

Dear Sir / Madam,

I write briefly in my capacity as a private citizen to share some ideas for your project on the role of victims of crime in the criminal trial process. These ideas are derived from my personal and professional experience.

I strongly believe that:

while victims of crime have a number of service and support services available, they are not as well served by under-resourced, self-appointed 'advocates' and 'representatives'; and
a democratically constituted, statewide representative advocacy body for victims of crime will be necessary to provide the consultation (with victims) and properly researched advocacy (on their behalf) needed to improve victims' welfare.

There are two examples from my own experience that I think support these conclusions:

1. The Victorian Gay and Lesbian Rights Lobby

From the late 1980's through most of the 1990's, a handful of self-appointed and unaccountable spokespeople earned prominence (mis)representing the gay and lesbian communities in Victoria. Tabloid media in particular were happy to approach them and publish their comments, even when such comments were clearly extreme and ill informed. More responsible media, and bodies such as political parties and Victoria Police, also had trouble working out who to approach for a representative view or for input into public policy decisions affecting gay and lesbian Victorians.

The incorporation (with a democratic constitution) of the Victorian Gay and Lesbian Rights Lobby (VGLRL) in 1997 solved this problem, creating a truly representative gay and lesbian body. The VGLRL provided (and continues to provide) an authoritative and representative voice for this community. Convenors of VGLRL, reporting to a committee elected at annual meetings, have a consultation and governance structure that allows them to serve as proper spokespeople for the community on important issues - such as legal recognition of same sex relationships.

It was in this role as a Co-Convenor of the VGLRL in 2000 and 2001 that I was able to fairly and effectively consult with and advocate for the gay and lesbian community on its aspirations for equal relationships recognition. Happily, this led to the passage in 2001 of the *Statute Law Amendments* (*Relationships*) *Act 2001* (Vic), an omnibus bill equalising the legal treatment of same sex relationships with unmarried heterosexual relationships in all areas of Victorian law (except for parenting and adoption). The VGLRL then partnered with Victoria Legal Aids to produce *Over the Rainbow - a guide to the law for lesbians and gay men*. This booklet went through 4 print runs, and served as a vital teaching aid for the community legal education workshops the VGLRL ran for GLBTI community social and service groups.

Good public policy outcomes and a more accurate media representation of Victoria's lesbians and gay men followed from the creation of a properly constituted, democratically accountable, representative organisation. I think the same could be achieved for victims of crime.

2. The People Living With HIV/AIDS Program

From the mid 1980s to early 1990s, open discrimination and public vilification made the lives of people with HIV and AIDS difficult (to say the least). Even well-meaning health and other key services seeking advice on policy and service design were often reliant on a few, over-worked individuals who were prepared to be publicly identified as HIV positive.

The formation of the People Living With AIDS Program (PLWHA Vic) in 1990 brought together people with HIV/AIDS in a democratically constituted advocacy and service organisation. A program of the Victorian AIDS Council, PLWHA Vic nonetheless had an independent voice. Monthly forums (and later a full time community centre) allowed consultation with the community (ies) of people living with HIV/AIDS, and the election of a committee and president. Funding allowed staff to resource and implement decisions of this committee.

In was in the role of the first manager of PLWHA Vic 1991-93 that I witnessed (was part of) huge leaps forward in effective advocacy for people with HIV/AIDS in Victoria. Community education and media advocacy became possible in ways that were simply impossible beforehand. Public policy decisions in health (e.g. the future of Fairfield Hospital) and the law (amendments to the *Equal Opportunity Act*) were influenced by an affected community that was properly informed and organised. Gaining the trust of the affected community(ies) meant PLWHA Vic was often the first point of contact for those seeking advice and referral on health or legal issues. This case advocacy allowed the identification of systemic organisational and public policy issues that needed to be addressed. Persistent, properly researched and consulted PLWHA Vic organisational advocacy then led to great improvements in the services offered people with HIV/AIDS at other hospitals and health services. Formal representation to the industry bodies for dentists, real estate agents, GPs, funeral homes and aged care (amongst others) led to improved services and better outcomes for people with HIV/AIDS.

A highly successful speakers bureau with training and support for people with HIV/AIDS to tell their own stories (and the medical and social truths of HIV/AIDS) communicated a powerful nondiscrimination message, and allowed successful community and professional education (with support and quality control systems). Speakers bureau presentations to schools, trainee nurses, doctors and other service providers were regularly evaluated as the greatest impact in changing personal beliefs. The speakers bureau served as a valuable training ground for future leaders and media spokespeople for PLWHA.

Better media representation of people with HIV/AIDS improved public attitudes and public policy outcomes - but, very importantly, it also allowed others living (perhaps in secret) with HIV/AIDS to learn how others had overcome 'victim status' to lead proud and productive lives. The PLWHA Program contributed significantly to improving services, public attitudes and life skills for people with HIV/AIDS, and it did so in a way that would not have been possible had it not been democratically constituted and run by and for the affected people themselves. I think the same could be achieved for victims of crime.

In conclusion, my experience is that the negative, personal impact of a catastrophic event such as HIV infection (and perhaps criminal victimisation) can be alleviated through peer run programs, and that advocacy by such programs will lead to improved services and better public policy.

I wish you every success with your project.

Yours sincerely,

Chris Gill

