern for the woman.

28. In my view, the New Zealand model provides a more holistic and immediate response to women and children, and has a greater focus on improving their safety outcomes. Simply put, it works for women, is focused on their safety rather than their accommodation and is responsive to their needs when they are living with family violence. This is different from whether or not it reduces family violence deaths. Neither New Zealand nor Australia has found a way to prevent the violence from occurring in the first place.

The current emphasis on homelessness in the Victorian family violence sector

29. There is an existing lens in Victoria that family violence should be located within the homelessness portfolio. Funding trickles down to family violence providers, amongst others, under this umbrella of homelessness, and because of this, family violence intervention is driven towards combatting homelessness, rather than reducing violence or towards safety, education, counselling and so on.
30. Family violence providers are measured on the provision of accommodation, as opposed to any service or on ensuring the safety of women. Targets are set around the number of people in beds, and there is a great pressure from Government to ensure those targets are met. A tension arises between providing support services to women and keeping beds occupied.
31. I believe that the Victorian system is preoccupied with the question of, “are we reducing homelessness?” The issue is much bigger than that, and the outcome is not a system that women are asking for. Women want to be well supported; to stay within their communities; and to be navigated through family violence services. They want their children to be settled; to be able to stay connected to their peers and their schooling. They want the violence to stop and they want the perpetrator not to be able to access them. So women are asking for something that the system does not provide. Currently our answer is, “if you convince us that you are at enough risk, we may be able to provide you with a bed in a refuge”.

The refuge accommodation available in Victoria

32. As the only state-wide, crisis service referring women to refuge accommodation in Victoria, **safe steps** is well placed to comment upon the nature of the services that are currently available.
33. Importantly, the accommodation that is currently available in Victoria is high-security accommodation. The addresses of these facilities are kept a secret, notwithstanding that the refuges have often been operational for generations and their whereabouts is often commonly known. The women who utilise these refuges are not allowed to work or their children allowed to attend school. It is a lock away mentality, as opposed to enabling the person to continue on with their life safely.
34. Secure refuges are necessary for some women where the perpetrator is likely to try and track her down. Unfortunately for these women, the perpetrator will often go to extreme lengths to find her and generally, they will need to keep moving to remain safe. There is a role for secure beds to be offered to these women on a short-term basis.
35. However, this applies to only a very small percentage of women; it is not the norm, and secure refuges should not be offered as the first response, as it is now. The secrecy and fear surrounding refuges, once justified in view of the hostility towards refuges and staff at the time they were developed, is no longer appropriate.
36. There is a variable quality in the refuges that are currently available, both in terms of the environment at the refuge, and also in relation to the services that a woman may receive, including counselling, outreach, ongoing support, advocacy and so on.
37. There are limitations on how old children can be in refuges, and this also varies. Typically, boys above the age of 12 – 14 are ineligible to receive a bed, and often women will be deterred from using a refuge where their son is ineligible.
38. **safe steps** does not turn a woman and their children away if they meet the criteria of living with family violence. Where **safe steps** cannot refer a person to a refuge, we will usually place that person in motel accommodation and other crisis accommodation. We do not impose time limitation upon this arrangement, rather it is a question of “are they in need of a place of safety and have we found them an alternative?” If a client’s housing needs are long-term, we will explore the woman’s support networks and often advocate with the Police to get her back into her own

home. Public housing is typically not available within the timeframe that we are working with women and their children, and is therefore not a viable option for an immediate crisis response.

Improving the Victorian family violence sector

39. In my view, the most effective way to improve Victoria's family violence sector would be, firstly, to centralise the formal intake process for those seeking to access support services. This process would need to be broader than simply an over the phone intake, as not all women will be comfortable discussing family violence matters on the telephone and nor is English everyone's first language. Some women may wish to come in and speak to someone face to face, and so the process should cater for people to be able to walk in. It is important to create front door access to services, where women will not be assessed by reference to any criteria other than that they have been affected by family violence.
40. This intake centre would operate as a kind of public hub, with everything that is required on site, including temporary accommodation for women and children. A number of satellite hubs, with the same model of services, but downsized, would operate in local areas.
41. The various hubs would be linked by a state-wide, operational framework, focused on providing a continuum of care to women and children. By centralising the process you are able to make consistent the standard of services that are offered to women, and move towards an outcomes based approach. Absent this framework presently, the services that women receive can differ as they change location, which is often necessary in order to escape violence. Centralising the process would also allow for a body of information to be stored, in relation to both those accessing services and perpetrators. Women will not then be required to recount the story of their abuse each time they seek assistance and, in the case of perpetrators with a number of prior victims, information detailing previous abuse can be used as a fairly reliable predictor of future harm for the perpetrator's current partner.
42. An intensive, "wrap around" early intervention model of service should be provided to those who seek support. A full assessment of the woman's circumstances should be undertaken, and each of the woman's options outlined for her. Once she has made a decision that path should be fully resourced and commenced within the first 72 hours of her presenting, with the service provider continuing to support the woman in

the weeks and months that follow. The service providers should be family violence specialists, and different services such as counselling, housing, advocacy and outreach should all be co-located at the same premises. From this centralised point, the small percentage of women who do need to go into high security accommodation could then be referred. However only a half dozen or so of these types of facilities would need to operate across the state; not the 27 that exist at present.

43. We do not currently have any mechanism that allows women to get this level of intensive, initial support. All of the resources in the sector are directed towards the back end, towards the highest risk individuals. What we know about family violence is that, if it is not attended to in the beginning, then it escalates. The system we have now is akin to a sausage factory, pushing women towards being at the highest risk. It is only then that they will get a genuine intervention and particularly that kind of wrap around, comprehensive nature of service that is required.
44. If Victoria was to redistribute some of its resources towards the front end, towards women who can choose to stay in their homes or stay in the relationship, or if women were allowed to dip in and out of a service – so that they might come in to safe accommodation for a night, to reorientate or to review their safety plans – then we would have less women that reach that high risk, crisis status and who require urgent intervention. Instead we have a kind of “either, or” situation, where either you have reached the requisite risk level and you can come through the system, or you aren’t at risk enough and therefore we don’t have anything for you.
45. Alongside this hub system of services, there needs to be a much stronger justice response system, focusing on the protection of women and children.
46. I would also advocate that funding for the sector be allocated from a dedicated family violence funding stream, distinct from homelessness. Funding should be provided for the bulk delivery of services, and flexibly, rather than to providers for delivering a particular service, such as a number of beds. This sort of system is known as a “trusted funding relationship” in New Zealand and is similar to bulk billing by General Practitioners. It trusts that service providers are capable of identifying the kind of services that a woman needs, and allows providers to tailor their response towards achieving the best outcome for the individual concerned. This sort of funding would allow a service provider to pay the bond on a house, for instance, and thereby secure a woman’s long-term safety, rather than requiring them to expend the same resources at a temporary accommodation, short term.

A handwritten signature in cursive script, appearing to read "a. gillespie".

Annette Kay Gillespie

Dated: 10 July 2015