## TRANSCRIPT

# LEGISLATIVE COUNCIL LEGAL AND SOCIAL ISSUES COMMITTEE

### Inquiry into Homelessness in Victoria

Bairnsdale—Monday, 2 December 2019

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#### WITNESS

Ms Melanie Brown, Principal Strategic Advisor, Family Violence, Gippsland Women's Health Service.

The CHAIR: I declare the Standing Committee on Legal and Social Issues public hearing open again. Welcome, everyone. Thank you all for coming. I know I do not have to tell you all, but are your phones on silent? Thank you. Melanie, thanks. I know you have been here for part of the day, so I appreciate that. The Committee is hearing evidence in relation to our Inquiry into Homelessness in Victoria. All evidence taken at this hearing is protected by parliamentary privilege as provided by our *Constitution Act* and by our Legislative Council standing orders. Therefore the information that you provide today is protected by law; however, if you were to repeat it outside, we could not offer you that same protection. Any deliberately false or misleading information could be considered a contempt of Parliament. As you can see, it is being recorded, and we will provide you with a transcript in a few days. Ultimately the information will be up on our website. Thank you, Melanie; we really appreciate it. If you would like to make some opening remarks, and we will turn our backs to you quite soon.

#### Visual presentation.

Ms BROWN: I am Melanie Brown. I am the Principal Strategic Advisor for Family Violence in Gippsland, which is auspiced by Gippsland Women's Health. We are a regional service. Our focus is obviously working with women. We are not a direct service organisation. Our focus is around the drivers that create inequality for women across the state, nationally and obviously across Gippsland. So today I guess what I am going to focus on is Gippsland women—what do they look like?—and the impact of homelessness on Gippsland women. I am probably a little bit different. I know that you have got lots of other speakers talking specifically about homelessness in Gippsland, but from our perspective our focus and our work is on women and what creates those inequalities for them in Gippsland. So thank you. We might just go to the first slide, and feel free to turn your backs; that is perfectly fine.

The CHAIR: We might let you go through this, and then we will ask you some questions at the end.

**Ms BROWN**: Not a problem; that is fine. I am just hoping it is going to be big enough for everyone to see. Gippsland covers five local government areas, our LGAs, so Baw Baw shire, Latrobe City shire, Bass Coast shire, South Gippsland shire, Wellington shire and East Gippsland shire. We make up a very big part of the state, and each one of those LGAs has a very distinct identity with its own issues and challenges and barriers and all the things that come with that. So hopefully, as you are in Gippsland, you will start to get a bit of a picture about who we are. We are a very diverse area, with our populations living in our regional, rural and remote communities. We have one area that is actually classified officially as a remote area, which is towards the border, towards New South Wales. Gippsland spans 41 556 square kilometres and has a total population of 271 271. The gender breakdown is 138 177 women and 130 096 men, so this is a difference of 8081 more men than women. So that is us. That is who we are.

Ms MAXWELL: More women than men.

**Ms BROWN**: More women than men, yes.

According to the 2016 census there were 1805 Aboriginal women living in Gippsland, with the majority in our Latrobe shire, Wellington and East Gippsland shires. Aboriginal women have the life expectancy of 73 years, which is significantly lower than their non-Aboriginal counterparts in our area, who are living to 84 years on average. Aboriginal women are also 35 times more likely to be victims of family violence, which is a well-known statistic, and are seven times more likely to have their children removed than their non-Aboriginal counterparts; so Gippsland is quite consistent nationally with that data.

Women with a disability make up approximately 6.4 per cent of Gippsland, which is higher than the state average of 5.8 per cent. We do believe that this is under-reported because the data that is collected is about people who are accessing a very official service. It does not necessarily reflect everybody with a disability residing in Gippsland, so actual numbers are likely to be higher.

Overall Gippsland's population is ageing faster than the rest of Victoria. The cause for this is multifaceted but can be attributed to a lot of our younger people actually leaving the area, particularly once they finish secondary school, to access college, employment opportunities, move to the big city. There are obviously limitations to living in a rural area, which then means that obviously the people here are in an older age bracket. We face challenges in terms of enough employment and education opportunities for our young people. We have one university that covers Gippsland, and of course they are limited to the courses they can offer. So again, we have got a lot of our young people leaving our area.

We have an expanding multicultural community, which is fantastic. Women from diverse cultures are making Gippsland their home. They are experiencing the same vulnerabilities as all Gippsland women, but with additional ones. Some of our women are coming in with issues around their visa status, employment opportunities, language barriers, lack of access to social supports and family. Some of them are coming with just their intact family with no additional supports there, so suffering social isolation, and resulting trauma depending on where they have come from as well.

Sixty-one per cent of people supported by specialist homelessness services are women. We are just going to talk a little about women in general and homelessness. Women aged 25 to 35 are the most likely age group to be experiencing homelessness. Women over 55 years of age are the fastest growing cohort of women experiencing homelessness in Australia. Every day Australian specialist homelessness services turn away 155 women because of a lack of resources and affordable housing for women who are contacting them. Approximately 69 000 women receive assistance from specialist homelessness services. That is 63 per cent of the people supported for homelessness issues in 2016–17, so they make up a large proportion. Forty per cent of primary homeless people—sleeping rough—are women; 48 per cent of secondary homeless people—staying with family and friends—are women; and 28 per cent of tertiary homeless people—living in insecure accommodation—are women. Women are more likely to fit the description of invisible homelessness, because they are staying with friends, they are staying in their cars, they are staying in hotels or taking some very unsafe options to find accommodation for themselves and a lot of times their children as well.

Family violence is the leading reason women become homeless in Australia, with 40 per cent of female clients raising it as the main reason for seeking homelessness assistance. So family violence is a significant concern. One in two women who approach services with homelessness issues are facing family violence right then. Due to threats for the safety of themselves and children, women are more likely to leave their family home seeking safety. Some women are more likely to experience homelessness than others: Aboriginal and Torres Strait Islander women, women with a disability, women who are culturally and linguistically diverse and women with a mental illness. So while women are vulnerable in general, there are other complicating factors that make them more vulnerable.

There has been no increase in housing supports and options in response to the long-term demand which was identified in the Royal Commission into Family Violence nor the resulting impact of the increased demand on services due to women and children actively seeking safety. So we have a situation where the service and our supports are saying, 'Leave, seek safety', and we have insufficient supports to offer them, which is then leaving them at risk of being in insecure, unsafe accommodation or returning back to situations of violence.

Six thousand two hundred and twenty people across Gippsland presented to a specialist homelessness service from 2015–16, 38 per cent of which were homeless and 62 per cent at risk of homelessness. Latrobe had the highest rates of homelessness in Gippsland, with the census showing that there were 226 people identified as homeless in Latrobe, which was up from 2011.

Women in rural and remote areas have less access to assistance from services, family, friends and police, placing them more at risk of homelessness or insecure housing. Because we do not have the options for them, they are left trying to find other solutions for themselves, placing them more at risk, or again choosing to stay in situations that are a risk to themselves and their children. There are insufficient affordable housing options for people in Gippsland in general. There are insufficient social housing options for the number of people needing to access these supports. There are a number of systems and processes that make accessing some housing options a challenge for women and children in crisis situations, so by the time they meet the criteria for that there is a period of time that has passed. We are talking about women and children who need to be placed right here and right now. Financial supports like rent assistance and Newstart are not sufficient for women and

children to access a lot of housing support options and to be secure in their housing options—and stay in their local areas. For a lot of women to get secure housing they are having to leave their communities, their friends, their work—and there is still no guarantee that that housing will be secure either. Private rental is often out of their reach if they are receiving pensions and benefits as well.

Crisis accommodation options are not sufficient for the needs of the community, and that has been so for quite a long time. That is for our youth as well. So our young women are often at risk trying to find accommodation, particularly if they are not adults or they do not have a rental history or they still trying to transition through education or work. So again there is another vulnerability for our young women. Secure housing options in rural and remote areas are also very difficult to find. So if you are living in Club Terrace up near Orbost—that is where your community is, that is where your family is—you are going to find it incredibly hard to find accommodation that lets you stay close to where you connect to.

I am just going to go a bit through inequality for women and homelessness. These are Australian stats. In Australia women's superannuation balances at retirement are 47 per cent lower than men's, so from the start they are behind the eight ball in terms of financial security, and I guess when you look at the risks to women over 55 and homelessness, that connects quite closely. In 2015–16 Australian women were reaching retirement with an average \$130 660 less superannuation than the average male. As a result women are more likely to experience poverty in their retirement years and be far more reliant on the age pension. As we know, there are challenges to existing on that as well. Australia's current gender difference in pay for full-time work is 15.3 per cent. Women earn on average \$253.70 a week less than men. Employees in female-dominated industries, such as health care and social assistance, are paid significantly less than employees in male-dominated industries. Remember again in rural areas like Gippsland we do not have the breadth of employment that metros have. There might be one area that they are skilled or able to have employment in, which reduces their options to be able to move to other places that might be able to pay them more and reflect the quality of their work. Women are more likely to be in casual employment than men—25.5 per cent of all female employees in Australia are casual compared to 19.7 per cent of male employees—so Victorian women are over-represented as part-time workers in low-paid industries and insecure work and continue to be under-represented in leadership roles in the private and public sectors. Again, when you look at those opportunities in rural areas, they are impacted, because we do not have as many options.

Women spend 64.4 per cent of their average weekly working time on unpaid care compared to 36.1 per cent for men. Raising children accounts for a 17 per cent loss of lifetime wages for women. When you look at the stats for women being part-time employees, that is the connection—they are often carers—and for many different reasons part-time employment is what is available to them or suits their circumstances but obviously at a cost to their financial security in later years.

For migrant and refugee women, women with disabilities and LGBTI women, gender-based discrimination is intensified and inequality is compounded by racism, ableism, homophobia and transphobia. For instance, for migrant and refugee women underemployment is much higher. If there are language barriers and you are new to an area, your skill set might not translate into this country. You might be a highly skilled professional back in the country you have come from, but you come here and you are not able to get employment. All these things put more barriers and more isolation around our women—and that is assuming you have been allowed to work as well. Women with disabilities and men with disabilities have different economic opportunities, with disabled women less likely to be in the paid workforce than disabled men. According to the Victorian Royal Commission into Family Violence, LGBTI people experiencing family violence are regularly rendered invisible.

I am just going to talk a little about family violence. As we have mentioned before, family violence is one of the reasons why we have women accessing homelessness supports or at risk of homelessness. Gippsland has some of the highest incidence of family violence in the state. Gippsland LGAs are listed as one, two, six, 25, 29 and 30—and this is out of 79 LGAs across—

The CHAIR: So you have got first and second?

Ms BROWN: Yes, we do; all of our LGAs are in the top 30. The last crime statistics show that there is an increase in reported incidents, and we will show those in a little bit. Rurality is a risk factor for women and

children experiencing family violence. Yes, all those other factors exist, and when you add in rurality you add in an extra risk factor to women.

There are insufficient safe housing options for women and children experiencing family violence in Gippsland. This places women and children at ongoing risk from either choosing to remain in the violent home or unsafe housing options or, again, ending up in a system where they are waiting, waiting, waiting for some form of secure housing, which again may mean or result in them leaving their local communities. We know the impact on women and children of that. Women and children are often faced with having to leave their local communities to access housing, which of course means leaving schools, child care, supports, possibly work. Rural women leaving family violence are often leaving their source of income, particularly for rural women who live on farms. There are pieces of work happening around the impact for women who live on farms, because that is their sole income. They are also not necessarily identified as being a key income earner on the farm, because people tend to identify with a male farmer rather than a female farmer. I am sorry, they are a little bit small, but they are our local stats for family violence. As you can see, our numbers are quite high. I am happy to send those through so they are a little bit easier to read.

The CHAIR: Thank you.

**Ms BROWN**: I might just flick to the next one, if you do not mind. This is just showing the increases between last reporting period and this one; as you can see, all our areas have—some of them quite significantly—grown. East Gippsland and Wellington had a significant jump in reporting. Latrobe consistently remains very high.

'Ending homelessness', that was one of the questions, what would we do? Ending homelessness in general requires a significant financial investment by Victoria not only in housing options but in housing supports, and these need to be crisis and early intervention, and also financial investment in people's ability to secure stable housing without the need for housing supports on an ongoing basis, so adequate rental assistance, adequate pensions and benefits, and payments to allow them to be more independent and secure their housing. Housing stock needs to be safe and meet a minimum standard. We need investment in the main support structures that link with homelessness—so our mental health services, our family services, drug and alcohol and youth services, because we know all those things connect together very, very closely.

Taking into account all of those things, funding for housing stock and support services needs to go through a rural and remote lens. One of the biggest battles that we have is we get buckets of money that are generated around metro areas, and they do not fit down here. They allow for a little bit of service but not enough to cover the need or the demands of what we are doing, the distance that we travel. We have workers travelling 4 hours to service one client, and services are then funded for maybe one or two days a week. So there needs to be some consideration about the impact of that funding and putting that rural and remote lens across what we do. Generic approaches do not work. We are quite creative down here, and we do try and work as much as we can with the limited resources, but that is something that we are talking about across areas, that rural and remote lens.

'Ending homelessness for women and women in Gippsland'—again we talked about financial investment in housing stock and support services; removal of red tape that often can make it quite difficult for women and children to access secure housing and ongoing accommodation; acknowledgement of the challenges for rural and remote women and investing in those support structures, again with that rural and remote lens; and taking the learnings from the Royal Commission into Family Violence and resulting recommendations, and connecting them to the work that is happening in things like the homelessness Inquiry. It has been established that homelessness for women and children is directly linked to family violence. We are telling women to leave all the time—that is the work that we do—and, 'Get safe, get safe'.

The CHAIR: But not giving them a place to go.

Ms BROWN: Not giving them a safe place to go—not giving them a place that is safe and secure for their children. Or the options that we offer may have so much loss attached, to their connection to their community and their family and their work, that it is not surprising that a lot of women are choosing to stay in situations of

risk. We do risk going back to the days we are not that far past, of them having no confidence in the system that we deliver.

I think that is the last one. So thank you; that is my great big list of data.

**The CHAIR**: Fantastic, Melanie. Thank you. That was very thorough. I might just start. You just mentioned red tape and reducing red tape. I was just wondering if you can expand a little bit on that.

Ms BROWN: Yes, not a problem. Government departments, getting access to payments, processes and systems that are set up and are there to support women, but the process of getting through all of that—that red tape that creates delays—creates stress. What we know for women experiencing family violence is that the more barriers you put in front of them, the more likely they are to return to an at-risk situation. So we need to make that first reach out to securing housing much more seamless for them—so lots of work in the background but that not then flowing on to the women that are accessing the service.

**Ms LOVELL**: Is the red tape something the women have to work through, or something the services have to work through?

Ms BROWN: Both.

**The CHAIR**: So it is retelling that story, time and time again?

**Ms BROWN**: Retelling that story, multiple filling out of forms, navigating what is required in terms of information to get from this stage to that stage. A lot of the work through the Royal Commission into Family Violence was around reducing that; what we need to see is that flow-on to services that support housing.

**Ms LOVELL**: There was a program trialled down here called Services Connect. It was led by Gippsland Lakes. It was supposed to reduce a lot of that red tape and reduce the need for stories to be retold. That was piloted down here. I am not sure where it has ended up now. Was that successful—was it assisting? And has it reverted to being more difficult if that is no longer in place?

Ms BROWN: No, my understanding is it was very successful, and a lot of the learnings—and Chris can probably back me up—have actually been embedded into that organisation. A lot of the work that that organisation does have been around trying to create as seamless as possible a transition through services. Luckily for them they are a bit of a hub, so that makes that a little bit easier. It would be nice to see that cross more areas.

Ms LOVELL: Services Connect across more?

**Ms BROWN**: So there were lots of learnings from that process—again, just consistency. The learnings and the positive outcomes for women in Bairnsdale are not just for Bairnsdale; we had those across the service sector.

**Ms LOVELL**: So you are saying if that was expanded, that would be helpful to the sector.

**Ms BROWN**: Approaches like that, yes, absolutely.

Ms LOVELL: Yes, great. Good news.

Ms BROWN: And the purpose of Orange Door is to do that as well.

**Mr BARTON**: Red tape is one of the things that we have talked about, and before I came to this Committee I was dealing with some organisations and the red tape. What has been floated is a commissioner for homelessness. That has got mixed results. But if we can have a commissioner who could focus—where everybody comes to a central point and then goes into government that way—do you see any value in that?

**Ms BROWN**: I certainly see potential in that. I guess because I come from the recommendations for the family violence industry and I am seeing all that work happening around streamlining processes, having them

working collaboratively together, reducing that impact on clients coming through that system, creating a really robust communication between services—yes, absolutely. I think all that has great potential for really good outcomes.

**Mr BARTON**: This sounds awful, because everyone is doing a fantastic job, but there are organisations, I believe, where there is crossover and we are probably doing things not as well as we could. Do you think that funding ends up where it should be going—to helping people? Do you think that is a major issue or is that a little issue or not an issue?

**Ms BROWN**: I agree. I think people are doing a great job with minimal funding. I think you would need to review the dynamics of all of that. I would not know enough of—

Mr BARTON: The crossover.

**Ms BROWN**: Yes. There are different programs in different areas with different dynamics. Going from the recommendations of the royal commission, like I said, there has been a lot of work around making sure that programs and systems are collaborative. So there are lots of learnings that obviously could be picked up from other areas to take—

Mr BARTON: We could possibly do a bit better.

**Ms BROWN**: Yes, absolutely. And it is about better outcomes. It is about figuring out how we grow and develop to make sure that we are meeting the needs of the clients. Sitting there is a wealth of information and learning.

**Mr BARTON**: Of course. Is the spike that you are experiencing down here being driven by drugs and alcohol?

Ms BROWN: Not necessarily. I think a lot of it is due to accurate reporting now.

**Mr BARTON**: So there was a lot of stuff going on that was not being reported.

Ms BROWN: In lots of different levels. I think there were inconsistent processes, people not having the confidence to report—a lot has come out since the royal commission about raising women's confidence to actually speak out—and people understanding the many intricacies of family violence that sit outside of physical violence, so being able to identify it much more readily. In terms of numbers, I think our numbers have always been very, very high. What we are getting now is accurate reporting. Police have put a significant investment in on working with their staff, with the community, to get that reporting accurate.

**Ms VAGHELA**: You mentioned that out of 79 LGAs, the local government authorities, some of the highest reported family violence incidence were in Gippsland—number one, number two, number six and a few other numbers as well. Which one is the number one?

Ms BROWN: Number one is Latrobe.

Ms VAGHELA: And number two?

Ms BROWN: Number two is East Gippsland. Number three is Wellington.

**Ms VAGHELA**: Okay, do these LGAs also have the highest rate of homelessness, because you are saying that there is a correlation between family violence and homelessness? If we do the rating of the homelessness, would number one for family violence, which you quoted, also be number one in terms of homelessness?

**Ms BROWN**: So rates for Latrobe were high and have been for quite some time. In terms of Wellington and East Gippsland, there are very limited services to support women experiencing family violence and possible homelessness, so yes, I think there is a very high risk. The exact numbers I could not give you—my apologies.

Ms MAXWELL: Women needing to move out of the family home—obviously I understand for safety measures, but why is it that we need to move women out of the home, often with small children? Experiencing

family violence is one thing for the impact on the children, but then we are moving them out of the family home as well. Is there a way, or has it been tried, that we actually move the perpetrator out of the family home while still being able to maintain that woman and family's safety? Because we hear that time and time again: 'The woman has to go to the refuge, the woman has to seek salvage somewhere else'.

Ms BROWN: Yes, so a lot of women are actually fleeing for safety; it is a crisis situation. So there is not that ability to negotiate who is going to be staying in the home and who is going to care for the children; these are imminent risk and lethality issues. They are generally women saying, 'I need to have secure, safe housing'. For some of these women they need to access the refuge system because their location needs to be actually withheld to increase safety for themselves and their children. There are some women who cannot, for safety reasons, remain in the family home. There is limited housing for men, so if you were even to get the perpetrator out of the home, where are they going to go as well? It has a flow-on effect. And then again, you have got women saying, 'Well, if you've got nowhere to go, you can come back into the home'. It is that catch 22 situation. Do I think it is sometimes easier for the woman to leave? Yes, because again there are limited services and options for men as well, whereas we do know we have some more options for women, but still insufficient for the demand.

**Ms MAXWELL**: Just one more: you talked about the systems approach. Speaking with other women's services, they have said to me, Melanie, that a lot goes on administration, so there is time and money that goes to administration as opposed to being able to do that direct service support. Would you say that is something that you experience here, too?

**Ms BROWN**: As I said, we do not provide a direct service, but my feeling would be yes, and I think that then goes back to how services are funded to provide that service and to be able to deliver more face-to-face, hands-on support. Yes.

The CHAIR: Chris, can I just bring you in for a minute, because you were just going to answer—

Ms McNAMARA: I was going to interrupt.

The CHAIR: You were going to interrupt, so you are now invited to.

**Ms McNAMARA**: Thank you. You were talking about Services Connect, Wendy. What it actually morphed into after the funding ceased for Services Connect was a collective impact approach, so there were a range of services—many, many services. I actually went to the first meeting to explain about a collective impact, and there would have been 50 services in the room.

The CHAIR: Wow.

**Ms McNAMARA**: We met in Stratford at that time, and we continued to meet as a group and identify projects that we could work on as a group and collectively, recognising that the more we worked together, the better outcomes we were going to get.

**Ms LOVELL**: Just for the rest of the Committee, Services Connect was a thing that Mary and I implemented and trialled. It was basically triaging, so instead of people having 17 caseworkers, as it was at the time, they had one caseworker who they reported to and they coordinated all of the services behind so that they were not retelling their story all the time. Chris, was it successful here locally?

Ms McNAMARA: Look, I think it was very successful. I actually come from a mental health background, and I have had experience with the Partners in Recovery program, which is a similar sort of program. It is a federal program through the primary health networks, and there is a paid service coordinator who is not a provider and who draws all of those services together. I love the model so much because there are accountabilities for the agencies. The person who is in the centre of all processes is the one who can actually speak up, and they become empowered by that whole experience and can say what it is that they really need. So I think that was the only failing—that the service coordinator came from one of the agencies that was providing service—but of course there were not the funds in it to do as the PHN has.

**Ms LOVELL**: Because we had it as a trial, and then it was evaluated and the new government did not extend the funding.

Ms McNAMARA: Yes. Look, it certainly worked very well, I thought.

The CHAIR: Thank you, and thanks, Wendy, for elaborating on that. I think we have certainly looked at the Orange Door program as trying to kind of meet that need in the family violence area, but we are still hearing this about homelessness as well—that someone who is homeless quite often has a whole range of needs, or they just need a champion to help them traverse and not spiral. So are there any other programs that you have seen that you think we should as a Committee consider or look at—probably straight to Melanie, because I think we have got a bit of time with you, Chris. Is there anything that you have seen in your work?

Ms BROWN: Not directly in homelessness. That is not my background, so I will let Chris take that one.

The CHAIR: But in that intersection between housing and family violence.

Ms BROWN: Yes, because the issue is that we have people experiencing homelessness that are not going to connect to family violence services. They will not necessarily touch family violence. So there needs to be something that creates that connection, that collaborative work, that support structure, around women and people experiencing homelessness. That is that approach that Orange Door is taking around: there is no wrong door, that broader support. That is the benefit of Orange Door; we know, for women experiencing violence, they will judge you as to how they think you will respond. With Orange Door they walk in knowing they are already believed, so that is one barrier that they have already crossed. So there is that sense of trust and safety and security in that because, 'I don't need to make you believe me first', and I think that is something that needs to be considered when you take an approach for things like homelessness as well—that sense of trust and security and stability in a program. What that program is I am not sure, but again I think there are certainly lots of learnings with what is happening with family violence, too, and then those two systems very much working collaboratively together.

**Ms VAGHELA**: You mentioned that women from multicultural backgrounds are more vulnerable than other women for various reasons. Are these the newly arrived women or have they been here for a while in this area? What sort of communities in terms of multicultural communities?

**Ms BROWN**: It can be both. It is individual circumstances. Of course if you are newly arrived, your social isolation is going to be quite high because you are new to an area. There could be language barriers as well. Depending on where you have come from, there may or may not be more families of similar circumstances or you might be the first one, so there are lots of things that roll from that. In terms of family violence, we have had women in this country for quite some time that are still socially isolated, because they are the dynamics of family violence—to isolate and control, to remove them from anything that might be a support or a safety to them. It is about allowing them to learn a language that might help them seek supports. So it could be a wide range of those things.

**Ms VAGHELA**: Any particular backgrounds or any particular country?

**Ms BROWN**: No, I think we are starting to experience lots of different cultures, which is great, which is fantastic. Obviously as a region we are needing to make sure that our support structures take into account the varying cultures as well.

The CHAIR: I am going to bring Chris in in a minute, but do you have any more questions for Melanie?

**Ms LOVELL**: Yes. Melanie, I was just going to ask how close your closest secure refuge is. You talked about the fact that you cannot always keep the women and children in their home because people break intervention orders and people take people back, but if you are having to remove someone from a home here, where is your closest secure refuge?

The CHAIR: It is a secret.

Ms BROWN: That is the question—disclosed or undisclosed.

**Ms LOVELL**: No, well, the actual address is a secret. But how far away is it from here?

**Ms BROWN**: We have two active ones in Gippsland, so depending on where you are, as to the length of travel, for some people it is not very far at all. But then again you have got to consider what are the safety—?

Ms LOVELL: For Bairnsdale, though?

**Ms BROWN**: Quite close. So there is an option here, but again, depending on your level of risk, as to whether or not this is a viable option for you or whether they need to be considering another refuge for that—

The CHAIR: Just following on from that a little bit, is there an issue of privacy in regional areas?

Ms BROWN: Yes, real and perceived. A lot of services will talk to you about that perception—that everyone feels like everyone knows your business. So, for example, we were talking to a woman in one of our smaller towns experiencing quite significant family violence. She did not drive. They were on a bit of a rural property, so she would have had to get herself into town. The bus to leave took off from the front of the general store, and she would have to stand there and wait for the bus to arrive in the middle of town. She was injured at the time. So yes, privacy is a significant issue. For some cultures too, and our Indigenous population, when they come into their organisations sometimes there are family and friends that go with that as well. It is the nature of living in rural areas—people know your business—and, again, another barrier that our women have to tackle before accessing services and supports as well.

**The CHAIR**: Thank you, Melanie. It has been great, I think, the insights that we are getting about the differences—differences and similarities, but the real differences—and I think that is something that we do need to consider about services that are fit for purpose—

Ms BROWN: Yes.

The CHAIR: and fit for community.

Ms BROWN: Yes, absolutely.

**The CHAIR**: Thank you. We might shift over to Chris. Thank you so much, Melanie. You will get a copy of the transcript.

Witness withdrew.