

# TRANSCRIPT

## LEGISLATIVE COUNCIL LEGAL AND SOCIAL ISSUES COMMITTEE

### Inquiry into Homelessness in Victoria

Morwell—Tuesday, 3 December 2019

#### MEMBERS

Ms Fiona Patten—Chair

Dr Tien Kieu—Deputy Chair

Ms Jane Garrett

Ms Wendy Lovell

Ms Tania Maxwell

Mr Craig Ondarchie

Dr Samantha Ratnam

Ms Kaushaliya Vaghela

#### PARTICIPATING MEMBERS

Ms Melina Bath

Mr Rodney Barton

Ms Georgie Crozier

Dr Catherine Cumming

Mr Enver Erdogan

Mr Stuart Grimley

Mr David Limbrick

Mr Edward O'Donohue

Mr Tim Quilty

**WITNESSES**

The Orange Door:

Ms Amelia Vincent, Advanced Family Violence Practice Leader, and

Ms Alicia Hudson, Risk Assessment Management Panel Coordinator, Quantum Support Services;

Ms Emma Dobson, Project Coordinator, Anglicare Victoria; and

Ms Teresa Watt, Team Leader, Latrobe Community Health Service.

**The CHAIR:** Thank you all for coming out today and taking the time to see us. As you know, this is the Inquiry into Homelessness in Victoria and we are the Legal and Social Issues Committee. Just a little bit of information about this—the evidence you are giving today is being recorded by Hansard. It is protected by parliamentary privilege, so everything that you say here in this room is protected, but if you were to repeat any of those comments outside, they may not receive the same protection. Also, any deliberately false evidence or misleading of the Committee could be considered a contempt of Parliament. As I say, this is being recorded. You will be given the transcript in a few days to look over and make sure that we have recorded you correctly. Ultimately that information will be part of our report and part of our Inquiry process, and it will also be up on our website. I welcome you to introduce yourselves and provide some opening remarks, and then the Committee will ask some questions.

**Ms VINCENT:** I am Amelia. I am the Advanced Family Violence Practice Leader at the Orange Door. I am employed by Quantum Support Services. We are one of the partners within the Orange Door for family violence.

**Ms DOBSON:** My name is Emma Dobson, and I am employed by Anglicare Victoria. I have recently been in a Team Leader role within the Orange Door. I am probably looking more at the child wellbeing space within the Orange Door.

**Ms WATT:** My name is Tess Watt, and I work for Latrobe Community Health Service. I work in men's perpetrator services out at the Orange Door as a Team Leader there.

**Ms HUDSON:** My name is Alicia Hudson. I am the RAMP Coordinator for Inner Gippsland.

**The CHAIR:** Sorry, can you—RAMP?

**Ms HUDSON:** The RAMP Coordinator. It is a risk-assessment management panel. So I am the Coordinator that coordinates meetings that are held monthly in regard to women and children that are at risk of serious harm or death, and we sit amongst a panel, monthly, to try and see what sort of action and safety planning we can put around these women and children to keep them safe. I am employed by Quantum, but I also sit and work from the Orange Door.

**The CHAIR:** Great, thank you. Would you like to talk a little bit more about the work that you are doing or some of the issues that you see that the Committee should be considering?

**Ms VINCENT:** I am speaking on behalf of the women that come through the Orange Door. We see, obviously, a limited number of housing options for women and children that come through. It is really hard to address their other presenting issues, such as mental health, disability and all those kinds of things, when there are no stable housing options for them.

**Ms DOBSON:** I guess it is similar from that child wellbeing perspective. Being a Team Leader with Anglicare, we make referrals to what we call the Inner Gippsland Family Services Alliance, which has a suite of services from various different agencies—Quantum being one of those, Wanjana Lidj, West Gippsland Healthcare Group, Berry Street. There are a number of service providers in there. But again those are the same types of issues that we are seeing in terms of the lack of stability that provides for young children, and the flow-on effect that that then has. If we have not got that stable accommodation, trying to address those other

issues around mental health, drug and alcohol issues or even school attendance—it is very difficult to get young people engaged in a school if there is no stable place for them to be residing and you have got a family that is essentially couch surfing. Then being able to even source that housing is incredibly difficult.

**The CHAIR:** Yes. Can I just ask—sorry.

**Ms DOBSON:** I could see you looking—

**The CHAIR:** Also acronyms in this space—we do not have the 500-page dictionary of acronyms that are in this space! But given we are hearing about the absolute lack of emergency and crisis housing, what do you do when you have a woman who is at significant risk? What do you do? Are there motels you can put that family in?

**Ms HUDSON:** Well, in some situations that is getting quite scarce as well, the availability of accommodation. We had that just the other day. We could not get anything in Traralgon; there were no Traralgon hotels available. The closest we could get was Warragul. Sometimes that is just not feasible for the woman, if she has got children who have got schools and things like that.

**The CHAIR:** That is right. So what happened?

**Ms HUDSON:** The woman ended up going home. She went back home, which is then in turn ultimately putting her at risk. We have our refuge, but that is getting filled up. Then to get the women out of the refuge is quite hard, because there is just no accommodation. There is no affordable, available accommodation that we are finding.

**Mr BARTON:** Can I just clear that up—are you being refused access, or is it funding?

**Ms HUDSON:** It is just limited—the limited amount of properties and things like that.

**Mr BARTON:** Yes. In terms of hotels, I mean—emergency ones.

**Ms HUDSON:** Well, motels, and I think funding as well.

**Mr BARTON:** Yes, that has got to be a consideration.

**Ms HUDSON:** Consider a woman with three children. A motel is not the best space.

**Mr BARTON:** No, it is not ideal. How long would they normally be in there when you have pulled them out of a dangerous situation and put them into a motel? How long do you try and—

**Ms HUDSON:** That is the Orange Door.

**Ms VINCENT:** Yes. Sometimes it is two to three weeks, depending on where they are going. It is ‘how long is a piece of string?’—one of those sorts of situations, yes.

**Dr KIEU:** Back to the situation you mentioned just now. If a woman with her children, two or three of them, had to leave home but could not find accommodation and came back to maybe a very abusive and very bad situation, is there an option for the partner, being a smaller number—one—to move out and they stay in there?

**Ms HUDSON:** That is the hoping! The hoping is that in regard to that situation there is a full IVO put into place that will then remove him from the property. But for some women that is not even a choice. To actually put a full IVO into place could actually be putting them more at risk. So it is an individual thing. You have just got continuous barriers, and for a woman that is suffering trauma anything can seem quite difficult that to us is basic—you have just got to get out. Sometimes it is not a possibility at that time. So we try and in turn keep them safe in their own homes.

**Ms LOVELL:** But is there anywhere to send the perpetrator then? You can take out the IVO and remove him from the home, but is there anywhere to send him?

**The CHAIR:** Where does he go?

**Ms HUDSON:** Well, it depends. Tess could probably speak to that.

**Ms LOVELL:** So she ends up taking him home and back into the house because he is out on the street.

**Ms HUDSON:** Or he breaches and then he is remanded, and then he is released and he has got nowhere to go.

**Ms WATT:** He also uses that homelessness as a tool of control as well towards his partner, so ‘You made me homeless, and now I’ve got nowhere to live; it’s cold, it’s winter’—you name it—and he will then use that in order to be able to find his way back into the home or set up the honeymoon period again, where he can go back in and have access to be able to perpetrate his violent behaviour continuously. One of the roles that we serve at men’s perpetrator services is we want to help encourage these guys to change their behaviours and maybe become a little bit more aware of where those behaviours are coming from. It is really hard to do that if they are just thinking about ‘She kicked me out. I’ve got nowhere to live. I hate her, I hate her, I hate her. I’m going to get back to her. I’m going to issue revenge’. We know that homelessness is a very high-risk factor for perpetrating behaviours as well. With the royal commission that came out, we have sort of moved a little bit about placing the responsibility for risk and safety on the AFM and putting it back on the perpetrator. Not having housing to be able to place the perpetrator in is inconsistent with that.

**Ms LOVELL:** Yes, absolutely.

**Ms VAGHELA:** Tess, let us say you were Minister for Housing or Premier for a day, what are the first three things you would do to address the issue of homelessness or housing?

**Ms WATT:** So specifically for men’s perpetrator services, before I was in this role I was working in alcohol and drugs, and there are supported recovery houses there for people that are trying to move through behaviour changes for alcohol and drugs. That could be something that we could also offer men that have perpetrating behaviours, in order to be able to offer them somewhere that has some stability, to be able to change. So that would be one of the things I would do.

**The CHAIR:** What do those facilities look like? Is it share house accommodation?

**Ms WATT:** No. They are public housing places that are put aside specifically for people that are trying to live through the stages of change for alcohol and drugs. So they have got to be engaged in services. It is short-term accommodation—say, three to 12 months. What is really essential to the part of that accommodation is they then get direct access to a housing worker to be able to work out the long-term accommodation thing. So perpetrators quite often also have had their partners do everything for them. They would not know how to pay a bill; they would not know how to apply for housing. They are completely vulnerable in that way. So having access to the housing worker support person would also help with that as well.

Another thing I would do is have a space for men to be able to go in that crisis interim period—not necessarily a hotel, because I am not sure if that would be appropriate, but something put aside for men that are in that position and are willing to look at their perpetrating behaviours and say, ‘Okay, I’ve come to the end of the line; this is not working. I’m just hurting the people I say I love, and what’s the next step?’. So maybe crisis accommodation for that, and I think there is some precedent for it.

**The CHAIR:** And that would keep women probably—

**Ms WATT:** Yes, because that is what we want to do. We want to do this to stabilise the men so they are less likely to harm the women and children involved—so the crisis accommodation, the interim support in order to be able to start accessing the services and then have access to the long-term accommodation. Another thing I would do is probably just increase the public housing stock, and I think you are probably going to hear that over and over and over and over again.

**Ms LOVELL:** We are hearing it everywhere.

**The CHAIR:** Build more houses.

**Ms WATT:** Yes, there is no new news—particularly out in the valley.

**Ms MAXWELL:** Tess, my question is also for you. Where do most of your referrals come from for the men's behaviour change programs? Is it mostly from the police? Do you have lengthy waiting periods?

**Ms WATT:** We get referrals from all sorts of places. We do get the L17s from police, which are direct referrals. Our uptake of those is quite low. If you are talking about the sheer volume, yes, it is from the police. If you are talking about uptake of service, then that is more through CP, child wellbeing. Through the courts is another one. So you will get a high uptake in those spaces as well. I am not saying that we do not get any uptake with the L17s and police referrals, because we do.

**Ms MAXWELL:** And do you have a waiting list in general for them go into a program?

**Ms WATT:** Yes. The waiting list is not necessarily at the Orange Door; it is what happens after they see us—so out at LCHS, not so much the Salvation Army. But there is a significant waiting period at the moment. For a comprehensive assessment, at the moment I think it is two months.

**Ms MAXWELL:** And so that contributes to women having to be out of the home. This is what I am looking at specifically—those earlier interventions and the causes of the homelessness. It seems, we keep hearing, family violence is predominantly—

**Ms DOBSON:** By that stage too you have got a situation where two months waiting, that honeymoon period has happened again and the cycle continues yet again—you know, he is back in the home.

**Ms WATT:** Also, there is limited access to private rental as well. In a family violence family there is quite often damage and they have been evicted, so they therefore then also get placed on the blacklist, which is really difficult, particularly for the people affected by family violence. So it is just this ongoing thing.

**The CHAIR:** Is there a solution to that?

**Ms WATT:** Maybe a little bit more education, so workers being aware that once that is paid off through the real estate agent it therefore disappears by law—has to go away. However, sometimes we are talking about thousands of dollars. If a single parent with five children or something like that has got to pay off \$10 000—the perpetrator has put her head through a wall or something, repeatedly—then where does she come up with that? She is not going to be able to pay that back at 10 bucks a week. It is not public housing.

**Ms BATH:** I have got quite a few questions, so I will just start with a sort of a basic one. We were talking about homelessness and homeless vulnerability, home stress. Have you got data on how many people would be referred to you collectively that would be under those circumstances? Would we be talking that 90 per cent of the people that come through the Orange Door would be under home stress or homeless? Is there some data that you would have in relation to that or is there something that needs to be done?

**Ms VINCENT:** Because the Orange Door is fairly new—we were talking to Carmel about this yesterday. We believe it is about—what did we say?

**Ms HUDSON:** A thousand per month come in through the Orange Door, so collectively how many is actually of the homelessness? We do not have that figure.

**Ms VINCENT:** But we would say a significant amount of those do not have secure housing.

**Ms BATH:** In a way, if I can be on your side, it does not matter. You have got to deal with the problem that is there. But it would just be useful, I think, to understand that layering as to why they are there terms of homelessness. So that is a question: is it something that would be useful for you to know that?

The other one that I had related to intake workers. If I can say, I have heard from a variety of sources that referrals are made but then it is getting that access through intake workers to feed people out to the required services and channels. Is that something that you could make a comment on?

**Ms DOBSON:** Do you mean in terms of the difficulty and the demand that comes through the door?

**Ms BATH:** Yes.

**Ms DOBSON:** Absolutely. We always have wait lists for access to service, and again that comes down to a lot of times being able to engage with families and being able to, I guess, get in contact with them. Again it comes down to transience as well. If they do not have a fixed address and you are trying to go out and do home visits, you cannot necessarily locate them, so that impacts then on the time that you are not able to effectively move them through quite quickly to the system and get them into service if you are spending quite considerable time trying to locate them and trying to engage them.

**Ms BATH:** And your case loads are building up.

**Ms DOBSON:** Absolutely—that is right. The referrals continue coming through the door.

**Ms WATT:** Yes, the L17s keep coming.

**Ms DOBSON:** That is right, yes.

**Ms BATH:** If I can, I have heard, speaking with Quantum in the past—it might be Amelia or Alicia—in relation to some positive things, really good initiatives, that have been done. I think it is called ‘transitional support’—have I got that right?—where maybe young people are needing to move out of home. They have been in foster care situations, and they are getting to that age where they need to move. But they do not have any credibility in the rental market of having been a good tenant. I think there are some really good initiatives Quantum has done in the past. Is that something you could comment on?

**The CHAIR:** We are hearing from them next.

**Ms VINCENT:** Yes, so Naomi is speaking next about those specific programs—

**Ms BATH:** That is fine.

**Ms VINCENT:** The program that I work for, because I am a Family Violence Practice Leader, we would refer to those programs. But they do some great work, like you said. They are speaking later.

**Ms BATH:** That is fine.

**Ms VAGHELA:** I have got the information over here that since the doors were opened you have assisted more than 5000 Gippsland residents. Is that correct information? About 5000 residents you have helped who have come in through the door?

**Ms WATT:** Yes, I think so.

**Ms VINCENT:** I think it would be probably a bit more.

**Ms WATT:** Maybe even more.

**Ms VINCENT:** Yes, I would say more.

**Ms VAGHELA:** So if we go with, say, 5000, what would be the number of people who would have approached you seeking assistance but you were not able to provide that assistance?

**Ms WATT:** Particularly for homelessness?

**Ms VAGHELA:** Yes.

**Ms WATT:** High, very high, for us.

**Ms VAGHELA:** When you are not able to provide the service, are they mainly the victims of family violence or the perpetrators?

**Ms WATT:** I work primarily with perpetrators, so for me it would be perpetrators. They then become transient or they live in their cars or we refer them somewhere else. Sometimes I will send them to Melbourne, because Melbourne has got more services. So that is an option for men—go to Melbourne. The Salvation Army is down there.

**The CHAIR:** If they are not working.

**Ms WATT:** Yes, if they are not working.

**Ms VINCENT:** Whereas for the victims we have the opposite. We have people coming from Melbourne this way, fleeing family violence.

**Ms VAGHELA:** So you would have the data for how many numbers came to you and you were not able to provide, because that way it will show what sort of resources you still need in order for you to be able to provide the service that people are coming to you for.

**Ms DOBSON:** I think it is definitely data we could ask for back at the Orange Door, but given, as we were saying, it is very new—even the database that was built for the Orange Door is very new—I do not personally know how far that drills down at this point to be able to collectively say specifically in relation to homelessness how many that would be. But we could definitely ask.

**The CHAIR:** If you could have a look, that would be useful to the Committee.

**Mr BARTON:** Tess, I am very interested about dealing with these blokes. When you are working through the programs, how successful has it been turning them around and being able to get them to go back? Because it is very scary.

**Ms WATT:** Yes, it really depends on where they are. How it was explained to me is if you think of it as being on a spectrum—here they are not willing to change and here they are ready to change—what we are doing is trying to just move them down the line each and every interaction we have. Sometimes that is a little bit and sometimes that is a lot. So for some guys when their perpetrating behaviours mean that they have lost their job, they have lost their house that they have been paying a mortgage on for years, they have lost their family, they have lost their children—

**Mr BARTON:** So there has been a trigger to make them.

**Ms WATT:** Yes. Sometimes that will bring men to a place where they are ready to change, but sometimes it will just make them angry. Our job is just to move them along a little bit by a little bit, so that can be quite quickly or it can be long-term.

**Mr BARTON:** But kicking them out and making them live in cars and things like that will only exacerbate their issues.

**Ms WATT:** Yes. Part of what I do is get perpetrators to take responsibility and I hold them accountable for their actions. But I also want to encourage them and motivate them towards change as well, otherwise they are just going to stay in the same place they are at. I will also say that quite often we have men declining services because they are more worried about the fact that they have got nowhere to live, so it is not the primary reason why they declined service but it would have to be the second or third reason—‘I have got to find accommodation’.

**The CHAIR:** So ‘I cannot commit to this because I do not know if I am going to be here’?

**Ms WATT:** Yes. So those third-party referrals from CP and from Corrections are quite often men that have been exited out of their home for a little while. They have got a little bit of stability underneath them, and they are ready to address their perpetrating behaviours and various others.

**The CHAIR:** The Housing First model is important for the perpetrator as well.

**Ms WATT:** Yes, it is.

**Ms LOVELL:** Firstly, thank you for all the important work that you do in the community. I have great admiration for you. I do not think I could do it. I know that homelessness is a symptom of domestic violence and post the violence period you deal with rehousing people, but how much does housing stress and rental affordability contribute to the violence in the first place? If there was not the housing stress and rental affordability problems in this community, how much might that reduce the number of presentations to your door? Are you able to put any sort of quantum on the reasons why people appear before you? Is it drug and alcohol problems contributing to the domestic violence? Or how much is it rental affordability and housing stress?

**Ms VINCENT:** They say that the key driver is gender inequality, not financial or mental health or any of those things, but in our risk assessment that is one of the questions we do ask women. We ask around their financial situation and if that plays a part in any of the violence. It obviously is evident that it is a driver.

**Ms LOVELL:** Do you have any sort of quantum of how much that is?

**Ms VINCENT:** No, definitely not, but a significant amount of the clients we work with are low socio-economic families, so it would definitely be—lots of our women are on Newstart and things like that. It definitely would play a massive part in all of it.

**Ms MAXWELL:** In the men's behavioural change programs is that all group work or can you access one on one? Because I know that sometimes the group work can contribute to men not wanting to change their behaviours. I have previously done men's behaviour change myself, and sometimes you get that bravado. Ultimately the goal is to have their behaviours changed, to accept that responsibility and accountability, so it is just another thought, modelling that. Are you able to do one-on-one sessions?

**Ms HUDSON:** We are set up for case management, for one on one. That is a very new thing, too, for men's perpetrator services—the case management element of it. But no, the short answer is no. That is not part of what we have got to offer. I do have a lot of guys that are not quite group ready, although I think eventually a little bit of one on one to prepare them for group would be really helpful. But that can be, in my opinion, sometimes a cop-out—'My anxiety is too high', that kind of stuff. So even if we had access to a counsellor who could, say in three sessions, get them group ready, then that would be really helpful. And some of us at LCHS could meet that need, but we are not funded for it. We are qualified for it, but—

**The CHAIR:** You are not funded.

**Ms HUDSON:** Yes.

**Dr KIEU:** Thank you for the work you are doing. One of the key factors of homelessness is family violence, your area. Is there any program or service that would educate or counsel to try to prevent the worst scenario coming down the track when the violence occurs and then people have to leave their home? Is there anything that can be detected a bit earlier to intervene or help those people in those situations?

**Ms WATT:** For us, and this just happened recently, one of our guys that is on the waitlist for men's behaviour change is still with his partner and children. They became a week behind on their rent, so we were able to access some brokerage through LCHS to be able to pay that rent and get them through that week and alleviate the stress. As a result of that we were able to send them out to financial counselling as well.

**The CHAIR:** What is LCHS?

**Ms WATT:** Latrobe Community Health Service. Also, it is something that we talk about with them directly at the Orange Door. But no, I do not think there is any set education for that. It is just a bit here and a bit there and a bit there and a bit there.

**Ms VINCENT:** For the women, though, there are programs. There is an inspiring women's group which talks about women not going into that cycle and empowering the women and their children to feel in control and not fall into that trap once again.

**Ms DOBSON:** There is another program as well, Caring Dads—it is run through Anglicare—that I guess has the same kind of principles around men’s behaviour change. It is around bringing in their understanding around the impact their violence is having on the children in the home, making those sessions really around their connection to their own parents and how that looked and then being able to link that back to their behaviours and then what they are perpetrating, how they felt as a young person and now how their children are living that as well. That is designed to try to get in a little bit earlier as well.

**The CHAIR:** Are there any specific services around our Aboriginal community that are somewhat different to what you might offer to the non-Aboriginal community?

**Ms VINCENT:** With their women’s refuge, they can take local women in the local women’s refuge, whereas our local women’s refuge for Quantum cannot take local women because it adds to the risk, so for security of the other women inside the refuge. That is probably one of the key differences.

**The CHAIR:** Are there any other services that you offer specifically around the Aboriginal community?

**Ms WATT:** We do. We have a separate men’s behaviour change called Choices. One of the really significant differences between that one and the mainstream one is that our intake worker, who actually also does the group facilitation, was able to meet with a guy one day and have him in group the next day. That is unheard of in any of the mainstream programs. So intake, straight into the group—so it is immediate.

**Mr BARTON:** I am just curious and very worried about how many women actually go back into an environment when you have pulled them out and said, ‘Listen, this is bad—you shouldn’t be going back’. But they just get pressure from him or from families. Is it that 5 per cent go back, 10 per cent go back or more?

**Ms WATT:** Much higher.

**Mr BARTON:** Is it really?

**Ms HUDSON:** When I did my counselling training—I have got a diploma in counselling as my background—it was said that on average seven times women will return until they leave finally. So you have just got to hope that this time—

**Mr BARTON:** So if we are putting them into hotels with their kids and taking them out of their circle and stuff, we cannot get them into a house where they can feel safe. We are doing it again and again.

**Ms VINCENT:** And isolation is definitely a red flag.

**Ms HUDSON:** Yes.

**Ms VAGHELA:** Thanks for the work you are doing, especially dealing with perpetrators. I think it is a very difficult job for anyone to do. What I want to understand from you is that when a woman is presenting having suffered family violence, she would probably be very distressed, and if she has approached you with kids, she would probably be crying or seeking some sort of help for her safety and her children’s safety. When the perpetrators come to you, what are they seeking? Are they looking for their safety, or is their priority now that they want to see the children? On the basis of what they want, you will be looking for the services that you mentioned for the perpetrators. What do they want? What are they after? And what sort of emotions do they come with? Do they come angry, or are they day-to-day men and you would not even know that this person would be causing family violence?

**Ms WATT:** It varies. We get some really angry people that come through. Part of my role is to be able to de-escalate that. But they are looking for legal advice, or sometimes they are looking for someone who agrees with them: ‘I’m not doing this. It’s all her, it’s all her, it’s all her; it’s not me’. Sometimes they present with mental health problems—that is another one. Alcohol and drugs are a big thing in our area. But often they are just really confused about how they got there, I will be honest with you, because they see what they have done as being normal and okay and acceptable. One of the first questions I ask is, ‘How did you end up here before me? This is my role here, so tell me about the steps that got you here’. And they are often very confused—they do not understand IVOs. Even if it is explained to them, if you have got drug and alcohol problems or IDs or

ABIs or whatever, that paperwork is hard. They do come in escalated, particularly if they have come from child protection or something like that or just from the courts, but it does not take much to settle them down.

Also, in order to help you understand, family violence is very targeted. They make a choice, and it is very direct, towards their wives and their girlfriends. Their violence does not necessarily extend to anyone else. I can push them quite significantly and make them feel things they do not want to feel, but they are still not going to escalate towards me, because their violence is very one directional.

**Mr BARTON:** So they could be going to work and, ‘G’day, Fred. How are you going? Good. Did you see the footy on the weekend?’, and then going home and belting the bejesus out of her?

**Ms WATT:** That is it, yes.

**Ms BATH:** I guess following on from that, I am interested to understand the presentations of drugs within your participants or clients—the people that come to your Orange Door. Can you paint the picture of what percentage? I do not know if that is too challenging, but what percentage of people would have that, either within themselves, within the perpetrators or within that family environment? How big a role does drugs play in people presenting to the Orange Door?

**Ms VINCENT:** Huge. I cannot put a number on it, but definitely I would say in most risk assessments or intakes that we do with women when we ask about—

Because we ask about their own drug use and the perpetrator’s drug use, and a huge number would be—ice.

**Ms BATH:** And do you feel that those women would say, ‘Look, I’m feeling pressured into this. I have to get back on the boat with the partner in order to placate or the like’. So they want to tear away from that experience and that lifestyle or the addiction, I guess, but they are feeling that they are drawn back—is that something that is common?

**Ms VINCENT:** A lot of the time it is self-medicating to be able to cope with the trauma as well.

**Ms HUDSON:** Or he is her supplier.

**Ms VINCENT:** Yes, or that too.

**Ms HUDSON:** And that is how he draws her back in.

**Ms BATH:** So that is perpetuating the addiction?

**Ms HUDSON:** Yes.

**Ms BATH:** If I can just relate that to a comment—I am not sure who made it earlier—in relation to the motels and when women, or families, are in that temporary care environment. Sometimes those motels can also be places where drug users go for cheap at-night accommodation et cetera. So how can that be bettered? What can happen there?

**Ms HUDSON:** Well, I think even the women that are sent up from refuge and stuff, we can even hear—

Because some of the motels that they are put in—we do not know when they are sent through on the train to go into accommodation where they are going to go. The women themselves do not know where they are going to go. It is all very secret and all the rest. But we, on occasion, have the women call us, and then they say that they are near a bar or they can hear music and the kids are kept up late at night and everything like that. So that is the only issue that you have got with a motel room: the walls are very thin, you know, and it is not a child’s safety net of their own bedroom. We are asking them to go and stay somewhere that is not their environment.

**Ms BATH:** They are quite vulnerable.

**Ms HUDSON:** They cannot just walk outside or go out and play in the backyard or in the garden or anything like that. We have typically just gone, ‘You are unsafe where you are. You need to get out, and this is where you are going’.

**Ms VINCENT:** Can I give a recent example? So two of the power stations and the paper mill had a shut on at the same time, and so we were trying to source crisis accommodation for a couple of women. I was actually ringing around after hours, ringing motel and hotel, one after the other, and they were saying, ‘We’re full of tradespeople and all of this sort of stuff because of the shuts’. If you think about it, if you are an extremely traumatised woman who has just been physically assaulted and you have come out of the emergency department of the hospital, would you want to go stay somewhere where every other person there is, you know, a male tradie staring at you? And if you have got a couple of kids with you, it is awful.

**Ms BATH:** So it is just adding to the vulnerability.

**Ms HUDSON:** Yes, and the trauma.

**The CHAIR:** Look, thank you. I think we are all in awe of the work that you are doing. Is there anything else that you would like the Committee to take away from this when we are reporting on how to improve or how to do things differently? Is there anything you would like to finish with?

**Ms VINCENT:** There was just something I was speaking about yesterday with Carmel, because this was sort of last-minute, us coming. I said to Carmel, and she was quite horrified, that I had a woman—and this is not uncommon—call the other day and say she would rather put herself out there on Facebook or social media, saying, ‘Would anyone take me in?’. You know, it could be a sex offender or anyone like that taking her in to their back bedroom. Because she put in 250 housing applications and—

**The CHAIR:** And could not get anything?

**Ms VINCENT:** Yes. And she was a working, employed woman, but she still could not find housing. I just find that really alarming that someone would go to those lengths to put themselves out there and that that is the safer option. Imagine that being your best option.

**The CHAIR:** Yes, I just cannot. Thank you so much for coming in, and I understand some of it was at late notice, so we very much appreciate this. You will receive a transcript of this, so if there are any corrections you want to make, just get back to us. But thank you again for coming today and for the work that you do.

And on that note, thank you to Russell Northe for coming today. It is nice to see you here.

**Ms WATT:** Thank you for the opportunity, guys.

**Witnesses withdrew.**