
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)

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

3
4 (Welcome to Country)

5
6 I have acknowledged sky country, salt water country
7 and all journeys in between.

8
9 My name is Janice, I'm a saltwater sister. My people
10 are Pakana and my ancestors are Truwulway People from Cape
11 Portland northeast of Lutruwita, Tasmania.

12
13 (Aboriginal words spoken)

14
15 I acknowledge the intergenerational strength, survival
16 and resilience of our people. [Aboriginal words spoken]
17 We are survivors, we are strong and we are courageous. We
18 have survived colonisation and the attempted genocide of
19 our people.

20
21 (Aboriginal words spoken)

22
23 With deep and heartfelt respect I acknowledge and
24 remember our Tasmanian Aboriginal Elders and community,
25 family members and individuals with compassion, respect and
26 a deep sense of loss to those who died early due to the
27 severity and traumatic impacts to those as victims or
28 survivors of child sexual abuse from in institutional
29 settings. Our people's stories of strength and love that
30 you graciously gave your family members and your people
31 will always remain with us and never ever be forgotten.

32
33 I ask us to take a moment to honour them.

34
35 (Moment of silence observed)

36
37 Thank you. With deep and heartfelt respect, I
38 acknowledge our Tasmanian Aboriginal Community, family
39 members and individuals with compassion, respect and a deep
40 sense of empathy to those who are now victims and survivors
41 of child sexual abuse from in institutional settings.

42
43 To name some: Ashley Home, youth detention centres,
44 the Risdon Prison system, the incarceration of our people,
45 orphanages, state care and foster care homes statewide,
46 churches, schools, hospitals and all institutions within
47 Tasmania. These places do hold many horrific memories that

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

7
8 But we are strong, and in unity we are a fierce and
9 protective people that lead with a voice for justice and
10 change. Our voice has the right to provide important
11 information that will improve responses to, and the
12 reporting of, abuse in institutional settings.

13
14 This is Aboriginal land, the land of our ancestors,
15 and it is now our responsibility and everyone's
16 responsibility as caretakers to care and protect our lands
17 so that we can heal together on country and with country
18 and allow country to heal us.

19
20 If Palawa Pakana People are acknowledged as the most
21 affected of all peoples nationally in relation to the
22 disposition of our culture, community and country and of
23 the new genocide of our people to add further trauma to the
24 ripple effect holds a greater layer of suffering to the
25 original people of this country.

26
27 There will be many voices, words and stories heard
28 today from all people from diverse backgrounds who will be
29 acknowledged with heartfelt respect and within this we
30 acknowledge the Tasmanian Aboriginal People as the first
31 and original peoples of these lands and honesty of the
32 brutal history that this country holds.

33
34 Our island home may be a beautiful land, but with it,
35 it brings a truth of our past that sheds light to the
36 painful impact from British invasion and colonial genocide.

37
38 Our people are now restoring and reclaiming the true
39 and living histories of our island and of our people who
40 today and for future generations are thriving and
41 continuing strong in culture.

42
43 I am hoping that, with the focus of this inquiry in
44 Nipaluna, Hobart, will address and alleviate the impact of
45 past and future child sexual abuse in institutional
46 contexts and may provide closure through learning the
47 truths and offering a process to ensure prevention and

1 justice.

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11

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.

12

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17

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.

18

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24

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.

25

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28

29

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.

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(Aboriginal words spoken)

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

46

47

(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.

48

49

50

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

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

5
 6 I pay my respects and honour to our Ancestors,
 7 traditional owners and sovereign people of Lutruwita, this
 8 island, and the Tasmanian Aboriginal Community who continue
 9 a legacy of our people, our Ancestors and Pulingina Pakana
 10 - [Aboriginal words spoken] - our Tasmanian Aboriginal
 11 People and all First Nations People present here today.

12
 13 It's the strength and determination and resilience of
 14 our Elders that sustains us as individuals, families and as
 15 a community.

16
 17 (Aboriginal words spoken)

18
 19 Aboriginal knowledges understanding our story has
 20 always been important to us and Indigenous Peoples right
 21 around the globe as a way of transmission for important
 22 laws and lore of remembering our beginnings as peoples and
 23 the birth of our respective countries, of kinship, of laws,
 24 of relationships, the seasons, and the song lines.

25
 26 I acknowledge and welcome you to our Country,
 27 Lutruwita: always was, always will be Aboriginal land.

28
 29 (Aboriginal words spoken)

30
 31 PRESIDENT NEAVE: Thank you, Janice, so much for your
 32 beautiful Welcome to Country. It's a great privilege to be
 33 on this beautiful country which was never ceded by the
 34 First Peoples.

35
 36 It's important to reflect on why we begin our hearings
 37 with a Welcome to Country. We would like to take this
 38 opportunity to acknowledge and pay our respects to the
 39 traditional and original owners of the land on which we are
 40 meeting, the Muwinina People. We also pay our respects to
 41 all Tasmanian Aboriginal communities which have survived
 42 invasion and dispossession and continue to maintain their
 43 identity and culture. We acknowledge all of today's
 44 Tasmanian Aboriginal people who are custodians of this
 45 land.

46
 47 My name is Marcia Neave and I am the President of the

1 Commission. I am joined by my fellow Commissioners,
2 Commissioner Robert Benjamin and Commissioner Leah
3 Bromfield.
4

5 We want to begin with a moment of reflection for
6 victim-survivors of child sexual abuse. We would like to
7 acknowledge both the profound and lasting harm caused by
8 the sexual violation of a child and the hurt and sense of
9 betrayal that is experienced by children and their families
10 when child sexual abuse is not adequately recognised and
11 met with action and empathy.
12

13 We also want to acknowledge the strength and
14 commitment to positive change that has been shown by the
15 many people who have come forward to talk to the Commission
16 about their own experiences or about their attempts to
17 protect children and ensure effective responses to
18 allegations and incidents of child sexual abuse.
19

20 As Commissioners, we have had the privilege of
21 spending time with a number of victim-survivors, their
22 loved ones and supporters who have shared their stories and
23 experience of sexual abuse and their attempts to obtain
24 justice. These sessions have helped us to understand the
25 varied and complex ways in which trauma can profoundly
26 alter the everyday lives of many people in our community.
27

28 This Commission would not be able to operate
29 effectively without victim-survivors and their supporters
30 placing their trust in us. We do not take that trust for
31 granted.
32

33 Today marks the first of six weeks of hearings which
34 will be split across Hobart and Launceston and will include
35 a detailed exploration of the ways that the Department of
36 Education, the Department of Health, Launceston General
37 Hospital, Ashley Youth Detention Centre and the Out-of-Home
38 Care system have dealt with child sexual abuse.
39

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

1 measures to prevent and respond to child sexual abuse
2 within government institutions and to express their views
3 about how such measures can be improved in the future.
4

5 Some of you may recall our opening hearing in October
6 last year where I described the work that we had undertaken
7 since the Commission was established, including our
8 stakeholder consultations, sessions with the Commissioner,
9 research and review of written submissions from individuals
10 and organisations.
11

12 This work, together with these hearings and our
13 analysis of the over 92,000 documents produced by the
14 Tasmanian Government and other agencies, will help us make
15 our findings and provide recommendations to the Tasmanian
16 Government. We will be completely independent from the
17 Government in doing so.
18

19 As a result of our work so far, as well as through
20 other roles we Commissioners have held, we may know or have
21 previously met many of the people who will give evidence in
22 the coming weeks. The selection of witnesses and the
23 approach to these hearings has been a matter for Counsel
24 Assisting. It is counsel who determine who should give
25 evidence and the topics that will be addressed in that
26 evidence. Our role will be to listen and to make use of
27 the evidence in our findings and our recommendations.
28

29 While the hearings will have some of the formality of
30 a court - with barristers guiding the proceedings - the
31 objectives are different. It is not the role of the
32 Commission to determine whether individuals committed
33 sexual abuse or other crimes. These are matters to be
34 investigated by the police and judged by the courts. Our
35 goal is to understand how effective Tasmanian laws,
36 policies, systems and practices are in preventing and
37 responding to child sexual abuse in institutional settings.
38 Individual cases will be used in some instances to
39 illuminate particular issues and the conduct and decisions
40 of individuals will, at times, come under considerable
41 scrutiny.
42

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

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

8
9 During our hearings we have asked members of the
10 public who attend in person to wear masks. However, we
11 have decided that Commissioners will not do so. It is
12 important for us to be able to see witnesses clearly and
13 that would not be possible for Commissioners who wear both
14 glasses and a mask. We and our staff are taking necessary
15 precautions. We are committed to conducting our hearings
16 in a COVID safe manner and in accordance with the
17 Commission's COVID-19 Vaccination Policy available on our
18 website.

19
20 Having had the opportunity to speak to many
21 victim-survivors and stakeholders directly, we anticipate
22 the following months will be difficult for many. We will
23 hear devastating stories of children being sexually abused
24 by adults in positions of power and trust over them. We
25 will also hear instances of abuse being ignored or
26 downplayed by people in positions of authority or
27 responsibility. Despite this, we expect we will also hear
28 extraordinary stories of determined individuals who have
29 worked tirelessly to protect children. In some cases
30 witnesses' own experiences of abuse have heightened their
31 commitment to ensuring that child sexual abuse is prevented
32 and that those who are abused are believed and supported.
33 We will also learn how other jurisdictions have responded
34 to similar challenges, giving us hope that rapid and
35 meaningful change is possible.

36
37 We encourage victim-survivors, their loved ones and
38 others deeply affected by stories of child sexual abuse to
39 be gentle with themselves in coming months. Listen to your
40 own needs in guiding how you approach these hearings and
41 the inevitable media coverage that they will generate.
42 Please, seek support if you need it. We have a range of
43 contact numbers for relevant services listed on our website
44 that can assist and support you. For those who are
45 watching our hearings from the hearing venues, specialist
46 consultants, Converge International, are on site here to
47 provide confidential wellbeing support.

1
2 While we know the process will be distressing, these
3 hearings will contribute to greater community awareness and
4 understanding of the prevalence and impact of child sexual
5 abuse. We hope it will also offer some respect and healing
6 for those who may finally see their experiences
7 acknowledged and affirmed. This needs to occur for things
8 to change.
9

10 In my opening address last year, we indicated our hope
11 that this Commission would not become "just another
12 inquiry" whose report will be filed away to collect dust.
13 We are confident that the Tasmanian community shares our
14 commitment that this inquiry will lead to cultural change
15 and better systems to protect children from harm.
16

17 I now invite counsel to announce their appearances.
18

19 MS BENNETT: Please the Commission, I appear with
20 Ms Norton as your Counsel Assisting.
21

22 MR MACKIE: Commissioners, my name's Craig Mackie, I
23 appear for the State of Tasmania. Also appearing for the
24 state will be my learned junior counsel, Mr Edwards
25 Burrows-Cheng.
26

27 PRESIDENT NEAVE: Thank you, Mr Mackie.
28

29 Yes, Ms Bennett.
30

31 MS BENNETT: Commissioners, as I said, my name is
32 Elizabeth Bennett and I'm Counsel Assisting at the hearing
33 with Ms Norton today. The Commission is further assisted
34 by Ms Ellyard, Ms Darcey and Ms Rhodes also of counsel.
35

36 I'd like to acknowledge the deep history and culture
37 of this island, to acknowledge and pay my respects to the
38 traditional owners of the land upon which we gather. I
39 acknowledge and pay my respects to all Tasmanian Aboriginal
40 communities, all of whom have survived invasion and
41 dispossession and continue to maintain their identity,
42 culture and Aboriginal rights.
43

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

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

3
4 We continue to be flexible in our processes, to make
5 sure that where it is appropriate we shift our focus to
6 areas of concern that arise from our ongoing
7 investigations.

8
9 To start with our general approach. Whilst the
10 hearings of the public are a significant part of the work
11 of this Commission, they by no means constitute all of that
12 work. In the six months since we last addressed you, the
13 Commission has continued to receive and consider
14 confidential submissions, community engagement and
15 reviewing thousands upon thousands of documents provided by
16 different state entities in response to the notice that you
17 have issued, and the public hearings will build on and
18 follow from this work. They serve several important
19 functions, Commissioners:

20
21 They inform the community about how child sexual abuse
22 occurs and how inaction may have allowed this abuse to
23 continue in government institutions. We expect the public
24 hearings to bring home the importance of responding
25 promptly when child sexual abuse or precursor conduct such
26 as boundary breaches or grooming is suspected.

27
28 They will also provide an opportunity for some
29 victim-survivors to speak of their experiences to the
30 Commission and the community more generally to bear witness
31 to these accounts.

32
33 The public hearings will enable the Commission to
34 examine the responses of the government institutions to
35 allegations of child sexual abuse with a view to
36 identifying what has already been achieved and, critically,
37 where there remain opportunities for change.

38
39 Finally, the public hearings will be a forum for the
40 Commission to hear from experts across a range of fields
41 about what should be done to better protect Tasmanian
42 children and to achieve best practice in preventing,
43 identifying, reporting and responding to allegations of
44 child sexual abuse.

45
46 At all times, Commissioners, we aim to make sure that
47 the evidence is presented to you through the lens of the

1 people who are affected by it: the victim-survivors, the
2 families who love them, the communities impacted by the
3 betrayals of trust that we have heard about.
4

5 One witness, Commissioners, who you will hear from
6 spoke to us about the difficult decision to come forward.
7 She told the Commission, and I'll quote:
8

9 *I was apprehensive to tell my story to this*
10 *Commission of Inquiry because I felt*
11 *totally powerless against the system as a*
12 *victim. I have been made to feel that my*
13 *evidence would be viewed by the Tasmanian*
14 *Government as just another complaint which*
15 *lacked sufficient evidence and which they*
16 *could just keep quiet or ignore.*
17

18 Our steadfast aim, Commissioners, is to ensure that
19 the voices of those individuals are heard and that the need
20 for systematic change is considered in light of their
21 experiences.
22

23 We can't call evidence from all of the people that we
24 have heard from, but all of the people who have been in
25 contact with the Commission are informing our approach to
26 these hearings. One such person told you, Commissioners,
27 that in the aftermath of their abuse they got to "survive
28 but not thrive". Our aim, Commissioners, is to change that
29 experience for victim-survivors.
30

31 Over and over we have heard that people have made the
32 decision to assist the Commission because they do not want
33 to see what happened to them happen to others.
34

35 With this in mind, when we look at policies, we are
36 looking at how they will impact people. When we're looking
37 at procedures, we are looking at how they work in real
38 life. We will explore policies and procedures through the
39 experience of victim-survivors and the community as a
40 whole.
41

42 Some of the victim-survivors who are giving evidence
43 in the coming weeks have themselves worked for the
44 Tasmanian state service or continue to do so, and they are
45 able to provide us with a frank assessment of how, in their
46 view, those services are operating.
47

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

14
15 What we cannot do, Commissioners, is inquire into the
16 guilt or otherwise of alleged perpetrators. Indeed, by
17 turning these hearings into a de facto trial of those
18 matters we believe that we would risk interfering with any
19 criminal investigations or prosecutions, and we would risk
20 interfering with the role of this Commission to bear
21 witness to the experience of victim-survivors and to drive
22 systematic change.

23
24 For these reasons from time to time we will use
25 pseudonyms, made up names, or ask the Commission to make
26 restricted publication orders to restrict the names that
27 identify victim-survivors and sometimes alleged
28 perpetrators so that we do not prejudice any criminal
29 investigations or prosecutions.

30
31 We therefore want to be clear that, while we are
32 probing the response of government, we will be doing so
33 without asking you to make any findings about criminal
34 responsibility; those are properly matters for the police
35 and the courts.

36
37 Where appropriate, we will ask, Commissioners, that
38 you make referrals to those organisations for further
39 investigation.

40
41 While the Commission's main focus is on government
42 institutions, for example government departments, it may
43 also cover publicly funded non-government organisations
44 whose activities represent an outsourcing of traditionally
45 public functions. Out-of-home care providers fall within
46 this category. Sporting organisations, local clubs and
47 non-government schools do not.

1
2 We've heard a number of witnesses express concern that
3 they may face negative consequences for providing evidence
4 to this Commission of Inquiry, and we say again that any
5 discouragement of witnesses speaking to this Commission
6 will not be tolerated.
7

8 As I note at the outset, there will be six weeks of
9 hearing and I want to now take a moment to outline what we
10 expect to explore in each of those weeks, noting that
11 things change, Commissioners, and that we will not hesitate
12 to reframe our intended approach if it serves the purposes
13 of the Commission's work as we have outlined it.
14

15 For this first week, Commissioners, across the domains
16 that we have been investigating some common themes have
17 emerged. Whether we're investigating the youth detention
18 setting or considering educational institutions, we have
19 heard about the devastating, lifelong impacts of sexual
20 abuse and we have heard about the ways in which those
21 impacts ripple outwards to families, friends, staff and
22 communities.
23

24 We have seen common structural weaknesses about how
25 the various institutions under examination understand and
26 respond to child sexual abuse. So, in the first week we
27 will hear from a range of witnesses about these topics that
28 echo throughout our subsequent weeks.
29

30 Commissioners, that will involve commencing, as we
31 always seek to do, with evidence from people who have had
32 their own personal experience connected with child sexual
33 abuse, and this morning after the morning tea break we'll
34 hear evidence from someone this Commission will refer to as
35 "Kim". Kim's family lives with the impacts of child sexual
36 abuse and has come to this Commission to make sure that
37 their daughter's voice is heard in bringing about change to
38 the policies and procedures that were intended to protect
39 her.
40

41 We will then hear from a range of witnesses outlining
42 the current regulatory landscape as it stands nationally
43 and after some of the changes made by the National Royal
44 Commission into institutional responses to child sexual
45 abuse.
46

47 I pause to observe that the National Royal Commission

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

8
9 Tomorrow we'll examine the nature and effect of child
10 sexual abuse. We will start again with the experiences of
11 a family whose lives have intersected with Ward 4K at the
12 Launceston General Hospital, or LGH, and the impact that
13 intersection has had on them. We will also hear from key
14 service providers operating here in Tasmanian about their
15 observations of their strengths, their challenges and
16 opportunities to improve current support for
17 victim-survivors. We will be joined as well by
18 representatives of law enforcement, agencies from different
19 jurisdictions to explore the evolution of best practice in
20 response to child sexual abuse.

21
22 On Wednesday, we will be asking witnesses about what
23 it is that makes children particularly vulnerable in
24 institutions and what keeps them safe. Commissioners, you
25 will hear on this day from those who have worked in the
26 sector, including Professor Helen Milroy, who has vast
27 experience as a doctor, a psychiatrist, and was a Royal
28 Commissioner from the National Royal Commission. So, Sally
29 Robinson will give evidence about additional risk factors
30 connected with certain cohorts of children, including
31 children with a disability.

32
33 Commissioners, we will go on to hear from people
34 working on the frontline of child sexual abuse - the staff
35 who operate the Strong Families Safe Kids Advice and
36 Referral Line, also referred to as "the ARL", and the Child
37 Safety Services responses to allegations of child sexual
38 abuse. The ARL phone service is intended to operate as a
39 single contact point for reporting concerns about child
40 sexual abuse. We will hear directly from the services that
41 are responsible for the ARL about how it operates and what
42 they consider to be its strengths and weaknesses.

43
44 On Thursday, we will take a step back and examine the
45 Tasmanian context in which the Commission's work takes
46 place. It is a context that we anticipate will be of
47 significance for the kinds of recommendations that you will

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

10
11 We will hear from the key integrity oversight bodies
12 about how they experience their roles, and in this respect
13 we will speak with the Commissioner for Children and Young
14 People, the Ombudsman and the CEO of the Integrity
15 Commission as well as the Auditor-General. It may be that
16 we have specific questions to put to some of these
17 oversight bodies in future weeks, but this week we simply
18 seek to understand the role they play in relation to child
19 sexual abuse at a high level and how they operate and
20 relate to each other.

21
22 Commissioners, we will begin the final day of this
23 week with evidence from a former state service employee who
24 will speak of her experience working in Out-of-Home Care at
25 the Department of Communities. We will explore some of the
26 initiatives that are operating in other states, and
27 finally, we will speak to the Secretaries of the
28 Departments of Premier and Cabinet and Justice
29 respectively. Once again, these are witnesses we expect to
30 speak to more than once in the course of these hearings.
31 In this instance we will explore the framework in which the
32 Tasmanian State Service operates: its prevention efforts,
33 its policies and procedures for responding to allegations
34 of child sexual abuse, its obligations as a model litigant
35 and its approach to national redress and civil litigation.

36
37 Commissioners, in this first week we will identify and
38 draw out the themes that inform the work of the Commission
39 through the balance of the weeks. I will identify those
40 topics at a high level now and will present you with a more
41 detailed opening as each week commences.

42
43 The second week, which will follow directly from this
44 week, concerns education. At this stage it's fair to say
45 that the Commission will hear firsthand from
46 victim-survivors who were sexually abused by teachers in
47 Tasmanian public schools. Far from school being a place of

1 nurture and safety, these witnesses will speak of being
2 groomed and then abused by teachers, some of whom have
3 since been convicted of criminal offending.
4

5 A common thread running through these accounts is the
6 sense of shame and guilt these witnesses felt at the time
7 of their abuse, their sense of responsibility for the abuse
8 perpetrated upon them by persons in positions of authority.
9

10 One witness recalls being taken aside by a senior
11 teacher who had noticed she had spent a lot of time with
12 her abuser, and told it "wasn't normal". She says:
13

14 *I ran from the room in floods of tears and*
15 *cried my eyes out in the toilets. I*
16 *thought the floodgates of hell were about*
17 *to open. I thought I would be in trouble*
18 *from my abuser, my parents and the school.*
19

20 That senior teacher doesn't appear to have raised
21 their concerns with the school, the Department or the
22 student's parents.
23

24 Another witness describes his experience in the
25 following terms:
26

27 *By this stage I was 13 years old. I did my*
28 *best to hide my guilt and shame. I was*
29 *terrified that someone would expose what*
30 *had happened, but I desperately needed*
31 *help. I was broken, isolated and*
32 *miserable. I thought at the time that I*
33 *was equally responsible for my teacher's*
34 *behaviour towards me and that I had*
35 *encouraged it ... I felt that all of my*
36 *misery as a child and teenager had been my*
37 *own doing, so I continued to keep the*
38 *secret of what he had done to me.*
39

40 The abuse suffered by these victims have affected
41 their sense of safety in the world, their physical and
42 mental health, their personal and professional lives and
43 the way they parent their own children. That impact will
44 be lifelong and the Commissioners will bear witness to
45 their courageous and important accounts.
46

47 While the evidence of lived experience witnesses is

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

10
11 Some matters that we will be examining in that week
12 include whether the Department of Education failed to
13 recognise and react to early warning signs, such as
14 boundary breaches and grooming; whether there was a failure
15 to provide appropriate support to students and their
16 families when allegations were made; whether there was a
17 failure to investigate allegations in a thorough and timely
18 way.

19
20 In one case study we will examine, it appears that an
21 investigation took two years to complete and, so far as we
22 can see, there was a lack of communication about the
23 outcome of that investigation.

24
25 In response to questions put to it ahead of these
26 hearings we understand the Department of Education has
27 conceded many of these inadequacies and we will explore
28 those concessions.

29
30 The hearings will explore the extent to which any
31 failings by the Department of Education were the result of
32 human error, a lack of training or adequate process, or
33 systematic limitations to do with the way that disciplinary
34 matters are investigated and responded to within the
35 Tasmanian State Service. One hypothesis to be explored is
36 whether, in responding to allegations of child sexual abuse
37 through a disciplinary lens, the department has overlooked
38 its quite separate duty of care to its students.

39
40 In a number of case studies teachers continued to
41 teach despite being the subject of allegations of child
42 sexual abuse, raising questions not only in relation to the
43 department's processes, but those of the Teachers
44 Registration Board, the Registrar For Working With
45 Vulnerable People. In one case a relief teacher appeared
46 to continue to receive postings for nine months after
47 concerns were first raised about his conduct towards

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

5
6 Another topic that we will be exploring in the
7 education week concerns harmful sexual behaviour which
8 occurs when a student engages in sexual behaviour with a
9 peer that is not developmentally appropriate. We will hear
10 evidence about case studies involving harmful sexual
11 behaviour in school settings. In some cases parents of
12 affected children have been dissatisfied with the way
13 schools have responded to these incidents and the impact
14 they have had on the ability of students to access
15 in-person learning.

16
17 Commissioners, we will also examine the Department of
18 Education's engagement with victim-survivors and their
19 families, both in relation to requests for information in
20 civil proceedings. Evidence will be given by
21 victim-survivors who felt they and their families were
22 unsupported by the department not only around the time of
23 their abuse but also when they sought records from the
24 department years later. In the words of one witness:

25
26 *I was left feeling stymied by the process.*
27 *I didn't feel like my welfare was a*
28 *priority for the department.*
29

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

37
38 In our third week of hearings we'll consider the
39 Out-of-Home Care system in Tasmania and how that system
40 manages and responds to child sexual abuse. Out-of-Home
41 Care means the formal care arrangements provided by the
42 Tasmanian Government to children and young people who are
43 assessed as unable to live safely at home, and includes
44 foster care, kinship care, sibling group care, residential
45 care and therapeutic services.

46
47 Children living in Out-of-Home Care will have been

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

8
9 Case studies will give particular consideration to how
10 the Out-of-Home Care system operates to protect children
11 from the risks of sexual abuse from their carers and child
12 protection workers, grooming and other exploitative
13 behaviour from adults outside the system who take advantage
14 of the vulnerability of those children within it, and
15 harmful sexual behaviours displayed by other children in
16 care.

17
18 Expert evidence will be called from clinicians and
19 practitioners both within Tasmania and from elsewhere about
20 the vulnerabilities of children in Out-of-Home Care and how
21 the system can best protect them.

22
23 The evidence is anticipated to include witnesses with
24 experience of living in foster care and of being foster
25 parents, as well as representatives of non-governmental
26 organisations who have been engaged by the state to provide
27 foster care services. Some of those organisations operate
28 in other jurisdictions as well as in Tasmania and will
29 offer perspective on how the Tasmanian system compares to
30 other places.

31
32 Given the over-representation of Aboriginal children
33 in care, particular evidence will be called about how the
34 system can and should respond to the needs of those
35 children.

36
37 It is anticipated that evidence will be called from
38 current and former state service employees describing their
39 own experiences of working in the Out-of-Home Care sector
40 and the extent to which this system understands and
41 responds to instances of child sexual abuse.

42
43 Some of that evidence may suggest, Commissioners, that
44 at present there is a lack of understanding within the
45 sector about the nature and effect of child sexual abuse,
46 particularly harmful sexual behaviours and sexual
47 exploitation, and that children in Out-of-Home Care do not

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

3
4 Senior State Service employees will be asked questions
5 arising from the evidence and submissions gathered thus
6 far. Some of those questions will relate to workforce
7 selection, training and supervision; others will relate to
8 practice guidance and procedures for the placement of
9 children and the supervision and monitoring of care
10 providers.

11
12 There are a range of potential systematic reforms
13 which may assist in better protecting children in
14 Out-of-Home Care from the risk of child sexual abuse. They
15 include the introduction of mandated standards for
16 out-of-home care providers, a Carers Register, a Reportable
17 Conduct Scheme, and the introduction of Child Safe
18 Standards; noting, Commissioners, that a draft bill to
19 introduce a form of the Child Safe Standards has already
20 been prepared by the Tasmanian Government, and the
21 potential need to strengthen the functions and powers of
22 the Commissioner for Children and Young People and the
23 Child Advocate. All of this reform potential will be
24 considered.

25
26 We will also consider the best way in which to respond
27 to harmful sexual behaviours, including specialist
28 therapeutic services and referrals through the therapeutic
29 specialist orders which will be made by courts and require
30 a young person displaying harmful sexual behaviours to
31 engage in treatment.

32
33 In week four, Commissioners, we will examine the
34 particular vulnerability of children under the care of
35 hospitals run by the Tasmanian Health Service and the need
36 for a system that better prevents and protects children
37 from child sexual abuse; a system that is able to identify,
38 acknowledge, report and respond to allegations of child
39 sexual abuse when it occurs in hospitals. We will focus in
40 particular on LGH and our hearings during this week will
41 take place in Launceston.

42
43 Commissioners, many victim-survivors, their families
44 and friends, as well as staff, have come forward to speak
45 of child sexual abuse which was perpetrated by employees of
46 the Tasmanian State Service while in the care of a hospital
47 or an associated health service. A number of these

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

8
9 *That five minutes in the kitchen in LGH has*
10 *completely changed my life. It's been*
11 *32 years of pain and suffering for me. I*
12 *have no doubt that my life would have*
13 *worked out very differently if it hadn't*
14 *happened.*

15
16 All of the important accounts offered by
17 victim-survivors raise questions about the response by
18 various government institutions to disclosures of child
19 sexual abuse reported in Tasmanian hospitals.

20
21 As foreshadowed in our opening address last October,
22 the health case studies will have a strong focus on child
23 sexual abuse allegations made in relation to a former
24 paediatric nurse, James Griffin, who was a long time
25 employee at LGH and is now deceased.

26
27 Since our opening remarks, Commissioners heard from
28 numerous staff about the culture at LGH. We applaud the
29 actions of the staff who have come forward to provide
30 information to the Commission. Some of those employees are
31 expected to give evidence during the public hearings in
32 relation to concerns they may have raised about Mr Griffin
33 and the hospital's response or non-response as the case may
34 be. They speak as well about the concerns that they have
35 had and, in some instances, continue to have about
36 reprisals for coming forward.

37
38 Senior hospital employees and Department of Health
39 representatives will be called to give evidence to explain
40 their actions or inaction in the face of complaints made,
41 not only in relation to Mr Griffin, but also in relation to
42 other LGH employees.

43
44 Representatives from Tasmania Police, Child Safety
45 Services and the various regulators will also be called to
46 explain the actions of their organisations in relation to
47 complaints about hospital staff.

1
2 We can't rule out the possibility that that evidence
3 might support adverse findings concerning some individuals
4 involved. Whether such findings are open will be a matter
5 of submission in due course. Whether those findings are
6 made, of course, is a matter for you, Commissioners.
7

8 In our fifth week of hearings we'll consider the way
9 in which allegations of child sexual abuse and harmful
10 sexual behaviours have been treated at the Ashley Youth
11 Detention Centre. Once again, our hearings will be in
12 Launceston and we will hear from witnesses whose time at
13 Ashley spans the timeframe of the Commission's inquiry and
14 whose experiences suggest long-standing and deeply
15 entrenched cultural issues which ought to, and no doubt
16 will, be very concerning to the Tasmanian community.
17

18 The government has announced that Ashley will close,
19 but as we sit here today, Commissioners, and when we sit in
20 Launceston later this year, it will be open and children
21 will be detained in it. Information available to the
22 Commission suggests the possibility that even today
23 children are at heightened risk of sexual and physical
24 abuse in Ashley and that the systems in place to prevent
25 and respond to that abuse may not be fit for purpose.
26

27 Children placed in youth detention facilities are in
28 the care of the state. The evidence will be that many
29 children in Ashley are on remand and have not yet been
30 found guilty of any offence. But, Commissioners, even if
31 they have been found guilty and sentenced, the state has an
32 obligation to keep them safe while they are in detention
33 and to treat them in a way that promotes their
34 rehabilitation.
35

36 Some of those children present with very complex
37 behaviours and needs. Some pose a risk to themselves or
38 others, and some may be challenging to manage. All of them
39 require a trauma-informed approach to rehabilitation. The
40 evidence in the case studies will suggest that many have
41 not received it, despite many recommendations for reform
42 over the last two decades and multiple reports which have
43 drawn attention to gaps and concerns.
44

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

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

8
9 The Commission has called for and received the state's
10 records of those allegations and stand-downs, and it has
11 also called for and received records of a number of current
12 and former detainees who are alleged to have been sexually
13 abused or have engaged in harmful sexual behaviours while
14 in Ashley.

15
16 It will not be our role to investigate the truth of
17 individual complains, but the number and consistency of the
18 allegations which former detainees have made demands a
19 careful examination of Ashley's guiding principles and
20 practices and how they have responded to abusive and
21 harmful behaviours; this includes recruitment practices and
22 the training and supervision of staff, as well as
23 procedures for managing detainee behaviour.

24
25 We will, again, use case examples to illustrate the
26 themes which emerge. As is the case with other weeks,
27 those case examples may need to be anonymised to protect
28 the interests of those concerned, but they will ensure that
29 we shine a light on the systems that are failing to protect
30 children from abuse and harmful sexual behaviour.

31
32 At a high level those themes will include: what is the
33 foundational culture at Ashley? Are children treated with
34 respect?

35
36 Do children have access to meaningful complaint
37 mechanisms and supports where they are abused?

38
39 Do oversight systems work to guard against the risks
40 that children in detention face?

41
42 Are staff at Ashley qualified, supervised and
43 supported to do the work that they are engaged to perform?

44
45 Why have some staff apparently been permitted to
46 remain at Ashley in the face of repeated allegations about
47 their conduct?

1
2 Why was the state apparently so slow to stand-down
3 some staff members, and why did those stand-downs
4 ultimately occur?

5
6 Why have some children been exposed to harm through
7 being inappropriately placed in units with other detainees
8 who pose a risk to them?

9
10 Some former detainees have made direct contact with us
11 and trusted us with their personal accounts of their
12 experiences. Others have permitted us access to
13 information via their lawyers. Whether or not they give
14 oral evidence in the hearings, their accounts will inform
15 the way we examine witnesses.

16
17 Those other witnesses will include experts in Youth
18 Justice from other jurisdictions as well as members of the
19 Tasmanian community whose professional roles have given
20 them insight into how children are treated at Ashley,
21 including the Commissioner for Children and Young People,
22 the Custodial Inspector and other State Service employees.

23
24 Statements are being sought from a large number of
25 current and former staff members at Ashley. Some of them
26 will have been witnesses to inappropriate practices; some
27 may be alleged themselves to have acted inappropriately in
28 response to abuse allegations. Some of those staff members
29 will be called to give evidence. In other cases their
30 witness statements will be used as a basis for examining
31 other witnesses. Senior Ashley management figures and the
32 Department of Communities officials will be called to give
33 an account of the department's, and their own, conduct.

34
35 Commissioners, in the final week we will be hearing
36 from senior members of the Tasmanian State Service. We
37 will be hearing from senior members of the Tasmanian State
38 Service throughout our hearings, but in the final week we
39 will seek answers from senior public servants on any
40 questions that linger or matters that remain unclear.

41
42 All government witnesses should know that, if they are
43 not able to provide information we seek in the first
44 instance, they may well be asked to return with the
45 necessary information and to be examined again in week six.

46
47 Week six will also provide an opportunity to test

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

5
6 In the final week, and potentially at other points
7 during the hearings, we will also take evidence about the
8 way in which the people and communities harmed by child
9 sexual abuse can begin to heal.

10
11 Commissioners, Professor Milroy will this week give
12 evidence about the way in which hope is a key resilience
13 factor for individuals who have been through the trauma of
14 child sexual abuse. We will seek to conclude our public
15 hearings by accessing some of that hope. We will be
16 looking in this respect to how the Commission can direct
17 its recommendations towards meaningful change that benefits
18 Tasmania and its children.

19
20 Commissioners, those are the opening submissions of
21 your Counsel Assisting. We ask now that we break for
22 morning tea

23
24 PRESIDENT NEAVE: Ms Bennett, a short break.

25
26 **SHORT ADJOURNMENT**

27
28 PRESIDENT NEAVE: Yes, Ms Bennett.

29
30 MS BENNETT: Commissioner, the first witness is one which
31 requires pseudonym orders and non-publication orders.
32 We've provided a note to the Commissioners about that. If
33 the Commissioners are minded to make that order I ask that
34 it be done now.

35
36 PRESIDENT NEAVE: The Commission's approach is always to
37 consider the wellbeing and preferences of victim-survivors
38 who have shared their experiences with the Commission.

39
40 As Counsel Assisting explained in her opening, the
41 Commission also does not wish to prejudice any criminal
42 investigations or prosecutions. For that reason it will
43 sometimes be necessary for the Commission to make an order
44 which restricts the publication of certain information.

45
46 Today, in order to protect the identity of a
47 victim-survivor and other relevant people, the Commission

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

3
4 The Commission welcomes the interest of the public and
5 the media and does not wish to prevent people appropriately
6 reporting on the information that will be heard during
7 these hearings. At the same time, the Commission needs to
8 respect the preferences of victim-survivors and protect the
9 personal information of relevant people.

10
11 The Commission makes this order because it is
12 satisfied that the public interest in the reporting on the
13 identities of certain people who may be discussed during
14 this hearing is outweighed by those other considerations.

15
16 I will now briefly explain how the order will work.

17
18 The order requires the use of a pseudonym; this means
19 that the witness will be called "Kim" rather than by her
20 real name.

21
22 The order, and this is very important for the media,
23 the order also requires that any information in relation to
24 Kim's identity be kept confidential. This means that
25 anyone who listens to or reads the information given by Kim
26 to the Commission must not share any information which may
27 identify Kim or the people who may be referred to as AB-1,
28 Barry and Paula - and I should just interpose that Barry is
29 here as a support person for Kim.

30
31 This information is not limited to Kim's real names
32 and may include other information which may identify them,
33 such as where they live or work.

34
35 In accordance with this order, the live stream of this
36 hearing will be suspended while Kim gives evidence; this
37 will protect Kim's face and voice but a transcript of Kim's
38 evidence will be available in due course.

39
40 Those of you who are watching from the hearing room
41 are able to stay in the hearing room to watch this
42 evidence.

43
44 I make the order now and it will be published. I
45 encourage any journalists wishing to share Kim's story to
46 discuss the scope of the order with the Commission's media
47 liaison officer. A copy of the order will be placed

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

3
4 I ask that the live stream be suspended prior to
5 counsel calling Kim.

6
7 (CONFIDENTIAL SESSION COMMENCES)
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1 MS BENNETT: Commissioners, I'd like to call Kim and Barry
2 to the witness stand.

3
4 If it's convenient, Commissioners, I've asked that
5 each of Kim and Barry be sworn.

6
7 <KIM, affirmed: [11.29am]

8
9 <BARRY, affirmed:

10
11 <EXAMINATION BY MS BENNETT:

12
13 [All Q&A are answered by Kim unless indicated as Barry]

14
15 MS BENNETT: Q. Kim, Barry, thank you for being with us
16 today. Kim, you've made a statement to the Commission, is
17 that right?

18 A. That's correct.

19
20 Q. And that statement is true and correct, isn't it?

21 A. That's correct.

22
23 Commissioners, you will find a copy of that statement
24 in folder A of your hearing bundle behind the second
25 tab and the attachments to it follow.

26
27 Q. Kim, we're here today to hear about your experiences
28 and the experiences of your daughter. I'd like to start
29 with asking you about your daughter, who I'm going to refer
30 to as "Paula" even though that's not her real name. Can
31 you tell us a little bit about Paula when she was young?

32 A. Okay, well, these are some of my thoughts about Paula.
33 As a young child Paula was happy and active, she always had
34 a special bond with me. During primary school Paula
35 enjoyed school very much and was bright and intelligent and
36 was full of life and a quiet achiever. She loved her
37 dancing, tap and jazz; she also loved netball and little
38 athletics and was very competitive and determined to do
39 well in all sports.

40
41 During high school Paula was a student leader in
42 Grade 10 which reflected her intelligence and potential and
43 she won many trophies and awards. She also worked at
44 [REDACTED] during high school. She received many awards at
45 [REDACTED] including a high achievement award.

46
47 After finishing high school, Paula worked at a

1 [REDACTED] for a time and, well, she
2 always wanted to be a nurse and midwife and she loved
3 babies.
4

5 Paula's other loves and likes: she had a special
6 relationship with our Labrador dogs and she loved purple
7 and pink and anything with butterflies on it. She loved to
8 have her nails painted and she enjoyed birthdays and
9 Christmas celebrations and loved to go shopping. She also
10 enjoyed cooking and watching sport on TV, especially
11 cricket and many different TV shows.
12

13 And, look, Paula was kind, she was smart, she was
14 important, and Paula was a very special girl and we miss
15 her presence every day.
16

17 Q. Thank you.

18 A. Thank you.
19

20 Q. I'd like to now talk to you about Paula's life as it
21 developed. Barry, just to pause, you came into Paula's
22 life a little later, can you tell us about that?
23

24 BARRY: Yes. About [REDACTED] years ago Paula come into my life
25 the same time as Kim, yeah, so there's a lot of background
26 there.
27

28 MS BENNETT: Commissioners, you will find behind
29 Confidential Exhibit 1 some photos of Paula which you can
30 peruse in your own time and I won't display publicly. But
31 we just pause to acknowledge Paula and the young woman she
32 was.
33

34 Q. So, I'd like to now talk to you about Paula's life in
35 high school. So, she started high school in the [REDACTED]
36 [REDACTED] and how did she adapt to high school, Kim?
37

38 A. She really enjoyed high school, she really embraced
39 it, she was very academic and always tried her best, and
40 loved sport, yes.
41

42 Q. I think you tell us in your statement that she started
43 to have some body issues around grade 8 or so; can you tell
44 the Commissioners a little bit about that?
45

46 A. Well, she was having - I suppose it was all - she
47 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

1 on, yes.

2

3 Q. And that continued on into Year 9 or Grade 9; is that
4 right?

5 A. Yes.

6

7 Q. And that was around the time that she formed a
8 friendship with a teacher at her school, and I'll use the
9 word "friendship" in inverted commas. He was in his 30s.
10 I'm going to refer to him, Commissioners, as AB-1. Can you
11 tell us about AB-1 and Paula?

12 A. All right. Well, I wasn't aware of this and it
13 started at the beginning of Grade 9 and carried on through
14 Grade 9 until September when there was an issue.

15

16 Q. You later found out that they had been in contact
17 outside of school; is that right?

18 A. Yes, that's correct.

19

20 Q. What sort of contact were they having?

21 A. Well, it was only one contact that I knew about where
22 he made an arrangement to pick up Paula from work and he
23 took her off to a secluded spot and --

24

25 Q. Just to pause there. She told you that night that she
26 would be meeting friends in town; is that right?

27 A. That's right, yes.

28

29 Q. And then, sometime later she called and asked you to
30 come and pick her up?

31 A. Yes, I was worried, that was sort of out of character
32 for Paula to do that, so I was worried, and I had rung her
33 and she said she was okay, but she wasn't, yeah.

34

35 Q. And then, when you picked her up, how did she seem to
36 you when you picked her up?

37 A. She was quite agitated and upset, yes, and I was
38 asking her if there was anything wrong, and she wouldn't
39 really speak to me until we got home.

40

41 Q. When you got home, was she able to talk to you about
42 what had happened?

43 A. Eventually later that night she spoke to me, yes.

44

45 Q. Can you tell us what you remember her telling you?

46 A. That she hadn't told me the truth, that she hadn't
47 been with her friends, and that a teacher had arranged to

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

6
7 Q. And she told you that they'd started to speak to each
8 other and communicate outside of school before this, before
9 then?

10 A. Beforehand, and apparently I found out later that he
11 had taken her from the school grounds one lunchtime and
12 they had gone off in his car, yes.

13
14 Q. And then, how did she appear when she was telling you
15 about all of these things?

16 A. Oh, she was very distraught and upset; heartbroken,
17 yes.

18
19 Q. And, how did you feel?

20 A. Oh, as a mother, I just was - just felt so awful and
21 distraught as well that this could happen, yes.

22
23 Q. And so, what did you do after she told you that? It
24 was a Sunday night, what did you do next?

25 A. So, I had a phone number for one of the teachers at
26 the school, so I rang her and spoke to her.

27
28 Q. What was her response like?

29 A. Oh, she was shocked and very upset, yes.

30
31 Q. And you were pleased that this person would respond to
32 you straight away on the Sunday night?

33 A. Yes; yes, I was.

34
35 Q. Now, I think we mentioned earlier that AB-1 was in his
36 30s around this time?

37 A. M'hmm.

38
39 Q. And Paula was in Grade 9, and she was having some
40 difficulties with her body image around that time?

41 A. Yes.

42
43 Q. How did this incident impact upon her, do you think?

44 A. Oh, well, it made a lot of difference to her life in
45 that she felt really ashamed and really upset about what
46 had happened, and - I just. Yeah, she was feeling really
47 overwhelmed about what the other students and friends would

1 think about her and other teachers and - yes.

2

3 Q. Your daughter heard from AB-1 again shortly after that
4 incident on the Sunday night; is that right?

5 A. I'm not sure that was - it could have been - was it?

6

7 BARRY: Phone calls?

8

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

12

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

15

16 Q. And that letter you read, I take it?

17 KIM: A. Yes.

18

19 Q. And how did you feel when you read it?

20 A. Oh, I was - I was - I just felt really bad, and some
21 of the things that he'd written in the letter saying that
22 he professed his love for her and that, if she didn't -
23 when he made the advances to her, that she should have run
24 away or screamed or - he was sort of putting it all back on
25 to Paula that, yes, it was her fault and not his, yes, and
26 he was the adult in the situation.

27

28 Q. And you felt that made plain that he really didn't
29 understand, he really didn't understand his
30 responsibilities, did he?

31 A. No.

32

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

35 A. Yes.

36

37 Q. And then, what happened next as far as the school was
38 concerned? Do you remember?

39 A. I was contacted by the school counsellor and she was
40 very supportive.

41

42 Q. What happened to AB-1 as far as you know?

43 A. Well, I'm not really sure what happened immediately
44 afterwards, but whether he was still at the school
45 teaching, but then later on when all this came out and he
46 was - I suppose he was suspended from work and he
47 eventually lost his job, yes.

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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.

1 Q. So, [REDACTED], I think you tell us that Paula's
2 medication wasn't really working so well any more?

3 A. No.

4
5 Q. And these things were taking a cumulative toll; is
6 that right?

7 A. Yes.

8
9 Q. And so, she needed more medical help than she'd been
10 getting?

11 A. Yes, she needed more.

12
13 Q. And you took her to hospital?

14 A. Yes, I did.

15
16 Q. Where did you take her?

17 A. To the LGH, yeah, to the emergency.

18
19 Q. Which ward was she admitted to?

20 A. To 4K.

21
22 Q. When she was admitted to Ward 4K there was a familiar
23 face on the ward; do you remember that?

24 A. Yes, I do, yes.

25
26 Q. Who was that?

27 A. Jim Griffin.

28
29 Q. I'd just like to pause there. You'd met Griffin in
30 the past; is that right?

31 A. Yes.

32
33 Q. So, when had you first met him?

34 A. It would have been back in [REDACTED], he was doing
35 some work near where I was living. He had a [REDACTED]

36 [REDACTED] and he was doing some work [REDACTED],

37 and he was very friendly and talkative, and I [REDACTED]

38 [REDACTED] and a friend of mine she had a young child

39 and he offered to take them on the [REDACTED] with him and

40 just show them how it worked and --

41
42 Q. And that's [REDACTED] machine, isn't it?

43 A. Yes.

44
45 Q. And so, the kids were wanting to go look at [REDACTED]
46 in the back paddock?

47 A. Yes. And Jim had my daughter sit on his lap and,

1 yeah, showed her what to do, yeah.

2

3 Q. So, he wasn't involved in anything medical at that
4 time?

5 A. No.

6

7 Q. And you saw him again on and off over the years,
8 didn't you?

9 A. Oh, just - yes, yeah, we had sort of a bit of
10 interaction after that.

11

12 Q. I think you tell us, in about [REDACTED] you saw him as
13 an ambulance driver; is that right?

14 A. Yes, a family member needed to go in the ambulance and
15 I went with them and he was a volunteer.

16

17 Q. Did he tell you anything about what he was doing at
18 the time?

19 A. No, because it was only a short trip to the hospital.

20

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

23

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

26

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

28

29 Q. Just returning then to Paula being taken to LGH;
30 obviously that's a frightening experience for any family.
31 Were you reassured to see somebody that you knew?

32 KIM: A. Yes, I was, yes, because Jim was always a very
33 friendly, outgoing, caring person and he just had that way
34 about him that made you feel that you could trust him and
35 that he was going to look after your child, so yeah.

36

37 Q. Did he say anything to you about the kind of care that
38 Paula would receive?

39 A. I'm not sure, just --

40

41 Q. Paragraph 24 of your statement, I think.

42 A. He was just saying that he was going to look after
43 Paula and that was part of his kindness, that he was just
44 always that way, yes.

45

46 Q. How long was Paula in the LGH for that time?

47 A. Look, um --

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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

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

6
7 Q. Do you remember if you raised it with someone?
8 A. I'm sure I would of, m'mm.

9
10 Q. And it's hard to remember at this distance who that
11 was; is that fair?
12 A. Yes.

13
14 Q. Do you recall if there was any response to that
15 complaint?
16 A. I can't remember; it's a really important part, but
17 for some reason I just can't recall.

18
19 Q. Meanwhile, I think you said that Paula continued to
20 see Griffin over the months and indeed years that she was a
21 patient and she went to his house for barbecues and other
22 functions?
23 A. Yes.

24
25 Q. And she went there for sleepovers?
26 A. Yes, and we were invited as well on different
27 occasions, so we felt as though we were friends with the
28 family and yes, he just ...

29
30 Q. Were you invited for all of the functions and all of
31 the --
32 A. No, no.

33
34 Q. Paula would often go on her own?
35 A. Yes.

36
37 Q. Indeed, she took a trip with him [REDACTED]; is that
38 right?
39 A. Yes, yes. [REDACTED]
40 [REDACTED] and for some reason he went as well and
41 invited Paula to go along while [REDACTED], and
42 so, I'm not sure what they did all of the time but I know
43 they went shopping and, yep.

44
45 Q. After Paula turned [REDACTED], what happened then?
46 A. It seemed as though she wasn't spending as much time
47 with Jim and the family, and I did speak to Paula about it,

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

7
8 Q. What did you understand by what Paula had told you?
9 Did you understand what she meant?

10 A. About?

11
12 Q. The reason she wasn't seeing Griffin any more?

13 A. Well, that was her - what she told me, but I'm not
14 sure whether that was what was really - yeah, was going on.

15
16 Q. What do you suspect?

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

22
23 Q. What do you mean by that?

24 A. He'd gained our trust that he was going to be helping
25 with our daughter. Yes, it was a very difficult time and
26 his friendship and assisting us, Paula was - yes, we
27 trusted and appreciated what he was doing.

28
29 Q. After Paula was discharged from Launceston General
30 Hospital - I'm sorry, just before I go to that. We were
31 talking before about the sleepovers and the motorbike
32 riding with Griffin, and I think you told us something
33 about a rumpus room; what can you tell us about that?

34 A. So, he had a new house built, a large garage
35 underneath, and then later on he added another room into
36 the garage, so it was sort of built within the garage like
37 a rumpus/extra bedroom for people to stay over.

38
39 Q. Is it fair that after Paula was discharged from LGH
40 her life never really turned to an even keel after that?

41 A. It didn't, no.

42
43 Q. Broadly, what happened after she left home?

44 A. She was always very up and down with her mental health
45 issues. She did spend time out of hospital and she was
46 able to hold down a job, but she always ended up going back
47 to hospital in some form or another, yes.

1
2 Q. Kim, I want to just pause there, and Barry, is there
3 anything you'd like to add to what we've heard?
4

5 BARRY: No, all I can remember, that Jim and Paula's
6 relationship just suddenly stopped for no reason. We were
7 aware of the reason, Paula told us, but we both can't
8 recall that particular reason why, so we don't know.
9

10 KIM: That's where Paula was a very private person.
11

12 Q. Paula then went to [REDACTED] and there was a
13 terrible accident there, are you able to tell us?

14 KIM: A. Sadly, Paula, [REDACTED]
15 [REDACTED] and
16 passed away, yes.
17

18 Q. She never made any - I just pause to say how sorry
19 I am and how sorry we are - now, she never made my
20 disclosures about Griffin, did she?

21 A. No.
22

23 Q. And you read about Griffin in the paper?

24 A. Yes.
25

26 Q. Like everyone else after she had passed away; is that
27 right?

28 A. Yes.
29

30 Q. Can I ask about how you felt when you read about that?

31 A. Oh, just made me feel so ill, and then I - all these
32 thoughts raced through my head, that maybe these things,
33 terrible things that happened to Paula and she'd never
34 spoken about them, and maybe this attributed to all of the
35 issues that she had through her life.
36

37 Q. Did it make some of the pieces fit together
38 differently for you?

39 A. It did, yeah, yes, yes.
40

41 Q. How do you feel about the uncertainty around that?

42 A. Oh, it's just something that's always going to be with
43 me and I'll always wonder, yes, and I can't speak to Paula
44 about it and nothing will really be resolved for me.
45

46 Q. That must be very hard, is that?

47 A. Yes, really hard.

1
2 Q. And, Barry, I imagine it's hard for you too; is that
3 right?

4
5 BARRY: Yes, very much so; it's very overwhelming and
6 impacts our lives daily.

7
8 Q. And, does that impact include difficulty in trusting
9 the medical profession?

10 KIM: A. Yes, yes, my word, yes.

11
12 Q. Tell me about that.

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

18
19 Q. Does it make you more reluctant to seek medical help?
20 A. Yes, especially at the hospital.

21
22 Q. And for your [REDACTED] children?
23 A. It's hard for them as well, yes.

24
25 Q. Kim, I'll start with you, I just want to ask you what
26 you'd like this Commission to know about how you want to
27 see the system change?

28 A. That's a hard question. As in that --

29
30 Q. You've come here today to talk about your experience,
31 what do you wish had have been done differently?

32 A. I just wish that people had taken more notice and,
33 when there were complaints made, that they were acted on.
34 I never made a complaint about Jim because I didn't know
35 anything, I wasn't aware that all this was going on, and
36 that, I don't want this to happen to any other person and
37 have their life changed forever, and I just don't want this
38 to happen again to anyone else and the families, and it's
39 just got such a big flow-on effect and it affects the rest
40 of your life, yes.

41
42 Q. Paula was a long-term patient at LGH and she was
43 primarily under Griffin's care; is that right?

44 A. Yes.

45
46 Q. Has anyone ever been in touch with you about, if
47 anyone's ever investigated whether there was ever any

1 inappropriate contact between --

2 A. No. No, nobody has ever contacted me, no.

3

4 Q. Do you know if anyone's ever investigated that
5 question?

6 A. About Paula?

7

8 Q. M'mm.

9 A. No, I don't know anything, no.

10

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

16

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

19

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

21

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

28

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

30

31 KIM: Thank you.

32

33 BARRY: Thank you.

34

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

39

40 And, we can now adjourn?

41

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

45

46 PRESIDENT NEAVE: Yes, thank you.

47

1 (CONFIDENTIAL SESSION ENDS)

2
3 **LUNCHEON ADJOURNMENT**

4
5 PRESIDENT NEAVE: Thank you, Ms Bennett.

6
7 MS BENNETT: Commissioners, the next witness is
8 Commissioner Anne Hollonds, she's in the Commission room
9 and I would ask that she come into the witness area.

10
11 **<ANNE INKERI HOLLONDS, affirmed and examined: [1.36pm]**

12
13 **<EXAMINATION BY MS BENNETT:**

14
15 MS BENNETT: Q. Commissioner, could you tell the
16 Commissioners your full name and professional address?

17 A. Anne Hollonds, and my role is based at the Australian
18 Human Rights Commission, and that's at 175 Pitt Street,
19 Sydney.

20
21 Q. You've made a statement for the benefit of this
22 Commission; is that right?

23 A. I have.

24
25 Q. Save for one amendment to paragraph 29, is that
26 statement true and correct?

27 A. It is.

28
29 Q. Could we go to paragraph 29 briefly. You say there:

30
31 *The national strategy to prevent and*
32 *respond to child sexual abuse was a key*
33 *recommendation.*

34
35 Commissioner, is it your evidence you would like that
36 to read:

37
38 *The national strategy to prevent and*
39 *respond to child safety was a key*
40 *recommendation.*

41
42 A. Correct, yes.

43
44 Q. With that amendment is that statement true and
45 correct?

46 A. It is, yes.

1 Q. Could I ask you firstly about the roles that you
2 presently hold and have held that are relevant to your
3 current position?

4 A. So, I'm currently the National Children's
5 Commissioner, and previously to this role I was the
6 director of the Australian Institute of Family Studies, and
7 prior to that I held roles as the chief executive of large
8 non-government organisations working in the area of child
9 and family wellbeing, including the Benevolent Society and
10 Relationships Australia.

11
12 Q. Is it fair to say you've got a background in
13 psychology and social work, with an extensive background in
14 child protection, Out-of-Home Care, domestic violence,
15 child and family therapy, parenting and mental health?

16 A. That's correct.

17
18 Q. Can you tell the Commissioners broadly about what the
19 key roles you see yourself as having as the National
20 Children's Commissioner?

21 A. Without quoting the Act, which you can read in my
22 statement, I guess I would describe my role as really the
23 key jurisdiction is at the Commonwealth level and, as you
24 know, there are State and Territory Children's
25 Commissioners as well. It's to provide oversight over
26 policies, laws and the systems operating across Australia
27 and to ensure that they are upholding the rights and the
28 wellbeing of children everywhere.

29
30 Q. Commissioner, you tell us in your statement at around
31 paragraph 20 that child sexual abuse is a human rights
32 issue. Can you tell the Commissioners what you mean by
33 that?

34 A. The United Nations Convention on the Rights of the
35 Child outlines that children have all the rights that
36 adults do, but they also have the rights to special
37 protection because of their youth and their vulnerabilities
38 as children and, of course, child sexual abuse is one of
39 the areas that they absolutely need to be protected from as
40 a human right.

41
42 Q. I want to take you to some of the frameworks and
43 strategies that are relevant to protecting children, and
44 I'd like to understand the national strategies and
45 frameworks that there are in place. So, first of all I'd
46 like to ask you about the National Principles for Child
47 Safe Organisations; can you tell us at a high level what

1 they are?

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

10

11 Q. I just want to make sure that I understand some of
12 them. I'd like to ask the operators if they could bring
13 them up on screen, it's at COM.0001.0018.0027. You should
14 then see the National Principles up on screen. Can you see
15 those?

16 A. Yes, there's another page but, yep.

17

18 Q. We'll start with these and then we'll go over the
19 page in due course. I think you've told us that these are
20 the ten elements fundamental to making an organisation
21 safe. What are the most important of the, if you are able
22 to say, what are the most important of the principles?

23 A. Well, they're all of course important and they
24 together provide a, if you like, a comprehensive way of
25 putting children and their safety at the centre of an
26 organisation. But, of course, I think that really we need
27 to start with (1) and (2), so the governance of the
28 organisation is incredibly important, the leadership from
29 the top to change the culture to be one that ensures the
30 safety of children and is able to put children and their
31 wellbeing at the centre.

32

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

41

42 Q. Is it fair that those two principles really interact
43 with each other because, when children are really listened
44 to, it's because the people at the top want to engage with
45 them?

46 A. I would say, yes, and it sounds like a simple thing to
47 say, "We should listen to children", but actually it's a

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

9

10 Q. What can you tell us about what it looks like? How do
 11 we know when someone's listening in the kind of authentic
 12 way that you're talking about?

13 A. Well, for example, we need to ensure that children,
 14 their safety is ensured in the process so that they - their
 15 wellbeing is looked after, they know that it's safe to say
 16 what they want to say. So, that may be done in a variety
 17 of different ways, but we need to ensure that they're safe
 18 through the process. But also then, having spoken to them,
 19 having listened, having had that conversation and having
 20 listened to the children, we need to be able to come back
 21 to them and say, "This is what we did with what we heard
 22 from you".

23

24 Q. Let me ask you the inverse question: what does it look
 25 like when people get that wrong? What are the big mistakes
 26 people make when they don't authentically listen to
 27 children?

28 A. Well, currently there are a lot of, I guess, surveys
 29 and consultation processes occurring around the country:
 30 that's been, I guess, a positive move in that we are trying
 31 to listen more to children, but there isn't a lot of coming
 32 back and going, "Well, this is what we did, here's what we
 33 did with what we heard". So, there's, if you like, a lot
 34 of meaningless listening that doesn't lead to an authentic
 35 closing of the loop and maybe not even demonstrable changes
 36 to then the policies that need to change to ensure that
 37 children are being looked after.

38

39 Q. Is part of it a two-way communication, if you like?

40 A. Absolutely it is, yes.

41

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

44

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

1 *practice.*

2

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

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

16

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

29

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

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

41

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

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

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

3

4 Q. But in fact, in your understanding, it's much deeper
5 than that?

6 A. It is, and it's ongoing, so it's not just at
7 recruitment but all the way through their employment or in
8 their time as a volunteer in an organisation.

9

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

13

14 *Processes to respond to complaints and*
15 *concerns to make sure they are*
16 *child-focused.*

17

18 What does it mean, Commissioner, for a complaint to be
19 child-focused?

20 A. Well, I guess - and this goes into quite some detail
21 as to how you do that - but it's about ensuring, again,
22 that the child knows that they are able to speak up; that
23 they feel safe to do so because you've got in place the
24 mechanisms to ensure their safety and support during the
25 process and after they have spoken up.

26

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

38

39 Q. It sounds quite distinct to, for example, disciplinary
40 processes and investigations, is that fair, that might
41 focus on whether or not what's gone on - this is something
42 that looks - or what's gone wrong with the particular
43 situation; this is focused on what's happened for the
44 child?

45 A. Yes, so it needs to, I guess, if you like, have a bit
46 of a therapeutic lens on it would be another way you could
47 describe it, recognising that it is very hard for children

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

6
 7 Q. So, for example, if someone were to express disbelief
 8 at what a child is telling them has happened to them,
 9 what's the likely effect on that, on the child's
 10 disclosure?

11 A. Well, in the first instance it may well just be the
 12 child would stop talking and would then tell no-one, but
 13 then I guess the short and long-term consequences may be
 14 very, very serious for someone who's experienced something
 15 very distressing and they've had to carry that themselves
 16 for many, many years. And, of course, we all know those
 17 cases, many cases now that have been discussed in the media
 18 about people who suffer for their whole lives as a result
 19 of not being believed.

20
 21 Q. As promised, I'd like to now go over the page or down
 22 further to No.7, and that talks about:

23
 24 *Staff and volunteers are equipped with the*
 25 *knowledge, skills and awareness to keep*
 26 *children and young people safe through*
 27 *ongoing education and training.*

28
 29 Is that ongoing training, does that include about the
 30 identification of grooming conduct?

31 A. Well, yes, absolutely. This is not easy.

32
 33 Q. No.

34 A. When you look very carefully at these principles, this
 35 is very complex and it's really hard, but it is absolutely
 36 what's needed because we know the risks are far too great.
 37 So, yes, for volunteers we need to ensure that they're
 38 getting that ongoing training about all the risk factors
 39 that are well evidenced now and the appropriate ways to
 40 manage issues when they come to light and how to respond
 41 appropriately to a child in that situation.

42
 43 So, we want to really create that, if you like, that
 44 chain of protection around the child so that the whole
 45 organisation is operating in sync to ensure that that child
 46 is not damaged any further, that they're not going to
 47 experience some kind of systems abuse as a result on top of

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

3

4 Q. And some people say people will stop volunteering if
5 they have to go through lots and lots of training programs:
6 what's your view about that?

7 A. I think they wouldn't be the correct people to be
8 there if that were the reason for them to stop.

9

10 Q. Is there a best practice training program that you're
11 aware of that responds to No.7, or is it, there are a
12 variety out there?

13 A. Unfortunately I think there's quite a variety and I
14 wouldn't be able to attest to the quality of them, so
15 again, I would recommend that advice be sought on that
16 perhaps from the Children's Commissioner here about what
17 are the best programs.

18

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

20

21 *Policies and procedures document how the*
22 *organisation is safe for children and young*
23 *people.*

24

25 So, why is it important to document the way? Isn't
26 that just more red tape?

27 A. No, it's about accountability. So, if it's
28 documented, then you can be held accountable against the
29 policies that you've put in place, and those policies can
30 be interrogated as to whether they are consistent with the
31 National Principles for a start, whether they're rigorous
32 sufficiently, and then of course there can be
33 accountability against them.

34

35 Q. Is the flipside as well that it helps the people
36 working with children to be really clear on what's expected
37 of them?

38 A. It's clear to everybody and clear to the public who
39 has a right to know, especially if government - well, not
40 just especially if government money is involved - clearly,
41 all organisations, even if no government money is involved,
42 need to apply these principles.

43

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

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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

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

8
9 Q. Please.

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

15
16 And what I particularly like about this, is that for
17 every single principle they go to even further level of
18 detail than the original National Principles by looking at
19 what the executive level should be doing, what middle
20 management should be doing, and what the operational staff
21 should be doing, and so, it really I guess highlights that
22 this is a very sophisticated approach and it needs to be at
23 all levels of the organisation.

24
25 Q. And that's, I take it, a publicly available document?

26 A. It is indeed.

27
28 Q. A similar question then around whether or not children
29 with disability, for example, are specifically catered to
30 or identified within the principles?

31 A. Yes, again they are, and there may be particular
32 things that are needed in organisations that are supporting
33 children with disabilities, and that's something that I, I
34 guess, these are prescriptive to some degree but they allow
35 scope for tailoring to the needs of the particular group of
36 children that are involved in that organisation and their
37 parents and the broader community of the organisation, so
38 it needs to be fit for purpose.

39
40 Q. That's an interesting point; you say that they're
41 prescriptive to some degree but flexible. Is it possible
42 to monitor whether an organisation is actually complying
43 with these principles?

44 A. Yes, I believe it is. I think they're prescriptive
45 enough for you to be able to say, well, our organisation's
46 response to that point is, we do it this and this and this
47 way.

1
2 If I can draw as an example the National Quality
3 Standards For Early Childhood Education, which is I guess a
4 different area, however there are these national standards
5 where every childcare centre and every pre-school needs to
6 show how they have achieved against the National Standards,
7 and they would do it in different ways.

8
9 Q. Would there be some external body that would be
10 monitoring and reviewing the way in which each organisation
11 does it?

12 A. Well, there is a national body, ACECQA, that provides
13 oversight. I'm not sure whether at the state level - I
14 imagine there are peak bodies that can provide guidance for
15 individual service providers as well.

16
17 Q. And at the moment who is monitoring compliance with
18 the principles, the National Principles?

19 A. Unfortunately, what was envisaged with these National
20 Principles was that there be established - in fact, this
21 was recommended, that every state and territory would
22 establish its own monitoring body that would provide
23 independent oversight over the implementation of these
24 principles.

25
26 The National Office for Child Safety has some role,
27 I believe for the first three or so years following the
28 Royal Commission whereby states and territories provide
29 reports on how they're going, but I'm not aware that,
30 beyond that, any national monitoring has been put in place.

31
32 Q. Do any states or territories presently have
33 independent monitoring?

34 A. Yes, I believe there are two that do and one that's on
35 its way, so Victoria and New South Wales have put this in
36 place and I believe ACT is heading in that direction.

37
38 Q. What are the elements of effective independent
39 oversight, in your view?

40 A. Well, it needs to be independent, for a start.

41
42 Q. Yes.

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

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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

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

10
11 Q. I take it, it takes a long time to rebuild that trust?

12 A. Huge. Well, yes, often it's just not achieved I think
13 because we're not putting in place the mechanisms to build
14 that trust.

15
16 Q. So, is it a matter, Commissioner, of indeed starting
17 from the position that across the board that trust needs to
18 be rebuilt in order to start this process?

19 A. Yes, you could put it that way. I think we've let
20 children down in this country. I think that in many ways
21 children are absent from view at the times when they need
22 to be seen and they need to be heard, and so, you know, I
23 think that generally their low status in this country,
24 we're not giving them sufficient priority nationally, and I
25 think that these principles, if applied properly, would
26 help to change that.

27
28 Q. You mentioned a moment ago the National Framework and
29 associated policy; can you tell the Commissioners what that
30 is?

31 A. So, the National Framework for Protecting Australia's
32 Children is a shared commitment between the Commonwealth
33 and the states and territories. There's a new one that has
34 just been developed, we had a previous one that went for
35 12 years, there's a new one that will now go for 10 years,
36 and it basically focuses on four target cohorts of kids who
37 we know are living in disadvantaged circumstances and
38 therefore perhaps are at greater risk, so it's focused on
39 those kids and their families.

40
41 Q. I think you tell us in your statement that - well, can
42 you tell the Commissioners about what your role is in that
43 National Framework, or has been?

44 A. Basically, I was commissioned by the Department of
45 Social Services to speak to children and young people and
46 their families around Australia to inform the first
47 five-year action plan which has not yet been agreed to and,

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

3

4 Q. Those consultations, are they feeding into your
5 evidence that we failed children? Is that part of where
6 that's coming from?

7 A. Yes, very much so. My findings that are now in a
8 report that's available - we may have linked it in here,
9 I'm not sure, called Keeping Kids Safe and Well - Your
10 Voices, you know, really what that report seeks to do is
11 amplify the voices of the children and the parents and
12 grandparents we met with about what they need in order to
13 be able to keep kids safe and well, and what they told us
14 was that often what's missing, what makes it hard are the
15 basics: they're things like housing, lack of mental health
16 services for adults and for children, food, clothing,
17 transport, school supplies, you know, these sorts of
18 basics. I heard a lot about violence in their lives at
19 home but also in the community and I heard about schools
20 often not being fit for purpose in how they operate to
21 ensure that children feel welcome, that they feel they can
22 trust teachers and school staff. A lot of kids basically
23 talked about not feeling safe at school.

24

25 Q. What is it about the school environment that
26 contributes to children not feeling safe?

27 A. Well, it's complex.

28

29 Q. Yes.

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

40

41 Q. Does that relate as well - I think you make some
42 comments about informal kinship care: is that a related
43 concern, about respect for those relationships?

44 A. Yes, so kinship care, I guess, is another concern in
45 that they often don't get the support that they need from
46 the Out-of-Home Care, the child welfare authorities. They
47 feel that they're not getting the same financial support,

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

7
8 Q. I think you said as well or it's in the report that
9 government service providers, that people need to feel like
10 service providers are listening to them when they make
11 decisions that affect them. Can you tell the Commissioners
12 why that's so critical?

13 A. Well, again, it goes back to the Convention on the
14 Rights of the Child and the child's right to have a say and
15 to be heard. You know, it was really great that we
16 actually did hear some very positive stories from kids who
17 said that the services that could help them were the ones
18 that they could trust, and when we pulled apart what did
19 those service providers do: well, they listened, they
20 understood, they took time to understand, they treated them
21 with respect. It was like, it was so interesting hearing
22 kids talk about respect in such clear ways.

23
24 Q. I'd like to return to the education environment and
25 about disclosure around boundary violations and grooming
26 behaviour as sort of preconditions or anterior steps before
27 there's abuse; is that something that the National
28 Framework or the standards respond to?

29 A. Well, the national - the principles, the National
30 Principles should be applied to schools. The National
31 Framework for Protecting Australia's Children,
32 unfortunately the education system isn't a core part of
33 that framework, but I think that - but the National
34 Strategy - so, this gets very confusing: the National
35 Strategy For Preventing and Responding to Child Sexual
36 Abuse obviously has an interest in what's happening in the
37 school environment and how well it can act quickly or
38 avoid - avoid or act quickly when there's any evidence of
39 behaviours like grooming.

40
41 Q. In your experience, what's the effect of remote
42 communities or regional areas? How does that impact on
43 people's access to support or disclosure?

44 A. Well, certainly based on the consultations I did
45 last year, it's the regional and remote areas, there are
46 very, very few options for kids to have that: the safety,
47 the environment that they need to ensure that their needs

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

6
7 Q. What do you mean when you say precarious? Do you mean
8 in terms of the supports they can access? If they're lucky
9 the right person will be there and respond in the right
10 way?

11 A. It's all luck, it's all luck, yeah. So, obviously in
12 regional and remote areas there aren't the same quantity of
13 services available as we have in the cities, but also the
14 quality is variable. They don't have access to a lot of
15 public transport - that was an issue that young people
16 raised with me, they can't get to places where there are
17 appointments and service appointments that they could
18 access, so they're not getting, for example, mental health
19 services or other kinds of support services: they just
20 really are left to their own devices and it's really
21 worrying.

22
23 Q. Is that impacted by the size of the community that
24 they might be in in a smaller area? When it comes to child
25 sexual abuse and you're in a small rural community, you've
26 got these barriers and the people you might ask for help
27 are people that might be known to you and might know the
28 offender?

29 A. Well, of course. I mean, there are many young people
30 who said to me they just couldn't talk to anybody because
31 it wasn't safe to do so, so yes, some of them would have
32 been in those situations of really having very few safe
33 adults available to them.

34
35 Q. "Safe adults", that's a term you see in a lot of
36 literature; can you tell us what you mean by safe adults?

37 A. Well, someone who is prepared to listen and make sure
38 that the child is safe while they're being listened to for
39 a start; that they're not going to then, you know, rush off
40 and take some kind of action that the child may feel
41 uncomfortable about.

42
43 This is complex because there are obviously many
44 adults who are mandatory reporters and it's very
45 interesting that children and young people are often very
46 aware of who is and who isn't a mandatory reporter and they
47 will sometimes deliberately not speak to a mandatory

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

7
8 Q. Does that really boil down to, they want to stay in
9 the unsafe circumstance they know rather than expose
10 themselves to the potentially unsafe circumstance they don't
11 know?

12 A. Yes.

13
14 Q. Turning to some things we'll come to in later weeks,
15 are you aware of the perception of Out-of-Home Care, where
16 it's seen by children as a safe or unsafe place to land?

17 A. Again, as part of my consultations I heard directly
18 from kids in Out-of-Home Care and some certainly said that
19 they were well looked after and did feel safe, but there
20 were some who didn't and who felt that they felt that their
21 carers, foster carers or residential carers needed more
22 training on how to look after children: I mean, it sounds
23 pretty basic, but this is what the kids are saying, that in
24 some cases they're not getting adequate care.

25
26 Q. I want to talk briefly with you about what goes wrong
27 when someone's trying to implement, for example, the
28 systems and processes we've been talking about; what are
29 the dangers that those organisations face?

30
31 I guess, speaking first about coordinated approaches:
32 what's the importance of having a coordinated approach
33 among different government departments, or indeed, between
34 different governments?

35 A. Well, part of it is an equity issue; I don't see why
36 one child in a particular part of Australia should not have
37 the same as another child somewhere else. So, for me, we
38 need to have, the basic systems need to be working well for
39 all children, and so that's why we need that consistency
40 and the coordination is about ensuring that we're actually
41 approaching it in a systematic way.

42
43 Part of the problem in this country - and I
44 understand, it's hard, we've got a federation, we've got
45 long distances between places, but the service systems are
46 incredibly fragmented and patchy, so it is sheerly a matter
47 of luck as to whether you happen to find yourself in a

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

3
4 I mean, I can share that here in Tasmania I remember
5 meeting one young mum who was travelling one hour from
6 where she was now living in a caravan park, because could
7 not get proper housing, with her toddler; she was
8 travelling one hour to go back to the Child and Family
9 Centre where she had felt supported. So, that service was
10 like her family: every day she caught two buses to go back
11 to that place and spent the day there with her toddler
12 because that's where she felt safe, all right. So, we
13 actually make it really hard for people to get help because
14 of the lack of consistency and the lack of coordination
15 across the country.

16
17 Q. It sounds as though as well from what you've said
18 earlier that people might disclose, not just child sexual
19 abuse, but what they need and they might need to do that a
20 number of times before they actually get the help they
21 need. Is that your experience?

22 A. Yes. Yes. So, again, you're lucky if you find
23 someone that can actually progress your issues, find you
24 the support services or the responses that you need, but
25 it's more likely that you're having to try to navigate a
26 range of disconnected response systems.

27
28 Q. Returning then to child sexual abuse, is it fair to
29 say those systems all need to be working well to keep
30 children out of the vulnerable situation that makes them
31 more vulnerable to child sexual abuse, which is what we
32 were speaking about earlier?

33 A. Yes. So, child sexual abuse is a part of all, I
34 guess, the harms, the child maltreatment issues that
35 children are at risk of; all of them need to be
36 coordinated, the responses to all of them need to be
37 coordinated, including child sexual abuse.

38
39 Q. So, does that really call for a whole-of-government
40 response?

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

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

13
14 Q. And that's a method of ensuring that one department
15 doesn't interpret principle 7 in one way and another does
16 it in another way?

17 A. That's right, and also ensures then that where there
18 needs to be information shared, which I guess is another
19 aspect, that that's built into the mechanisms that are put
20 in place.

21
22 Q. I haven't asked you about this in your statement so
23 tell me if I am going outside your expertise, but in terms
24 of barriers to information sharing, things like Privacy Act
25 or risk of defamation come up a lot in terms of the reason
26 we can't talk about these things, even between different
27 departments. Is that something you've come across in your
28 experience?

29 A. Well, yes, it's an issue everywhere and it's an issue
30 though that needs to be tackled. Just as all the barriers
31 to implementing what is a better way to ensure the safety
32 of children, there are a lot of barriers, they all to be
33 addressed and I believe they can be addressed.

34
35 Q. Have you seen any approaches to addressing that
36 particular information sharing barrier that have worked in
37 other areas or in your own experience?

38 A. I think the family law environment is one where
39 there's particular barriers to sharing because it's, you
40 know, at a federal level and then you've got the child
41 protection managed at a state level, and there are a number
42 of examples now where there is more coordination between
43 the Commonwealth jurisdiction and the state jurisdiction
44 when children's risks are involved, including the
45 co-location of triage within registries, court registries,
46 to ensure that the needs of children are looked after.
47 Now, it does require particular efforts to achieve that;

1 it's not something that's automatic when things are already
2 divided by jurisdiction or, you know, in the same
3 jurisdiction by the different departments.
4

5 Q. Again, without notice, but is that something that you
6 see in particular environments more than others, like in
7 Out-of-Home Care or in an educational environment more than
8 others?

9 A. I really couldn't comment on - I think it's just a
10 general issue that perhaps is, we lack an understanding of
11 where the sharing of information done properly is actually
12 of benefit and protection to children. I mean, it's a
13 similar thing to, you know, our traditional view of
14 protecting children is that you keep them out and you keep
15 them out of things and you don't talk to them. Actually, I
16 think the Royal Commission showed that silencing children
17 actually puts them at greater risk, so I think the same
18 principle could be applied to the sharing of information
19 done properly with appropriate protections of the
20 information, of course.
21

22 Q. Yes, which actually leads to how we assist young
23 people and children to understand the risk they might be at
24 of child sexual abuse. How do we talk to kids about this
25 in a safe way?

26 A. Well, I think we've done quite a lot of work on that
27 now with our respectful relationships education that has
28 been rolled out across the country. You know, nothing's
29 perfect and these programs need more work, but I guess the
30 idea is that, even from very young ages, without talking
31 about sexual abuse as such, you can start to educate kids
32 about how to keep themselves safe, about personal
33 boundaries, about consent. Consent education, of course,
34 is something now that the Education Ministers have agreed
35 to roll out from next year throughout the school systems,
36 but these are evolving practices and evolving knowledge. I
37 think we have made a start there.
38

39 Q. Have there been any evaluations on those practices
40 yet, respectful relationships, those sorts of things, have
41 they been evaluated?

42 A. Yes. So, the organisation Our Watch has conducted
43 evaluations of respectful relationships education.
44

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

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

8

9 Q. Does that include information sharing about what's
 10 working well, what's not working so well, those sorts of
 11 things?

12 A. Yes. Yes, there's information sharing and, you know,
 13 we seek to collaborate where possible, but of course
 14 Australia's a hard place to collaborate in across
 15 jurisdictions, so we do our best.

16

17 Q. Commissioner, there's a word you've used a number of
 18 times in your evidence today that I'd like to return to as
 19 my last question for you, and the word is "luck". You've
 20 used the word "luck" a number of times in talking about
 21 children getting support or being protected. It causes me
 22 some unease. Does it have some concern for you that luck
 23 is playing such a role?

24 A. Of course, yes. Look, it's really disappointing to
 25 me; you know, I've been in this role now for, must be
 26 nearly a year and a half, to find that the safety and
 27 wellbeing of children in this country is not really a
 28 national priority. That again and again I observe examples
 29 where children have taken a back seat, their needs are not
 30 met, when policy is largely designed to address the
 31 concerns of adults, and we see that flow through in various
 32 ways, obviously in the state and territory jurisdictions.

33

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

39

40 Q. Before I leave you to the Commissioners to ask any
 41 further questions they may have, are there any concluding
 42 comments you'd like to make to this Commission of Inquiry
 43 and the important work that it's undertaking?

44 A. Well, look, I'd just like to reiterate, if I may, that
 45 I think not having the National Principles applied in a
 46 consistent way across the country, in the ways that we've
 47 discussed - a whole-of-government approach with

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

9
10 MS BENNETT: Commissioners, those are the questions I had
11 for the Commissioner, I hand to you.

12
13 COMMISSIONER BROMFIELD: Commissioner, thank you for
14 appearing today, we really appreciate it. It's interesting
15 you finished on the National Principles because that's
16 where I wanted to return to again. You mentioned a number
17 of times throughout your evidence that it was hard and it
18 was complicated to implement the National Principles, but
19 you also were quite clear that it was essential.

20
21 I'm just wondering if you have a view as to how
22 organisations can be supported to implement the National
23 Child Safe Principles?

24 A. Thank you. Yes, well, there are suites of resources
25 available both at the Australian Human Rights Commission
26 but also the National Office of Child Safety website where
27 they can provide that guidance, and there are also now
28 organisations providing, if you like, training, policy
29 development support, coaching for organisational leaders on
30 how to do this, so there is now available quite a lot of
31 support.

32
33 Q. Would you think then that it is fair to say that,
34 while it's hard and complicated, it's still not an excuse?

35 A. Absolutely not an excuse. As a country we do lots of
36 hard things; I mean, we've just dealt with COVID, that was
37 all very hard, and we did it; I guess you could have your
38 views about how well we did it. If we want to keep
39 children safe we have to do this, so yes.

40
41 COMMISSIONER BROMFIELD: Thank you.

42
43 PRESIDENT NEAVE: Q. I've got a follow-up question on
44 that. In terms of the independent oversight body that you
45 referred to, is that support and training something that
46 should be combined with the oversight function? I know it
47 is in Victoria so that you have an independent Children's

1 Commissioner who looks at both the education and support
2 for organisations and the oversight process. Is that a
3 model that you support?

4 A. Look, I think it makes a lot of sense to combine those
5 roles. Having said that, I think there are some
6 non-government organisations who are now able to provide
7 the training, but as long as someone's monitoring the
8 quality of the training.

9
10 Q. Yes.

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

13
14 PRESIDENT NEAVE: Thank you.

15
16 COMMISSIONER BENJAMIN: Q. Commissioner, you said each
17 state and territory has Working with Children Checks and
18 certification. Is there any move to have a national
19 register based upon the information and intelligence of all
20 six states and territories and also the AFP, or is that
21 kind of pie in the sky stuff at the moment?

22 A. Look, I'm not an expert on that I'm afraid, but I
23 understand there has been progress to try to harmonise
24 those Working with Children Checks, but we're not there
25 yet.

26
27 Q. There's nothing happening that you know of?

28 A. Oh, no, no, I think they're working on it.

29
30 Q. Right.

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

33
34 COMMISSIONER BENJAMIN: Thank you.

35
36 PRESIDENT NEAVE: Q. Commissioner, I have one further
37 question on another issue. You've referred to Principle 2,
38 and I'm not going to say it correctly, but the involvement
39 of the voices of children and later in your evidence you
40 made some reference to the difficulty of engaging with
41 children at governance level. I wondered whether we should
42 be thinking about involving children in, for example,
43 selection processes, older children in, for example,
44 selection processes for senior positions in organisations.
45 Is that pie in the sky or ridiculous, or is that something
46 you might want to do?

47 A. Well, look, it's being done in some places when

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

13
14 PRESIDENT NEAVE: Thank you very much, Commissioner, that
15 was very helpful, your evidence.

16
17 THE WITNESS: Thank you for the opportunity.

18
19 PRESIDENT NEAVE: And, a short break.

20
21 **SHORT ADJOURNMENT**

22
23 MS ELLYARD: Thank you Commissioners, the next witness is
24 Dr Michael Salter who appears via video and I'll ask that
25 he have the affirmation administered.

26
27 PRESIDENT NEAVE: Thanks, Ms Ellyard.

28
29 **<MICHAEL ALAN SALTER, affirmed and examined: [3.06pm]**

30
31 **<EXAMINATION BY MS ELLYARD:**

32
33 Q. Dr Salter, could you tell the Commissioners, please,
34 your full name?

35 A. It's Michael Alan Salter.

36
37 Q. And your current occupation?

38 A. I'm the Scientia Associate Professor of Criminology at
39 the University of New South Wales in Sydney.

40
41 Q. Thank you. You've made a statement dated 7 April 2022
42 to assist the work of the Commission; is that correct?

43 A. That is correct.

44
45 Q. You have a copy of that statement with you?

46 A. I do.

1 Q. Are the contents true and correct?

2 A. They are.

3

4 Q. You attach as Exhibit 1 to your statement a copy of
5 your curriculum vitae which includes a list of your
6 academic publications?

7 A. That is correct.

8

9 Q. And then some of those publications relevant to the
10 work of the Commission are separately extracted as
11 Exhibit 2?

12 A. Also correct.

13

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

19 A. That is correct.

20

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

25 A. Yes.

26

27 Q. Doctor, may I begin with what might seem some very
28 fundamental questions before we go on to discuss the
29 contents of your statement in more detail. At paragraph 9
30 of your statement you offer a summary of what we mean when
31 we say "child sexual abuse". Could you summarise for us,
32 please, the range of behaviours and contexts that are being
33 described when we use that term?

34 A. When we talk about child sexual abuse, we're talking
35 about any sexual activity that is visited upon a child,
36 that a child cannot understand or possibly consent to. The
37 definition of child sexual abuse is quite broad because it
38 recognises that child sexual abuse occurs in a variety of
39 different contexts and settings, but also that the
40 perpetrators may be adults, they may be adolescents or they
41 may also be children.

42

43 Q. You make the point at paragraph 10 of your statement
44 that child sexual abuse is perpetrated across all
45 environments including relevantly all socio-economic
46 groups?

47 A. Yes, correct. Unlike other sorts of criminal

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

5
6 Q. That said, you do identify in your statement that
7 child sexual abuse doesn't occur in a vacuum and that it
8 can be associated with what you've described as
9 accumulating forms of disadvantage. Can you explain what
10 you mean by that?

11 A. So, often the opportunity for child sexual abuse, it
12 arises because there are sometimes background issues in the
13 life of a young person and may be cumulative forms of
14 disadvantage: that may be poverty, it may be living with a
15 disability, it may be issues that are impacting a parent,
16 such as the parent's protective capacity maybe inhibited,
17 but there are other factors at work as well. If the child,
18 for example, or an adolescent is LGBTIQ or has some other
19 aspect of their life that perhaps they might be keeping
20 from a parent, you know, all of these are quite dynamic
21 risk factors that can intersect to create an opportunity
22 that a child sexual abuser can take advantage of.

23
24 Q. Thank you, and at the risk of asking you to summarise
25 a very complex position in a few lines, and by reference to
26 paragraph 12 of your statement, what are understood to be
27 the consequences for children where they are victims of
28 child sexual abuse? How does it manifest in their lives
29 both as children and later in life?

30 A. So, child sexual abuse involves a significant
31 disruption to the psychological and also the physiological
32 development of the child and that is why child abuse is
33 quite unique in terms of the forms of harms that it
34 creates, unlike adult onset victimisation.

35
36 With child sexual abuse the child's mental state,
37 their physical state, is in the process of development.
38 The risk of child sexual abuse is that it interrupts those
39 processes of development and that can set in train
40 something like a domino effect, both in terms of the
41 child's emotional and psychological condition, but also
42 their physiological wellbeing can be impacted by an excess
43 of stress, overwhelm, fear, agitation and so on, and so, we
44 understand child sexual abuse as a broad risk factor for a
45 range of negative health outcomes and life outcomes; that's
46 not to say that these outcomes are visited upon every
47 survivor in the same way, it can be quite diverse, but for

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

14
15 Q. I take it, Dr Salter, that because of some of those
16 impacts, the effect of child sexual abuse extends beyond
17 the individual victim to a wider circle of people and
18 perhaps indeed to the whole community?

19 A. That's absolutely right. Many of the so-called wicked
20 problems that we face now, many of the social problems that
21 seem really entrenched, really difficult to shift, whether
22 that's criminality, whether it's substance abuse, whatever
23 it might be: often child sexual abuse is really sitting at
24 the core of those social problems, and to date our
25 inability to muster an effective response to child sexual
26 abuse in order to prevent it and also to support survivors
27 to heal from it, we'll live with the consequences of that
28 every day.

29
30 Q. One of the things you say, and it's at paragraph 82 of
31 your statement, is that trauma can spread so that the
32 trauma of child sexual abuse can take hold in a community
33 and have community-wide consequences. The Commission is
34 dealing with a range of case studies here which will
35 include relevantly the impact of child abuse on particular
36 communities and I'd be grateful if you could speak a bit
37 about that.

38 A. So, for people sexually abused as children, we see a
39 couple of common pathways and they are quite gendered. For
40 girl victims of child sexual abuse they're at a
41 disproportionate risk of sexual assault and domestic
42 violence in adulthood. For male survivors - and I'm saying
43 this as a generalisation, this is not true of every male
44 survivor - but when we look at domestic violence
45 perpetrators they have a disproportionately high rate of
46 sexual abuse in childhood, and so, we can start to see how
47 that lack of support and protection for those individuals

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

14
15 Q. Thank you. The work of this Commission is
16 particularly concerned with the government's response to
17 abuse in institutional settings and, perhaps by drawing
18 your attention to paragraph 34 of your statement, can you
19 summarise please for us what we mean when we talk about
20 abuse occurring in an institutional context or
21 institutional sexual abuse?

22 A. So, institutional sexual abuse is a very broad
23 category, it refers to incidents of sexual abuse in which
24 an offender uses their institutional role, so they have a
25 legitimate role in an institutional setting and they use
26 that role to access children, normally children who are
27 under their care in that institutional context.

28
29 Q. You go on in your statement to identify that, when one
30 thinks about institutional abuse, one can identify both how
31 institutions might become targets or vulnerable to being
32 infiltrated - to use that word - and also what particular
33 cohorts of children might be more vulnerable in
34 institutions. So, taking them in turn, and I'm drawing
35 your attention to paragraph 37 and following in your
36 statement, what are the characteristics of institutions
37 where it might be more likely that abuse will occur?

38 A. So, it's important to recognise that we have a cohort
39 of child sexual offenders in the community who are highly
40 motivated to find opportunities to access children, and so
41 institutions that lack appropriate safeguards to ensure
42 that those offenders are not able to gain that legitimate
43 role in the institution become very appealing to offenders.
44 So, these are institutions where there's a lack of
45 oversight, there's a lack of accountability in the
46 interactions between children and adults, particularly
47 where adults are able to exercise quite arbitrary authority

1 over children with a lack of surveillance.

2

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

11

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

16

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

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

38

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

1
2 And I think more broadly when individuals are members
3 of an institution and they identify with it, there's often
4 just a psychological reflex to defend that institution and,
5 frankly, identify with the alleged perpetrator over the
6 alleged victim.

7
8 Q. Thank you, doctor. Linked to this is the other issue
9 you've raised in relation to institutions, which is the
10 vulnerabilities of particular cohorts of children and as I
11 understand it one of the reasons why that cohort of
12 children is more vulnerable is because of their perception
13 that they are less likely to be believed or less likely to
14 be regarded as truthful if they're abused and do try to
15 complain.

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

32
33 Q. Thank you. One of the things that you have particular
34 expertise in is the question of organised abuse as a
35 particular form of abuse, and you summarise what it is at
36 paragraphs 19 and following of your statement. Could I ask
37 you, please, to describe for us what's meant by the term
38 "organised abuse" and how it intersects with abuse in
39 institutional settings?

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

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

9
10 Q. You make the point in your statement at paragraph 24
11 that the idea of there being organised abuse and networks
12 of offenders has only recently been accepted as something
13 that's real and not fanciful.

14 A. Yes, that's the case, and it's quite frustrating; you
15 know, we've had very good documentation of sex offenders
16 working in concert really since the 1970s. I think it does
17 pose a really significant challenge to child protection
18 practice and also to the way in which police typically deal
19 with child sexual offences, and so, as a result it's really
20 only been over the last, I think, five to 10 years that
21 organised abuse is being broadly recognised for the threat
22 that it is, and certainly the Royal Commission here in
23 Australia played a significant role I think in advancing
24 our knowledge and understanding of networks of offenders,
25 particularly in institutional settings.

26
27 Q. One of the issues that's been brought to the
28 Commission's attention in the Tasmanian context is the
29 extent to which sexual exploitation of children in
30 Out-of-Home Care occurs, sometimes through networks of
31 older, usually men, who interact with and prey upon
32 children and young people in care. Is that an example of
33 organised abuse?

34 A. Yes, it absolutely is, and I mean, this is just a
35 longstanding simmering scandal in this country and I'm
36 really glad that it's being aired at this Commission.

37
38 Q. You mentioned the Royal Commission, Dr Salter. One of
39 the learnings of the Royal Commission was the extent to
40 which there can be long delays in children reporting the
41 abuse that's occurred to them so that in some cases it's
42 literally decades later that adults report their
43 experiences as children, sometimes in circumstances where
44 they'll describe the memories as having been gone for a
45 long time and returning.

46
47 At paragraph 27 and following in your statement you

1 deal with the question of the way in which abuse, perhaps
2 particularly organised abuse, can affect memory and then be
3 used as a means of damaging the credibility of
4 complainants. Can you tell us a bit about that, please?

5 A. I can. So, delayed disclosure is the norm in child
6 sexual abuse. The data suggests that the majority of kids
7 don't disclose at the time and that's actually for very
8 good reasons. When we look at research on what happens
9 after disclosure the evidence is actually that the majority
10 of kids who do disclose at the time of the abuse are not
11 protected and that the abuse continues after the
12 disclosure, and so, we need to understand that
13 non-disclosure is quite a rational decision by a young
14 person, it's a very protective person by a young person
15 because where child sexual abuse is taking place it's often
16 not safe to disclose in a range of ways, and kids predict
17 that they're not going to be believed and often those
18 predictions are quite accurate.

19
20 So, delayed disclosure is the norm, it's in no way
21 unusual and it's in no way irrational, it's quite a logical
22 decision by a child.

23
24 In terms of the ways in which children are able to
25 mentalise, they're able to understand and cognise child
26 sexual abuse, we need to recognise a few factors, one of
27 which is that child sexual abuse involves the imposition of
28 adult sexuality onto a child. A child doesn't have the
29 resources internally to fully understand what is occurring,
30 and so, this can disrupt memory simply because the child
31 doesn't necessarily have the words, have the concepts, in
32 order to encode what is occurring accurately.

33
34 It's also the case that child sexual abuse can be very
35 frightening, it can be very overwhelming, and so this leads
36 us to the phenomenon of what's sometimes called traumatic
37 amnesia in which human beings generally, when we are
38 subject to fear or threat or betrayal or violation, we
39 frequently experience memory difficulty and we may lack
40 memory, we may lack recall, accurate recall of the
41 incident; we may in fact forget the incident. We see this
42 in car accidents, we see this with returned veterans, and
43 we certainly see this with child sexual abuse survivors.

44
45 And there is a process, particularly for children, and
46 as I mentioned earlier when we're talking about a child, of
47 course we're talking about an early developmental stage in

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

13
14 Q. But as I understand it from your statement, that the
15 way in which memories return has sometimes been weaponised
16 or used as a means by which to attack the credibility or
17 reliability of those who describe abuse that occurred to
18 them in their childhood?

19 A. That's correct. So, really from the early 90s when we
20 started to see increased rates of adult survivors of child
21 sexual abuse suing, suing for emotional damage, and also an
22 increase in adult survivors testifying in the criminal
23 courts, we saw the emergence of a kind of a counter-science
24 claiming that so-called recovered memory, so memory that
25 has previously been unavailable to recall that is then
26 recalled in adulthood, that so-called recovered memory
27 lacks accuracy and is more likely to be false than not. We
28 now know that that is untrue and that memory recalled after
29 a period of amnesia is no more or less likely to be
30 inaccurate than any other form of memory.

31
32 Q. Thank you, doctor. Still sticking with the idea of
33 the Royal Commission, at paragraph 141 of your statement
34 you make the point that the National Royal Commission began
35 what you describe as a cultural shift towards a public
36 health model away from what had previously been understood
37 as a largely psychiatric analysis of the causes and impacts
38 of child sexual abuse, and I want to ask you some
39 questions, if I may, about that public health model which
40 as I understand it you consider to be the appropriate way
41 to try and think about the wicked problem of child sexual
42 abuse?

43 A. Yes.

44
45 Q. So, at paragraph 91 you summarise for the Commission
46 what in summary is the three stages or the three levels at
47 which a public health model response to a problem will

1 proceed and you identify the first of those as being
2 primary prevention which is at a population level?

3 A. Yes.

4

5 Q. Secondary prevention which is about institutional
6 level responses to potentially high risk cohorts or
7 situations?

8 A. That's correct.

9

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

12 A. Yes.

13

14 Q. Starting with the question of primary level
15 prevention, you identify at paragraph 93 and following of
16 your statement that there have been some steps taken in
17 Australia, most particularly through the National Plan and
18 the National Strategy, to try and have population level
19 prevention of child sexual abuse, but you make some
20 comments about the extent to which there's presently a good
21 evidence base from which to work. Can you tell us about
22 that?

23 A. That's correct. So, when we're talking about primary
24 prevention we're really looking for those risk factors at a
25 high level, at the social and cultural level, those high
26 level risk factors that we can change through public policy
27 measures that will reduce the overall prevalence of the
28 problem. So, we are fairly familiar in Australia now with
29 the public health approach to violence against women.
30 We've recognised that certain attitudes to women and
31 certain attitudes to gender and gender inequality have a
32 close causal link with rates of violence against women, so
33 there's been significant investment at the Commonwealth,
34 state and territory level into reducing those attitudes and
35 also addressing other risk factors for violence against
36 women.

37

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

46

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

1 attitudes towards child sexual abuse, but I think you say
2 in your statement that - I mean, at a fundamental level
3 no-one is in favour of child sexual abuse, everyone's
4 against it, so to that extent the attitude of the community
5 is already understood, but I take it it's a bit more
6 nuanced than that?

7 A. That's correct. I mean, we all agree that domestic
8 violence is wrong but we still have one woman a week
9 murdered here in Australia by an intimate partner, so it's
10 certainly the case that child sexual abuse is considered
11 quite abhorrent.

12
13 The issue is that, particularly when we look at the
14 survivor experience, for survivors often their experience
15 as children was that they were very, very vulnerable to
16 sexual abuse, that when they exhibited behavioural
17 indicators that they were being sexually abused, those
18 indicators were not picked up on. When they disclosed
19 verbally that they were being sexually abused, that
20 disclosure was not acted upon. When they experienced
21 psychosocial or health impacts because of the trauma and
22 abuse, those impacts were not adequately addressed. So,
23 it's really typical in the life of a survivor and when you
24 listen to survivors, it's really common that they're
25 describing or living in a community and in a (indistinct
26 words - connection cuts out) have a strong moral consensus
27 that sexually victimising children is wrong, but once we
28 get into the fine grain details there's all sorts of
29 carve-outs and exceptions and allowances in which child
30 sexual abuse flourishes. It flourishes in those cracks.

31
32 Q. At paragraph 18 of your statement you give an example
33 of one of those cracks where, notwithstanding a general
34 view that child sexual abuse is wrong, in practice it
35 becomes permitted or condoned. Can you just speak to that
36 example?

37 A. So, I provided an example of a girl living in
38 Out-of-Home Care who was being sexually exploited by an
39 older adult male; she was residing actually in his house
40 where his parents lived and the parents actually wanted her
41 to leave, and so, they complained to police and the child
42 was served with a Trespass Notice in order to leave the
43 house of the man who was sexually exploiting her.

44
45 The broader point here is, there's a phenomenon that's
46 sometimes called adultification where we impute adult
47 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

1 adult, often that 14 or 15-year-old is intensely loyal to
2 the offender, insist that they love the offender, refuses
3 to cooperate with investigations and so on.
4

5 But when we speak to adults, say, in their mid-20s or
6 30s and ask them to reflect on those relationships that
7 they had as teenagers it's with the benefit of hindsight
8 and it's with the benefit of a maturity of an adult that
9 they're able to recognise the extent to which they were
10 misled in the context of those abusive relationships.
11

12 So, it's really important that we keep front of mind
13 that, yes, this is a developing young person who's
14 expanding their capacity for independence and agency, but
15 they are not capable yet and, if we leave - again, if we
16 leave that crack in our armor as it were, it becomes a kind
17 of an informal loophole into which child sexual abusers
18 flood because they know that our guard is down.
19

20 Q. Thank you, doctor. Can I turn to the question of
21 secondary prevention which you deal with at paragraphs 103
22 and following in your statement, and we've covered some of
23 this already. You've identified that that secondary
24 prevention might relevantly include, firstly, identifying
25 potential offenders and responding to them where that's
26 possible.
27

28 Secondly, identifying environments where children are
29 at risk, and then thirdly, identifying cohorts of children
30 that are at risk. Thinking particularly about environments
31 bearing in mind the institutional focus of this Commission,
32 at paragraph 106 and following you list a number of matters
33 that to your mind are relevant and part of effective child
34 safeguarding and I wonder could you speak briefly to that?
35 A. Yeah, I certainly can. Secondary prevention in an
36 institutional setting I think is a very, very achievable
37 goal for any child-focused institution in this country
38 because we have that opportunity to instill those policies
39 and practices that keep children safe.
40

41 So, a couple of mechanisms that I emphasise here
42 involves the active protection of children from abuse, so
43 not passive protective models but actively protecting
44 children from abuse and neglect and looking after their
45 health and wellbeing.
46

47 Actively screening adults who are entering the

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

10
11 And, more broadly, fostering a safe and secure
12 environment in institutional settings especially where
13 children are capable of developing positive, trusting and
14 safe relationships with the adults in those institutions.

15
16 Q. You make a point in your statement about the
17 importance of positive relationships with a trusted adult
18 as both a protective mechanism against being abused in the
19 first place and then a potential means by which complaint
20 can be made. You identified in your statement the
21 potential sometimes for a bit of a disconnect between what
22 children need in the form of contact with trusted adults
23 and the way systems work to perhaps inhibit that.

24 A. So, unfortunately sometimes child protection measures
25 are implemented in a manner that's not designed necessarily
26 to reduce risk to the child per se, but actually to reduce
27 risk to the institution. So, sometimes child protection
28 measures are implemented to reduce the legal exposure of
29 the institution in the wake of an allegation, so it becomes
30 something of a tick box exercise.

31
32 What we sometimes see is that there's such a kind of a
33 zeal around those measures that they limit the ability of
34 adults and children to interact in a way that is
35 spontaneous and organic and allows children to develop a
36 trusting relationship with an adult.

37
38 One of the really sad aspects of some of my interview
39 work with survivors of child sexual abuse is, it becomes
40 apparent that in their childhood there wasn't a single
41 positive protective relationship with an adult; there
42 wasn't one adult in their childhood that they felt that
43 they could reach out to and raise a sensitive issue and
44 that they trusted that adult.

45
46 And so, when we're thinking about child protection in
47 institutional settings it's not just about risk management

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

5
6 Q. Thank you. You identify in your statement some of the
7 issues that you see are associated with mandatory
8 reporting. Of course, mandatory reporting exists to make
9 sure that, when someone becomes aware of a risk to child
10 safety, they're obliged in certain circumstances to pass it
11 on to authorities and to that extent it's protective, but
12 you identify the potential for that protective mechanism to
13 also perhaps work against the interests of children. Could
14 you tell us about that?

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

29
30 With mandatory reporting, mandatory reporting
31 basically draws a line in the sand and the moment that the
32 child crosses that line by providing information that
33 demonstrates that they're currently at risk, at imminent
34 risk, it then triggers an immediate response from the child
35 protection system and I understand why that trigger is in
36 place. The issue that we have, and I hear this quite a lot
37 from child-focused workers, including those, for example,
38 that are on helplines for kids, is that then they haven't
39 been able to get all of the information from the child
40 about what's happening before a mandatory reporting effect
41 is - sort of the domino effect is in train. It can also
42 mean that workers need to inform children ahead of time
43 about their mandatory reporting obligations and it can
44 become an obstacle to disclosure once the child is aware of
45 what happens once they disclose what's happening to them.

46
47 So, I certainly support mandatory reporting as a

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

4
5 Q. You've spoken already about the fact that many
6 children make what is an entirely rational decision to not
7 disclose, or children who do disclose are sometimes not
8 believed, and you deal with this at paragraph 66 and
9 following in your statement, where you describe the fact
10 that disclosure is not necessarily a one-off discrete event
11 and it needs to be understood that a child making a
12 disclosure might do so over a long period of time and in
13 different ways and using different language. Can you tell
14 us about that?

15 A. Yeah, that's right, and so, disclosure is best
16 understood as a process; it's one that takes place through
17 multiple modalities, not just verbal, it's not just what
18 the child says, it's how the child acts, it's how the child
19 behaviours.

20
21 Sometimes children, part of the disclosure process is
22 what they draw because they don't have the words for what's
23 being done to them. Children will be typically quite
24 tentative about disclosure and it's quite common that they
25 also recant disclosure at some points, they might actually
26 claim that they've been lying, and so, there's this long
27 process that takes place with disclosure as the child works
28 out their narrative and their experience.

29
30 And so, creating an environment in which a child is
31 able to go through that process and feel supported and feel
32 listened to is really critical.

33
34 Q. Is it also right that sometimes one needs to be able
35 to understand and interpret behaviours that children might
36 engage in; it's not just their words, but perhaps
37 behavioural symptoms might actually be evidence of abuse
38 rather than evidence of a disability or behavioural
39 problem?

40 A. That's absolutely the case. So, children respond to
41 child sexual abuse in a range of different ways: you may
42 have a child who becomes very shy and withdrawn, you may
43 have a child who becomes really aggressive and outwardly
44 focused. You may have a child who becomes an anxious
45 perfectionist who's obsessed with their marks and their
46 grades, or you may have a child who's really struggling to
47 focus because their attention is elsewhere because of the

1 abuse.

2

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

15

16 Q. Turning to tertiary prevention mechanisms, which of
17 course is the part about responding to the needs of a
18 particular victim once they're identified; you deal in your
19 statement with trauma therapy and the extent to which
20 trauma therapy can be said to be useful and of benefit.
21 Can you tell us about that?

22 A. So, over the last 20 to 25 years we have had a very
23 solid accumulation of evidence that trauma therapy, so
24 trauma-focused therapy for both children and adults who
25 have been sexually abused is effective; that it results in
26 a reduction of psychological symptoms and improvement in
27 quality of life and these gains are sustained post therapy.

28

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

36

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

41

42 Q. You also identify at paragraph 127 of your statement
43 that the way in which services are provided doesn't always
44 serve the complex needs of survivors of abuse. Can you
45 tell us about that?

46 A. So, particularly when adult survivors of child sexual
47 abuse present, they typically have multiple co-occurring

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

7
8 The way in which we tend to fund services in Australia
9 is through single issue services. So, you've got a service
10 over here that's funded to deal with alcohol and drug
11 issues, then we've got a Mental Health Service, then we've
12 got a service to improve your parenting and so on and so on
13 and so on. For adult survivors of child sexual abuse that
14 have got multiple issues it's quite common that they are
15 excluded from services because they're considered too
16 complex, so they present for alcohol and drug treatment,
17 but they've got psychiatric issues, so the Alcohol and Drug
18 Service says, well, I'm sorry but we're not going to treat
19 you until you deal with your mental health. So, they go to
20 the Mental Health Service and the Mental Health Service
21 says, you're high, you're drunk, you need to go and get
22 treatment for substance abuse before we'll treat you. So,
23 this sort of ping pong between services is really common.

24
25 And also, the demand on survivors to attend five or
26 six different services a fortnight in order to address the
27 five or six different issues that they're presenting with,
28 this just becomes really impossible, especially people who
29 are living with disability of some form, they may have
30 parenting responsibilities, so they are looking after kids,
31 they can't possibly juggle all of that, and again, we see
32 the way in which the health service system and the welfare
33 system which is full of really fantastic professionals, but
34 the way it's structured, survivors of child sexual abuse
35 often fall through the cracks.

36
37 Q. At paragraph 129, you express a view on what the
38 potential solution to that problem might be. Could you
39 tell us about that?

40 A. So, I'm a really big advocate for what I call sort of
41 one-stop shops, you know, comprehensive health and welfare
42 responses to trauma and abuse. We have actually just in
43 New South Wales, the Illawarra Women's Health Service has
44 just received \$25m in federal funding for a trauma recovery
45 centre which is exactly on this model, and the idea is that
46 somebody could come into the service and have all of their
47 health needs met: so their mental health needs, their

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

5
6 What I would say is that, you know, these services,
7 these service models, are really effective and we see
8 people with really complicated histories and a high level
9 of distress and disability, we see their lives turned
10 around in quite short time and I think there's good reason
11 to believe this is very cost-effective intervention.

12
13 Q. Thank you, Dr Salter. I want to turn to quite a
14 different topic for a moment which is at paragraph 131 and
15 following of your statement. One of your areas of research
16 and expertise relates to online sexual exploitation and the
17 role that the internet plays in all of our lives. There's
18 great things about the internet but, as you identify, the
19 worldwide nature of the internet poses some particular
20 challenges for child safety. Can you tell us about that?

21 A. So, really over the last 25 years where we've had
22 commercial access to the internet, unfortunately child sex
23 offenders have seen the internet as really an unparalleled
24 opportunity to access children and, as the technologies to
25 hand become more interactive, they become more immersive,
26 you know, we all have access to live streaming and webcam
27 facilities, often just at the touch of a button on our
28 phone, and our kids have those phones, it's become -
29 unfortunately we've seen the development of a significant
30 online community of child sexual abusers who expend a lot
31 of hours everyday trying to access children.

32
33 We also have a significant distribution of child
34 sexual abuse material through the internet. What it means
35 is that by the time they turn 18 the majority of children
36 in Australia will have experienced some form of online
37 sexual harm, whether that's being approached by an adult
38 sexually online, whether it's being exposed to sexual
39 content, whether it's having an adult request sexual
40 content from them and so on.

41
42 Q. And so, is there a solution to that problem in terms
43 of what we can do in Australia to protect children from
44 those consequences?

45 A. There certainly is. Of course, we've had quite
46 extensive initiatives around educating children about the
47 internet, educating parents, teachers, these eSafety

1 initiatives are really important but they are not enough
2 because the online environment is deeply unsafe and it
3 remains unsafe.
4

5 We are seeing a paradigm shift in Australia and
6 internationally towards increased online regulation, where
7 online service providers and social media companies are
8 increasingly expected to take proactive child protection
9 measures to reduce the risk on their platform and to ensure
10 that the services that they deliver to Australian children
11 do not come with a predictable risk of that child being
12 sexually exploited. So, as much as the educational
13 initiatives are important, the next step really I think is
14 online regulation and that's what we're seeing in Australia
15 and globally.
16

17 Q. Thank you, doctor. The final topic I want to deal
18 with relates to what you've set out in your statement at
19 paragraph 141 and following, and I take from reading those
20 sections that there's an extent to which you feel a concern
21 that the work done since the recommendations of the
22 National Royal Commission isn't entirely consistent with
23 the work of that Commission or the philosophical principles
24 that underpinned those recommendations. Have I understood
25 you rightly and, if so, can you tell us about that?

26 A. I think that's correct. One of the really
27 extraordinary things about the Royal Commission was just
28 the extent of their commitment to particularly adult
29 survivors of child sexual abuse. The Royal Commission
30 itself invested significant resources in its support
31 services and in its aftercare, but that just really
32 reflected more broadly its understanding of the extent to
33 which adult survivors of child sexual abuse in this country
34 have been profoundly failed and I think that's something
35 that we need to recognise, and the Royal Commission did a
36 very good job of laying out those long-standing policy and
37 social failures.
38

39 Where I think we haven't seen the follow-through is in
40 relation to the wellbeing and the dignity of child sexual
41 abuse survivors. There's been significant challenges with
42 the Redress Scheme and many survivors have found it
43 profoundly re-traumatising going through the Redress
44 Scheme, particularly since many survivors had such a good
45 experience testifying at the Royal Commission, and I think
46 redress has been quite a shock.
47

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

10
11 Q. I think you say that a lot of the money has gone into
12 law enforcement?

13 A. That's correct, so a significant - I mean, really law
14 enforcement received the majority of the budget in terms of
15 the national plans and the Commonwealth plan of action. At
16 the Commonwealth level that's understandable, the
17 Australian Federal Police is situated at the Commonwealth
18 level, so it's understandable that the plan of action at
19 the Commonwealth level devotes significant resources to the
20 Australian Federal Police who do a fantastic job in this
21 space.

22
23 But my point stands, which is that supporting adult
24 survivors of child sexual abuse to recover from abuse: it's
25 not simply a moral principle, although it's an important
26 moral principle, it's not simply an ethical undertaking,
27 although it is an important ethical undertaking, it is a
28 public health priority because, until we deal with the
29 level of trauma in the Australian community attributable to
30 child sexual abuse, we will be unable to shift these key
31 indicators around the prevalence of child sexual abuse,
32 child neglect, domestic violence, sexual assault, a range
33 of different social problems where the acute trauma of
34 child sexual abuse really sits at its heart, and at the
35 moment I just haven't seen that really full-throated
36 commitment to supporting the wellbeing and the right to
37 recovery of adult survivors of child sexual abuse that we
38 need to see.

39
40 MS ELLYARD: Thank you, Dr Salter. Thank you,
41 Commissioners, those are the questions that I have but I'm
42 conscious that the Commissioners may have questions for the
43 witness.

44
45 PRESIDENT NEAVE: I don't think we have any questions.
46 Thank you very much, Dr Salter, I know that it's in the
47 middle of the night for you and we're very, very grateful

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

2

3

And we could now rise, thank you.

4

5

AT 4.00PM THE COMMISSION WAS ADJOURNED TO

6

TUESDAY, 3 MAY 2022 AT 10.00AM

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