TRANSCRIPT OF PROCEEDINGS

COMMISSION OF INQUIRY INTO THE TASMANIAN GOVERNMENT'S RESPONSES TO CHILD SEXUAL ABUSE IN INSTITUTIONAL SETTINGS

At Hearing Rooms 6A and 7A
Tasmanian Civil and Administrative Tribunal,
38 Barrack Street, Hobart

BEFORE:

The Honourable M. Neave AO (President and Commissioner)
Professor L. Bromfield (Commissioner)
The Honourable R. Benjamin AM (Commissioner)

On 2 May 2022 at 10.03am

(Day 1)

PRESIDENT NEAVE: Before we begin I'd like to invite Janice Ross Maynard Lowery to deliver a Welcome to Country.

(Welcome to Country)

I have acknowledged sky country, salt water country and all journeys in between.

My name is Janice, I'm a saltwater sister. My people are Pakana and my ancestors are Truwulway People from Cape Portland northeast of Lutruwita, Tasmania.

(Aboriginal words spoken)

I acknowledge the intergenerational strength, survival and resilience of our people. [Aboriginal words spoken] We are survivors, we are strong and we are courageous. We have survived colonisation and the attempted genocide of our people.

(Aboriginal words spoken)

With deep and heartfelt respect I acknowledge and remember our Tasmanian Aboriginal Elders and community, family members and individuals with compassion, respect and a deep sense of loss to those who died early due to the severity and traumatic impacts to those as victims or survivors of child sexual abuse from in institutional settings. Our people's stories of strength and love that you graciously gave your family members and your people will always remain with us and never ever be forgotten.

I ask us to take a moment to honour them.

(Moment of silence observed)

Thank you. With deep and heartfelt respect, I acknowledge our Tasmanian Aboriginal Community, family members and individuals with compassion, respect and a deep sense of empathy to those who are now victims and survivors of child sexual abuse from in institutional settings.

To name some: Ashley Home, youth detention centres, the Risdon Prison system, the incarceration of our people, orphanages, state care and foster care homes statewide, churches, schools, hospitals and all institutions within Tasmania. These places do hold many horrific memories that

has impacted not only my community. These institutions although now may be completely changed settings, those spaces and impacts that ripple outwards continue to psychologically and physically damage our people. These have been places of much sadness, trauma, frightening or dangerous events that have caused unrepairable harm.

But we are strong, and in unity we are a fierce and protective people that lead with a voice for justice and change. Our voice has the right to provide important information that will improve responses to, and the reporting of, abuse in institutional settings.

This is Aboriginal land, the land of our ancestors, and it is now our responsibility and everyone's responsibility as caretakers to care and protect our lands so that we can heal together on country and with country and allow country to heal us.

If Palawa Pakana People are acknowledged as the most affected of all peoples nationally in relation to the disposition of our culture, community and country and of the new genocide of our people to add further trauma to the ripple effect holds a greater layer of suffering to the original people of this country.

There will be many voices, words and stories heard today from all people from diverse backgrounds who will be acknowledged with heartfelt respect and within this we acknowledge the Tasmanian Aboriginal People as the first and original peoples of these lands and honesty of the brutal history that this country holds.

Our island home may be a beautiful land, but with it, it brings a truth of our past that sheds light to the painful impact from British invasion and colonial genocide.

Our people are now restoring and reclaiming the true and living histories of our island and of our people who today and for future generations are thriving and continuing strong in culture.

I am hoping that, with the focus of this inquiry in Nipaluna, Hobart, will address and alleviate the impact of past and future child sexual abuse in institutional contexts and may provide closure through learning the truths and offering a process to ensure prevention and

justice.

Through these many challenges our people who are victims or survivors will always have the support of our community who will work exceptionally hard to assist those to overcome their childhood experiences. This is the work of many of our Elders and community people who have taken on these roles for family members, and I honour them. They offer hope and encouragement to others that healing is possible, and I honour them.

Those of our people who are now facing their childhood experiences to heal, I honour them. True healing requires an acknowledgment of what has occurred and a commitment to repair trust and a courageous leadership to drive necessary change.

I encourage our people to listen to our community members and Aboriginal organisations who have delivered important information to families regarding this inquiry to ensure that our people victims-survivors have safe and nurturing plans in place before engaging in the sharing of their stories.

And, within these conversations we can bring hope to others and safety for our future generations and, in doing so, respectfully acknowledging our ancestors, Elders, community, culture and country.

(Aboriginal words spoken)

Today we are meeting on Aboriginal land, Lutruwita, our land, our sea and our waterways, and I welcome you all here to Lutruwita Tasmania.

(Aboriginal words spoken)

Welcome to Nipaluna, Country of Hobart. Lutruwita Tasmania, Aboriginal land. We acknowledge with deep, deep respect our Old People, our Traditional Owners who once walked through the very tracks of this country, the Muwinina and the Mummurimina People, and I acknowledge our Tasmanian Aboriginal Elders and Community, past and present.

Our country holds the knowledges of the Old People. They have danced around many fires and held ceremonies and

held many important gatherings like today. Their songs are in the land and the waterways and they are still here in the earth and in the wind and they will always be here as will we.

I pay my respects and honour to our Ancestors, traditional owners and sovereign people of Lutruwita, this island, and the Tasmanian Aboriginal Community who continue a legacy of our people, our Ancestors and Pulingina Pakana - [Aboriginal words spoken] - our Tasmanian Aboriginal People and all First Nations People present here today.

It's the strength and determination and resilience of our Elders that sustains us as individuals, families and as a community.

(Aboriginal words spoken)

Aboriginal knowledges understanding our story has always been important to us and Indigenous Peoples right around the globe as a way of transmission for important laws and lore of remembering our beginnings as peoples and the birth of our respective countries, of kinship, of laws, of relationships, the seasons, and the song lines.

I acknowledge and welcome you to our Country, Lutruwita: always was, always will be Aboriginal land.

(Aboriginal words spoken)

PRESIDENT NEAVE: Thank you, Janice, so much for your beautiful Welcome to Country. It's a great privilege to be on this beautiful country which was never ceded by the First Peoples.

It's important to reflect on why we begin our hearings with a Welcome to Country. We would like to take this opportunity to acknowledge and pay our respects to the traditional and original owners of the land on which we are meeting, the Muwinina People. We also pay our respects to all Tasmanian Aboriginal communities which have survived invasion and dispossession and continue to maintain their identity and culture. We acknowledge all of today's Tasmanian Aboriginal people who are custodians of this land.

My name is Marcia Neave and I am the President of the

Commission. I am joined by my fellow Commissioners, Commissioner Robert Benjamin and Commissioner Leah Bromfield.

We want to begin with a moment of reflection for victim-survivors of child sexual abuse. We would like to acknowledge both the profound and lasting harm caused by the sexual violation of a child and the hurt and sense of betrayal that is experienced by children and their families when child sexual abuse is not adequately recognised and met with action and empathy.

We also want to acknowledge the strength and commitment to positive change that has been shown by the many people who have come forward to talk to the Commission about their own experiences or about their attempts to protect children and ensure effective responses to allegations and incidents of child sexual abuse.

As Commissioners, we have had the privilege of spending time with a number of victim-survivors, their loved ones and supporters who have shared their stories and experience of sexual abuse and their attempts to obtain justice. These sessions have helped us to understand the varied and complex ways in which trauma can profoundly alter the everyday lives of many people in our community.

This Commission would not be able to operate effectively without victim-survivors and their supporters placing their trust in us. We do not take that trust for granted.

Today marks the first of six weeks of hearings which will be split across Hobart and Launceston and will include a detailed exploration of the ways that the Department of Education, the Department of Health, Launceston General Hospital, Ashley Youth Detention Centre and the Out-of-Home Care system have dealt with child sexual abuse.

Over the next six weeks we will hear directly from victim-survivors, their families and their supporters. We will hear from relevant government and non-government services, academics, experts, regulators and others who contribute to protecting and promoting the safety of children within Tasmania, interstate and internationally. We will also hear from representatives of the Tasmanian Government who will be asked to explain the current

measures to prevent and respond to child sexual abuse within government institutions and to express their views about how such measures can be improved in the future.

Some of you may recall our opening hearing in October last year where I described the work that we had undertaken since the Commission was established, including our stakeholder consultations, sessions with the Commissioner, research and review of written submissions from individuals and organisations.

This work, together with these hearings and our analysis of the over 92,000 documents produced by the Tasmanian Government and other agencies, will help us make our findings and provide recommendations to the Tasmanian Government. We will be completely independent from the Government in doing so.

As a result of our work so far, as well as through other roles we Commissioners have held, we may know or have previously met many of the people who will give evidence in the coming weeks. The selection of witnesses and the approach to these hearings has been a matter for Counsel Assisting. It is counsel who determine who should give evidence and the topics that will be addressed in that evidence. Our role will be to listen and to make use of the evidence in our findings and our recommendations.

While the hearings will have some of the formality of a court - with barristers guiding the proceedings - the objectives are different. It is not the role of the Commission to determine whether individuals committed sexual abuse or other crimes. These are matters to be investigated by the police and judged by the courts. Our goal is to understand how effective Tasmanian laws, policies, systems and practices are in preventing and responding to child sexual abuse in institutional settings. Individual cases will be used in some instances to illuminate particular issues and the conduct and decisions of individuals will, at times, come under considerable scrutiny.

The hearings are open to the public to the extent that we can safely accommodate people within the physical space. The hearings will also be live-streamed on our website and transcripts from each hearing day will generally be published by the following morning for all to read. There

may be times when we need to close the hearings or otherwise protect the identity of a witness; often this will be to respect the wishes of a victim-survivor or for other legal, privacy or safety reasons. We encourage anyone having difficulty accessing the live stream or other hearing materials to contact the Commission for assistance. Our team will do its best to help you.

During our hearings we have asked members of the public who attend in person to wear masks. However, we have decided that Commissioners will not do so. It is important for us to be able to see witnesses clearly and that would not be possible for Commissioners who wear both glasses and a mask. We and our staff are taking necessary precautions. We are committed to conducting our hearings in a COVID safe manner and in accordance with the Commission's COVID-19 Vaccination Policy available on our website.

Having had the opportunity to speak to many victim-survivors and stakeholders directly, we anticipate the following months will be difficult for many. We will hear devastating stories of children being sexually abused by adults in positions of power and trust over them. We will also hear instances of abuse being ignored or downplayed by people in positions of authority or responsibility. Despite this, we expect we will also hear extraordinary stories of determined individuals who have worked tirelessly to protect children. In some cases witnesses' own experiences of abuse have heightened their commitment to ensuring that child sexual abuse is prevented and that those who are abused are believed and supported. We will also learn how other jurisdictions have responded to similar challenges, giving us hope that rapid and meaningful change is possible.

We encourage victim-survivors, their loved ones and others deeply affected by stories of child sexual abuse to be gentle with themselves in coming months. Listen to your own needs in guiding how you approach these hearings and the inevitable media coverage that they will generate. Please, seek support if you need it. We have a range of contact numbers for relevant services listed on our website that can assist and support you. For those who are watching our hearings from the hearing venues, specialist consultants, Converge International, are on site here to provide confidential wellbeing support.

While we know the process will be distressing, these hearings will contribute to greater community awareness and understanding of the prevalence and impact of child sexual abuse. We hope it will also offer some respect and healing for those who may finally see their experiences acknowledged and affirmed. This needs to occur for things to change.

In my opening address last year, we indicated our hope that this Commission would not become "just another inquiry" whose report will be filed away to collect dust. We are confident that the Tasmanian community shares our commitment that this inquiry will lead to cultural change and better systems to protect children from harm.

I now invite counsel to announce their appearances.

MS BENNETT: Please the Commission, I appear with Ms Norton as your Counsel Assisting.

MR MACKIE: Commissioners, my name's Craig Mackie, I appear for the State of Tasmania. Also appearing for the state will be my learned junior counsel, Mr Edwards Burrows-Cheng.

PRESIDENT NEAVE: Thank you, Mr Mackie.

Yes, Ms Bennett.

MS BENNETT: Commissioners, as I said, my name is Elizabeth Bennett and I'm Counsel Assisting at the hearing with Ms Norton today. The Commission is further assisted by Ms Ellyard, Ms Darcey and Ms Rhodes also of counsel.

I'd like to acknowledge the deep history and culture of this island, to acknowledge and pay my respects to the traditional owners of the land upon which we gather. I acknowledge and pay my respects to all Tasmanian Aboriginal communities, all of whom have survived invasion and dispossession and continue to maintain their identity, culture and Aboriginal rights.

Today marks the first of six weeks of hearings that will take place at intervals between now and August of this year. The purpose of my opening this morning, Commissioners, is to outline what you can expect to hear

this week and the way that we have structured the balance of the hearing weeks.

We continue to be flexible in our processes, to make sure that where it is appropriate we shift our focus to areas of concern that arise from our ongoing investigations.

To start with our general approach. Whilst the hearings of the public are a significant part of the work of this Commission, they by no means constitute all of that work. In the six months since we last addressed you, the Commission has continued to receive and consider confidential submissions, community engagement and reviewing thousands upon thousands of documents provided by different state entities in response to the notice that you have issued, and the public hearings will build on and follow from this work. They serve several important functions, Commissioners:

They inform the community about how child sexual abuse occurs and how inaction may have allowed this abuse to continue in government institutions. We expect the public hearings to bring home the importance of responding promptly when child sexual abuse or precursor conduct such as boundary breaches or grooming is suspected.

They will also provide an opportunity for some victim-survivors to speak of their experiences to the Commission and the community more generally to bear witness to these accounts.

The public hearings will enable the Commission to examine the responses of the government institutions to allegations of child sexual abuse with a view to identifying what has already been achieved and, critically, where there remain opportunities for change.

Finally, the public hearings will be a forum for the Commission to hear from experts across a range of fields about what should be done to better protect Tasmanian children and to achieve best practice in preventing, identifying, reporting and responding to allegations of child sexual abuse.

At all times, Commissioners, we aim to make sure that the evidence is presented to you through the lens of the

people who are affected by it: the victim-survivors, the families who love them, the communities impacted by the betrayals of trust that we have heard about.

One witness, Commissioners, who you will hear from spoke to us about the difficult decision to come forward. She told the Commission, and I'll quote:

> *I was apprehensive to tell my story to this Commission of Inquiry because I felt totally powerless against the system as a victim. I have been made to feel that my evidence would be viewed by the Tasmanian Government as just another complaint which lacked sufficient evidence and which they could just keep quiet or ignore.*

Our steadfast aim, Commissioners, is to ensure that the voices of those individuals are heard and that the need for systematic change is considered in light of their experiences.

We can't call evidence from all of the people that we have heard from, but all of the people who have been in contact with the Commission are informing our approach to these hearings. One such person told you, Commissioners, that in the aftermath of their abuse they got to "survive but not thrive". Our aim, Commissioners, is to change that experience for victim-survivors.

Over and over we have heard that people have made the decision to assist the Commission because they do not want to see what happened to them happen to others.

With this in mind, when we look at policies, we are looking at how they will impact people. When we're looking at procedures, we are looking at how they work in real life. We will explore policies and procedures through the experience of victim-survivors and the community as a whole.

Some of the victim-survivors who are giving evidence in the coming weeks have themselves worked for the Tasmanian state service or continue to do so, and they are able to provide us with a frank assessment of how, in their view, those services are operating.

We do, however, want to be clear about what this Commission can and can't do. We can, and we will, consider the way that the system has operated in response to allegations of child sexual abuse. We will examine the barriers to making a complaint or allegation in the first place. Where a complaint or allegation is made, we will trace the process and follow the reasons why some are not swiftly and thoroughly investigated in a transparent and trauma informed way. We will also focus, Commissioners, on how different government institutions have undertaken their functions and whether the community's interest in the protection of children has at all times been foremost in their minds.

What we cannot do, Commissioners, is inquire into the guilt or otherwise of alleged perpetrators. Indeed, by turning these hearings into a de facto trial of those matters we believe that we would risk interfering with any criminal investigations or prosecutions, and we would risk interfering with the role of this Commission to bear witness to the experience of victim-survivors and to drive systematic change.

For these reasons from time to time we will use pseudonyms, made up names, or ask the Commission to make restricted publication orders to restrict the names that identify victim-survivors and sometimes alleged perpetrators so that we do not prejudice any criminal investigations or prosecutions.

We therefore want to be clear that, while we are probing the response of government, we will be doing so without asking you to make any findings about criminal responsibility; those are properly matters for the police and the courts.

Where appropriate, we will ask, Commissioners, that you make referrals to those organisations for further investigation.

While the Commission's main focus is on government institutions, for example government departments, it may also cover publicly funded non-government organisations whose activities represent an outsourcing of traditionally public functions. Out-of-home care providers fall within this category. Sporting organisations, local clubs and non-government schools do not.

We've heard a number of witnesses express concern that they may face negative consequences for providing evidence to this Commission of Inquiry, and we say again that any discouragement of witnesses speaking to this Commission will not be tolerated.

As I note at the outset, there will be six weeks of hearing and I want to now take a moment to outline what we expect to explore in each of those weeks, noting that things change, Commissioners, and that we will not hesitate to reframe our intended approach if it serves the purposes of the Commission's work as we have outlined it.

For this first week, Commissioners, across the domains that we have been investigating some common themes have emerged. Whether we're investigating the youth detention setting or considering educational institutions, we have heard about the devastating, lifelong impacts of sexual abuse and we have heard about the ways in which those impacts ripple outwards to families, friends, staff and communities.

We have seen common structural weaknesses about how the various institutions under examination understand and respond to child sexual abuse. So, in the first week we will hear from a range of witnesses about these topics that echo throughout our subsequent weeks.

Commissioners, that will involve commencing, as we always seek to do, with evidence from people who have had their own personal experience connected with child sexual abuse, and this morning after the morning tea break we'll hear evidence from someone this Commission will refer to as "Kim". Kim's family lives with the impacts of child sexual abuse and has come to this Commission to make sure that their daughter's voice is heard in bringing about change to the policies and procedures that were intended to protect her.

We will then hear from a range of witnesses outlining the current regulatory landscape as it stands nationally and after some of the changes made by the National Royal Commission into institutional responses to child sexual abuse.

I pause to observe that the National Royal Commission

made clear that the risk of child sexual abuse is heightened in what we call total institutions, where institutions control most or all aspects of a child's life; this impacts the need the Commissioners have to consider the broad reach of how we can keep children out of institutions of that kind, including the criminal justice system.

Tomorrow we'll examine the nature and effect of child sexual abuse. We will start again with the experiences of a family whose lives have intersected with Ward 4K at the Launceston General Hospital, or LGH, and the impact that intersection has had on them. We will also hear from key service providers operating here in Tasmanian about their observations of their strengths, their challenges and opportunities to improve current support for victim-survivors. We will be joined as well by representatives of law enforcement, agencies from different jurisdictions to explore the evolution of best practice in response to child sexual abuse.

On Wednesday, we will be asking witnesses about what it is that makes children particularly vulnerable in institutions and what keeps them safe. Commissioners, you will hear on this day from those who have worked in the sector, including Professor Helen Milroy, who has vast experience as a doctor, a psychiatrist, and was a Royal Commissioner from the National Royal Commission. So, Sally Robinson will give evidence about additional risk factors connected with certain cohorts of children, including children with a disability.

Commissioners, we will go on to hear from people working on the frontline of child sexual abuse - the staff who operate the Strong Families Safe Kids Advice and Referral Line, also referred to as "the ARL", and the Child Safety Services responses to allegations of child sexual abuse. The ARL phone service is intended to operate as a single contact point for reporting concerns about child sexual abuse. We will hear directly from the services that are responsible for the ARL about how it operates and what they consider to be its strengths and weaknesses.

On Thursday, we will take a step back and examine the Tasmanian context in which the Commission's work takes place. It is a context that we anticipate will be of significance for the kinds of recommendations that you will

ultimately make. A local historian and sociologist will each talk about the Tasmanian community and how this may be relevant to understanding institutions and issues under examination. Journalists will talk about their experiences on reporting on child sexual abuse in Tasmania, including community reluctance to speak up about child sexual abuse and the attitude of government institutions when journalists seek to provide members of the community with a voice.

We will hear from the key integrity oversight bodies about how they experience their roles, and in this respect we will speak with the Commissioner for Children and Young People, the Ombudsman and the CEO of the Integrity Commission as well as the Auditor-General. It may be that we have specific questions to put to some of these oversight bodies in future weeks, but this week we simply seek to understand the role they play in relation to child sexual abuse at a high level and how they operate and relate to each other.

Commissioners, we will begin the final day of this week with evidence from a former state service employee who will speak of her experience working in Out-of-Home Care at the Department of Communities. We will explore some of the initiatives that are operating in other states, and finally, we will speak to the Secretaries of the Departments of Premier and Cabinet and Justice respectively. Once again, these are witnesses we expect to speak to more than once in the course of these hearings. In this instance we will explore the framework in which the Tasmanian State Service operates: its prevention efforts, its policies and procedures for responding to allegations of child sexual abuse, its obligations as a model litigant and its approach to national redress and civil litigation.

Commissioners, in this first week we will identify and draw out the themes that inform the work of the Commission through the balance of the weeks. I will identify those topics at a high level now and will present you with a more detailed opening as each week commences.

The second week, which will follow directly from this week, concerns education. At this stage it's fair to say that the Commission will hear firsthand from victim-survivors who were sexually abused by teachers in Tasmanian public schools. Far from school being a place of

nurture and safety, these witnesses will speak of being groomed and then abused by teachers, some of whom have since been convicted of criminal offending.

A common thread running through these accounts is the sense of shame and guilt these witnesses felt at the time of their abuse, their sense of responsibility for the abuse perpetrated upon them by persons in positions of authority.

One witness recalls being taken aside by a senior teacher who had noticed she had spent a lot of time with her abuser, and told it "wasn't normal". She says:

> *I ran from the room in floods of tears and cried my eyes out in the toilets. I thought the floodgates of hell were about to open. I thought I would be in trouble from my abuser, my parents and the school.*

That senior teacher doesn't appear to have raised their concerns with the school, the Department or the student's parents.

Another witness describes his experience in the following terms:

> *By this stage I was 13 years old. I did my best to hide my guilt and shame. I was terrified that someone would expose what had happened, but I desperately needed help. I was broken, isolated and miserable. I thought at the time that I was equally responsible for my teacher's behaviour towards me and that I had encouraged it ... I felt that all of my misery as a child and teenager had been my own doing, so I continued to keep the secret of what he had done to me.*

The abuse suffered by these victims have affected their sense of safety in the world, their physical and mental health, their personal and professional lives and the way they parent their own children. That impact will be lifelong and the Commissioners will bear witness to their courageous and important accounts.

While the evidence of lived experience witnesses is

vital to the Commission's work, it is again important to remember that the Commission is not a prosecutorial body; its focus is on the responses of government. Unfortunately, the case studies we will explore are replete with examples of apparent failures to respond to allegations of child sexual abuse adequately or at all. In many respects, the Department of Education has acknowledged some failings frankly in response to inquiries made by this Commission.

Some matters that we will be examining in that week include whether the Department of Education failed to recognise and react to early warning signs, such as boundary breaches and grooming; whether there was a failure to provide appropriate support to students and their families when allegations were made; whether there was a failure to investigate allegations in a thorough and timely way.

In one case study we will examine, it appears that an investigation took two years to complete and, so far as we can see, there was a lack of communication about the outcome of that investigation.

In response to questions put to it ahead of these hearings we understand the Department of Education has conceded many of these inadequacies and we will explore those concessions.

The hearings will explore the extent to which any failings by the Department of Education were the result of human error, a lack of training or adequate process, or systematic limitations to do with the way that disciplinary matters are investigated and responded to within the Tasmanian State Service. One hypothesis to be explored is whether, in responding to allegations of child sexual abuse through a disciplinary lens, the department has overlooked its quite separate duty of care to its students.

In a number of case studies teachers continued to teach despite being the subject of allegations of child sexual abuse, raising questions not only in relation to the department's processes, but those of the Teachers Registration Board, the Registrar For Working With Vulnerable People. In one case a relief teacher appeared to continue to receive postings for nine months after concerns were first raised about his conduct towards

children, which were echoed in subsequent postings, and we will examine the processes and procedures in relation to information sharing both within the department and with external regulators.

Another topic that we will be exploring in the education week concerns harmful sexual behaviour which occurs when a student engages in sexual behaviour with a peer that is not developmentally appropriate. We will hear evidence about case studies involving harmful sexual behaviour in school settings. In some cases parents of affected children have been dissatisfied with the way schools have responded to these incidents and the impact they have had on the ability of students to access in-person learning.

Commissioners, we will also examine the Department of Education's engagement with victim-survivors and their families, both in relation to requests for information in civil proceedings. Evidence will be given by victim-survivors who felt they and their families were unsupported by the department not only around the time of their abuse but also when they sought records from the department years later. In the words of one witness:

I was left feeling stymied by the process. I didn't feel like my welfare was a priority for the department.

Finally, and importantly, while the education hearings will seek to identify deficiencies in existing policies and procedures, we will also hear evidence from a range of experts about how things can be done better, including in relation to trauma-informed response, best practice investigation procedures, models for assessing and responding to harmful sexual behaviour.

In our third week of hearings we'll consider the Out-of-Home Care system in Tasmania and how that system manages and responds to child sexual abuse. Out-of-Home Care means the formal care arrangements provided by the Tasmanian Government to children and young people who are assessed as unable to live safely at home, and includes foster care, kinship care, sibling group care, residential care and therapeutic services.

Children living in Out-of-Home Care will have been

placed there by the state and will ordinarily be under the guardianship of the Secretary of the Department of Communities. They will usually have lived through a range of difficulty and traumatic experiences in their family of origin or in the care system. They include an over-representation of Aboriginal children, children with disability and other potential vulnerabilities.

Case studies will give particular consideration to how the Out-of-Home Care system operates to protect children from the risks of sexual abuse from their carers and child protection workers, grooming and other exploitative behaviour from adults outside the system who take advantage of the vulnerability of those children within it, and harmful sexual behaviours displayed by other children in care.

Expert evidence will be called from clinicians and practitioners both within Tasmania and from elsewhere about the vulnerabilities of children in Out-of-Home Care and how the system can best protect them.

The evidence is anticipated to include witnesses with experience of living in foster care and of being foster parents, as well as representatives of non-governmental organisations who have been engaged by the state to provide foster care services. Some of those organisations operate in other jurisdictions as well as in Tasmania and will offer perspective on how the Tasmanian system compares to other places.

Given the over-representation of Aboriginal children in care, particular evidence will be called about how the system can and should respond to the needs of those children.

It is anticipated that evidence will be called from current and former state service employees describing their own experiences of working in the Out-of-Home Care sector and the extent to which this system understands and responds to instances of child sexual abuse.

Some of that evidence may suggest, Commissioners, that at present there is a lack of understanding within the sector about the nature and effect of child sexual abuse, particularly harmful sexual behaviours and sexual exploitation, and that children in Out-of-Home Care do not

receive sufficient support to protect them from the risks of that kind of abuse.

Senior State Service employees will be asked questions arising from the evidence and submissions gathered thus far. Some of those questions will relate to workforce selection, training and supervision; others will relate to practice guidance and procedures for the placement of children and the supervision and monitoring of care providers.

There are a range of potential systematic reforms which may assist in better protecting children in Out-of-Home Care from the risk of child sexual abuse. They include the introduction of mandated standards for out-of-home care providers, a Carers Register, a Reportable Conduct Scheme, and the introduction of Child Safe Standards; noting, Commissioners, that a draft bill to introduce a form of the Child Safe Standards has already been prepared by the Tasmanian Government, and the potential need to strengthen the functions and powers of the Commissioner for Children and Young People and the Child Advocate. All of this reform potential will be considered.

We will also consider the best way in which to respond to harmful sexual behaviours, including specialist therapeutic services and referrals through the therapeutic specialist orders which will be made by courts and require a young person displaying harmful sexual behaviours to engage in treatment.

In week four, Commissioners, we will examine the particular vulnerability of children under the care of hospitals run by the Tasmanian Health Service and the need for a system that better prevents and protects children from child sexual abuse; a system that is able to identify, acknowledge, report and respond to allegations of child sexual abuse when it occurs in hospitals. We will focus in particular on LGH and our hearings during this week will take place in Launceston.

Commissioners, many victim-survivors, their families and friends, as well as staff, have come forward to speak of child sexual abuse which was perpetrated by employees of the Tasmanian State Service while in the care of a hospital or an associated health service. A number of these

exceptional people will appear during the public hearings; they will talk about the impact of their experiences and the ongoing struggle to obtain information about what happened to them and their families. This evidence demonstrates again, if it needs demonstrating again, the devastating impact of any incident of child sexual abuse can have on a person's life. In the words of one witness:

> *That five minutes in the kitchen in LGH has completely changed my life. It's been 32 years of pain and suffering for me. I have no doubt that my life would have worked out very differently if it hadn't happened.*

All of the important accounts offered by victim-survivors raise questions about the response by various government institutions to disclosures of child sexual abuse reported in Tasmanian hospitals.

As foreshadowed in our opening address last October, the health case studies will have a strong focus on child sexual abuse allegations made in relation to a former paediatric nurse, James Griffin, who was a long time employee at LGH and is now deceased.

Since our opening remarks, Commissioners heard from numerous staff about the culture at LGH. We applaud the actions of the staff who have come forward to provide information to the Commission. Some of those employees are expected to give evidence during the public hearings in relation to concerns they may have raised about Mr Griffin and the hospital's response or non-response as the case may be. They speak as well about the concerns that they have had and, in some instances, continue to have about reprisals for coming forward.

Senior hospital employees and Department of Health representatives will be called to give evidence to explain their actions or inaction in the face of complaints made, not only in relation to Mr Griffin, but also in relation to other LGH employees.

Representatives from Tasmania Police, Child Safety Services and the various regulators will also be called to explain the actions of their organisations in relation to complaints about hospital staff.

We can't rule out the possibility that that evidence might support adverse findings concerning some individuals involved. Whether such findings are open will be a matter of submission in due course. Whether those findings are made, of course, is a matter for you, Commissioners.

In our fifth week of hearings we'll consider the way in which allegations of child sexual abuse and harmful sexual behaviours have been treated at the Ashley Youth Detention Centre. Once again, our hearings will be in Launceston and we will hear from witnesses whose time at Ashley spans the timeframe of the Commission's inquiry and whose experiences suggest long-standing and deeply entrenched cultural issues which ought to, and no doubt will, be very concerning to the Tasmanian community.

The government has announced that Ashley will close, but as we sit here today, Commissioners, and when we sit in Launceston later this year, it will be open and children will be detained in it. Information available to the Commission suggests the possibility that even today children are at heightened risk of sexual and physical abuse in Ashley and that the systems in place to prevent and respond to that abuse may not be fit for purpose.

Children placed in youth detention facilities are in the care of the state. The evidence will be that many children in Ashley are on remand and have not yet been found guilty of any offence. But, Commissioners, even if they have been found guilty and sentenced, the state has an obligation to keep them safe while they are in detention and to treat them in a way that promotes their rehabilitation.

Some of those children present with very complex behaviours and needs. Some pose a risk to themselves or others, and some may be challenging to manage. All of them require a trauma-informed approach to rehabilitation. The evidence in the case studies will suggest that many have not received it, despite many recommendations for reform over the last two decades and multiple reports which have drawn attention to gaps and concerns.

Commissioners, a concerning number of staff at Ashley have been stood down as a result of allegations made against them by former detainees through the National

Redress Scheme. Some have been stood down since this Commission commenced its work. Others have moved on to other positions or left the State Service but are also subject to allegations made to the Commission that they have failed to act appropriately in response to child sexual abuse or have themselves engaged in inappropriate behaviour towards children.

The Commission has called for and received the state's records of those allegations and stand-downs, and it has also called for and received records of a number of current and former detainees who are alleged to have been sexually abused or have engaged in harmful sexual behaviours while in Ashley.

It will not be our role to investigate the truth of individual complains, but the number and consistency of the allegations which former detainees have made demands a careful examination of Ashley's guiding principles and practices and how they have responded to abusive and harmful behaviours; this includes recruitment practices and the training and supervision of staff, as well as procedures for managing detainee behaviour.

We will, again, use case examples to illustrate the themes which emerge. As is the case with other weeks, those case examples may need to be anonymised to protect the interests of those concerned, but they will ensure that we shine a light on the systems that are failing to protect children from abuse and harmful sexual behaviour.

At a high level those themes will include: what is the foundational culture at Ashley? Are children treated with respect?

Do children have access to meaningful complaint mechanisms and supports where they are abused?

Do oversight systems work to guard against the risks that children in detention face?

Are staff at Ashley qualified, supervised and supported to do the work that they are engaged to perform?

Why have some staff apparently been permitted to remain at Ashley in the face of repeated allegations about their conduct?

Why was the state apparently so slow to stand-down some staff members, and why did those stand-downs ultimately occur?

Why have some children been exposed to harm through being inappropriately placed in units with other detainees who pose a risk to them?

Some former detainees have made direct contact with us and trusted us with their personal accounts of their experiences. Others have permitted us access to information via their lawyers. Whether or not they give oral evidence in the hearings, their accounts will inform the way we examine witnesses.

Those other witnesses will include experts in Youth Justice from other jurisdictions as well as members of the Tasmanian community whose professional roles have given them insight into how children are treated at Ashley, including the Commissioner for Children and Young People, the Custodial Inspector and other State Service employees.

Statements are being sought from a large number of current and former staff members at Ashley. Some of them will have been witnesses to inappropriate practices; some may be alleged themselves to have acted inappropriately in response to abuse allegations. Some of those staff members will be called to give evidence. In other cases their witness statements will be used as a basis for examining other witnesses. Senior Ashley management figures and the Department of Communities officials will be called to give an account of the department's, and their own, conduct.

Commissioners, in the final week we will be hearing from senior members of the Tasmanian State Service. We will be hearing from senior members of the Tasmanian State Service throughout our hearings, but in the final week we will seek answers from senior public servants on any questions that linger or matters that remain unclear.

All government witnesses should know that, if they are not able to provide information we seek in the first instance, they may well be asked to return with the necessary information and to be examined again in week six.

Week six will also provide an opportunity to test

ideas for recommendations and identify what are the viable options for the improvement that may be developed in the subject of the recommendations that the Commissioners ultimately decide to make.

In the final week, and potentially at other points during the hearings, we will also take evidence about the way in which the people and communities harmed by child sexual abuse can begin to heal.

Commissioners, Professor Milroy will this week give evidence about the way in which hope is a key resilience factor for individuals who have been through the trauma of child sexual abuse. We will seek to conclude our public hearings by accessing some of that hope. We will be looking in this respect to how the Commission can direct its recommendations towards meaningful change that benefits Tasmania and its children.

Commissioners, those are the opening submissions of your Counsel Assisting. We ask now that we break for morning tea

PRESIDENT NEAVE: Ms Bennett, a short break.

SHORT ADJOURNMENT

PRESIDENT NEAVE: Yes, Ms Bennett.

MS BENNETT: Commissioner, the first witness is one which requires pseudonym orders and non-publication orders. We've provided a note to the Commissioners about that. If the Commissioners are minded to make that order I ask that it be done now.

PRESIDENT NEAVE: The Commission's approach is always to consider the wellbeing and preferences of victim-survivors who have shared their experiences with the Commission.

As Counsel Assisting explained in her opening, the Commission also does not wish to prejudice any criminal investigations or prosecutions. For that reason it will sometimes be necessary for the Commission to make an order which restricts the publication of certain information.

Today, in order to protect the identity of a victim-survivor and other relevant people, the Commission

has decided to make a restricted publication order in relation to the first witness who will give evidence.

The Commission welcomes the interest of the public and the media and does not wish to prevent people appropriately reporting on the information that will be heard during these hearings. At the same time, the Commission needs to respect the preferences of victim-survivors and protect the personal information of relevant people.

The Commission makes this order because it is satisfied that the public interest in the reporting on the identities of certain people who may be discussed during this hearing is outweighed by those other considerations.

I will now briefly explain how the order will work.

The order requires the use of a pseudonym; this means that the witness will be called "Kim" rather than by her real name.

The order, and this is very important for the media, the order also requires that any information in relation to Kim's identity be kept confidential. This means that anyone who listens to or reads the information given by Kim to the Commission must not share any information which may identify Kim or the people who may be referred to as AB-1, Barry and Paula - and I should just interpose that Barry is here as a support person for Kim.

This information is not limited to Kim's real names and may include other information which may identify them, such as where they live or work.

In accordance with this order, the live stream of this hearing will be suspended while Kim gives evidence; this will protect Kim's face and voice but a transcript of Kim's evidence will be available in due course.

Those of you who are watching from the hearing room are able to stay in the hearing room to watch this evidence.

I make the order now and it will be published. I encourage any journalists wishing to share Kim's story to discuss the scope of the order with the Commission's media liaison officer. A copy of the order will be placed

outside the hearing room and is available to anyone who needs a copy.

I ask that the live stream be suspended prior to counsel calling Kim.

(CONFIDENTIAL SESSION COMMENCES)

MS BENNETT: Commissioners, I'd like to call Kim and Barry to the witness stand.

If it's convenient, Commissioners, I've asked that each of Kim and Barry be sworn.

<KIM, affirmed: **[11.29am]**

<BARRY, affirmed:

<EXAMINATION BY MS BENNETT:

[All Q&A are answered by Kim unless indicated as Barry]

MS BENNETT: Q. Kim, Barry, thank you for being with us today. Kim, you've made a statement to the Commission, is that right?
A. That's correct.

Q. And that statement is true and correct, isn't it?
A. That's correct.

Commissioners, you will find a copy of that statement in folder A of your hearing bundle behind the second tab and the attachments to it follow.

Q. Kim, we're here today to hear about your experiences and the experiences of your daughter. I'd like to start with asking you about your daughter, who I'm going to refer to as "Paula" even though that's not her real name. Can you tell us a little bit about Paula when she was young?
A. Okay, well, these are some of my thoughts about Paula. As a young child Paula was happy and active, she always had a special bond with me. During primary school Paula enjoyed school very much and was bright and intelligent and was full of life and a quiet achiever. She loved her dancing, tap and jazz; she also loved netball and little athletics and was very competitive and determined to do well in all sports.

During high school Paula was a student leader in Grade 10 which reflected her intelligence and potential and she won many trophies and awards. She also worked at [redacted] during high school. She received many awards at [redacted] including a high achievement award.

After finishing high school, Paula worked at a

[redacted] for a time and, well, she always wanted to be a nurse and midwife and she loved babies.

Paula's other loves and likes: she had a special relationship with our Labrador dogs and she loved purple and pink and anything with butterflies on it. She loved to have her nails painted and she enjoyed birthdays and Christmas celebrations and loved to go shopping. She also enjoyed cooking and watching sport on TV, especially cricket and many different TV shows.

And, look, Paula was kind, she was smart, she was important, and Paula was a very special girl and we miss her presence every day.

Q. Thank you.
A. Thank you.

Q. I'd like to now talk to you about Paula's life as it developed. Barry, just to pause, you came into Paula's life a little later, can you tell us about that?

BARRY: Yes. About [redacted] years ago Paula come into my life the same time as Kim, yeah, so there's a lot of background there.

MS BENNETT: Commissioners, you will find behind Confidential Exhibit 1 some photos of Paula which you can peruse in your own time and I won't display publicly. But we just pause to acknowledge Paula and the young woman she was.

Q. So, I'd like to now talk to you about Paula's life in high school. So, she started high school in the [redacted] and how did she adapt to high school, Kim?
A. She really enjoyed high school, she really embraced it, she was very academic and always tried her best, and loved sport, yes.

Q. I think you tell us in your statement that she started to have some body issues around grade 8 or so; can you tell the Commissioners a little bit about that?
A. Well, she was having - I suppose it was all - she didn't speak to me about it, but she was having issues with body image and starting to have an eating disorder which I wasn't aware of at the time, but found out about that later

on, yes.

Q. And that continued on into Year 9 or Grade 9; is that right?
A. Yes.

Q. And that was around the time that she formed a friendship with a teacher at her school, and I'll use the word "friendship" in inverted commas. He was in his 30s. I'm going to refer to him, Commissioners, as AB-1. Can you tell us about AB-1 and Paula?
A. All right. Well, I wasn't aware of this and it started at the beginning of Grade 9 and carried on through Grade 9 until September when there was an issue.

Q. You later found out that they had been in contact outside of school; is that right?
A. Yes, that's correct.

Q. What sort of contact were they having?
A. Well, it was only one contact that I knew about where he made an arrangement to pick up Paula from work and he took her off to a secluded spot and --

Q. Just to pause there. She told you that night that she would be meeting friends in town; is that right?
A. That's right, yes.

Q. And then, sometime later she called and asked you to come and pick her up?
A. Yes, I was worried, that was sort of out of character for Paula to do that, so I was worried, and I had rung her and she said she was okay, but she wasn't, yeah.

Q. And then, when you picked her up, how did she seem to you when you picked her up?
A. She was quite agitated and upset, yes, and I was asking her if there was anything wrong, and she wouldn't really speak to me until we got home.

Q. When you got home, was she able to talk to you about what had happened?
A. Eventually later that night she spoke to me, yes.

Q. Can you tell us what you remember her telling you?
A. That she hadn't told me the truth, that she hadn't been with her friends, and that a teacher had arranged to

pick her up from work and he'd taken her to a spot outside [redacted] and he had - they'd been talking and then he put his arm around her and kissed her on the lips and she was quite upset and she didn't want that, she thought that he was her friend and that he cared about her and, yeah.

Q. And she told you that they'd started to speak to each other and communicate outside of school before this, before then?
A. Beforehand, and apparently I found out later that he had taken her from the school grounds one lunchtime and they had gone off in his car, yes.

Q. And then, how did she appear when she was telling you about all of these things?
A. Oh, she was very distraught and upset; heartbroken, yes.

Q. And, how did you feel?
A. Oh, as a mother, I just was - just felt so awful and distraught as well that this could happen, yes.

Q. And so, what did you do after she told you that? It was a Sunday night, what did you do next?
A. So, I had a phone number for one of the teachers at the school, so I rang her and spoke to her.

Q. What was her response like?
A. Oh, she was shocked and very upset, yes.

Q. And you were pleased that this person would respond to you straight away on the Sunday night?
A. Yes; yes, I was.

Q. Now, I think we mentioned earlier that AB-1 was in his 30s around this time?
A. M'hmm.

Q. And Paula was in Grade 9, and she was having some difficulties with her body image around that time?
A. Yes.

Q. How did this incident impact upon her, do you think?
A. Oh, well, it made a lot of difference to her life in that she felt really ashamed and really upset about what had happened, and - I just. Yeah, she was feeling really overwhelmed about what the other students and friends would

think about her and other teachers and - yes.

Q. Your daughter heard from AB-1 again shortly after that incident on the Sunday night; is that right?
A. I'm not sure that was - it could have been - was it?

BARRY: Phone calls?

KIM: Yeah, there were some phone calls, he was trying to call her, and then when he couldn't reach her by phone he sent a letter to the house.

MS BENNETT: And again, Commissioners, Confidential Exhibit 3 is a copy of that letter.

Q. And that letter you read, I take it?
KIM: A. Yes.

Q. And how did you feel when you read it?
A. Oh, I was - I was - I just felt really bad, and some of the things that he'd written in the letter saying that he professed his love for her and that, if she didn't - when he made the advances to her, that she should have run away or screamed or - he was sort of putting it all back on to Paula that, yes, it was her fault and not his, yes, and he was the adult in the situation.

Q. And you felt that made plain that he really didn't understand, he really didn't understand his responsibilities, did he?
A. No.

Q. You said earlier that the person you spoke to at the school responded helpfully on the Sunday night?
A. Yes.

Q. And then, what happened next as far as the school was concerned? Do you remember?
A. I was contacted by the school counsellor and she was very supportive.

Q. What happened to AB-1 as far as you know?
A. Well, I'm not really sure what happened immediately afterwards, but whether he was still at the school teaching, but then later on when all this came out and he was - I suppose he was suspended from work and he eventually lost his job, yes.

Q. And you were reasonably satisfied with the way the department - or the school and the department responded to you; is that right?
A. Yes, I was, yes.

Q. And that's because it was quick and it was empathetic; is that right?
A. Yes.

Q. I want to return to the effect of all of this on Paula. We've heard a bit before that she was in a difficult stage of her teenage life, and I think you tell us that this made things more difficult for her at around paragraph 18 of your statement. Can you tell the Commissioners how that breach of trust affected her?
A. I think that that contributed more to the struggles with her anxiety and her eating disorders, and that she was deciding to do some really, like self-harming and taking Panadol. Then she got involved in online self-harming games that caused her significant damage.

And, one of the other concerns was that, with this relationship going on for most of Grade 9, that maybe other teachers may - should have probably seen that they were together quite a bit. That's one of my thoughts that I had.

Q. Is your concern that maybe somebody should have noticed that they were spending more time together than was --
A. Yes, I think so.

Q. Is your concern that, if that had have been raised at an earlier time, that maybe this could have been stopped from progressing?
A. Yes, that's right.

Q. I think you've told us that Paula - after this - that that harmed her sense of safety, that school wasn't a place where she was safe?
A. Yes. She wasn't - didn't feel safe, no.

Q. And that that might have contributed, you think, to some of the deterioration?
A. Yes, definitely, yep.

Q. So, [redacted], I think you tell us that Paula's medication wasn't really working so well any more?
A. No.

Q. And these things were taking a cumulative toll; is that right?
A. Yes.

Q. And so, she needed more medical help than she'd been getting?
A. Yes, she needed more.

Q. And you took her to hospital?
A. Yes, I did.

Q. Where did you take her?
A. To the LGH, yeah, to the emergency.

Q. Which ward was she admitted to?
A. To 4K.

Q. When she was admitted to Ward 4K there was a familiar face on the ward; do you remember that?
A. Yes, I do, yes.

Q. Who was that?
A. Jim Griffin.

Q. I'd just like to pause there. You'd met Griffin in the past; is that right?
A. Yes.

Q. So, when had you first met him?
A. It would have been back in [redacted], he was doing some work near where I was living. He had a [redacted] and he was doing some work [redacted], and he was very friendly and talkative, and I [redacted] and a friend of mine she had a young child and he offered to take them on the [redacted] with him and just show them how it worked and --

Q. And that's [redacted] machine, isn't it?
A. Yes.

Q. And so, the kids were wanting to go look at [redacted] in the back paddock?
A. Yes. And Jim had my daughter sit on his lap and,

yeah, showed her what to do, yeah.

Q. So, he wasn't involved in anything medical at that time?
A. No.

Q. And you saw him again on and off over the years, didn't you?
A. Oh, just - yes, yeah, we had sort of a bit of interaction after that.

Q. I think you tell us, in about [redacted] you saw him as an ambulance driver; is that right?
A. Yes, a family member needed to go in the ambulance and I went with them and he was a volunteer.

Q. Did he tell you anything about what he was doing at the time?
A. No, because it was only a short trip to the hospital.

Q. Take us back then to the time you've taken Paula - I'll just pause there.

Barry, is there anything you wanted to add at this stage?

BARRY: No, that's okay, thank you.

Q. Just returning then to Paula being taken to LGH; obviously that's a frightening experience for any family. Were you reassured to see somebody that you knew?
KIM: A. Yes, I was, yes, because Jim was always a very friendly, outgoing, caring person and he just had that way about him that made you feel that you could trust him and that he was going to look after your child, so yeah.

Q. Did he say anything to you about the kind of care that Paula would receive?
A. I'm not sure, just --

Q. Paragraph 24 of your statement, I think.
A. He was just saying that he was going to look after Paula and that was part of his kindness, that he was just always that way, yes.

Q. How long was Paula in the LGH for that time?
A. Look, um --

Q. Not precisely.
A. Yes. Look, she was in there probably for a couple of months and then she was discharged for a while but then had to return.

Q. Was she continuously in the hospital for all of those months or would she have leave at different times?
A. The first two months, and then she had a little while out of hospital, but then it was more continuous time in hospital.

Q. When she was on leave, did she stay in touch with Griffin so far as you know?
A. Yes, she did, yes. He just had contact with Paula and supporting her, and he invited her around to his house, which I thought was okay because [redacted] were there.

Q. Is it fair that this is somebody that is a nurse and at a big hospital and that you trusted for those reasons?
A. Yes. Yes.

Q. You had a lot on your plate at the time: you were trying to work, you had a very ill daughter, you had [redacted] children; is it fair that you were grateful for some help?
A. Yes, I was grateful for some help. It was a very overwhelming time and you trust health professionals and they're people that you're supposed to look up to and, yes.

Q. Do you know if Paula was seeing anyone else during her leave time?
A. As in?

Q. Anyone other than Griffin?
A. No, no.

Q. I think you tell us that you thought Griffin liked to be cast as a rescuer. Can you tell us what you mean by that?
A. Oh, he just wanted to; he was always like, he had Paula's phone number and he had my phone number, and if there was any issue with Paula he would contact me and let me know.

Q. There was an incident I just want to pause and ask you about unconnected to Griffin, and that is, when Paula was a

patient at LGH when she was on the ward there was an incident with a [redacted]; can you tell us about that?
A. I don't have much recall about it, but I know that the [redacted] did kiss Paula, but I can't recall any of the details about that time.

Q. Do you remember if you raised it with someone?
A. I'm sure I would of, m'mm.

Q. And it's hard to remember at this distance who that was; is that fair?
A. Yes.

Q. Do you recall if there was any response to that complaint?
A. I can't remember; it's a really important part, but for some reason I just can't recall.

Q. Meanwhile, I think you said that Paula continued to see Griffin over the months and indeed years that she was a patient and she went to his house for barbecues and other functions?
A. Yes.

Q. And she went there for sleepovers?
A. Yes, and we were invited as well on different occasions, so we felt as though we were friends with the family and yes, he just ...

Q. Were you invited for all of the functions and all of the --
A. No, no.

Q. Paula would often go on her own?
A. Yes.

Q. Indeed, she took a trip with him [redacted]; is that right?
A. Yes, yes. [redacted] and for some reason he went as well and invited Paula to go along while [redacted], and so, I'm not sure what they did all of the time but I know they went shopping and, yep.

Q. After Paula turned [redacted], what happened then?
A. It seemed as though she wasn't spending as much time with Jim and the family, and I did speak to Paula about it,

and she was a bit vague and said that she didn't feel as though there was - [redacted] and she didn't feel welcome at the house any more. And, after that, I did text Jim, and he just sort of fobbed me off and said that there was nothing wrong and they just weren't seeing each other.

Q. What did you understand by what Paula had told you? Did you understand what she meant?
A. About?

Q. The reason she wasn't seeing Griffin any more?
A. Well, that was her - what she told me, but I'm not sure whether that was what was really - yeah, was going on.

Q. What do you suspect?
A. Well, I'm not sure because Paula was always a very private person and I just don't really know what was going on really. Why Jim would want Paula in his life so much and involve her so much in many things to do with the family, and essentially he groomed the whole family.

Q. What do you mean by that?
A. He'd gained our trust that he was going to be helping with our daughter. Yes, it was a very difficult time and his friendship and assisting us, Paula was - yes, we trusted and appreciated what he was doing.

Q. After Paula was discharged from Launceston General Hospital - I'm sorry, just before I go to that. We were talking before about the sleepovers and the motorbike riding with Griffin, and I think you told us something about a rumpus room; what can you tell us about that?
A. So, he had a new house built, a large garage underneath, and then later on he added another room into the garage, so it was sort of built within the garage like a rumpus/extra bedroom for people to stay over.

Q. Is it fair that after Paula was discharged from LGH her life never really turned to an even keel after that?
A. It didn't, no.

Q. Broadly, what happened after she left home?
A. She was always very up and down with her mental health issues. She did spend time out of hospital and she was able to hold down a job, but she always ended up going back to hospital in some form or another, yes.

Q. Kim, I want to just pause there, and Barry, is there anything you'd like to add to what we've heard?

BARRY: No, all I can remember, that Jim and Paula's relationship just suddenly stopped for no reason. We were aware of the reason, Paula told us, but we both can't recall that particular reason why, so we don't know.

KIM: That's where Paula was a very private person.

Q. Paula then went to [redacted] and there was a terrible accident there, are you able to tell us?
KIM: A. Sadly, Paula, [redacted] and passed away, yes.

Q. She never made any - I just pause to say how sorry I am and how sorry we are - now, she never made my disclosures about Griffin, did she?
A. No.

Q. And you read about Griffin in the paper?
A. Yes.

Q. Like everyone else after she had passed away; is that right?
A. Yes.

Q. Can I ask about how you felt when you read about that?
A. Oh, just made me feel so ill, and then I - all these thoughts raced through my head, that maybe these things, terrible things that happened to Paula and she'd never spoken about them, and maybe this attributed to all of the issues that she had through her life.

Q. Did it make some of the pieces fit together differently for you?
A. It did, yeah, yes, yes.

Q. How do you feel about the uncertainty around that?
A. Oh, it's just something that's always going to be with me and I'll always wonder, yes, and I can't speak to Paula about it and nothing will really be resolved for me.

Q. That must be very hard, is that?
A. Yes, really hard.

Q. And, Barry, I imagine it's hard for you too; is that right?

BARRY: Yes, very much so; it's very overwhelming and impacts our lives daily.

Q. And, does that impact include difficulty in trusting the medical profession?
KIM: A. Yes, yes, my word, yes.

Q. Tell me about that.
A. Well, just that, you know, you do have trust in medical people because they're there to look after you and attend to you in a time of crisis and, yeah, that's very - for me now to have to go to the hospital, it's the last thing that I want to do, yes.

Q. Does it make you more reluctant to seek medical help?
A. Yes, especially at the hospital.

Q. And for your [redacted] children?
A. It's hard for them as well, yes.

Q. Kim, I'll start with you, I just want to ask you what you'd like this Commission to know about how you want to see the system change?
A. That's a hard question. As in that --

Q. You've come here today to talk about your experience, what do you wish had have been done differently?
A. I just wish that people had taken more notice and, when there were complaints made, that they were acted on. I never made a complaint about Jim because I didn't know anything, I wasn't aware that all this was going on, and that, I don't want this to happen to any other person and have their life changed forever, and I just don't want this to happen again to anyone else and the families, and it's just got such a big flow-on effect and it affects the rest of your life, yes.

Q. Paula was a long-term patient at LGH and she was primarily under Griffin's care; is that right?
A. Yes.

Q. Has anyone ever been in touch with you about, if anyone's ever investigated whether there was ever any

inappropriate contact between --
A. No. No, nobody has ever contacted me, no.

Q. Do you know if anyone's ever investigated that question?
A. About Paula?

Q. M'mm.
A. No, I don't know anything, no.

MS BENNETT: Kim, Barry, thank you so much for giving evidence today, those are the questions I have for you. I'll ask the Commissioners now if they have any questions but thank you for coming and so powerfully telling Paula's story.

Commissioners, those are the questions I have for these witnesses.

PRESIDENT NEAVE: No, we don't, Ms Bennett, thank you.

Well, thank you so much, Kim and Barry, we are really grateful for your courage in sharing a terribly sad story with us. We hope that talking to us has been helpful to you in some way, and you should be assured that we will certainly take it into account when we are making recommendations to protect other children.

We'd all like to express our sympathy for your loss.

KIM: Thank you.

BARRY: Thank you.

PRESIDENT NEAVE: It's a very, very sad story, and thank you again very much, I know it's not an easy process to expose yourself in this way but, as I said, it will help other children, we hope. So, thank you very much indeed.

And, we can now adjourn?

MS BENNETT: Yes, thank you. We finished slightly early but perhaps we could have the lunch adjournment now, thank you.

PRESIDENT NEAVE: Yes, thank you.

(CONFIDENTIAL SESSION ENDS)

LUNCHEON ADJOURNMENT

PRESIDENT NEAVE: Thank you, Ms Bennett.

MS BENNETT: Commissioners, the next witness is Commissioner Anne Hollonds, she's in the Commission room and I would ask that she come into the witness area.

<ANNE INKERI HOLLONDS, affirmed and examined: [1.36pm]

<EXAMINATION BY MS BENNETT:

MS BENNETT: Q. Commissioner, could you tell the Commissioners your full name and professional address?
A. Anne Hollonds, and my role is based at the Australian Human Rights Commission, and that's at 175 Pitt Street, Sydney.

Q. You've made a statement for the benefit of this Commission; is that right?
A. I have.

Q. Save for one amendment to paragraph 29, is that statement true and correct?
A. It is.

Q. Could we go to paragraph 29 briefly. You say there:

> *The national strategy to prevent and respond to child sexual abuse was a key recommendation.*

Commissioner, is it your evidence you would like that to read:

> *The national strategy to prevent and respond to child safety was a key recommendation.*

A. Correct, yes.

Q. With that amendment is that statement true and correct?
A. It is, yes.

Q. Could I ask you firstly about the roles that you presently hold and have held that are relevant to your current position?
A. So, I'm currently the National Children's Commissioner, and previously to this role I was the director of the Australian Institute of Family Studies, and prior to that I held roles as the chief executive of large non-government organisations working in the area of child and family wellbeing, including the Benevolent Society and Relationships Australia.

Q. Is it fair to say you've got a background in psychology and social work, with an extensive background in child protection, Out-of-Home Care, domestic violence, child and family therapy, parenting and mental health?
A. That's correct.

Q. Can you tell the Commissioners broadly about what the key roles you see yourself as having as the National Children's Commissioner?
A. Without quoting the Act, which you can read in my statement, I guess I would describe my role as really the key jurisdiction is at the Commonwealth level and, as you know, there are State and Territory Children's Commissioners as well. It's to provide oversight over policies, laws and the systems operating across Australia and to ensure that they are upholding the rights and the wellbeing of children everywhere.

Q. Commissioner, you tell us in your statement at around paragraph 20 that child sexual abuse is a human rights issue. Can you tell the Commissioners what you mean by that?
A. The United Nations Convention on the Rights of the Child outlines that children have all the rights that adults do, but they also have the rights to special protection because of their youth and their vulnerabilities as children and, of course, child sexual abuse is one of the areas that they absolutely need to be protected from as a human right.

Q. I want to take you to some of the frameworks and strategies that are relevant to protecting children, and I'd like to understand the national strategies and frameworks that there are in place. So, first of all I'd like to ask you about the National Principles for Child Safe Organisations; can you tell us at a high level what

they are?
A. So, the National Principles were developed as a result of the Child Safe Standards that were recommended in the Royal Commission and they basically and comprehensively outline what all organisations need to do in order to ensure the safety of children. And so, they have been agreed to by all State and Territory governments as well as the Commonwealth as the foundation for ensuring the safety of children.

Q. I just want to make sure that I understand some of them. I'd like to ask the operators if they could bring them up on screen, it's at COM.0001.0018.0027. You should then see the National Principles up on screen. Can you see those?
A. Yes, there's another page but, yep.

Q. We'll start with these and then we'll go over the page in due course. I think you've told us that these are the ten elements fundamental to making an organisation safe. What are the most important of the, if you are able to say, what are the most important of the principles?
A. Well, they're all of course important and they together provide a, if you like, a comprehensive way of putting children and their safety at the centre of an organisation. But, of course, I think that really we need to start with (1) and (2), so the governance of the organisation is incredibly important, the leadership from the top to change the culture to be one that ensures the safety of children and is able to put children and their wellbeing at the centre.

And (2), that children and young people are actually part of developing the ways of achieving that so that we are listening to children throughout the ways that the organisation is governed, not just as a peripheral thing, so for me those two are particularly important and all the others really go into quite a lot of detail about how it is we need to run an organisation to ensure that children's safety is ensured.

Q. Is it fair that those two principles really interact with each other because, when children are really listened to, it's because the people at the top want to engage with them?
A. I would say, yes, and it sounds like a simple thing to say, "We should listen to children", but actually it's a

really complex thing to do well and it's not something you can tick the box and go, "Yes, we listen to children" but to actually do it authentically and meaningfully and then ensure that what the children have said is translated into the policies of the organisation or indeed the policies of the government as the case may be, that itself is quite a complex task, so it's a particular kind of listening that is very, very important to ensuring child safety wellbeing.

Q. What can you tell us about what it looks like? How do we know when someone's listening in the kind of authentic way that you're talking about?
A. Well, for example, we need to ensure that children, their safety is ensured in the process so that they - their wellbeing is looked after, they know that it's safe to say what they want to say. So, that may be done in a variety of different ways, but we need to ensure that they're safe through the process. But also then, having spoken to them, having listened, having had that conversation and having listened to the children, we need to be able to come back to them and say, "This is what we did with what we heard from you".

Q. Let me ask you the inverse question: what does it look like when people get that wrong? What are the big mistakes people make when they don't authentically listen to children?
A. Well, currently there are a lot of, I guess, surveys and consultation processes occurring around the country: that's been, I guess, a positive move in that we are trying to listen more to children, but there isn't a lot of coming back and going, "Well, this is what we did, here's what we did with what we heard". So, there's, if you like, a lot of meaningless listening that doesn't lead to an authentic closing of the loop and maybe not even demonstrable changes to then the policies that need to change to ensure that children are being looked after.

Q. Is part of it a two-way communication, if you like?
A. Absolutely it is, yes.

Q. I'd like to ask you then about the fifth principle there, it says:

> *People working with children and young people are suitable and supported to reflect child safety wellbeing values in*

practice.

So, can you explain a little bit about what that might look like? What are we looking for there in people who are suitable?

A. Well, we need to be very clear that, if we're hiring them for a role with children, first of all they need to have a Working with Children Check of some - whatever the relevant check is in the jurisdiction, but beyond that they also in my view need to be able to demonstrate that they have an ability to engage with children, you know, in that meaningful way that we were just discussing, so that they have the appropriate qualities that are necessary, the empathy for children, the ability to engage with children in a respectful fashion.

It's very interesting, children when you do talk with them, they are able to describe how some people will treat them with respect and some people will not; they know who they can trust and who they can't trust. So, when we're hiring staff or volunteers we need to look for those sorts of people and ensure that we have ways of screening for those sorts of qualities, not just their qualifications, also the skills that they're able to demonstrate. But as well as recruitment we need to ensure their induction, their ongoing training and their ongoing supervision is consistent with all of the things that we're trying to achieve through the National Principles.

Q. You mentioned the Working with Children Check, and it's got different names in different states and territories, but is it fair to say that's a start but not an end to finding a suitable person?

A. Absolutely, it is just a start. It's absolutely critical, but there are, I guess it's much more complex when you want to find the right people to work with children and, if you don't have, if you like, capabilities sort of developed that you know to look for, then that's something an organisation would need to develop hopefully with some guidance.

Q. Have you ever heard any concern that perhaps some organisations do take the view that a Working with Children Check is a certification that the person actually has that broader skill set; is that something that you've come across in your work?

A. Yes, I have actually, yes, it's seen as that sort of

tick the box, we've got someone who meets our requirement, and that's where it ends.

Q. But in fact, in your understanding, it's much deeper than that?
A. It is, and it's ongoing, so it's not just at recruitment but all the way through their employment or in their time as a volunteer in an organisation.

Q. I'll ask you about Item 6, and while I do that I'll foreshadow to the operators that shortly after that I'll go over the page. But at Item 6 it says there:

> *Processes to respond to complaints and concerns to make sure they are child-focused.*

What does it mean, Commissioner, for a complaint to be child-focused?
A. Well, I guess - and this goes into quite some detail as to how you do that - but it's about ensuring, again, that the child knows that they are able to speak up; that they feel safe to do so because you've got in place the mechanisms to ensure their safety and support during the process and after they have spoken up.

Then, that all the people engaging with them have the capabilities but also I guess the authority to take it further so they're not having to tell their story repeatedly to different people, so that you ensure that it's designed to meet the needs of the children, that's what the "child-centred" means to me, that it's actually based on what kids say they need and evidence, best practice and academic evidence that we bring to bear about what's the context that we need to provide, the conditions that we need to provide to keep children safe when they speak up.

Q. It sounds quite distinct to, for example, disciplinary processes and investigations, is that fair, that might focus on whether or not what's gone on - this is something that looks - or what's gone wrong with the particular situation; this is focused on what's happened for the child?
A. Yes, so it needs to, I guess, if you like, have a bit of a therapeutic lens on it would be another way you could describe it, recognising that it is very hard for children

to speak up about very distressing things that have occurred to them. So, the actual process of hearing and dealing with their complaints needs to be crafted to provide an optimal and safe and therapeutic environment for them.

Q. So, for example, if someone were to express disbelief at what a child is telling them has happened to them, what's the likely effect on that, on the child's disclosure?
A. Well, in the first instance it may well just be the child would stop talking and would then tell no-one, but then I guess the short and long-term consequences may be very, very serious for someone who's experienced something very distressing and they've had to carry that themselves for many, many years. And, of course, we all know those cases, many cases now that have been discussed in the media about people who suffer for their whole lives as a result of not being believed.

Q. As promised, I'd like to now go over the page or down further to No.7, and that talks about:

Staff and volunteers are equipped with the knowledge, skills and awareness to keep children and young people safe through ongoing education and training.

Is that ongoing training, does that include about the identification of grooming conduct?
A. Well, yes, absolutely. This is not easy.

Q. No.
A. When you look very carefully at these principles, this is very complex and it's really hard, but it is absolutely what's needed because we know the risks are far too great. So, yes, for volunteers we need to ensure that they're getting that ongoing training about all the risk factors that are well evidenced now and the appropriate ways to manage issues when they come to light and how to respond appropriately to a child in that situation.

So, we want to really create that, if you like, that chain of protection around the child so that the whole organisation is operating in sync to ensure that that child is not damaged any further, that they're not going to experience some kind of systems abuse as a result on top of

the trauma they've already had so we now need to ensure that they're protected.

Q. And some people say people will stop volunteering if they have to go through lots and lots of training programs: what's your view about that?
A. I think they wouldn't be the correct people to be there if that were the reason for them to stop.

Q. Is there a best practice training program that you're aware of that responds to No.7, or is it, there are a variety out there?
A. Unfortunately I think there's quite a variety and I wouldn't be able to attest to the quality of them, so again, I would recommend that advice be sought on that perhaps from the Children's Commissioner here about what are the best programs.

Q. I want to then ask you about No.10 which refers to:

Policies and procedures document how the organisation is safe for children and young people.

So, why is it important to document the way? Isn't that just more red tape?
A. No, it's about accountability. So, if it's documented, then you can be held accountable against the policies that you've put in place, and those policies can be interrogated as to whether they are consistent with the National Principles for a start, whether they're rigorous sufficiently, and then of course there can be accountability against them.

Q. Is the flipside as well that it helps the people working with children to be really clear on what's expected of them?
A. It's clear to everybody and clear to the public who has a right to know, especially if government - well, not just especially if government money is involved - clearly, all organisations, even if no government money is involved, need to apply these principles.

And I guess this is a really important thing to understand, that the reason why these are so rigorous is because this is the best way to ensure safety for children in organisations.

Q. Are you able to tell the Commissioners what the main areas of misconception are around these principles?
A. Well, look, unfortunately I think that, because these arose out of the Royal Commission, I think there may be a general understanding that they're only about child sexual abuse, and of course they are about child sexual abuse but they're much broader, and that's where I'm not sure that there's been a very clear message about that yet; that in fact this is about ensuring safety for children against all sorts of harms.

Q. That deep understanding of these principles really, it feeds back to your earlier proposition that the people at the top need to understand and embrace this on a pretty deep level; is that fair?
A. Absolutely. So this, I'm talking the boards of non-government organisations, the senior leadership, heads of State Government departments and so forth, so there needs to be a very deep understanding at the leadership level.

Q. And that's the walk the walk kind of understanding, it's got to be demonstrated and internalised; is that right?
A. Absolutely. So, there may be a desire to take some shortcuts there, you know, because there's not a lack of understanding, but I think if there's a proper understanding of why this is important, then I think that the leadership, the governance of the entity, will take it seriously.

Q. Are there any shortcuts that you've observed in your role or outside your role, in a broad sense, that we should be aware of and alive to?
A. Well, I guess what I've seen is attempts to sort of perhaps cherry pick a few of these, you know, to set up a complaints mechanism or a training course here or there, or, you know, that kind of thing but not really engage the board, for example, and not set up mechanisms to engage with the children and young people at the governance level; I think that's often quite a hard one, as to how you do that, and many people find that challenging I think.

Q. Do these principles respond to the particular issues that might arise for First Nations children?
A. Several of the principles themselves refer to cultural

safety already, but I would draw your attention to the fact that the National Office for Child Safety, which is now responsible for these national principles, commissioned two organisations, SNAICC and VACCA. SNAICC is the National Voice For Our Children and VACCA is the Victorian Aboriginal Child Care Agency and they developed - if I'm permitted to show it?

Q. Please.
A. The "Keeping Our Kids Safe, Cultural Safety and the National Principles for Child Safe Organisations". So, what they have done is taken the National Principles and applied it to Aboriginal and Torres Strait Islander communities and children.

And what I particularly like about this, is that for every single principle they go to even further level of detail than the original National Principles by looking at what the executive level should be doing, what middle management should be doing, and what the operational staff should be doing, and so, it really I guess highlights that this is a very sophisticated approach and it needs to be at all levels of the organisation.

Q. And that's, I take it, a publicly available document?
A. It is indeed.

Q. A similar question then around whether or not children with disability, for example, are specifically catered to or identified within the principles?
A. Yes, again they are, and there may be particular things that are needed in organisations that are supporting children with disabilities, and that's something that I, I guess, these are prescriptive to some degree but they allow scope for tailoring to the needs of the particular group of children that are involved in that organisation and their parents and the broader community of the organisation, so it needs to be fit for purpose.

Q. That's an interesting point; you say that they're prescriptive to some degree but flexible. Is it possible to monitor whether an organisation is actually complying with these principles?
A. Yes, I believe it is. I think they're prescriptive enough for you to be able to say, well, our organisation's response to that point is, we do it this and this and this way.

If I can draw as an example the National Quality Standards For Early Childhood Education, which is I guess a different area, however there are these national standards where every childcare centre and every pre-school needs to show how they have achieved against the National Standards, and they would do it in different ways.

Q. Would there be some external body that would be monitoring and reviewing the way in which each organisation does it?
A. Well, there is a national body, ACECQA, that provides oversight. I'm not sure whether at the state level - I imagine there are peak bodies that can provide guidance for individual service providers as well.

Q. And at the moment who is monitoring compliance with the principles, the National Principles?
A. Unfortunately, what was envisaged with these National Principles was that there be established - in fact, this was recommended, that every state and territory would establish its own monitoring body that would provide independent oversight over the implementation of these principles.

The National Office for Child Safety has some role, I believe for the first three or so years following the Royal Commission whereby states and territories provide reports on how they're going, but I'm not aware that, beyond that, any national monitoring has been put in place.

Q. Do any states or territories presently have independent monitoring?
A. Yes, I believe there are two that do and one that's on its way, so Victoria and New South Wales have put this in place and I believe ACT is heading in that direction.

Q. What are the elements of effective independent oversight, in your view?
A. Well, it needs to be independent, for a start.

Q. Yes.
A. So, the independent regulator, if you like, to call it that, would need be able to speak freely and actually publicly about what they find and to address any issues that emerge, so ideally the body would be outside of government and arm's-length from it.

Q. When you talk about arm's-length from government, does that mean not sharing staff or advisors with government?
A. Yes, it would be that; perhaps an independent statutory authority and have its own - be its own organisation and be able to operate independently.

Q. Thank you. Returning to the principles just for a moment, you tell us in your statement at around paragraph 80 that:

> *... when an institution does not respect diversity and promote equality, it can create additional risks.*

And I wanted to understand what additional risks you were talking about.
A. Sorry, I'm just trying to find it.

Q. That's all right.
A. We know well that children who come from backgrounds, their families are either Aboriginal and Torres Strait Islander or who have other aspects of diversity in their background, they could come, for example, from culturally and linguistically diverse communities, LGBTQI+ identified and kids with disabilities, I guess they're the main ones that we worry about: these kids carry greater levels of risk and they need perhaps more targeted approaches to ensure that their wellbeing and their safety is looked after when these principles are applied.

So, rather than assume that everyone's the same and can participate in the same ways or feel comfortable speaking up, we know that some kids from these diverse backgrounds find it much, much harder for a whole host of reasons, and so we have to ensure that they've an equal opportunity to speak up about the concerns that they might have and that the way that the principles are applied need to pay attention to the risks for those kids.

Q. Is that particularly a risk at the point of disclosure or complaint? Is that a particular area of focus for that risk?
A. Well, I think it's a risk for the abuse, for a start: we know that, that they're at heightened risk of abuse because of their vulnerabilities, but it is also a risk when it comes to having their issues, their what's occurred

to them addressed. It's very hard for them to speak up and feel safe in doing so, and this was really reinforced for me in consultations that I did last year for the National Framework for Protecting Australia's Children where, for example, Aboriginal and Torres Strait Islander kids spoke about not feeling safe and not trusting service providers who they felt didn't understand them, didn't understand their background, even discriminated against them, judged them, and so, there was a lack of trust for those kids.

Q. I take it, it takes a long time to rebuild that trust?
A. Huge. Well, yes, often it's just not achieved I think because we're not putting in place the mechanisms to build that trust.

Q. So, is it a matter, Commissioner, of indeed starting from the position that across the board that trust needs to be rebuilt in order to start this process?
A. Yes, you could put it that way. I think we've let children down in this country. I think that in many ways children are absent from view at the times when they need to be seen and they need to be heard, and so, you know, I think that generally their low status in this country, we're not giving them sufficient priority nationally, and I think that these principles, if applied properly, would help to change that.

Q. You mentioned a moment ago the National Framework and associated policy; can you tell the Commissioners what that is?
A. So, the National Framework for Protecting Australia's Children is a shared commitment between the Commonwealth and the states and territories. There's a new one that has just been developed, we had a previous one that went for 12 years, there's a new one that will now go for 10 years, and it basically focuses on four target cohorts of kids who we know are living in disadvantaged circumstances and therefore perhaps are at greater risk, so it's focused on those kids and their families.

Q. I think you tell us in your statement that - well, can you tell the Commissioners about what your role is in that National Framework, or has been?
A. Basically, I was commissioned by the Department of Social Services to speak to children and young people and their families around Australia to inform the first five-year action plan which has not yet been agreed to and,

as part of that, I travelled around Australia conducting consultations.

Q. Those consultations, are they feeding into your evidence that we failed children? Is that part of where that's coming from?
A. Yes, very much so. My findings that are now in a report that's available - we may have linked it in here, I'm not sure, called Keeping Kids Safe and Well - Your Voices, you know, really what that report seeks to do is amplify the voices of the children and the parents and grandparents we met with about what they need in order to be able to keep kids safe and well, and what they told us was that often what's missing, what makes it hard are the basics: they're things like housing, lack of mental health services for adults and for children, food, clothing, transport, school supplies, you know, these sorts of basics. I heard a lot about violence in their lives at home but also in the community and I heard about schools often not being fit for purpose in how they operate to ensure that children feel welcome, that they feel they can trust teachers and school staff. A lot of kids basically talked about not feeling safe at school.

Q. What is it about the school environment that contributes to children not feeling safe?
A. Well, it's complex.

Q. Yes.
A. But some of the things that I heard about was that - well, that children experience racism, so this is Aboriginal and Torres Strait Islander children in particular experiencing racism at school. Their families feel not welcome in the school, and so, I guess the model of how the school operates which sees the student in isolation in a very sort of, if you like, an Anglo mainstream way, and the parents and families are pushed out, that it actually serves to alienate kids: they don't feel safe.

Q. Does that relate as well - I think you make some comments about informal kinship care: is that a related concern, about respect for those relationships?
A. Yes, so kinship care, I guess, is another concern in that they often don't get the support that they need from the Out-of-Home Care, the child welfare authorities. They feel that they're not getting the same financial support,

but also not the same training really or the support, the emotional support, the therapeutic support that's needed for them and their kids. Because they are family, often I think they feel quite taken for granted, and we need to understand that kinship carers are often mostly elderly people, grandmothers.

Q. I think you said as well or it's in the report that government service providers, that people need to feel like service providers are listening to them when they make decisions that affect them. Can you tell the Commissioners why that's so critical?
A. Well, again, it goes back to the Convention on the Rights of the Child and the child's right to have a say and to be heard. You know, it was really great that we actually did hear some very positive stories from kids who said that the services that could help them were the ones that they could trust, and when we pulled apart what did those service providers do: well, they listened, they understood, they took time to understand, they treated them with respect. It was like, it was so interesting hearing kids talk about respect in such clear ways.

Q. I'd like to return to the education environment and about disclosure around boundary violations and grooming behaviour as sort of preconditions or anterior steps before there's abuse; is that something that the National Framework or the standards respond to?
A. Well, the national - the principles, the National Principles should be applied to schools. The National Framework for Protecting Australia's Children, unfortunately the education system isn't a core part of that framework, but I think that - but the National Strategy - so, this gets very confusing: the National Strategy For Preventing and Responding to Child Sexual Abuse obviously has an interest in what's happening in the school environment and how well it can act quickly or avoid - avoid or act quickly when there's any evidence of behaviours like grooming.

Q. In your experience, what's the effect of remote communities or regional areas? How does that impact on people's access to support or disclosure?
A. Well, certainly based on the consultations I did last year, it's the regional and remote areas, there are very, very few options for kids to have that: the safety, the environment that they need to ensure that their needs

are looked after. Really, we are - they're in very precarious situations, and particularly if they don't have families who can look after their interests as well, so often kids are just really left - it's left to chance as to whether their needs are looked after.

Q. What do you mean when you say precarious? Do you mean in terms of the supports they can access? If they're lucky the right person will be there and respond in the right way?
A. It's all luck, it's all luck, yeah. So, obviously in regional and remote areas there aren't the same quantity of services available as we have in the cities, but also the quality is variable. They don't have access to a lot of public transport - that was an issue that young people raised with me, they can't get to places where there are appointments and service appointments that they could access, so they're not getting, for example, mental health services or other kinds of support services: they just really are left to their own devices and it's really worrying.

Q. Is that impacted by the size of the community that they might be in in a smaller area? When it comes to child sexual abuse and you're in a small rural community, you've got these barriers and the people you might ask for help are people that might be known to you and might know the offender?
A. Well, of course. I mean, there are many young people who said to me they just couldn't talk to anybody because it wasn't safe to do so, so yes, some of them would have been in those situations of really having very few safe adults available to them.

Q. "Safe adults", that's a term you see in a lot of literature; can you tell us what you mean by safe adults?
A. Well, someone who is prepared to listen and make sure that the child is safe while they're being listened to for a start; that they're not going to then, you know, rush off and take some kind of action that the child may feel uncomfortable about.

This is complex because there are obviously many adults who are mandatory reporters and it's very interesting that children and young people are often very aware of who is and who isn't a mandatory reporter and they will sometimes deliberately not speak to a mandatory

reporter because they're worried they will be removed from their families because they're in an unsafe - whatever the lack of safety is. So, these are kids from families who often fear authority generally, fear the shame and stigma that goes with even asking for help, so there are many, many layers of barriers.

Q. Does that really boil down to, they want to stay in the unsafe circumstance they know rather than expose themself to the potentially unsafe circumstance they don't know?
A. Yes.

Q. Turning to some things we'll come to in later weeks, are you aware of the perception of Out-of-Home Care, where it's seen by children as a safe or unsafe place to land?
A. Again, as part of my consultations I heard directly from kids in Out-of-Home Care and some certainly said that they were well looked after and did feel safe, but there were some who didn't and who felt that they felt that their carers, foster carers or residential carers needed more training on how to look after children: I mean, it sounds pretty basic, but this is what the kids are saying, that in some cases they're not getting adequate care.

Q. I want to talk briefly with you about what goes wrong when someone's trying to implement, for example, the systems and processes we've been talking about; what are the dangers that those organisations face?

I guess, speaking first about coordinated approaches: what's the importance of having a coordinated approach among different government departments, or indeed, between different governments?
A. Well, part of it is an equity issue; I don't see why one child in a particular part of Australia should not have the same as another child somewhere else. So, for me, we need to have, the basic systems need to be working well for all children, and so that's why we need that consistency and the coordination is about ensuring that we're actually approaching it in a systematic way.

Part of the problem in this country - and I understand, it's hard, we've got a federation, we've got long distances between places, but the service systems are incredibly fragmented and patchy, so it is sheerly a matter of luck as to whether you happen to find yourself in a

place with a service that can meet your needs, the needs of your children and so on.

I mean, I can share that here in Tasmania I remember meeting one young mum who was travelling one hour from where she was now living in a caravan park, because could not get proper housing, with her toddler; she was travelling one hour to go back to the Child and Family Centre where she had felt supported. So, that service was like her family: every day she caught two buses to go back to that place and spent the day there with her toddler because that's where she felt safe, all right. So, we actually make it really hard for people to get help because of the lack of consistency and the lack of coordination across the country.

Q. It sounds as though as well from what you've said earlier that people might disclose, not just child sexual abuse, but what they need and they might need to do that a number of times before they actually get the help they need. Is that your experience?
A. Yes. Yes. So, again, you're lucky if you find someone that can actually progress your issues, find you the support services or the responses that you need, but it's more likely that you're having to try to navigate a range of disconnected response systems.

Q. Returning then to child sexual abuse, is it fair to say those systems all need to be working well to keep children out of the vulnerable situation that makes them more vulnerable to child sexual abuse, which is what we were speaking about earlier?
A. Yes. So, child sexual abuse is a part of all, I guess, the harms, the child maltreatment issues that children are at risk of; all of them need to be coordinated, the responses to all of them need to be coordinated, including child sexual abuse.

Q. So, does that really call for a whole-of-government response?
A. I would have a preference for a whole-of-government response to these National Principles. I know that the way government works things get segmented into different departments, do their own thing: often they have their own plans, their own ways of doing things, and sometimes they might collaborate, but not always. I think the leadership needs to be at the top and I would like to see a

requirement that departments coordinate across each other to ensure the safety of children, because kids issues don't live in one silo alone. These kids come often from very complex families with a range of needs that go across a number of different portfolios, and so, I think to have some consistency at the government level across the departmental responsibilities, call it a whole-of-government approach, if you like, with leadership at the top, I think that would be the best way of proceeding with the implementation of these quite complex principles, that I think it requires that kind of really, I guess, broad but granular approach from government.

Q. And that's a method of ensuring that one department doesn't interpret principle 7 in one way and another does it in another way?
A. That's right, and also ensures then that where there needs to be information shared, which I guess is another aspect, that that's built into the mechanisms that are put in place.

Q. I haven't asked you about this in your statement so tell me if I am going outside your expertise, but in terms of barriers to information sharing, things like Privacy Act or risk of defamation come up a lot in terms of the reason we can't talk about these things, even between different departments. Is that something you've come across in your experience?
A. Well, yes, it's an issue everywhere and it's an issue though that needs to be tackled. Just as all the barriers to implementing what is a better way to ensure the safety of children, there are a lot of barriers, they all to be addressed and I believe they can be addressed.

Q. Have you seen any approaches to addressing that particular information sharing barrier that have worked in other areas or in your own experience?
A. I think the family law environment is one where there's particular barriers to sharing because it's, you know, at a federal level and then you've got the child protection managed at a state level, and there are a number of examples now where there is more coordination between the Commonwealth jurisdiction and the state jurisdiction when children's risks are involved, including the co-location of triage within registries, court registries, to ensure that the needs of children are looked after. Now, it does require particular efforts to achieve that;

it's not something that's automatic when things are already divided by jurisdiction or, you know, in the same jurisdiction by the different departments.

Q. Again, without notice, but is that something that you see in particular environments more than others, like in Out-of-Home Care or in an educational environment more than others?
A. I really couldn't comment on - I think it's just a general issue that perhaps is, we lack an understanding of where the sharing of information done properly is actually of benefit and protection to children. I mean, it's a similar thing to, you know, our traditional view of protecting children is that you keep them out and you keep them out of things and you don't talk to them. Actually, I think the Royal Commission showed that silencing children actually puts them at greater risk, so I think the same principle could be applied to the sharing of information done properly with appropriate protections of the information, of course.

Q. Yes, which actually leads to how we assist young people and children to understand the risk they might be at of child sexual abuse. How do we talk to kids about this in a safe way?
A. Well, I think we've done quite a lot of work on that now with our respectful relationships education that has been rolled out across the country. You know, nothing's perfect and these programs need more work, but I guess the idea is that, even from very young ages, without talking about sexual abuse as such, you can start to educate kids about how to keep themselves safe, about personal boundaries, about consent. Consent education, of course, is something now that the Education Ministers have agreed to roll out from next year throughout the school systems, but these are evolving practices and evolving knowledge. I think we have made a start there.

Q. Have there been any evaluations on those practices yet, respectful relationships, those sorts of things, have they been evaluated?
A. Yes. So, the organisation Our Watch has conducted evaluations of respectful relationships education.

Q. Can you tell us at a high level how your role interacts with other Children's Commissioners, guardians or advocates across Australia and New Zealand?

A. So, we have an organisation called the Australian and New Zealand Children's Commissioners and Guardians Group, ANZCCG, which includes all of the people in every jurisdiction, and in some cases it might involve an Ombudsman and a child advocate and various other roles; we together form a group, we meet quarterly, and we undertake joint work where appropriate.

Q. Does that include information sharing about what's working well, what's not working so well, those sorts of things?
A. Yes. Yes, there's information sharing and, you know, we seek to collaborate where possible, but of course Australia's a hard place to collaborate in across jurisdictions, so we do our best.

Q. Commissioner, there's a word you've used a number of times in your evidence today that I'd like to return to as my last question for you, and the word is "luck". You've used the word "luck" a number of times in talking about children getting support or being protected. It causes me some unease. Does it have some concern for you that luck is playing such a role?
A. Of course, yes. Look, it's really disappointing to me; you know, I've been in this role now for, must be nearly a year and a half, to find that the safety and wellbeing of children in this country is not really a national priority. That again and again I observe examples where children have taken a back seat, their needs are not met, when policy is largely designed to address the concerns of adults, and we see that flow through in various ways, obviously in the state and territory jurisdictions.

So I think that helps to explain why we have such patchwork and fragmented service systems that aren't necessarily fit for purpose to meet the needs of children or their families, and I am of the view that we should not be leaving the safety and wellbeing of children to chance.

Q. Before I leave you to the Commissioners to ask any further questions they may have, are there any concluding comments you'd like to make to this Commission of Inquiry and the important work that it's undertaking?
A. Well, look, I'd just like to reiterate, if I may, that I think not having the National Principles applied in a consistent way across the country, in the ways that we've discussed - a whole-of-government approach with

accountability, visible accountabilities with the independent monitoring and reporting and so forth - that it's a missed opportunity. You know, we had a big Royal Commission, we've got these National Principles, we should apply them in a consistent and coordinated fashion. I think that would make a huge difference if we did and it would be evidence that we are making children a policy priority.

MS BENNETT: Commissioners, those are the questions I had for the Commissioner, I hand to you.

COMMISSIONER BROMFIELD: Commissioner, thank you for appearing today, we really appreciate it. It's interesting you finished on the National Principles because that's where I wanted to return to again. You mentioned a number of times throughout your evidence that it was hard and it was complicated to implement the National Principles, but you also were quite clear that it was essential.

I'm just wondering if you have a view as to how organisations can be supported to implement the National Child Safe Principles?
A. Thank you. Yes, well, there are suites of resources available both at the Australian Human Rights Commission but also the National Office of Child Safety website where they can provide that guidance, and there are also now organisations providing, if you like, training, policy development support, coaching for organisational leaders on how to do this, so there is now available quite a lot of support.

Q. Would you think then that it is fair to say that, while it's hard and complicated, it's still not an excuse?
A. Absolutely not an excuse. As a country we do lots of hard things; I mean, we've just dealt with COVID, that was all very hard, and we did it; I guess you could have your views about how well we did it. If we want to keep children safe we have to do this, so yes.

COMMISSIONER BROMFIELD: Thank you.

PRESIDENT NEAVE: Q. I've got a follow-up question on that. In terms of the independent oversight body that you referred to, is that support and training something that should be combined with the oversight function? I know it is in Victoria so that you have an independent Children's

Commissioner who looks at both the education and support for organisations and the oversight process. Is that a model that you support?
A. Look, I think it makes a lot of sense to combine those roles. Having said that, I think there are some non-government organisations who are now able to provide the training, but as long as someone's monitoring the quality of the training.

Q. Yes.
A. So, if it's coordinated by that oversight body, it could be delivered by somebody else perhaps.

PRESIDENT NEAVE: Thank you.

COMMISSIONER BENJAMIN: Q. Commissioner, you said each state and territory has Working with Children Checks and certification. Is there any move to have a national register based upon the information and intelligence of all six states and territories and also the AFP, or is that kind of pie in the sky stuff at the moment?
A. Look, I'm not an expert on that I'm afraid, but I understand there has been progress to try to harmonise those Working with Children Checks, but we're not there yet.

Q. There's nothing happening that you know of?
A. Oh, no, no, I think they're working on it.

Q. Right.
A. But I'm afraid it's not something that I have checked of late as to how far that work has progressed.

COMMISSIONER BENJAMIN: Thank you.

PRESIDENT NEAVE: Q. Commissioner, I have one further question on another issue. You've referred to Principle 2, and I'm not going to say it correctly, but the involvement of the voices of children and later in your evidence you made some reference to the difficulty of engaging with children at governance level. I wondered whether we should be thinking about involving children in, for example, selection processes, older children in, for example, selection processes for senior positions in organisations. Is that pie in the sky or ridiculous, or is that something you might want to do?
A. Well, look, it's being done in some places when

they're recruiting Children's Commissioners, so they'll have children involved. I'm not sure of where else that's being done, but you know, I think that we're just a little nervous about involving kids and my experience has been that actually when kids are at the table they're surprisingly insightful and refreshing in all of their wisdom, and they actually bring something that adults don't bring to the conversation, and I think it is worth trying to involve them more on boards of organisations, perhaps as part of recruitment processes. I think we need to get over our little sort of nervousness about kids and our desire to sort of keep them away from the main game.

PRESIDENT NEAVE: Thank you very much, Commissioner, that was very helpful, your evidence.

THE WITNESS: Thank you for the opportunity.

PRESIDENT NEAVE: And, a short break.

SHORT ADJOURNMENT

MS ELLYARD: Thank you Commissioners, the next witness is Dr Michael Salter who appears via video and I'll ask that he have the affirmation administered.

PRESIDENT NEAVE: Thanks, Ms Ellyard.

<MICHAEL ALAN SALTER, affirmed and examined: [3.06pm]

<EXAMINATION BY MS ELLYARD:

Q. Dr Salter, could you tell the Commissioners, please, your full name?
A. It's Michael Alan Salter.

Q. And your current occupation?
A. I'm the Scientia Associate Professor of Criminology at the University of New South Wales in Sydney.

Q. Thank you. You've made a statement dated 7 April 2022 to assist the work of the Commission; is that correct?
A. That is correct.

Q. You have a copy of that statement with you?
A. I do.

Q. Are the contents true and correct?
A. They are.

Q. You attach as Exhibit 1 to your statement a copy of your curriculum vitae which includes a list of your academic publications?
A. That is correct.

Q. And then some of those publications relevant to the work of the Commission are separately extracted as Exhibit 2?
A. Also correct.

Q. Would it be right to say, doctor, that although you've researched and published in a number of areas, the largest area of your work as you've set out at paragraph 4 of your statement involves the experiences of adult survivors of child sexual abuse?
A. That is correct.

Q. And you hold a number of offices and positions in associations relevant to your work, including relevantly the International Society For the Study of Trauma and Dissociation?
A. Yes.

Q. Doctor, may I begin with what might seem some very fundamental questions before we go on to discuss the contents of your statement in more detail. At paragraph 9 of your statement you offer a summary of what we mean when we say "child sexual abuse". Could you summarise for us, please, the range of behaviours and contexts that are being described when we use that term?
A. When we talk about child sexual abuse, we're talking about any sexual activity that is visited upon a child, that a child cannot understand or possibly consent to. The definition of child sexual abuse is quite broad because it recognises that child sexual abuse occurs in a variety of different contexts and settings, but also that the perpetrators may be adults, they may be adolescents or they may also be children.

Q. You make the point at paragraph 10 of your statement that child sexual abuse is perpetrated across all environments including relevantly all socio-economic groups?
A. Yes, correct. Unlike other sorts of criminal

offending, when it comes to child sexual abuse we tend to see a fairly flat distribution across the socio-economic spectrum, so it tends to occur in high income settings at the same rate as it occurs in low income settings.

Q. That said, you do identify in your statement that child sexual abuse doesn't occur in a vacuum and that it can be associated with what you've described as accumulating forms of disadvantage. Can you explain what you mean by that?
A. So, often the opportunity for child sexual abuse, it arises because there are sometimes background issues in the life of a young person and may be cumulative forms of disadvantage: that may be poverty, it may be living with a disability, it may be issues that are impacting a parent, such as the parent's protective capacity maybe inhibited, but there are other factors at work as well. If the child, for example, or an adolescent is LGBTIQ or has some other aspect of their life that perhaps they might be keeping from a parent, you know, all of these are quite dynamic risk factors that can intersect to create an opportunity that a child sexual abuser can take advantage of.

Q. Thank you, and at the risk of asking you to summarise a very complex position in a few lines, and by reference to paragraph 12 of your statement, what are understood to be the consequences for children where they are victims of child sexual abuse? How does it manifest in their lives both as children and later in life?
A. So, child sexual abuse involves a significant disruption to the psychological and also the physiological development of the child and that is why child abuse is quite unique in terms of the forms of harms that it creates, unlike adult onset victimisation.

With child sexual abuse the child's mental state, their physical state, is in the process of development. The risk of child sexual abuse is that it interrupts those processes of development and that can set in train something like a domino effect, both in terms of the child's emotional and psychological condition, but also their physiological wellbeing can be impacted by an excess of stress, overwhelm, fear, agitation and so on, and so, we understand child sexual abuse as a broad risk factor for a range of negative health outcomes and life outcomes; that's not to say that these outcomes are visited upon every survivor in the same way, it can be quite diverse, but for

children and for adult survivors of child sexual abuse we see trauma-related mental health issues, we see depression, anxiety. It's quite common that we see self-harm, substance abuse. There can be acting out, physical aggression. There can also be vulnerability to criminal victimisation, particularly for girl victims of child sexual abuse. There's educational deficits for the child because their schooling has often been disrupted so that impacts educational attainment which then has flow-on effects in terms of their employability, their financial security, and so, when we look at negative life outcomes broadly we see child sexual abuse survivors over-represented right across the spectrum.

Q. I take it, Dr Salter, that because of some of those impacts, the effect of child sexual abuse extends beyond the individual victim to a wider circle of people and perhaps indeed to the whole community?
A. That's absolutely right. Many of the so-called wicked problems that we face now, many of the social problems that seem really entrenched, really difficult to shift, whether that's criminality, whether it's substance abuse, whatever it might be: often child sexual abuse is really sitting at the core of those social problems, and to date our inability to muster an effective response to child sexual abuse in order to prevent it and also to support survivors to heal from it, we'll live with the consequences of that every day.

Q. One of the things you say, and it's at paragraph 82 of your statement, is that trauma can spread so that the trauma of child sexual abuse can take hold in a community and have community-wide consequences. The Commission is dealing with a range of case studies here which will include relevantly the impact of child abuse on particular communities and I'd be grateful if you could speak a bit about that.
A. So, for people sexually abused as children, we see a couple of common pathways and they are quite gendered. For girl victims of child sexual abuse they're at a disproportionate risk of sexual assault and domestic violence in adulthood. For male survivors - and I'm saying this as a generalisation, this is not true of every male survivor - but when we look at domestic violence perpetrators they have a disproportionately high rate of sexual abuse in childhood, and so, we can start to see how that lack of support and protection for those individuals

as children, it then manifests in adulthood in environments where they might be raising children where there is then trauma, there is then abuse, and there is then neglect, and so we start to see this intergenerational cycle of trauma, violence and abuse; and, once that cycle is underway collectively in a community, if there's not a real effort made to promote healing and support that community to heal, then these sorts of cycles can transmit both vertically across generations but also laterally across the community as very social problems and forms of disadvantage and problematic psychosocial behaviour starts to spread out through the community and, unfortunately, that is the state of some communities here in Australia.

Q. Thank you. The work of this Commission is particularly concerned with the government's response to abuse in institutional settings and, perhaps by drawing your attention to paragraph 34 of your statement, can you summarise please for us what we mean when we talk about abuse occurring in an institutional context or institutional sexual abuse?
A. So, institutional sexual abuse is a very broad category, it refers to incidents of sexual abuse in which an offender uses their institutional role, so they have a legitimate role in an institutional setting and they use that role to access children, normally children who are under their care in that institutional context.

Q. You go on in your statement to identify that, when one thinks about institutional abuse, one can identify both how institutions might become targets or vulnerable to being infiltrated - to use that word - and also what particular cohorts of children might be more vulnerable in institutions. So, taking them in turn, and I'm drawing your attention to paragraph 37 and following in your statement, what are the characteristics of institutions where it might be more likely that abuse will occur?
A. So, it's important to recognise that we have a cohort of child sexual offenders in the community who are highly motivated to find opportunities to access children, and so institutions that lack appropriate safeguards to ensure that those offenders are not able to gain that legitimate role in the institution become very appealing to offenders. So, these are institutions where there's a lack of oversight, there's a lack of accountability in the interactions between children and adults, particularly where adults are able to exercise quite arbitrary authority

over children with a lack of surveillance.

There's opportunities for offenders to insinuate themselves into those structures because the checks and balances might not be functioning, but we also need to recognise that many offenders go undetected for a long period of time, so even Working with Children Checks is obviously not a perfect measure because many offenders, their offending will not be flagged by measures such as that.

And also institutions where child sexual abuse has taken place in the past, where there may already be sexual abusers in the institution that are shaping the culture and the structure of that institution.

Q. You make the point at paragraphs 40 through to 42 of your statement that sometimes where abuse is alleged in an institutional context effectively people rally around the institution rather than around the alleged victim. What's going on when that happens?

A. So, this is very common where a child or an adult survivor makes an allegation in an institutional setting. I mean, institutions are about power, they are about authority, and these sorts of allegations, they up end the status quo of the institution; they effectively disempower individuals who were in positions of power and they were using that power to abuse children, but that power was bestowed on them for a socially legitimate purpose, and so, it's quite common that there are a range of vested interests within the institution: whether it's the institution seeking to protect its reputation, the institution seeking to protect the status quo and the hierarchy of the institution that's being quite directly challenged, you know, allegations of sexual abuse fundamentally delegitimise institutions and so institutions have a reason to fight back.

And also, child sexual abusers are not waiting around to be accused of abusing children, they have thought about an allegation, they have made plans about the allegation, and often part of buffering themselves and protecting themselves from an allegation is to cultivate their reputation and cultivate their connections within the institution such that they feel confident that if an allegation was made, that they would have defenders within the institution.

And I think more broadly when individuals are members of an institution and they identify with it, there's often just a psychological reflex to defend that institution and, frankly, identify with the alleged perpetrator over the alleged victim.

Q. Thank you, doctor. Linked to this is the other issue you've raised in relation to institutions, which is the vulnerabilities of particular cohorts of children and as I understand it one of the reasons why that cohort of children is more vulnerable is because of their perception that they are less likely to be believed or less likely to be regarded as truthful if they're abused and do try to complain.

A. That's right, and so, we can think about - you know, broadly, of course, children are at a significant power differential when it comes to any adult and I think that's obvious to all of us. Institutions are settings that amplify the power of adults over children, so children become quite vulnerable in those settings, but there are particular groups of children whose credibility is often under challenge anyway: they may be children who have got a history of difficult behaviour, they may be children that belong to marginalised social groups, and so even further those power inequalities that are already amplified in institutional settings, we find children can become quite powerless in those settings to the point where, frankly, in some scenarios it's almost as though they really have no voice and that's something that offenders take advantage of.

Q. Thank you. One of the things that you have particular expertise in is the question of organised abuse as a particular form of abuse, and you summarise what it is at paragraphs 19 and following of your statement. Could I ask you, please, to describe for us what's meant by the term "organised abuse" and how it intersects with abuse in institutional settings?

A. So, organised abuse describes any incident or any case of child sexual abuse in which two or more adult offenders conspire to sexually abuse one or more child. So, we can recognise that child sex offenders are not only solo offenders, it's quite common that they seek out the company of other people who share their interests and share their impulses, and they may then come to collaborate in the sexual abuse of children. This can include the use of

institutional roles and contexts. As I mentioned earlier, child sexual abusers can be quite drawn to institutional roles that give them power over children and access to children, and so, when we're looking at organised abuse cases it's fairly common that we have abusers as part of a network of abuse who are engaged in institutional abuse where they are accessing and sexually exploiting children through their institutional role.

Q. You make the point in your statement at paragraph 24 that the idea of there being organised abuse and networks of offenders has only recently been accepted as something that's real and not fanciful.
A. Yes, that's the case, and it's quite frustrating; you know, we've had very good documentation of sex offenders working in concert really since the 1970s. I think it does pose a really significant challenge to child protection practice and also to the way in which police typically deal with child sexual offences, and so, as a result it's really only been over the last, I think, five to 10 years that organised abuse is being broadly recognised for the threat that it is, and certainly the Royal Commission here in Australia played a significant role I think in advancing our knowledge and understanding of networks of offenders, particularly in institutional settings.

Q. One of the issues that's been brought to the Commission's attention in the Tasmanian context is the extent to which sexual exploitation of children in Out-of-Home Care occurs, sometimes through networks of older, usually men, who interact with and prey upon children and young people in care. Is that an example of organised abuse?
A. Yes, it absolutely is, and I mean, this is just a longstanding simmering scandal in this country and I'm really glad that it's being aired at this Commission.

Q. You mentioned the Royal Commission, Dr Salter. One of the learnings of the Royal Commission was the extent to which there can be long delays in children reporting the abuse that's occurred to them so that in some cases it's literally decades later that adults report their experiences as children, sometimes in circumstances where they'll describe the memories as having been gone for a long time and returning.

At paragraph 27 and following in your statement you

deal with the question of the way in which abuse, perhaps particularly organised abuse, can affect memory and then be used as a means of damaging the credibility of complainants. Can you tell us a bit about that, please? A. I can. So, delayed disclosure is the norm in child sexual abuse. The data suggests that the majority of kids don't disclose at the time and that's actually for very good reasons. When we look at research on what happens after disclosure the evidence is actually that the majority of kids who do disclose at the time of the abuse are not protected and that the abuse continues after the disclosure, and so, we need to understand that non-disclosure is quite a rational decision by a young person, it's a very protective person by a young person because where child sexual abuse is taking place it's often not safe to disclose in a range of ways, and kids predict that they're not going to be believed and often those predictions are quite accurate.

So, delayed disclosure is the norm, it's in no way unusual and it's in no way irrational, it's quite a logical decision by a child.

In terms of the ways in which children are able to mentalise, they're able to understand and cognise child sexual abuse, we need to recognise a few factors, one of which is that child sexual abuse involves the imposition of adult sexuality onto a child. A child doesn't have the resources internally to fully understand what is occurring, and so, this can disrupt memory simply because the child doesn't necessarily have the words, have the concepts, in order to encode what is occurring accurately.

It's also the case that child sexual abuse can be very frightening, it can be very overwhelming, and so this leads us to the phenomenon of what's sometimes called traumatic amnesia in which human beings generally, when we are subject to fear or threat or betrayal or violation, we frequently experience memory difficulty and we may lack memory, we may lack recall, accurate recall of the incident; we may in fact forget the incident. We see this in car accidents, we see this with returned veterans, and we certainly see this with child sexual abuse survivors.

And there is a process, particularly for children, and as I mentioned earlier when we're talking about a child, of course we're talking about an early developmental stage in

which this child is psychologically forming, and so, closely aligned with traumatic amnesia is dissociative amnesia where the child is simply psychologically not putting all of the pieces of the memory together as the memory is encoded. What this means is that in adulthood it's very routine for survivors to experience a sudden onset of memory that they may not previously have had access to; this can be quite shocking for them, or they may have some partial recall of the abuse but more details begin to arise as they begin to remember, and this is often fragmented, it's non-linear, and it can take a period of years.

Q. But as I understand it from your statement, that the way in which memories return has sometimes been weaponised or used as a means by which to attack the credibility or reliability of those who describe abuse that occurred to them in their childhood?
A. That's correct. So, really from the early 90s when we started to see increased rates of adult survivors of child sexual abuse suing, suing for emotional damage, and also an increase in adult survivors testifying in the criminal courts, we saw the emergence of a kind of a counter-science claiming that so-called recovered memory, so memory that has previously been unavailable to recall that is then recalled in adulthood, that so-called recovered memory lacks accuracy and is more likely to be false than not. We now know that that is untrue and that memory recalled after a period of amnesia is no more or less likely to be inaccurate than any other form of memory.

Q. Thank you, doctor. Still sticking with the idea of the Royal Commission, at paragraph 141 of your statement you make the point that the National Royal Commission began what you describe as a cultural shift towards a public health model away from what had previously been understood as a largely psychiatric analysis of the causes and impacts of child sexual abuse, and I want to ask you some questions, if I may, about that public health model which as I understand it you consider to be the appropriate way to try and think about the wicked problem of child sexual abuse?
A. Yes.

Q. So, at paragraph 91 you summarise for the Commission what in summary is the three stages or the three levels at which a public health model response to a problem will

proceed and you identify the first of those as being primary prevention which is at a population level?
A. Yes.

Q. Secondary prevention which is about institutional level responses to potentially high risk cohorts or situations?
A. That's correct.

Q. And then, thirdly, tertiary prevention which is responding to abuse after it has occurred?
A. Yes.

Q. Starting with the question of primary level prevention, you identify at paragraph 93 and following of your statement that there have been some steps taken in Australia, most particularly through the National Plan and the National Strategy, to try and have population level prevention of child sexual abuse, but you make some comments about the extent to which there's presently a good evidence base from which to work. Can you tell us about that?
A. That's correct. So, when we're talking about primary prevention we're really looking for those risk factors at a high level, at the social and cultural level, those high level risk factors that we can change through public policy measures that will reduce the overall prevalence of the problem. So, we are fairly familiar in Australia now with the public health approach to violence against women. We've recognised that certain attitudes to women and certain attitudes to gender and gender inequality have a close causal link with rates of violence against women, so there's been significant investment at the Commonwealth, state and territory level into reducing those attitudes and also addressing other risk factors for violence against women.

We are somewhat behind when it comes to the primary prevention of child sexual abuse. There is work that we need to do to identify Australian community attitudes to child sexual abuse and to children, and I think also to gender; gender really plays a role here that at the moment is driving the very high rates of child sexual abuse that we see. It's not work that's been undertaken to date, but it is really important.

Q. You say that work needs to be done to identify

attitudes towards child sexual abuse, but I think you say in your statement that - I mean, at a fundamental level no-one is in favour of child sexual abuse, everyone's against it, so to that extent the attitude of the community is already understood, but I take it it's a bit more nuanced than that?
A. That's correct. I mean, we all agree that domestic violence is wrong but we still have one woman a week murdered here in Australia by an intimate partner, so it's certainly the case that child sexual abuse is considered quite abhorrent.

The issue is that, particularly when we look at the survivor experience, for survivors often their experience as children was that they were very, very vulnerable to sexual abuse, that when they exhibited behavioural indicators that they were being sexually abused, those indicators were not picked up on. When they disclosed verbally that they were being sexually abused, that disclosure was not acted upon. When they experienced psychosocial or health impacts because of the trauma and abuse, those impacts were not adequately addressed. So, it's really typical in the life of a survivor and when you listen to survivors, it's really common that they're describing or living in a community and in a (indistinct words - connection cuts out) have a strong moral consensus that sexually victimising children is wrong, but once we get into the fine grain details there's all sorts of carve-outs and exceptions and allowances in which child sexual abuse flourishes. It flourishes in those cracks.

Q. At paragraph 18 of your statement you give an example of one of those cracks where, notwithstanding a general view that child sexual abuse is wrong, in practice it becomes permitted or condoned. Can you just speak to that example?
A. So, I provided an example of a girl living in Out-of-Home Care who was being sexually exploited by an older adult male; she was residing actually in his house where his parents lived and the parents actually wanted her to leave, and so, they complained to police and the child was served with a Trespass Notice in order to leave the house of the man who was sexually exploiting her.

The broader point here is, there's a phenomenon that's sometimes called adultification where we impute adult characteristics to children, where we see children who are

12 or 13 or 14 and rather than acknowledge the extent of their vulnerability as minors, there's sort of a rounding up error where we say, well, that's close enough to an adult, this child is consenting to this sexual activity, this child is, you know, effectively no longer a child, and that process of adultification it's much more likely to be experienced by disadvantaged children, so particularly children in Out-of-Home Care, First Nations children, non-white children, children from a low socio-economic background; we're much likely to extend the rights of a child to children who meet a kind of an ideal vision of childhood, and so, these are the sorts of exceptions and carve-outs that allow child sexual abuse to take place sometimes under the nose of the authorities.

Q. And so, in the example that you've given, a child who was living with an adult and being sexually exploited, the solution to the problem was to throw her out as a trespasser rather than to treat her as the victim of sexual exploitation?
A. That's correct, and this is broadly an issue that we see in the Out-of-Home Care system, including once girls are 16 or 17, their sexual exploitation by older males, there's a lot of physical violence and often actually where they're showing up is in domestic violence services and it's fantastic that they're receiving those services, but they are minors and they are being sexually exploited.

Q. Perhaps by way of playing devil's advocate, Dr Salter, you've spoken already and the Commission has heard from other people as well about the importance of a system that gives agency to children and allows them to have a voice. One might suggest, well, why can't children aged 15 or 16 start to exercise choice and isn't it giving them appropriate freedom and independence to let them make choices for themselves, even bad choices. I suspect you don't agree but I want you to tell me why you don't agree?
A. So, it's a really important question because of course 14, 15, 16-year-olds are developing into young adults and they are very different, it's obvious, from a 5-year-old or a 6-year-old or a 7-year-old.

The issue that faces us is simply that those children are not capable of consenting to sexual activity with adults, and there's been some quite interesting research on this because often when you're engaging with a 14 or 15-year-old who's been sexually exploited by an older

adult, often that 14 or 15-year-old is intensely loyal to the offender, insist that they love the offender, refuses to cooperate with investigations and so on.

But when we speak to adults, say, in their mid-20s or 30s and ask them to reflect on those relationships that they had as teenagers it's with the benefit of hindsight and it's with the benefit of a maturity of an adult that they're able to recognise the extent to which they were misled in the context of those abusive relationships.

So, it's really important that we keep front of mind that, yes, this is a developing young person who's expanding their capacity for independence and agency, but they are not capable yet and, if we leave - again, if we leave that crack in our armor as it were, it becomes a kind of an informal loophole into which child sexual abusers flood because they know that our guard is down.

Q. Thank you, doctor. Can I turn to the question of secondary prevention which you deal with at paragraphs 103 and following in your statement, and we've covered some of this already. You've identified that that secondary prevention might relevantly include, firstly, identifying potential offenders and responding to them where that's possible.

Secondly, identifying environments where children are at risk, and then thirdly, identifying cohorts of children that are at risk. Thinking particularly about environments bearing in mind the institutional focus of this Commission, at paragraph 106 and following you list a number of matters that to your mind are relevant and part of effective child safeguarding and I wonder could you speak briefly to that?
A. Yeah, I certainly can. Secondary prevention in an institutional setting I think is a very, very achievable goal for any child-focused institution in this country because we have that opportunity to instill those policies and practices that keep children safe.

So, a couple of mechanisms that I emphasise here involves the active protection of children from abuse, so not passive protective models but actively protecting children from abuse and neglect and looking after their health and wellbeing.

Actively screening adults who are entering the

institution to ensure that they are capable of working with children safely. Building child-safe cultures in institutional environments. Providing children with the capacity to meaningfully contribute to the decisions that affect them in institutional settings, and recognising that they have the capacity to be actively involved in their own welfare, and that they are entitled to some level of control over their lives in an institutional setting, of course, at a developmentally appropriate way.

And, more broadly, fostering a safe and secure environment in institutional settings especially where children are capable of developing positive, trusting and safe relationships with the adults in those institutions.

Q. You make a point in your statement about the importance of positive relationships with a trusted adult as both a protective mechanism against being abused in the first place and then a potential means by which complaint can be made. You identified in your statement the potential sometimes for a bit of a disconnect between what children need in the form of contact with trusted adults and the way systems work to perhaps inhibit that.
A. So, unfortunately sometimes child protection measures are implemented in a manner that's not designed necessarily to reduce risk to the child per se, but actually to reduce risk to the institution. So, sometimes child protection measures are implemented to reduce the legal exposure of the institution in the wake of an allegation, so it becomes something of a tick box exercise.

What we sometimes see is that there's such a kind of a zeal around those measures that they limit the ability of adults and children to interact in a way that is spontaneous and organic and allows children to develop a trusting relationship with an adult.

One of the really sad aspects of some of my interview work with survivors of child sexual abuse is, it becomes apparent that in their childhood there wasn't a single positive protective relationship with an adult; there wasn't one adult in their childhood that they felt that they could reach out to and raise a sensitive issue and that they trusted that adult.

And so, when we're thinking about child protection in institutional settings it's not just about risk management

and risk reduction, it's also about instantiating those protective factors and one of those protective factors is positive trusting relationships between children and adults.

Q. Thank you. You identify in your statement some of the issues that you see are associated with mandatory reporting. Of course, mandatory reporting exists to make sure that, when someone becomes aware of a risk to child safety, they're obliged in certain circumstances to pass it on to authorities and to that extent it's protective, but you identify the potential for that protective mechanism to also perhaps work against the interests of children. Could you tell us about that?

A. So, this is a really thorny issue and I think it is one that's worth exploring; I don't suggest I have the answer to it here, but particularly when we're dealing with child sexual abuse and sexual exploitation children often take a while to disclose and they're very careful about disclosure; children can be very apprehensive about the implications of disclosure for themselves, also for the offender, and it's very common that children - one of the reasons why children don't disclose is because they love and care for the offender, and the offender may have told them that the offender will get in a lot of trouble if the child discloses. So, there's often a process of children trying to establish a trusting relationship with an adult and then disclosure takes place quite slowly.

With mandatory reporting, mandatory reporting basically draws a line in the sand and the moment that the child crosses that line by providing information that demonstrates that they're currently at risk, at imminent risk, it then triggers an immediate response from the child protection system and I understand why that trigger is in place. The issue that we have, and I hear this quite a lot from child-focused workers, including those, for example, that are on helplines for kids, is that then they haven't been able to get all of the information from the child about what's happening before a mandatory reporting effect is - sort of the domino effect is in train. It can also mean that workers need to inform children ahead of time about their mandatory reporting obligations and it can become an obstacle to disclosure once the child is aware of what happens once they disclose what's happening to them.

So, I certainly support mandatory reporting as a

principle, I think we have some work to do in practice to think about how we can optimise the values behind mandatory reporting.

Q. You've spoken already about the fact that many children make what is an entirely rational decision to not disclose, or children who do disclose are sometimes not believed, and you deal with this at paragraph 66 and following in your statement, where you describe the fact that disclosure is not necessarily a one-off discrete event and it needs to be understood that a child making a disclosure might do so over a long period of time and in different ways and using different language. Can you tell us about that?
A. Yeah, that's right, and so, disclosure is best understood as a process; it's one that takes place through multiple modalities, not just verbal, it's not just what the child says, it's how the child acts, it's how the child behaviours.

Sometimes children, part of the disclosure process is what they draw because they don't have the words for what's being done to them. Children will be typically quite tentative about disclosure and it's quite common that they also recant disclosure at some points, they might actually claim that they've been lying, and so, there's this long process that takes place with disclosure as the child works out their narrative and their experience.

And so, creating an environment in which a child is able to go through that process and feel supported and feel listened to is really critical.

Q. Is it also right that sometimes one needs to be able to understand and interpret behaviours that children might engage in; it's not just their words, but perhaps behavioural symptoms might actually be evidence of abuse rather than evidence of a disability or behavioural problem?
A. That's absolutely the case. So, children respond to child sexual abuse in a range of different ways: you may have a child who becomes very shy and withdrawn, you may have a child who becomes really aggressive and outwardly focused. You may have a child who becomes an anxious perfectionist who's obsessed with their marks and their grades, or you may have a child who's really struggling to focus because their attention is elsewhere because of the

abuse.

And, unfortunately, you know, in my experience working with adult survivors of child sexual abuse these signs and these symptoms are rarely recognised for what they are, and it's quite common that the child experiences a punitive response to being a victim of abuse; that otherwise protective and well-meaning adults around the child misunderstand where their behaviour or where their mental health issues or their learning difficulties are coming from, and there's a labelling process often where the child might be labelled as difficult or having a learning disability or even, you know, a juvenile delinquent which only just further embeds the child's silence unfortunately.

Q. Turning to tertiary prevention mechanisms, which of course is the part about responding to the needs of a particular victim once they're identified; you deal in your statement with trauma therapy and the extent to which trauma therapy can be said to be useful and of benefit. Can you tell us about that?
A. So, over the last 20 to 25 years we have had a very solid accumulation of evidence that trauma therapy, so trauma-focused therapy for both children and adults who have been sexually abused is effective; that it results in a reduction of psychological symptoms and improvement in quality of life and these gains are sustained post therapy.

So, it's really fantastic that we can say to victimised children and adults that we now know what works in the context of therapy. The challenge by and large is accessing that therapy. In Australia we don't have enough therapists and councillors and social workers who are sufficiently trained to work with survivors of child sexual abuse, and so there is a real demand and supply issue.

There's also an affordability issue, which is that many survivors actually can't afford therapy, and so, unfortunately they're unable to access care that we know would improve their wellbeing significantly.

Q. You also identify at paragraph 127 of your statement that the way in which services are provided doesn't always serve the complex needs of survivors of abuse. Can you tell us about that?
A. So, particularly when adult survivors of child sexual abuse present, they typically have multiple co-occurring

issues at once. So, there might be, for example, self-harm, there might be alcohol and drug abuse, there might be shoplifting, there might be multiple significant psychiatric issues, there may be other forms of compounding disadvantage that's linked to trauma such as domestic violence and so on.

The way in which we tend to fund services in Australia is through single issue services. So, you've got a service over here that's funded to deal with alcohol and drug issues, then we've got a Mental Health Service, then we've got a service to improve your parenting and so on and so on and so on. For adult survivors of child sexual abuse that have got multiple issues it's quite common that they are excluded from services because they're considered too complex, so they present for alcohol and drug treatment, but they've got psychiatric issues, so the Alcohol and Drug Service says, well, I'm sorry but we're not going to treat you until you deal with your mental health. So, they go to the Mental Health Service and the Mental Health Service says, you're high, you're drunk, you need to go and get treatment for substance abuse before we'll treat you. So, this sort of ping pong between services is really common.

And also, the demand on survivors to attend five or six different services a fortnight in order to address the five or six different issues that they're presenting with, this just becomes really impossible, especially people who are living with disability of some form, they may have parenting responsibilities, so they are looking after kids, they can't possibly juggle all of that, and again, we see the way in which the health service system and the welfare system which is full of really fantastic professionals, but the way it's structured, survivors of child sexual abuse often fall through the cracks.

Q. At paragraph 129, you express a view on what the potential solution to that problem might be. Could you tell us about that?
A. So, I'm a really big advocate for what I call sort of one-stop shops, you know, comprehensive health and welfare responses to trauma and abuse. We have actually just in New South Wales, the Illawarra Women's Health Service has just received $25m in federal funding for a trauma recovery centre which is exactly on this model, and the idea is that somebody could come into the service and have all of their health needs met: so their mental health needs, their

physical health needs, they might have child protection issues, there might be Centrelink issues and so on, but there's one service with multiple modalities, multiple professionals that are able to work with the client.

What I would say is that, you know, these services, these service models, are really effective and we see people with really complicated histories and a high level of distress and disability, we see their lives turned around in quite short time and I think there's good reason to believe this is very cost-effective intervention.

Q. Thank you, Dr Salter. I want to turn to quite a different topic for a moment which is at paragraph 131 and following of your statement. One of your areas of research and expertise relates to online sexual exploitation and the role that the internet plays in all of our lives. There's great things about the internet but, as you identify, the worldwide nature of the internet poses some particular challenges for child safety. Can you tell us about that?
A. So, really over the last 25 years where we've had commercial access to the internet, unfortunately child sex offenders have seen the internet as really an unparalleled opportunity to access children and, as the technologies to hand become more interactive, they become more immersive, you know, we all have access to live streaming and webcam facilities, often just at the touch of a button on our phone, and our kids have those phones, it's become - unfortunately we've seen the development of a significant online community of child sexual abusers who expend a lot of hours everyday trying to access children.

We also have a significant distribution of child sexual abuse material through the internet. What it means is that by the time they turn 18 the majority of children in Australia will have experienced some form of online sexual harm, whether that's being approached by an adult sexually online, whether it's being exposed to sexual content, whether it's having an adult request sexual content from them and so on.

Q. And so, is there a solution to that problem in terms of what we can do in Australia to protect children from those consequences?
A. There certainly is. Of course, we've had quite extensive initiatives around educating children about the internet, educating parents, teachers, these eSafety

initiatives are really important but they are not enough because the online environment is deeply unsafe and it remains unsafe.

We are seeing a paradigm shift in Australia and internationally towards increased online regulation, where online service providers and social media companies are increasingly expected to take proactive child protection measures to reduce the risk on their platform and to ensure that the services that they deliver to Australian children do not come with a predictable risk of that child being sexually exploited. So, as much as the educational initiatives are important, the next step really I think is online regulation and that's what we're seeing in Australia and globally.

Q. Thank you, doctor. The final topic I want to deal with relates to what you've set out in your statement at paragraph 141 and following, and I take from reading those sections that there's an extent to which you feel a concern that the work done since the recommendations of the National Royal Commission isn't entirely consistent with the work of that Commission or the philosophical principles that underpinned those recommendations. Have I understood you rightly and, if so, can you tell us about that?
A. I think that's correct. One of the really extraordinary things about the Royal Commission was just the extent of their commitment to particularly adult survivors of child sexual abuse. The Royal Commission itself invested significant resources in its support services and in its aftercare, but that just really reflected more broadly its understanding of the extent to which adult survivors of child sexual abuse in this country have been profoundly failed and I think that's something that we need to recognise, and the Royal Commission did a very good job of laying out those long-standing policy and social failures.

Where I think we haven't seen the follow-through is in relation to the wellbeing and the dignity of child sexual abuse survivors. There's been significant challenges with the Redress Scheme and many survivors have found it profoundly re-traumatising going through the Redress Scheme, particularly since many survivors had such a good experience testifying at the Royal Commission, and I think redress has been quite a shock.

We have a National Plan to prevent and respond to child sexual abuse, which is fantastic, and I recognise that we are at the start of that journey as a country in terms of a national coordinated response to child sexual abuse and a national commitment to reduce its prevalence. Unfortunately for the next four-year cycle, funding cycle, in the National Plan there just wasn't the commitment to supporting survivors and to funding services for survivors that I personally would have liked to have seen.

Q. I think you say that a lot of the money has gone into law enforcement?
A. That's correct, so a significant - I mean, really law enforcement received the majority of the budget in terms of the national plans and the Commonwealth plan of action. At the Commonwealth level that's understandable, the Australian Federal Police is situated at the Commonwealth level, so it's understandable that the plan of action at the Commonwealth level devotes significant resources to the Australian Federal Police who do a fantastic job in this space.

But my point stands, which is that supporting adult survivors of child sexual abuse to recover from abuse: it's not simply a moral principle, although it's an important moral principle, it's not simply an ethical undertaking, although it is an important ethical undertaking, it is a public health priority because, until we deal with the level of trauma in the Australian community attributable to child sexual abuse, we will be unable to shift these key indicators around the prevalence of child sexual abuse, child neglect, domestic violence, sexual assault, a range of different social problems where the acute trauma of child sexual abuse really sits at its heart, and at the moment I just haven't seen that really full-throated commitment to supporting the wellbeing and the right to recovery of adult survivors of child sexual abuse that we need to see.

MS ELLYARD: Thank you, Dr Salter. Thank you, Commissioners, those are the questions that I have but I'm conscious that the Commissioners may have questions for the witness.

PRESIDENT NEAVE: I don't think we have any questions. Thank you very much, Dr Salter, I know that it's in the middle of the night for you and we're very, very grateful

to you for speaking to us as a witness, so thank you.

And we could now rise, thank you.

AT 4.00PM THE COMMISSION WAS ADJOURNED TO TUESDAY, 3 MAY 2022 AT 10.00AM

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