



Board of Inquiry into historical child
sexual abuse in Beaumaris Primary School
and certain other government schools

TRANSCRIPT OF PROCEEDINGS

BOARD OF INQUIRY INTO HISTORICAL CHILD SEXUAL ABUSE AT BEAUMARIS PRIMARY AND CERTAIN OTHER GOVERNMENT SCHOOLS

PUBLIC HEARING MELBOURNE

**TUESDAY, 24 OCTOBER 2023
AT 10AM**

HEARING DAY 2 – REVISION 1

APPEARANCES

**MS F. RYAN SC – COUNSEL ASSISTING
MS K. STOWELL – COUNSEL ASSISTING
MR D LONGANO – ‘BERNARD’**

Any person who publishes any part of this transcript in any way and to any person contrary to a direction against publication commits an offence against section 88 of the Inquiries Act 2014 (Vic).

<THE HEARING RESUMED AT 10.37 AM

5 **CHAIRPERSON:** Good morning, everyone. The Board of Inquiry is conscious of the need to ensure that victim-survivors are able to choose whether and how their information and identity are used. The first witness today has chosen to give evidence anonymously. To protect the identity of the witness and other relevant people, the Board of Inquiry has decided to make a restricted publication order.

10 In the context of the scope of this inquiry, the Board of Inquiry has made this order because it is satisfied that the prejudice or hardship may be caused to a person, the nature and subject matter of the information is sensitive, there is a possibility of prejudice to legal proceedings, and the prohibition or restriction is appropriate.

15 I will now briefly explain how the order will work. The order requires the use of a pseudonym. This means that the witness will be called 'Bernard', rather than their real name. The order requires that any information in relation to Bernard's identity be kept confidential. This means that anyone who watches or reads the information given by Bernard to the Board of Inquiry must not share any
20 information which may identify Bernard. This information is not limited to Bernard's real name and may include information which may identify them, such as where they live or work.

25 In accordance with this order, the live stream of this hearing will be suspended while Bernard gives evidence. This will protect Bernard's face and voice. A transcript of Bernard's evidence will be available in due course. Those watching from the hearing room are able to stay in the hearing room to watch this evidence. A copy of the order has been placed outside the hearing room and is available to anyone who needs a copy. A copy will also be made available on the Board of
30 Inquiry's website.

I encourage any journalist wishing to report on this evidence to discuss the scope of the order with the Board of Inquiry's Communications and Engagement Manager. I now ask that the live stream be suspended prior to Counsel Assisting
35 calling Bernard.

(live stream suspended)

(audio suspended)

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<APPEARANCE BY DAVID LONGANO, FOR 'BERNARD'

(audio resumed)

45 **CHAIRPERSON:** Before we have your affirmation taken. I just wanted to reiterate to you that if you need a break at any stage, please just let us know and we can take a break and that break can be for as long as you need.

BERNARD: Thank you, Chair.

<WITNESS BERNARD, AFFIRMED

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<EXAMINATION BY MS STOWELL

MS STOWELL: Thank you for your attendance today, Bernard. Can you confirm that you've prepared a statement to assist the Board of Inquiry?

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BERNARD: Yes, I can confirm I have.

MS STOWELL: And do you have a copy of that statement with you?

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BERNARD: Yes, I do.

MS STOWELL: And are you satisfied that that statement is true and correct?

BERNARD: Yes, I am satisfied.

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MS STOWELL: I invite to you read your statement now.

BERNARD: Thank you. I was born and grew up in Beaumaris with my family, [redacted]. I thought the area was great to grow up in, especially having the beach so close by. My siblings and I attended Beaumaris Primary School, then [redacted]. I attended grade [redacted] at Beaumaris Primary School in [redacted], so I must have started there around [redacted].

25

At the end of grade [redacted], I found out I was going to be in Grahame Steele's class in grade [redacted] the following year. The kids who liked sport hoped to be in Mr Steele's class since he was the sports teacher and it seemed like the best opportunity to get access to coaching and the school sports team. I was really into sport so when I found out I was going to be in Mr Steele's class the next year, I was happy with that outcome.

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I was sexually abused by Mr Steele on three occasions during grade [redacted] that I can recall. The first time was during the cricket season, so I think it was early in grade [redacted]. I had strained a stomach muscle during bowling, during cricket practice, and Mr Steele had told me to stop bowling. A few days later during class, Mr Steele told me that he wanted to give me some treatment for my stomach injury. He took me out of class on my own and took me to a small room off the school hall.

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I think it may have been a treatment room because there was a massage bed in there. Mr Steele had me lie on my back on the massage bed. He lifted up my shirt to expose my stomach muscles, but he also took down my pants and underpants. He rubbed my stomach with one hand while he touched my genitals with the other

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hand. That went on for some time before we returned to the classroom, but I do not know exactly how long.

5 When we returned to the classroom I remember one of the other boys asking me, "Did he dack you?" meaning did Mr Steele pull down my pants. I said, "Yes", and I remember wondering how the other student knew, but I didn't ask. I cannot recall who it was that asked me that.

10 The second time Mr Steele abused me was when he and another teacher took of group of around eight boys to a holiday house in [redacted]. I cannot recall what time of year it was or who the other teacher was that came on the trip but I remember there being another adult besides Mr Steele. I recall the house we stayed at had two storeys and bunk beds, but I cannot remember whether it was a rental or owned by one of the adults.

15 One day after we had been to the beach, Mr Steele brought me back to the house ahead of the rest of the group. He stripped off all my clothes and showered me, washing me with his hands and touching my genitals again. I remember him drying me off after the shower as well. I don't remember too much after that. It went blank for me after that. The rest of the group must have returned to the house.

25 The third incident I can remember was during the drive back from that weekend in Mr Steele's car. There must have been another trip - another vehicle for the trip, as we could not have all fit into Mr Steele's car, but I remember sitting in the front of his car driving back while there were other kids in the back seat. I remember it was night-time.

30 While he was driving, he put me on his lap to steer the car. While I was in his lap. He put his hands in my groin area and was rubbing my genitals while I was steering the car. Students always thought of Mr Steele's class was the best class to be in, especially if you loved sport, because he was the sport teacher. It never occurred to me to tell anyone about the abuse at the time. I do not recall telling anyone about the abuse at the time, and I do not remember anyone talking about those sorts of things whilst I was at school.

35 About [redacted] years ago, I ran into [redacted]. We talked about Beaumaris Primary School, and one of them asked if I knew what had been going on between students and teachers at the school. That immediately triggered memories for me. I told him I thought I knew what he was talking about. I understood that he was referring to sexual abuse of students by teachers at the school.

45 He told me that when he and some of the students in other classes got in trouble and were sent to the principal's office, the students would tell the principal that they knew what was going on between the teachers and students and threatened to tell someone if they were disciplined. I understood this to mean that students

would use the threat of reporting the sexual abuse of other students to not be disciplined.

5 I was shocked and angry when I heard that other people knew what was going on and it seemed to me that they had used this information to their advantage. But they were only 11 years old, so I can't be angry that they didn't - that they didn't stop it or tell anyone. On the face of it, I think that at least some staff at Beaumaris Primary School knew about what was happening, knew that teachers were abusing students, and did nothing.

10 I want to know whether there was a network of teachers abusing students and if they were working together. How did they end up at Beaumaris Primary School? How were they allowed to continue with nothing being done at the time? I want to understand how these teachers were able to stay at the school as a group and
15 operate over a number of years.

In the years since I was at Beaumaris Primary School, I've tried to make sense of what happened to me. I've wondered in Grahame Steele targeted the boys he wanted to abuse and, if so, whether boys were allocated to his class for this reason.
20 I realised the extent of the abuse at Beaumaris Primary School as it came out in the media coverage. I feel there is even more to it, as Grahame Steele had not initially been mentioned in the media coverage in connection with some of the other teachers who had been alleged to have abused students there.

25 After high school, I took a step back and stopped playing sport for a while. My experiences at Beaumaris Primary School have always been there for the past 50 years. I didn't speak to any family or friends about it. After I moved back to [redacted], I told my GP about the abuse, and he asked if I wanted to try and see a psychologist again. I did and started having telehealth sessions with a
30 psychologist. I was open with the psychologist from the start about my experiences.

I also recently told my [redacted], as well as my children, about the abuse. I wanted them to understand me better. They knew there was something wrong and
35 that I've struggled. Different times when I've struggled in my life, I have accessed mental health support services without disclosing what happened to me.

I had 14 sessions with the psychologist before - before I wasn't allowed to have any more. I'm not sure exactly why the sessions stopped. It might have been a
40 funding issue. But she also left the service I was seeing her through, and I didn't want to start the process over again with someone new.

The media coverage announcement of the Board of Inquiry and my sessions with the psychologist have all helped me start to come to terms with my experiences. It
45 has been liberating and has got me to the point where I can talk about what happened without it destroying me for weeks or months.

- 5 Talking about it, especially with a psychologist, has helped with nightmares I have been having as well. She gave me practical strategies to start to deal with my experiences. Previously, I had felt like I didn't get much out of counselling sessions, but I think talking to the particular psychiatrist I was seeing recently helped. It was important for me to have found the right psychologist that I was able to open up with. I think this would be important for any victim-survivor. Until you speak to a particular psychologist or support person, you don't know how far you might be willing to take it or how open you feel you can be.
- 10 The support of my family and friends has been important, and I couldn't have spoken up today without them. Talking to the psychologist recently allowed me to then open up to family and friends after 50 years of my experience getting the better of me.
- 15 I love coaching sport, and I love seeing young people get something out of sport. Coaching kids and seeing them enjoy sport had been part of my healing process. It has been a saviour for me and has gotten me back into sport again.

20 I like the idea of a public apology to victim-survivors. I know other victim-survivors have been encouraging others to come forward in seeking input in the possible wording of an apology and things like that. I think it would be helpful to sit down and discuss with other victim-survivors what the wording should be. I hope that my evidence to the inquiry encourages other survivors to come forward to speak the truth about what happened to us. Thank you.

25 **MS STOWELL:** Thank you, Bernard.

CHAIRPERSON: Bernard, I want to thank you for attending today. It takes enormous strength to come forward and give evidence in the way that you have. And I know that you know that giving evidence here is really important to the work that we are doing. You've shared your experiences about what happened at Beaumaris, but you've also told us, to use your words, about the healing process that you've been engaged with, and all of these things are very important to us, because, as you know, part of what we're looking at is that notion of healing and what support services are available to people and what gaps there might be. So everything that you've had to say about that in this context is very important to us.

40 And I also wanted to let you know that we've heard what you have had to say about the questions that you have, and those questions are, of course, the same things that we will be looking into and hopefully being able to provide insight into exactly the things that you've identified. I want to thank you for coming and giving evidence here today.

45 **BERNARD:** Thank you.

<**THE WITNESS WAS RELEASED**

CHAIRPERSON: Thank you very much, Ms Stowell.

<THE HEARING ADJOURNED AT 10.54 AM

5 **<THE HEARING RESUMED AT 11.45 AM**

CHAIRPERSON: Thank you, Ms Stowell.

10 **MS STOWELL:** Thank you. The inquiry calls its next witness, Professor Dr Katie Jane Wright.

CHAIRPERSON: Thank you.

15 **<WITNESS KATIE JANE WRIGHT, AFFIRMED**

<EXAMINATION BY MS STOWELL:

CHAIRPERSON: Thank you, Ms Stowell.

20 **MS STOWELL:** Thank you. Dr Wright, could you please say your full name.

DR WRIGHT: Katie Jane Wright.

25 **MS STOWELL:** And could you please confirm that you have prepared a statement to assist the Board of Inquiry today?

DR WRIGHT: Yes, I have.

30 **MS STOWELL:** And do you have a copy of that statement in front of you?

DR WRIGHT: I do.

MS STOWELL: And are you satisfied that that statement is true and correct?

35 **DR WRIGHT:** I am.

MS STOWELL: Could I begin by asking you to explain to the inquiry your professional qualifications?

40 **DR WRIGHT:** I hold a Bachelor of Arts Honours degree and a PhD in Historical Sociology from La Trobe University.

MS STOWELL: And what are your current and main areas of research, and feel free to expand as much as you like?

45 **DR WRIGHT:** So I currently hold the position of Associate Professor in Sociology at La Trobe University. The main areas of my research focus on child

rights and activism against institutional child abuse. I'm also working on a project that is concerned with raising public awareness of child sexual abuse amongst young adults.

5 Another area of research of mine, a longstanding area, is an interest in the history, spread and cultural influence of psychological knowledges and counselling throughout the 20th century into the 21st century, but the main focus of my current research is around institutional child abuse and activism.

10 **MS STOWELL:** I understand you've done some work as well about international inquiries into child sexual abuse. Can you tell us a little bit about that work?

DR WRIGHT: Sure. I'm leading a study called the Age of Inquiry and that project is mapping institutional child abuse inquiries internationally for an online public knowledge resource, so that's a website that's available to the general public. I'm also working on a project with a colleague in the United Kingdom that's looking at the work of the Victims and Survivors Consultative Panel of the Independent Inquiry into Child Sexual Abuse in the UK. And we're aiming to make recommendations for inclusion of lived experience panels in public inquiries generally. So that's another piece of work that I'm involved with.

MS STOWELL: Chair, are you satisfied that you can hear Dr Wright clearly?

CHAIRPERSON: Yes, I am. Thank you.

25 **MS STOWELL:** Thank you. Dr Wright, I might turn to your statement now. Thank you for the detail that you've provided the inquiry in relation to your expertise in the area. You state at paragraph 13, or you discuss, rather, that to contextualise child sexual abuse occurring in government schools in the 1960s and '70s, it's first important to understand the prevailing social attitudes of that time. What can you tell the inquiry about the relevant social context in relation to the place of children in our society at that time?

DR WRIGHT: Sure. I think in order to understand the 1960s, it's helpful to look a little bit further back to the post-war period and the 1950s. Because some of those social attitudes and conditions at the time roll over into the 1960s and beyond. So if we look at the 1950s, it was a time of nation building, of economic expansion, population growth, and social norms and attitudes of that time idealise domestic life and the nuclear family.

40 In particular, Christianity played a key role in the social values of society, and gender norms were quite clearly demarcated, with men typically understood as breadwinners and women as homemakers. It is important, of course, to recognise that that doesn't reflect the reality of many people's experiences, which are diverse, but, nevertheless, these were the prevailing social norms and values of the time.

5 So those values continued into the 1960s. But they were also called into question and challenged by some of the social movements of the time. So we begin to start seeing questions of typical notions of the family challenged, as well as traditional ideas of authority challenged, and gender comes under the same sort of questioning and challenge at that time as well.

MS STOWELL: And is that the 1960s or 1970s that you're referring to there?

10 **DR WRIGHT:** In the 1960s, but more so into the 1970s. But we begin to see these social movements emerging and these changes to this traditional 1950s kind of home and family values being increasingly questioned in the 1960s, but that intensifies in the 1970s.

15 **MS STOWELL:** Why is it important for us to have an understanding of that context when trying to understand child sexual abuse that occurred at that time?

20 **DR WRIGHT:** I think it's helpful to have a sense of broad social patterns, and these are generalisations, of course. People's experiences are going to be highly variable. But some of the norms and practices of - of the time, I think, can provide some broader context for understanding more specific problems of the time, including child sexual abuse.

25 **MS STOWELL:** To the extent that there was an understanding of child sexual abuse in the - let's take the 1960s, to begin with, professionals working at that time, community understanding, where is that up to in the 1960 when we're thinking about what child sexual abuse is?

30 **DR WRIGHT:** So there is, of course, knowledge throughout the 20th century of child sexual abuse, but it's not until - well, there's an evolution of understanding of what child abuse entails, and this begins in the 1960s with the focus on the physical abuse of children.

35 In the early 1960s, there was a major study published internationally by American paediatricians who were trying to explain unexplained fractures in children. And they developed the concept of the battered child syndrome, sometimes referred to as the battered baby syndrome as well. And that was - that had a big influence on the wider community. It was influential within professional areas, but also captured the wider public imagination.

40 So there was at that time an emphasis on the physical abuse of children in a new way that had not been the focus of attention in the preceding decades. So that begins - essentially begins the evolution of that - at that time of understanding of child abuse.

45 **MS STOWELL:** So there's a focus there on physical abuse. In this period of evolving understanding, as you put it, is there a delineation on - in respect of gender?

DR WRIGHT: In the 1950s, with regards to -

MS STOWELL: The way child abuse is understood?

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DR WRIGHT: I'm not aware of - of that at the time.

MS STOWELL: Perhaps if we move to the 1970s, you say in your statement there was a significant contribution of the feminist movement to understandings of violence in the home and child abuse. Can you explain to the inquiry some of the evolution that occurred in the social change at that time?

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DR WRIGHT: So following the focus on the physical abuse of children, what emerges in the 1970s is, as a result of the feminist liberation movement, there's an increasing emphasis on women's experiences of violence. And this includes attention to women's own experience of violence as children, as well as the experiences of children at the time. And sexual abuse comes into the fore - into the frame much more at this time. So as a result of the women's movement and the emphasis on the personal is political, we see a breakdown of the demarcations, perhaps, between private life and what was typically talked about publicly.

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And this is an overtly political move, as a part of this - as part of feminist liberation, to draw attention to the violence that was perpetrated against women and children. And so this is where sexual abuse starts to come into the frame, where people who have experienced sexual abuse begin to speak publicly about their experiences, and as a result, there emerges a wider understanding, both within the movement but also more broadly through the dissemination, for example, of people's stories through the media.

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MS STOWELL: And is that focusing on sexual assault experienced by women? Or is there a discussion of sexual assault experienced by children at that time?

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DR WRIGHT: There's certainly a discussion on sexual assault experience by children, but the focus is mainly on abuse within the home and mainly on the experiences of female children.

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CHAIRPERSON: If I can jump in there. So looking at the public understanding of sexual abuse of children, is it your evidence that it was certainly known about at an earlier time, but the 1970s is where we really see a greater understanding and discussion of that as something which can occur?

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DR WRIGHT: That's right, yes.

CHAIRPERSON: Thank you. And is that evidence limited to Australia? Or is that also seen as a kind of broader way that things have evolved internationally?

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DR WRIGHT: It's certainly an international move, so that includes what was happening in Australia, but it's much wider.

5 **MS STOWELL:** I want to ask you about the concept of children's rights and the idea of children having legal rights and the need to be protected. What does that look like in the 1960s in terms of the community's understanding about child rights?

10 **DR WRIGHT:** There's very little public discussion about children's rights. There was certainly an awareness of the need to consider children's rights. So internationally throughout the 20th century, there are attempts to - by international organisations to get children's rights on the agendas in - as early as the 1920s. There is a declaration in 1959 on the Rights of the Child by the United Nations. But it doesn't really garner a lot of attention or widespread support at that time.

15 So you've got a sense there's a - an emerging sense of the importance of children's rights but it doesn't come onto the social and public agenda at that time. Where we do see more attention to children's rights is at the end of the 1970s, particularly in the context of International Year of the Child which was 1979. So there's a lot of discussion around that time in terms of children's rights, as well as other issues like children's voice and participation.

20 Throughout the 1980s, discussions of children's rights continued, and then we see in 1989 the UN Declaration on the Rights of the Child, and that has significant international impacts, with Australia becoming a signatory to that Convention in 1990, and it's really from that period where child rights has a much broader reach and is much more widely accepted.

25 **MS STOWELL:** You've mentioned there the period of the 1980s as being quite critical in respect of children's rights. Prior to that time, in the '60s and '70s, how do you think that informed attitudes towards children and the way that children ought to behave and predominant beliefs of that nature?

30 **DR WRIGHT:** I think there was limited community understanding of what child rights meant prior to that time, where it really comes onto the public agenda. So we still see, if we're thinking about norms around children in the 1960s and '70s, while there are challenges to the power relations in some ways, we still see predominantly that that social and cultural norms are around adults as authority figures - so that's parents, teachers, adults in general - and certainly not a wide acceptance or understanding of children's needs for protection, participation and understanding of their rights.

35 **CHAIRPERSON:** Just to follow on from that, one of the time periods that we're also looking at is the 1980s, and one of the points, I think, that you've made is while an idea can start forming, it can take some time to really take hold, I suppose, in the public consciousness. If you're looking at a primary school in

Victoria in the mid-1980s, for example, where would you see it sitting in terms of this understanding of children's rights as you've been discussing the evolution?

5 **DR WRIGHT:** I'm not sure that I can comment specifically on how that translated to what would be taking place -

CHAIRPERSON: In schools?

10 **DR WRIGHT:** - within schools at that time, particularly in the early to mid-1980s, before the UN Convention on the Rights of the Child. So I think detailed studies would be needed of schools and educational context to fully answer, which I haven't done.

15 **CHAIRPERSON:** I understand that. So maybe stepping away from the school context in particular, where would you see Australia sitting in the mid-1980s in relation to this notion of children having agency and children's rights?

20 **DR WRIGHT:** I think there's an emerging understanding of it, but I suspect that it was quite varied in terms of context and application.

CHAIRPERSON: Thank you.

25 **MS STOWELL:** Dr Wright, in your statement you talk at various points about the importance of language, language that children and adults had in the 1960s and '70s and that evolved over time. With specific reference to child sexual abuse, can you talk to us a bit about the role that language played - I think in your statement you give the example of the word "grooming". Are you able to illustrate for us the importance of having a language around child sexual abuse at the different points in time?

30 **DR WRIGHT:** I think it's very important to have a concept and a language in order to understand and explain experiences. So we see in the 1970s a language begin to emerge around child sexual abuse which is very important in being able to identify it, articulate what it is, what it looks like. Prior to that, I - I would say
35 that there was certainly widespread understanding that it was wrong and illegal, but without - without a language, it's very difficult to articulate and make sense of experiences. So in that period of the late 1970s in the context of the feminist movement and developments thereafter, where the language begins to emerge, and I think without that, it's very difficult for children, for parents to have a sense of,
40 or to make sense of experiences.

45 **MS STOWELL:** In your statement you canvassed that use of euphemisms was common in the 1960s and '70s, phrases like "interfered with" and, in the earlier stages, phrases like "immoral conduct". Is that what you mean, that the language is not specific or the language is difficult for children to understand?

5 **DR WRIGHT:** Yes, I think so. I think also we need to understand what we might call cultural silences. So there was a certain reticence to talk about things and a lack of a clear language. So with these vague or euphemistic terms, there can be confusion about what that means and a general reticence. I think that represents a general discomfort and reticence to speak about these issues. So you have a lot of euphemistic language that is - I mean, there's still an element of that today, I think, but much less so than earlier periods. So I think it adds to the confusion and, in some ways, the stigma and difficulty in having open discussions about these matters.

10 **CHAIRPERSON:** Can I jump in there with a question. One aspect of it is the language to describe abuse. But am I right that there was also an absence of open dialogue in families about sex generally?

15 **DR WRIGHT:** Yes.

CHAIRPERSON: And for children to be able to understand it in the beginnings of that kind of conversation, let alone if abuse occurs. Is that also an element of this discussion?

20 **DR WRIGHT:** Yes, certainly. I think the taboo around sexuality in general is part of this, because there are certain areas that - that children sort of understand that it's - well, they don't have - when there's not a language and discussion about something, it's very confusing, I think. And we - when there are prohibitions in terms of discussions around particular matters, then children pick up on that without necessarily understanding the context. And I think if we think about some of the approaches today in terms of consent and educating children in terms of their own bodies and their own safety, there was certainly an absence of that.

30 **CHAIRPERSON:** And those shifts that you're talking about are much more recent shifts, aren't they?

DR WRIGHT: Yes. Yes

35 **CHAIRPERSON:** Perhaps in the last five or 10 years, I'm guessing, but -

DR WRIGHT: I couldn't say precisely.

40 **CHAIRPERSON:** Much more recent than the period we're talking about?

DR WRIGHT: Yes. Yes.

45 **MS STOWELL:** In relation to the concept that we understand as grooming, when did that start to emerge in the public's understanding and with professionals working in the space with children?

5 **DR WRIGHT:** My understanding of the concept of grooming is that it begins to emerge in the 1980s, but, again, it's within a particular context. I believe that it emerged out of the US in the context of law enforcement and a recognition of a particular set of behavioural patterns that offenders appear to engage in. And - but as we covered earlier, it takes a while for these concepts to be part of wider public discussion and community understanding, and that's certainly more recent as well, I would say, particularly over the last two decades. But we see emerging discussions in the 1990s, so it starts to spread and then become more widespread in recent years.

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MS STOWELL: Chair, I propose to move on to some of Dr Wright's other research interests. Do you have anything else that you would like to ask in relation to the historical context that we're talking about?

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CHAIRPERSON: Thank you. Just one question. We've spoken about changes in attitudes about the role of women in society, for example, and about the rights for children and children having agency. Another issue that I'm interested in is changing attitudes in relation to institutions themselves and whether or not there's a shift in the way that even adults feel about their ability to question institutions or the trust that they might place in institutions. Do you have any observations to make about that?

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DR WRIGHT: I do. I think the high levels of trust that society had in institutions in general has diminished in more recent years. So - and I think that had an effect on the ability of children to speak out and adults to question what was happening within schools and other settings, which made it very difficult. So I think in that more - in that more sort of hierarchical structure of school at that time, and a greater trust and respect for institutions, I think there was a certain reticence for people to challenge institutions in the way that is more common now.

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CHAIRPERSON: And would that reticence - and let me know if you can't answer this question, but would that reticence have been in play throughout the 1960s, '70s and '80s and it's more recently it has changed? Or would you see that shifting during that period?

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DR WRIGHT: I think there's some questioning of a whole range of forms of authority throughout the second half of the 20th century, but I would say that it's much more recent years, in my - in my view, that we have had much higher levels of distrust of institutions than at that time. So I can't speak specifically for what might have changed from the 1960s to the 1980s, but if we compare that general period to now, I think certainly significant differences.

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CHAIRPERSON: Thank you. That's very helpful. Thank you, Ms Stowell.

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MS STOWELL: Thank you. I think the Chair's question in relation to institutions and attitudes and functionings of institutions, particularly schools, is a timely one. In your statement at paragraph 44, you've brought to the attention of this inquiry a

rather old Royal Commission document that you found in the course of your research from year 1882. Would you be able to explain to the inquiry about that 1882 Royal Commission and what you found?

5 **DR WRIGHT:** So this was a Royal Commission that was examining the administration and organisation of education in Victoria. It was - the aim of it was to identify deficiencies and improve education. And one of the areas of interest for the Commission was the way in which teachers were managed and disciplined. And it covers what happens when teachers are suspected of misconduct in relation
10 to their behaviour with students. (Audio drop).

CHAIRPERSON: I think the - if I can interrupt for one moment. I think the microphones cut out for one second. So we might just take a pause and see if - maybe we will try that again. I think we have - we might temporarily adjourn
15 and we will see if we can sort that out.

<THE HEARING ADJOURNED AT 12.11 PM

<THE HEARING RESUMED AT 12.25 PM

20 **CHAIRPERSON:** Thank you for bearing with us, Dr Wright. Ms Stowell.

MS STOWELL: Thank you, Dr Wright. Dr Wright, you were outlining to us what you found in the documentation of the 1882 Victorian Royal Commission
25 into the System of Public Instruction.

CHAIRPERSON: 1982?

30 **MS STOWELL:** 1882.

CHAIRPERSON: 1882. Right. Sorry. We're going back to 1882. Thank you.

MS STOWELL: And, thank you, in your statement I can see you've attached a copy of the Royal Commission's final report to your statement. I appreciate you
35 providing that to the inquiry. Just take a step back and give you an opportunity to find your feet. What did that Royal Commission look into and what did you find in your review of the material?

40 **DR WRIGHT:** It was a very wide-ranging Commission. It was examining the administration and organisation of education and looking at deficiencies and ways to improve it, essentially. So it covers a whole range of areas, but it does deal with the issue of teacher misconduct and the ways in which that was managed within the education system. And it certainly makes clear that there was awareness of
45 teacher misconduct in terms of the ways in which male teachers were engaging with female students, primarily, is what is documented in that report.

5 And the solution to the problem, as they identified, is to transfer teachers to other schools. There appears to be more concern for reputation of the teachers than the welfare and safety of the student, and I think it's instructive. Even though it's well before the period that is being investigated by the Board of Inquiry, it's instructive that there is recognition of this as a problem and it shows the - the solution that was adopted at that time of transferring teachers who were suspected or it was believed that they had engaged with inappropriate - engaged in inappropriate conduct with students, that they were then transferred to other schools.

10 **CHAIRPERSON:** Can I just ask a question about that. Was it a practice that was occurring, the transfer of teachers, and then the Victorian Education Commission considered that that was appropriate? Or was it just that they were providing an explanation as to what, in fact, had occurred?

15 **DR WRIGHT:** I think it was primarily that they were providing an explanation. It wasn't the focus of the Royal - of this Commission in general, but it was a part - it was part of the investigation into looking at the way in which problems were handled. A more - I think concern or perhaps something that received more attention was other kinds of misconduct, for example, teachers being drunk at school. So they were interested in a wide range of issues, and this was one of them. There was concern expressed that this may be detrimental to the welfare of the students, but it wasn't a focus of the report.

25 **MS STOWELL:** Thank you for walking us through what you were able to discern about the particular issue of teachers' immoral conduct against female students and the practice of teachers being transferred that's captured in that Royal Commission's report. Is that in any way out of step or is that what you would expect, given what you've talked to us about the period of 1960s and '70s, that lack of language around child abuse? Is there anything in that 1882 Commission report that's surprising or is it in line with the social context of the time?

30 **DR WRIGHT:** I think it's in line with the social context of the time. I did find it surprising that it was so openly reported in that Commission, but I think it would be in line with prevailing social attitudes of the time.

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CHAIRPERSON: Ms Stowell, I'm not sure if you're about to move on to a different topic, but I did just have two other questions that came to my mind in relation to social attitudes and changing social circumstances, if I could. Dr Wright, one thing that I noted from your witness statement was a very useful discussion about sexual assault of boys and how an understanding of that has changed over time. Would you mind elaborating on that, please?

40 **DR WRIGHT:** In the early period, I think there was limited understanding or at least discussion about the sexual assault of boys. The focus was certainly much more on girls as victim-survivors of child sexual assault. Where boys' experiences do come into view more clearly is in the 1980s when institutional abuse is conceptualised as a problem. And in the early period, or in the period of the 1980s,

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it seems to emerge in relation to the crises within the Catholic Church in particular, which gained attention internationally - not the extent that it was to later, but it does begin to emerge in the late 1980s, and there is recognition at that time of boys as victims as well.

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CHAIRPERSON: Why do you think in that earlier period there was a different position taken in relation to the sexual assault of boys? What underpinned that?

10 **DR WRIGHT:** In the 1970s, I think we can understand the focus on girls as the victims of sexual abuse in relation to the feminist movement of the time and emerging understanding of men's gendered violence against women and girls. And I think children were captured broadly within that, but it was much more in the context of girls being the victims of abuse within the home, and largely that emerged from women disclosing their experiences when they were children and
15 then the discussion moved from there. So that would be my understanding of why there was limited attention in the 1970s of the issue of boys and that it comes out later more clearly in relation to institutional abuse.

20 **CHAIRPERSON:** And are society's views about homosexuality also relevant in that context, to the way that sexual abuse of boys was treated?

DR WRIGHT: I think that's forms a part of it, given the stigmatisation at the time and societal views around homosexuality. But, again, there was a lack of recognition or perhaps a discomfort with wanting to address what that meant in
25 terms of boys as victim-survivors.

CHAIRPERSON: Thank you. Ms Stowell.

30 **MS STOWELL:** Thank you. Dr Wright, this inquiry has heard firsthand about the trauma of victim-survivors and their families. In your statement you talk about a concept of collective trauma. What is collective trauma?

DR WRIGHT: If we think about trauma, typically or commonly it's understood as an individual's experience of something that a person goes through following a very difficult event. And often that's thought about primarily in terms of the
35 impacts on the individual who is affected.

40 But there are also understandings that trauma isn't confined only to the individual and that it can be a shared experience, and this concept emerges to - initially and primarily in relation to shared experiences of major catastrophes - it might be a war, a natural disaster, where people at the time are sharing experience, sharing a difficult experience and trauma. And this is understood as a form of collective trauma, where there is essentially a shared experience.

45 And so it's historically been used primarily in relation to major catastrophic events, but there has been recognition that this also applies to child sexual abuse, which not only affects the individual victim, but has wider traumatic effects for

secondary victims and sometimes entire communities, and that's where the notion of collective trauma can be used in relation to child sexual abuse.

MS STOWELL: And how recent is that as a concept in the academic literature?

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DR WRIGHT: In terms of the area of child sexual abuse, I would say that's quite recent and has really emerged in response to trying to understand what it means for wider communities when we have learned about the widespread nature of child sexual abuse, particularly in institutions, so I would say over the last probably
10 decade or two, it has emerged, but really building on this concept of collective trauma from other events. So it has been extended, if you like.

MS STOWELL: Does it stand apart from other types of collective trauma because perhaps people don't know that there are other victim-survivors and that
15 that information is slowly emerging over time? Is that quite distinct in respect of child sexual abuse and understanding of collective trauma?

DR WRIGHT: Yes, it is quite distinct, because in other experiences of collective
20 trauma, there's awareness at the time that people are sharing a difficult or traumatic experience. In cases of child sexual abuse, it not always but most commonly occurs in private. There is a lack of understanding or knowledge often at the time that others are also experiencing the same trauma. I think over time, as we've learned more about the extent of child sexual abuse in institutional settings, there has been what we might call an emerging collective trauma for communities
25 that have been affected by what we've learnt about the histories, for example, in a school or another institutional setting.

MS STOWELL: Is it possible or does it follow, then, that that might impact the way survivors access support or the way support is offered, if people disclose at
30 different points in time and that collective trauma takes time to evolve?

DR WRIGHT: Could you - do you mean in terms of support services in the present?

35 **MS STOWELL:** Yes.

DR WRIGHT: I'm not really sure how to answer that question, other than to say that I think if support groups and victim-survivors coming together to support each other has been extremely important in terms of developing understandings of what
40 has happened and their own experiences and providing support. But I'm not sure I fully understand your question in relation to what that means for support services more generally.

MS STOWELL: That's fine. I think when you mentioned the - what we might
45 call more traditional ideas of selective trauma - bushfires, natural disasters, that sort of thing - the support is there all provided in the moment, but that's not the case with child sexual abuse often, because people disclose at different times.

5 **DR WRIGHT:** That's right. Yes. So I think whatever support systems are provided needs to be responsive to the trajectory of people's experiences, and we know that often it takes many years - decades, often - for people to feel comfortable with disclosing their own experiences and that timing is different for every - every individual. So I guess, as a broad comment, I would say that support services need to be responsive to that.

10 **MS STOWELL:** People of different age groups.

DR WRIGHT: Yes.

MS STOWELL: The locations, that sort of thing.

15 **DR WRIGHT:** Yes.

MS STOWELL: Thank you.

20 **CHAIRPERSON:** Can I just ask a question related to that. Thinking about collective trauma as it might apply to particular geographical communities, there's an interesting thing to think about if you have a community where there's a school where people are abused over time and people in that community tend to stay in that community and remain there for a long period of time, as opposed to other communities, for example, where people might move away and disperse. Is the experience of collective trauma going to be different in those kinds of
25 circumstances?

DR WRIGHT: I expect it probably is. If you've got a very stable community, then there is perhaps more of a sense of collective trauma for those communities that are more intact, if you like, because there are residents who would have been longstanding members of the community and I think even for those people who are not directly affected, it can have an effect on them in terms of members of the wider community and understanding the history of what has happened within their
30 community.

35 **CHAIRPERSON:** Thank you.

DR WRIGHT: I'm not sure if that answers your question.

40 **CHAIRPERSON:** It does. Thank you.

MS STOWELL: Dr Wright, you're currently conducting research into child sexual abuse inquiries around the world. Some of the well-known jurisdictions in this space are Republic of Ireland, United Kingdom, Canada, USA. What are some
45 of the benefits and challenges faced by inquiries, indeed, such as this one?

DR WRIGHT: Yes, I'm conducting research that maps inquiries both into child sexual abuse but into institutional abuse more widely. Some of the inquiries include child sexual abuse as part of broader investigations of institutional abuse and some are focused specifically on child sexual abuse.

5

I think there's a range of benefits that inquiries bring. The first thing and perhaps the most important is that victim-survivors across the world have called for public inquiries to examine abuse within institutions, sexual abuse and other forms of abuses as well.

10

Some of the - so in terms of benefits, I think inquiries provide a record of what has happened in the past. They are a mechanism that enables for the truth to come out regarding behaviour and the experiences of people in the past, and, importantly, the ways in which institutions handled particular kinds of problems.

15

Inquiries often make recommendations for changes in the future in relation to children's protection, but they also have an important role in acknowledging what has happened to victim-survivors and also providing recommendations in relation to redress and appropriate forms of support for victim-survivors.

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A number of inquiries face challenges. Sometimes that happens in the course of an inquiry where there might be difficulties with the staff of an inquiry having a high turnover. In some cases internationally that has happened. Or inquiries supporting - I guess getting the trust of victim-survivor communities. So they've been some of the issues. But the bigger issue seems to come after inquiries end, with the implementation of recommendations and forms of redress and support for victim-survivors.

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MS STOWELL: We've heard from a number of victim-survivors that inquiries can be part of healing. And I want to come to the issue of approaches to healing which is specifically part of this inquiry's Terms of Reference. Is that something you've heard reflected as well, that inquiries themselves provide an opportunity for healing?

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DR WRIGHT: Certainly there's a view that inquiries are an important mechanism of healing, but I think there are also views that inquiries can be very traumatising for victim-survivors. So, again, it's - it's a very individual experience for people, and I think both can coexist, that they can be part of a healing process but also re-traumatising.

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MS STOWELL: In your international research, you've had some exposure to memorialisation and the way that, after an inquiry has finished its work, that victim-survivors might have input into a particular memorial, for example. In your statement, you talk about quite a novel approach - I think it's from the United Kingdom - that - the park benches. Would you tell us a little bit about that?

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DR WRIGHT: At the end of the Independent Inquiry into Child Sexual Abuse covering England and Wales, they wanted to develop some kind of memorial for victim-survivors. This is clearly difficult in this area in terms of how to memorialise very difficult experiences, and my understanding is they worked with victim-survivors and developed what they called their Legacy project which involves plaques on more than 150 benches and in other places across England and Wales with messages of hope from survivors, and I believe that they have a QR code as well, so that people reading those plaques can connect to the inquiry's Legacy website, understand the work of the inquiry and also access support services. And the bench idea, I think, was basically that there would be a quiet reflective place where people could sit and contemplate their own experiences, perhaps have a discussion with somebody else about their experiences of child sexual abuse, or for people to just learn more about this.

MS STOWELL: And, in your view, has that been a positive development, that kind of creative thinking around memorials?

DR WRIGHT: Yes, I believe so. I think it's an area where obviously people have a lot of different views, but this seems to have been received very positively in the UK. I think the involvement of victim-survivors in the process is critical, and in many places the success, I would say, depends on engagement with victim-survivors to ensure that the kind of memorialisation is appropriate.

MS STOWELL: This inquiry has also heard about the importance of apology for victim-survivors. What has your research here and around the world told you about the characteristics of a meaningful apology?

DR WRIGHT: Again, I think there's a lot of different views about apologies. They're very common both in terms of following inquiries into child sexual abuse and other forms of child maltreatment. For an apology to be meaningful, it needs to be accompanied with action. I think an apology that is not meaningful is one where a politician might apologise but nothing is done, and that, obviously, is very difficult for victim-survivors and can ring a bit hollow, perhaps. So the more successful approaches appear to be where an apology is one part of a broader process of redressing what has happened in the past.

MS STOWELL: And is there a concern there about time, for example, if the action taken isn't timely? Do you see criticisms of that nature?

DR WRIGHT: Yes. Certainly, I think the - people want to see action quite quickly, and particularly when it's government action and it's deferred, that can be very difficult for survivors and undermine the trust that they might have in an inquiry or government action following an inquiry.

MS STOWELL: Chair, do you have anything further for Dr Wright?

CHAIRPERSON: Nothing further. I've raised a few things in the running. Dr Wright, I wanted to thank you for giving your time, not only in assisting in the preparation of the statement but also attending and giving evidence today. For us to have someone with your knowledge and expertise and experience able to share your perspectives and opinions with us is incredibly helpful and useful to the work that we are doing. So thank you very much.

DR WRIGHT: Thank you.

10 **MS STOWELL:** Thank you. Thank you, Doctor.

CHAIRPERSON: Thank you, Ms Stowell. We will be adjourning until we have Professor Bromfield attending, and that will be at 2 o'clock this afternoon.

15 **<THE WITNESS WAS RELEASED**

<THE HEARING ADJOURNED AT 12.47 PM.

<THE HEARING RESUMED AT 2.08 PM

20

<WITNESS LEAH MARIE BROMFIELD, AFFIRMED

<EXAMINATION-IN-CHIEF BY MS RYAN:

25 **MS RYAN:** Thank you, Professor. It's Ms Ryan here, Counsel Assisting. Can you hear me?

PROF BROMFIELD: I can.

30 **MS RYAN:** Thank you. Now, Professor, is your full name Leah Marie Bromfield?

PROF BROMFIELD: It is.

35 **MS RYAN:** And are you the Director of the Australian Centre for Child Protection and Chair of child protection at the University of South Australia?

PROF BROMFIELD: I am.

40 **MS RYAN:** And you have provided your professional address to the inquiry; is that correct?

PROF BROMFIELD: I have.

45 **MS RYAN:** And you have prepared a statement, a witness statement, dated 23 October 2023 together with three annexures to that statement.

PROF BROMFIELD: That's correct.

MS RYAN: And the evidence set out - the evidence in your statement, including the facts set out and the opinions expressed, are true and correct?

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PROF BROMFIELD: Yes.

MS RYAN: Now, before I take you to the acknowledgement that I understand you wish to make, if I can just take you to, briefly, your expertise and qualifications. Now, you've provided to the board your most recent curriculum vitae; is that right?

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PROF BROMFIELD: Yes.

MS RYAN: And relevant - particularly relevant to this inquiry, as we've heard, you're currently the Director and Chair of the Australian Centre for Child Protection. In terms of academic qualifications, you hold a Bachelor of Applied Science (Psychology) (Honours) from Deakin University.

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PROF BROMFIELD: Yes.

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MS RYAN: As well as a PhD in Psychology from Deakin University?

PROF BROMFIELD: Yes.

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MS RYAN: And in terms of your - you've been appointed in recent years to a number of advisory committees. Most recently, for example, in 2021, you were appointed as a member of the Scottish Children's Services Research Advisory Committee?

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PROF BROMFIELD: Yes.

MS RYAN: And in 2022, to the National Strategy Advisory Group for the National Strategy to Prevent and Respond to Child Sexual Abuse?

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PROF BROMFIELD: That's right.

MS RYAN: And you've held a number of relevant roles, most recently as Commissioner in the Commission of Inquiry into the Tasmanian Government Responses to Child Sexual Abuse in Institutional Centres; is that correct?

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PROF BROMFIELD: That's correct.

MS RYAN: And you have 20 years of experience in the field of child protection, abuse and neglect?

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PROF BROMFIELD: Probably a few more, yes.

MS RYAN: A few more now. And you've, it's fair to say, been involved in a significant amount of research concerned with child abuse and neglect and have authored over 200 commissioned reports, policy and practice papers.

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PROF BROMFIELD: Yes, I have.

MS RYAN: And can you tell the board about the recent project that you've commenced - research project relevant to disclosure of child sex abuse.

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PROF BROMFIELD: Yes, of course. This is a project that's just commencing. So there's no publication for it. It emerged out of observations that I have made both during the life of the Royal Commission into Institutional Responses to Child Sexual Abuse, for which I was the professorial fellow, as well as my more recent research and engagement with victim-survivors, as well as looking at patterns in data. And it seemed to suggest that disclosure experiences might positively be changing over time. We were - we were quite interested to look at this in more detail and have been awarded a grant from the National Centre for Action on Child Sexual Abuse to gain an understanding of contemporary disclosures. That will focus on both changes in experiences over time.

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We are hypothesising - and we're really hoping we're right - that survivors are getting more empathic and more positive responses from their loved ones, their friends and family when they disclose, but also from institutions like the police. But we also think that there might be emerging issues in disclosure that - that perhaps we've not looked at before. So things like, as a consequence of grooming, we've seen examples of nondisclosure, a groomed nondisclosure. So it's getting a bit more nuanced in our understanding of disclosure.

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MS RYAN: And that project is due to be completed in two years; is that right?

PROF BROMFIELD: That's correct. We've commenced the literature review.

MS RYAN: And, Professor, before moving to the substance of your evidence, you wish to make an acknowledgement. I will hand over to you to do that.

35

PROF BROMFIELD: Yes, I did. I - I'm very aware that I've been called as an expert witness, and I wanted to acknowledge the lived expertise of victim-survivors of child sexual abuse and the privilege that I have, learning from them in developing my expertise.

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MS RYAN: Thank you, Professor. Now, if I can ask you to just turn to what I will call the first topic addressed in your evidence, which is contextualising abuse in government schools in the 1960s and 1970s. Now, you've - you've set out that, in your view, there are five broad themes which intersect when considering this topic.

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PROF BROMFIELD: Yes. Do you want me to run through those?

MS RYAN: Yes. Perhaps if we can run through those. First of all, the five themes are prevailing sociocultural characteristics of the period.

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PROF BROMFIELD: Mm-hmm.

MS RYAN: The irrelevance of child sexual abuse as a feature of child protection for much of the 20th century.

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PROF BROMFIELD: Yes.

MS RYAN: The nature of institutional responses or inquiries into child sexual abuse. And then you've said the gendered nature of criminal law. And, finally, public discourse around child sexual abuse and the role of feminism.

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PROF BROMFIELD: Yes.

MS RYAN: So if I can ask you about the first theme, which is the sociocultural context of the 1960s and 1970s. If you can just touch on that for the board's benefit in terms of how that affected the - that affected the occurrence and experience of abuse in government schools in the 1960s and '70s.

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PROF BROMFIELD: Certainly. And you will see the common themes in each of these that all of these things drove towards child sexual abuse being invisible, children not being heard, not being believed and being silent, and perpetrators being able to perpetrate with impunity. So if I say that at the outset, there will be that kind of repetition of themes throughout.

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So within the 1950s and 1960s, the dominant culture was one that - that was patriarchal. We really valued the nuclear family, that was the traditional family values. The church still played and Christianity still played a role in Australian family life. But the ideal of a mum, a dad and kids, was really the family. Men had a dominant role in society. There were very gendered role for men and women, and children had to fit in that society behind women.

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MS RYAN: And you mention the 1950s and 1960s. Was that - was that also the prevailing culture in the 1970s or did things change?

PROF BROMFIELD: It was the prevailing culture of the 1970s. There was the emergence, within the late '60s and early '70s, of what was a counterculture, so the rise of feminism. A lot of social change, much of it youth-led. Now when we look back on the '70s, we tend to look back on that as though that was a big feature, but throughout the 1970s, the dominant feature of society was still that ideal around traditional family life and gender roles.

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MS RYAN: And you mentioned that children, in terms of that social structure - I think you said words to the effect of sit or sat behind women.

PROF BROMFIELD: Yes.

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MS RYAN: And how did that - or how did the position of children in that time, how did that impact their role and, I suppose, in terms of schooling and with authority figures and so forth?

10 **PROF BROMFIELD:** So this was still a time where children were expected to respect their elders, where there was still attitudes - changing but still definitely there - of children being seen and not heard, as part of that respecting elders. You speak when you're spoken to. Absolutely an authority are figures in institutions. So the teachers had authority to physically discipline children, and we know from
15 past inquiries that that physical discipline in schools during that period was sometimes quite extreme and what we would now call physical abuse that some of the children accepted as normal. It was normal within that period. As one example of just the absolute authority of adults over children. They weren't going home and complaining to their parents about that because they expected it.

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MS RYAN: And just leading on from that, then, I suppose this concept of the culture of children's place and complaining, as you've mentioned there, corporal punishment, if we can just then move on to then, I suppose, the concern and awareness within the culture, and particularly as it was reflected - or perhaps not
25 reflected - in child protection in the State of Victoria in the 1960s and 1970s. Can you tell the board what the situation was in relation to child protection around policies and laws in that period?

PROF BROMFIELD: Yes. I mean, the 1960s were actually a time of change for
30 child protection. Prior to that, child welfare was mostly about orphanages. I think it was still in the 1950s that, well, if a child was considered to have been neglected, that they would be - the child would be charged with neglect. A really different place in society. In the 1960s, we saw a change in concern about abuse of children where we established statutory Child Protection Services who would
35 be - had a role in receiving reports about abuse and neglect. That was after the seminal paper by Henry Kempe and colleagues about battered child syndrome. But those early conceptualisations of child welfare and child protection did not talk about child sexual abuse. They talked about child neglect and physical abuse.

40 **CHAIRPERSON:** Professor, I wonder if I might just ask, why do you think it was at that period of time that the focus was on physical neglect rather than on sexual abuse?

PROF BROMFIELD: I think it actually reflected that sexual abuse was
45 something that was not spoken about at society level. Child protection law and action, I think, is a reflection of the community values and what community

prioritises in terms of protecting children. And child sexual abuse was not on the radar.

CHAIRPERSON: Thank you.

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MS RYAN: You set out in your statement that the change did - or it was happening certainly from the late 1960s. Can you tell the board, then, when it did move from really only considering physical abuse or neglect to considering also child sexual abuse?

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PROF BROMFIELD: I will. I want to characterise all of this by saying change is slow. So when as academics we point to documents and say, "Something happened here", it indicates that that something was changing. That - the ripple effect for that to actually become a wider change in a view and understanding of community is actually much, much slower than that. So I guess these are all the earliest dates, and I wouldn't have expected this to have significant impacts on family life or understandings of child sexual abuse within the community.

15

So that notwithstanding, in Victoria, the statutory Child Protection Service at the time was actually the Victorian Child Protection Society, a non-government organisation. Child protection didn't become the role of government until the 1980s. But you can see sort of in the Victorian Child Protection Society, the first records of data being recorded about child sexual abuse was - and I will have to refer to my statement, I think it was about '75 from memory.

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MS RYAN: So this is paragraph 24 of your statement.

CHAIRPERSON: Yes. I think there's a reference there to 1975.

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PROF BROMFIELD: It is 1975. I'm glad my memory was right. I think that's really significant, that at the time we even had recorded data of child sexual abuse for our Child Protection Services in Victoria was 1975. I think that is a good illustration of the invisibility of child sexual abuse.

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MS RYAN: Can I just ask, you mentioned that change is slow and that things filter down slowly. If we take that example, the fact that the first published data on child sexual abuse did not occur until 1975, are you able to tell the board what, if any, impact - or how that fits into the board's understanding of, I suppose, the average family's awareness of child sexual abuse in Victoria at that time or later?

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PROF BROMFIELD: This is an opinion rather than academic fact. But I draw from my experience in the National Royal Commission into Institutional Responses to the Child Sexual Abuse and the many survivor accounts I've heard in saying this. I don't think that this was something that was talked about at all in Australian families. If we think about this period of time, adults were reticent to talk about sex and sexuality. Adults used vague terms to refer to - to sexual misconduct. They might have talked about immorality.

45

Children were constructed as innocent. We didn't talk to them about sex at all. They certainly - I've heard multiple accounts from survivors who knew that what was happening to them, they didn't like it, that it hurt them, but they didn't know what it was. They didn't have an understanding of what sex was. Even today, I still
5 hear of disclosures of child sexual abuse being missed, children's disclosures, because children don't have the name, the accurate name for their body parts. And using pet family names for body parts meant that strangers didn't know the child - you know, the child care educator or a teacher - didn't know that they were
10 receiving a disclosure of child sexual abuse. We've been reticent to talk about sex in this country. We've been set reticent to talk about child sexual abuse. That has impacted the safety of our children.

MS RYAN: Now, you've set out in your statement - I'm looking here at paragraph 26 - again, the - still in regard to the history of child protection in Victoria. You've
15 stated, for example, the Victorian mandatory reporting law included child sexual abuse from 1993. Is that right?

PROF BROMFIELD: That's right.
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MS RYAN: Yes.

PROF BROMFIELD: Victorian mandatory reporting laws, though, came into effect later than in other States. So the first - so Victoria had no mandatory
25 reporting laws until 1993. So from when they first came into effect, they included physical abuse and sexual abuse. They still do. That didn't mean that they weren't receiving reports of child sexual abuse prior to 1993. They were. I've seen Victorian records, Child Protection records, for children who were involved in child protection between 1990 and 1994 as part of my PhD research, and there
30 were reports of child sexual abuse in the '90s prior to mandatory reporting.

MS RYAN: Now, earlier on in your statement, you referred to - this is at paragraph 22 - a - this is in relation to an inquiry in Victoria. You referred to a
35 Special Inquiry in 1865 and 1866 into conduct at the Sunbury Industrial School, which was a youth training school.

PROF BROMFIELD: Mmm.

MS RYAN: And you've stated that:
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"That inquiry considered child sexual abuse perpetrated by a staff member against girls at the school."

And that:
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"The outcome was that the perpetrator resigned from his position but remained onsite with his wife and children."

Now, in your research - and I will ask you to have a look at paragraph 28 of your statement - 27 - you said that:

- 5 "The next inquiry specifically into institutional child sexual abuse in Victoria of which [you were] aware was not held until 2013."

Is that right?

- 10 **PROF BROMFIELD:** Yes, although I understand from Dr Wright's evidence that she did find an inquiry that was looking at educational administration that referenced some incidents that suggested there was sexual abuse in - around the same time as the inquiry into the youth training school that I mentioned.

- 15 **MS RYAN:** Yes. So Dr Wright's evidence was in relation to an inquiry - a Royal Commission, I should say, in 1882, but, yes.

- 20 **CHAIRPERSON:** And I think she made clear in her evidence this morning that that certainly wasn't the focus of that inquiry. It was something that there were references, as you just said, to sexual abuse, but that was not the principal focus of their work.

- 25 **PROF BROMFIELD:** Yes, and I'm much more familiar with inquiries into the child welfare system, but when I - it seemed very, very similar in that the focus of the - those inquiries during that period was actually on the administration of organisations, and so they focused on better administration, better financial management, and when it came to cruelty of children when it emerged in those inquiries, they focus on often the management of children rather than any kind of consequence for staff. There seemed to be few incidences of consequences for staff.

- 30 And even the blame shifting towards children. So they would talk about immorality, but then you would see a slight shifting of language that started to talk about the immorality of the children as well. I think that's a feature of this time period. Children were innocent until they weren't, and then there was a blame shifting. So children were seen as - as having contributed to their own abuse. And I reference, for example, the film Lolita and the common language term that emerged from that film which refers to - that was a film and a book that was actually about a stepfather sexually abusing a child who was 12 at the time that that commenced and was framed that she was sexually precocious, and that became a common language term in the English language.

- 40 So, yes, we were often blind to child sexual abuse, but there's actually some cultural reference at the time that showed that we were - where it emerged, we were saying children were immoral and that they had provoked the abuse.

CHAIRPERSON: I think you say earlier in your statement that victim blaming is part of that sociocultural context that we need to understand in understanding the evolution of attitudes towards child sexual abuse; is that right?

5 **PROF BROMFIELD:** Absolutely. And I - I think stigma continues to exist for victim-survivors of child sexual abuse. It has changed over time. Things are getting better. But survivors still talk about the stigma that they experienced. During the life of the National Royal Commission we heard from - from male survivors of child sexual abuse who had come forward - many of them came forward for the first time during that Royal Commission, and telling us that they had never told their wives, they had never told anybody prior, and part of that was that fear that they would be seen as perpetrator, that they - that their shame was theirs - never theirs.

15 **MS RYAN:** You mentioned in your experience and research, you're very familiar with the child protection history and reports. Were the reports you've seen and are familiar with in relation to child protection, do they reference institutional child sexual abuse? Or was it a different focus?

20 **PROF BROMFIELD:** So in child protection, the child welfare context, there were multiple inquiries into orphanages, and I suppose it's similar to that inquiry that you saw into the educational context. The first inquiries were about the administration of orphanages. There were inquiries into cruelty to children, so physical abuse and particularly criminal neglect where children had died in orphanages.

In some of those inquiries, particularly later inquiries - like Bringing them Home, Forgotten Australians, and Lost Innocence, the inquiry into the Stolen Generation, Aboriginal children who were stolen from their families, the inquiry into British child migrants in institutional care and the inquiry into Australian children in orphanages - the sexual abuse emerged as a common theme. So while it wasn't part of the Terms of Reference, each of those more modern inquiries, more modern era, have ended up with quite significant sections talking about the child sexual abuse that was endemic in those institutions.

35 **MS RYAN:** Thank you. And just tying off the - your evidence in relation to the history of inquiries, particularly in the Victorian context, you've noted that, to the best of your knowledge, there has not been a significant independent inquiry into institutional child sexual abuse in Victorian Government institutions prior to this convened Board of Inquiry, other than the Victorian Government's participation in the Royal Commission and Case Study 30, which was in relation to youth detention centres; is that right?

45 **PROF BROMFIELD:** Yes. To the best of my knowledge, I can't find another.

MS RYAN: So just turning to your evidence about - again, still in this contextualising abuse in government schools in the 1960s and 1970s, you've also

stated that criminal law as it then was has a significant bearing in our understanding of the context. Can you tell the board what you meant by that and what was the significance of criminal law in the -

5 **PROF BROMFIELD:** Yes.

MS RYAN: - 1960s and 70s?

10 **PROF BROMFIELD:** So the criminal law in the 60s and 70s was largely the criminal law of the 1950s. There were no major changes until the 1980s. And that criminal law was incredibly gendered. So it really only recognised female victims of child sexual abuse.

15 So in terms of sexual offences, there were a number of sex offences in the Crimes Act, but, of relevance, rape was gendered. It was narrowly defined as sexual intercourse, so penetration by a penis, by a male with a female. There was a crime of sexual abuse of a girl under the age of 10, but not a corresponding crime relating to a boy of that age. The maximum penalty for rape and the child sexual abuse of a girl under 10 was 20 years. There was then a crime of sexual abuse of a girl between the age of 10 and 16. The age of consent was 16, which is why it ends at 16. Again, no corresponding crime in relation to boys of that age. And the maximum penalty for a girl 10 to 16 was 10 years. So you can see in that a lower value accorded to adolescent victims of child sexual abuse, female victims of child sexual abuse.

25 In relation to boys though, it was an awful time for - in terms of the Crimes Act. So there was still - homosexuality was still illegal and, in fact, it was referred to as an infamous crime, the infamous crime of buggery. The maximum penalty for the infamous crime of buggery, if the victim was under 14 years of age or if the incident involved the use of violence or nonconsent, was 20 years. Consensual homosexual sex, though, was also a criminal act, and I believe the maximum penalty for that was 15 years.

35 These were considered abhorrent acts, which makes it so difficult for boys. If they had an understanding of sex at all, then an understanding that, where they were a victim of a male perpetrator, that what had been done to them was considered to be abhorrent, had a significant impact on their identity, their sense of shame and self, and absolutely the silence, the fear of speaking up and what that would do to them.

40 **MS RYAN:** And in terms of, in the event that charges were laid, with reference to the existing laws back in the 1960s and 1970s, you've also stated that there were significant difficulties with establishing a conviction.

45 **PROF BROMFIELD:** Yes, there were two aspects to that, one that impacted children and adults, and it's about consent. So to demonstrate that you did not consent, you had to show resistance. And resistance, really, the only way that you

could show resistance was by physically fighting off your attacker or demonstrating that you had injuries. So no did not mean no. And, in fact, in that period, there was - there's academic literature which shows that there was still widespread belief that token resistance, so women saying no when they meant yes, was a widespread and common practice and meant that men just had to continue to pursue them.

But for children, there were additional barriers to establishing a conviction in that children were seen as unreliable witnesses. A lot of the judges would give juries a warning that children were unreliable witnesses. You had to consider their age and reliability. Children were believed to have imagined or even fantasised their sexual abuse, and there was a privileging of having corroborative evidence from another witness. Always difficult and can set a barrier for child sexual abuse victims.

And restrictions on the inclusion of tendency and coincidence evidence, so even if you had a number of children saying the same thing, that you couldn't put those cases together to show a pattern of behaviour, or an MO, for the offender.

MS RYAN: And we will come to - Professor, we will come to your evidence in relation to perpetrators shortly. But what do you say about the bearing that the difficulty of a - establishing a child sex abuse conviction back in the 1960s and 1970s may have had on the extent that perpetrators considered that they could abuse children?

PROF BROMFIELD: When you consider - and I said at the start, there is common themes within each of these things. The cards were stacked against children every step of the way. They didn't have a language to talk about this. It wasn't spoken about. They weren't believed. If, in the unlikely event that charges were actually laid, the cards were still stacked against them. The criminal justice system was unfairly weighted to advantage perpetrators over victims. And I have - I've said that it's quite possible for that - that impacted perpetrators' sense that they could abuse children without fear of consequence.

And later when I speak about perpetrators, I will speak about some factors that need to be present for a perpetrator to perpetrate child sexual abuse. One of them is a consideration of consequences, you know, overcoming concerns about external barriers to child sexual abuse. The external barriers to child sexual abuse were so much lower in this period of time, increasing the risk to children to child sexual abuse, in my opinion.

CHAIRPERSON: I just have one question about that, Professor, and that is relevant to reporting and statistics. At the present time, one can easily marshal statistics about an idea of incidence of sexual abuse in various segments of the community, how much of that is actually reported and then how much of that might lead to a prosecution and then, of that, how much might be a successful

prosecution. Are statistics available in this period that we're looking at, 1960s and 1970s, to have an understanding of incidence and reporting and prosecutions?

5 **PROF BROMFIELD:** Not a huge amount of data available, but the - because there was such poor data available, the Royal Commission into Institutional Responses to Child Sexual Abuse recommended a national prevalence study be undertaken. The findings from that study were released this year, 2023, and part of what was recommended by that study was that prevalence had to be examined by age group.

10 So while we haven't marked it to the decade, but we've marked it to victim-survivor age, and in the - so - because then we can extrapolate out kind of primary school children who would be in their kind of - in the '60s and '70s or kind of thinking about people aged kind of 50, 60 today, then the incidence of child sexual abuse for that age group was 40 per cent, rounding up. So around 40 per cent for girls and 20 per cent for men across the whole community.

15 It's - it's now about 35 per cent for girls and 15 per cent for boys. We still have a significant problem of child sexual abuse in this country. So higher at that period. 20 My - my experience in the national Royal Commission, though, has led me to have the opinion that children were at far greater risk in institutions than they are today, and that boys' experience - in particular experienced a much higher risk of child sexual abuse in institutions than they do today.

25 And, in fact, from the National Royal Commission, the majority of victim-survivors who came forward in private sessions - there were eight and a half thousand private sessions for the National Royal Commission - the majority were actually male victim-survivors, many of them coming forward for the first time, talking about abuse in institutions.

30 **CHAIRPERSON:** Thank you, Professor. That's very helpful.

MS RYAN: Professor, if we can now turn to your evidence on perpetrators of child sexual abuse and you've stated:

35 "There is no typical profile of a perpetrator of child sexual abuse."

PROF BROMFIELD: Correct.

40 **MS RYAN:** And that:

"Some may offend exclusively against boys, others offend exclusively against girls."

45 But you have said that:

"Research consistently shows that the vast majority of perpetrators of all child sexual abuse are male."

PROF BROMFIELD: Yes.

5

MS RYAN: If I can ask you to explain to the board the three - sorry, the four pre-conditions that must be met, according to your research, for an adult to sexually abuse a child.

10 **PROF BROMFIELD:** And I will just clarify. This is actually the research of Professor David Finkelhor, who came up with this theory. He calls it the four Ps. So I'm just looking to my statement to make sure I get this right. So the four conditions are (a) that the child is actually motivated to sexually abuse a child.

15 Now, typically, adults are motivated for sexual gratification. I say "typically" because I have seen cases where children were violated with an object, and that appeared to be a motivation out of wanting to hurt or degrade or humiliate a child, rather than necessarily for sexual motivation. Motivation is always hard to glean unless someone tells you and they're telling the truth. But so mostly it's the
20 motivation and sexual motivation to abuse a child, so - and it's more a desire for sexual gratification.

They have to then be able to overcome their internal inhibitions that might stop them. So the thing in your brain that says "that's wrong", you know, "I shouldn't be
25 doing this", sometimes the thing that stops someone from doing that is the fear of getting caught. So your internal motivations might be about - you - the thing that stops you might be about, "Well, what would people think of me if they were to know?"

30 The adult has to be able to gain access to a child, and we see with predatory perpetrators, some of them going to great lengths, very strategically gaining access to children.

And they have to be able to overcome any resistance from the child. And by that, I
35 don't mean the old-fashioned term of resistance, of physical resistance only. So they may overcome a child physically, but often adults use threats. They use the status and power of their position, a child's lack of knowledge, or they use grooming to gain the submission or the silence of the child to overcome the child's resistance.

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MS RYAN: Now, just going on to perpetrators of institutional child sex abuse, you've said in your evidence in your statement that the role in institution is likely to give the perpetrator power over children and may also afford them status and influence, and, therefore, influence in the community.

45

You've also mentioned grooming. Can I ask you to address the board in relation to your observations of perpetrators in terms of grooming tactics in a historical

institutional setting and whether grooming tactics were needed or not so often needed?

5 **PROF BROMFIELD:** Yes. So absolutely we have incidents - we have many examples of grooming being used historically, as we do now. The tactics around grooming seem to be largely the same as they are now, in that the purpose of - there's three purposes for grooming: (1) to erode the child's - to - to be able to abuse the child. So it might be about eroding the child's resistance, creating that special relationship with the child, incrementally breaching the child's personal
10 boundaries, introducing ideas about sex or sexual touching to be able to abuse the child and have them submit to that, or think it's normal or okay.

They - grooming also has a secondary purpose about ensuring a child doesn't tell and that, if they do tell, they're not believed. So that's part of the - the insidious
15 way I've seen many institutional perpetrators use their position in child-related employment both to gain access to children and to build up this community reputation that they are a great person, community-minded, above approach. People giving character statements about this person's work in the community which facilitated their access to children. So grooming was absolutely a feature of
20 many instances of historical child sexual abuse.

What I see when I look back at historical cases that I see far less now, is that there were cases where perpetrators didn't even bother to groom the child, such was their confidence that they could abuse with impunity. So there were institutions
25 where the abuse appeared to be endemic. It often occurred in a backdrop of multiple human rights violations: The children were beaten, children were neglected, children were degraded, and they were sexually abused. And the absolute power that perpetrators had over victims, they didn't bother to try and conceal. They just assumed that the child would stay silent, not disclose, and that
30 if they did, they wouldn't be believed.

And, again, I've seen - I've seen multiple accounts of survivors who talked about when they did disclose, they were punished. They were punished for telling lies. They were hit. They were beaten. Sometimes disclosing sexual abuse to someone,
35 they were sexually abused again by the person they disclosed to. Fortunately, I don't see that happening in institutions now. We are getting better.

40 **MS RYAN:** And in terms of your evidence about - do I take it that your evidence is that when you've looked at this, although grooming was still a feature, it was less prevalent in the historical context than it is now?

45 **PROF BROMFIELD:** Just - to me, it's a unique characteristic of historical institutions that there was some perpetrators who didn't groom, and it's - the vast majority of cases I see now, there is some form of grooming, of - it's much more - perpetrators need to groom children, they need to groom their parents, and they need to groom the community around them much more so now, because child

sexual abuse is more visible now, and you're more likely to have consequences if you detect it.

5 **CHAIRPERSON:** Professor, is that one of the reasons why you said earlier in answer to a question I asked that boys now are at less risk in institutions than you see them as being previously?

10 **PROF BROMFIELD:** I honestly - actually, I've reflected on this question. I've reflected on it with other academics. I don't know why it is that we seem to have had such an epidemic of child sexual abuse in the '60s and '70s. I don't know why it was that there was so many male perpetrators who perpetrated against boys in institutions in that period. But all of my experience suggests that it was highly prevalent at that time. It was theorised around the - the entitlement of men in that period, meaning that sexual assaults against women, sexual harassment against women and, by extension, a sexual entitlement towards children was more
15 prevalent in that era, and that more men who were preferentially attracted or fixated on boys as victims saw institutions as vulnerable and a place where they could gain access to boys. But we actually don't know why.

20 **CHAIRPERSON:** And the epidemic that you spoke about, is that something that is evidenced internationally as well? Or is it confined to particular experiences in particular places?

25 **PROF BROMFIELD:** I'm most familiar with the UK, the US and Canada, New Zealand. The features there are similar, that we see the same - same things happening. And the Catholic Church worldwide.

30 **CHAIRPERSON:** Yes. And just so I have a proper understanding of this, when you say we don't know why but here are some things that might contribute, the other reasons that you've given in relation to the factors which contribute to sexual abuse generally in the '60s and '70s, are those matters which you see as affecting society as a whole, but then there's this separate question about institutions within that context?

35 **PROF BROMFIELD:** Yes. Another big feature, I think, that is explanatory is that we believe that the majority of perpetrators of child sexual abuse are opportunistic rather than fixated perpetrators or what you might think of as paedophiles. So a paedophile is someone who is preferentially attracted to children. That's where their sexual desire lies in attraction to children, considered a
40 clinical condition.

45 But the research consistently suggests that the majority of perpetrators of child sexual abuse are not preferentially or exclusively attracted to children. They can - they might be sexually attracted to adults as well. And that they take the opportunity of sexual gratification through a child because the conditions mean that they're over - able to overcome any of those internal barriers they might have and they think they can get away with it. The opportunity to abuse a child in an

institution, if you were motivated to do so, was far greater in the 1960s and '70s, in that kind of period of time historically.

CHAIRPERSON: Thank you.

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MS RYAN: Professor, you used the term earlier on, "groomed nondisclosure". You referred to in your evidence in your statement about the various types of grooming and that it also could involve a perpetrator threatening a child not to disclose with threats that they would hurt the child or somehow otherwise harm their family. Is that what you meant by "groomed nondisclosure" when you used that term earlier?

PROF BROMFIELD: Yes. Also some perpetrators have been so skilful in creating that special relationship with the child, that the child is concerned about the perpetrator. We're talking about children. They're so vulnerable to manipulation and cognitive distortion. So grooming is, I think, one of the most insidious parts of child sexual abuse because the impacts can last for a child right through to adulthood.

20 And so one form of groomed nondisclosure is if a child is directly asked that they say, "No, I'm not being sexually abused." That's more common now than I've seen in historical accounts, because, historically, we weren't asking kids if they've been sexually abused. But they might have been fearful of the impact on the perpetrator. So the perpetrator might have said, "If anyone ever finds out, I'll kill myself" or, 25 "If anyone ever finds out, I'll lose my job" or "my kids", who may be friends of the victim-survivor. "It would hurt them." So one part of groomed nondisclosure is denying abuse. That's what I've termed groomed nondisclosure, as well as not disclosing because of fear - because of threats of harm to the child or harm to other people that they care about or love.

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MS RYAN: Just one last question from me on this topic is you said that there was a far greater opportunity to commit child sexual abuse in the 1960s and 1970s within an institutional environment. So I take it you're referring - well, are you referring to a wide range of institutions which include, for example, primary 35 schools with day students to orphanages and boarding schools and that sort of thing?

PROF BROMFIELD: I am. The - so I have - I've done some research that looks at the - the way that the characteristics of an institution can increase or decrease 40 the risk. And so if - the schools where there was boarding, there was more opportunity because children were there all the time so there were - but a characteristic of day schools still - there was still greater opportunity through day schools during that period than there are today.

45 So much more likely for physical features of buildings to have lots of small rooms with solid doors. So just in terms of what we think of as - what we call situational crime prevention. So if you have people who are walking past classrooms and you

have an open door policy or there's big glass walls or glass doors, glass panels - it's much harder for you to sexually abuse a child behind a closed door if there aren't closed doors. So we had architecturally more risky built schools in that period of time.

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Adults could spend time alone with the children unquestioned during that period of time. So if your teacher said, "You're staying after school for whatever reason, because I'm going to give you more - more sports coaching, extra music lessons, because you've been bad and you've got to stay back for detention", the authority of the institution was not questioned in terms of a teacher's right and ability to make that call. And no one questioned or considered any risk of a teacher being alone with a child one-on-one. That's one of the key features of gaining access to a child, having - getting the child one-on-one, alone, and it was much easier in that time period.

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CHAIRPERSON: On that note, Professor, of trusting institutions and the unquestioning way, perhaps, that teachers or institutions might have been looked at by parents and the broader community, when, in your opinion, do you see that shifting in Australian society?

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PROF BROMFIELD: I guess that comes to my comment before that change is very slow. So I think it started changing in the '80s but slowly. So, really, I would see the wave of public inquiries that we've had into institutional child sexual abuse as being more of a watershed moment in our trust in institutions and - or a lack of - growing lack of trust in institutions that we now are more likely to ask questions and suspect.

20

So we might have seen a growing questioning of authority in that period, but it wasn't a questioning of whether my child was at risk when I sent them to school. I think that some of those - the highly publicised inquiries, particularly into the Catholic Church, started to shift, and we know that a lot of those inquiries highlighted abuse within schools, Catholic schools. I think some of those inquiries were quite - in my view, quite significant in shifting a public mindset to think that their children might have been, or may today be at risk of child sexual abuse in institutions.

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CHAIRPERSON: Thank you.

MS RYAN: Chair, I'm now going to turn to Professor Bromfield's evidence on the long-term effects on child sexual abuse, unless you have any other questions about the cultural context.

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CHAIRPERSON: No. Thank you.

MS RYAN: Professor Bromfield, you've set out some evidence in your statement about the long-term effects of child sexual abuse, and you note that the impacts of it can be profound and lifelong. You've stated in paragraph 65 that it has been

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shown to have a potential to impact adversely really every aspect of a person's life. If I can just get you to - ask you to tell the board what your research and experience has revealed in terms of lost opportunities for child sex abuse survivors?

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PROF BROMFIELD: Before I talk about the profound, long-term, devastating impacts of child sexual abuse, I did just want to acknowledge that I have also seen survivors who have healed, survivors who live happy and fulfilling lives, some still with the memories of child sexual abuse. I didn't want to launch into a discussion of the awful impacts of child sexual abuse without - and give an impression that this is a life sentence that you can never, ever escape from. Although we do know that some victims of child sexual abuse have not survived the impacts of that abuse and have died through suicide or other forms of self-harm.

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MS RYAN: Thank you, Professor. We will be - I will be asking you give evidence about support services, so that will tie into that.

PROF BROMFIELD: Great. So the impacts - as you said, impacts are profound. They do have the impact to - potential to impact every single aspect of an individual's life at any point in their life. Sometimes it's straightaway. Sometimes it can take much longer for the impacts to manifest. But I consistently heard survivors and survivor accounts and survivors talking to me directly about the lost opportunities. So even if from an outside perspective they might be looking to be doing comparatively well, they're consistently talking about the life they lost if this hadn't happened to them.

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And that can be multiple aspects. The life they lost in terms of their disengaging from education and not having a career that they had hoped for. The life though lost because they weren't able to pursue the talents that they had, because their perpetrator used that talent, their sport or music, as the means to get access to children and to isolate them and abuse them. And so they didn't - due to the impact of the abuse, they were unable to realise the opportunities of their talent and the thing that once gave them joy.

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The opportunities they might have had to be the parent that they want to be or to be a parent at all. So I guess when I talk about lost opportunities, they - it can appear in multiple forms, but they're deeply personal to the victim-survivor and the life they dreamed for.

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MS RYAN: The board has heard from victim-survivors about the adverse impacts of child sexual abuse on their educational and career opportunities. Can you comment on the significance of child sexual abuse in a school, particularly, on a person's educational and career opportunities?

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PROF BROMFIELD: Absolutely. Much more profound. So for a child to be abused in school, much more likely, in my view, to impact their educational

5 outcomes. We know the impacts of child sexual abuse in terms of trauma can impact a child's ability to engage in schooling. That is all victims, regardless of context. So impacts of trauma - some of the immediate impacts of trauma that we can see in kids is that they become more what we call hypervigilant, that they're more alert.

10 And if your abuse is happening in the school, you're going to have your alarm systems switched on all the time because you're not safe there. Having your alarm systems switched on all the time, being scared all the time that you're at school significantly affected your ability to learn even if you're in the classroom.

15 We also know that the impacts of trauma can result in depression. It can result in disengagement. And so many victim-survivors talk about stopping - no longer attending school. Again, if your perpetrator is actually in the school context, one of the only ways that you could escape was to not be at school. Really significant in that - in that respect as well. So I think that, in my view, perpetrators who perpetrate within schools are one of the worst ways that it can impact on children's educational opportunity.

20 **MS RYAN:** You've also - this is at paragraph 68 of your statement - stated that impacts can be different for male and female victim-survivors. And you've talked there about the fact that male victim-survivors have reported gender-specific fear and stigma. Now, does this go back to the historical attitude that you mentioned before towards homosexuality, and can you just touch on that?

25 **PROF BROMFIELD:** Yes, it does. Because of the historical attitudes towards homosexuality, then there was stigma for men in being a victim of child sexual abuse in that it may have - and I don't say this as - they had a fear, but it was a fear - a reasonable fear in that it happened for some men that they would be seen as homosexual or that they would be seen as less of a man for letting that happen to them.

30 There was also - there has also been a really dominant view of what was called a victim-to-offender cycle. So this is you were a victim of child sex abuse, that increased your likelihood of going on to offend against other children as an adult. That was so incredibly harmful for men because it's actually a gendered theory. It - if the victim-to-offender cycle were true, the most common perpetrators of child sexual abuse would be women, because the most common victims are women.

35 40 So we don't talk about the victim-to - didn't at the time talk about it as a gendered theory, but it is gendered and it discriminated against men and - male victims of child sexual abuse. But that fear that they would be seen as a potential perpetrator of child sexual abuse impacted men in terms of their ability to disclose, their ability to seek help, but also their fear of themselves. Men's survivor accounts, I find these heartbreaking, where men say, "I didn't have children because I was scared that because I had been sexually abused, I might become a sexual abuser,

even though I've never had those feelings about children." That is a profound impact that men were carrying that shame and stigma in silence.

5 **MS RYAN:** Professor, you set out in your statement in relation to the impacts of child sexual abuse on victim-survivors that there's a varied response. For example, some victim-survivors experience an onset of symptoms almost immediately upon the abuse. For others, it's triggered much later in life. Just picking up on what you've just told the board about what you've heard from some male
10 victim-survivors who've said, "I don't want to have children because of what happened to me", can you just touch on what your research and experience reveals in terms of the fact that it really is a lifelong impact? And I will just ask you particularly to address your evidence that, for some victim-survivors, they're still dealing with it as a grandparent and even going into aged care facilities?

15 **PROF BROMFIELD:** Yes. There is no one pathway, no right or wrong way for impacts. So some survivors say, "I changed my - my behaviour changed overnight." Others will say, "I put it away in a corner of my mind, I never thought about it, I carried on with my life." And then something happened that brought it up. Now, that's been quite varied in terms of what might have brought up the
20 impacts of child sexual abuse. It might have been for young children, so primary school aged children, that when they started to go through puberty, when they had their first boyfriend or girlfriend, that the impacts arose then. They realised that they just weren't prepared for intimate relationships.

25 For others, it was - and particularly for women, pregnancy and childbirth can be - because of the invasive nature of pregnancy and childbirth, that can be a really triggering impact. For others survivors, it's when their children reach the age that they were then. Really profound. So - right through to some survivors saying, "I've put it away for so long, and I've kept myself busy my whole life, but once I
30 retired and didn't - life has got a bit more quiet, I couldn't keep the memories at bay anymore." And what they're talking about there really, from a trauma perspective, is intrusive traumatic memories. And there's all kinds of ways that survivors try to avoid and escape and run away from those intrusive traumatic memories. So, it can help you out in retirement, so they couldn't do that anymore.

35 But for older survivors of child sexual abuse, because they had that extreme betrayal of the institutions, survivors have also spoken about a fear of entering institutions. So they may, during the course of their life, they might avoid being under control of an institution. They might avoid going to hospital. As they get
40 older and the prospect of going into aged care emerges, that can be terrifying for a victim-survivor, particularly when we then have inquiries into the aged care that talk about older people being sexually abused in aged care institutions.

45 The fear of being under the power of an institution is profound, and my centre has recently been approached around - from aged care providers who are also struggling with how best to support victim-survivors who are suffering dementia as their medical condition progresses and they regress in their memories and

traumatic memories of the sexual abuse that they experienced as a child becomes pervasive and intrusive for them in their older age.

5 **MS RYAN:** Professor, you've also set out the - what you've described as the ripple effects of institutional child sexual abuse impacting on parents, spouses, children, friends of victim-survivors. Can I just ask you to address that, and then, secondly, address your understanding of what happens when, in a school context, a large number of children or a significant number of children are discovered to have been affected by child sexual abuse, how that affects the community?

10 **PROF BROMFIELD:** Yes. So there is research that shows that the impact of child sexual abuse go beyond the victim-survivor, and we talk about ripple effect. So for the parents who discover that their child has been sexually abused, either while they're children or if they find out subsequently when the children are now
15 adults, there can be significant trauma. It can often be shame and self-blame for the parents for not protecting their child against that form of abuse, so can be really traumatic for families.

20 The impacts of the abuse itself can also impact family dynamics. Remember we talked about how some survivors say, "My behaviour changed overnight." Sometimes that could have been in quite risk-taking behaviours. They may have struggled to manage their emotions. So you suddenly had your child become angry, disengaged, or entirely shut down and isolated and not engaging with
25 anybody, disengaged from school, taking drugs, and that has an impact on families as well. They try and understand what on earth has happened.

Impacts on intimate partners and in relationships, both out of love and care for the person, but also because the impacts of child sexual abuse can impact your ability to form and trust relationships. I've had victim-survivors talking about how they
30 struggle to maintain relationships. You know, they can't get out of a pattern that's destructive to their relationship with their partner.

And impacts on children. As survivors struggle with the impacts of child sexual abuse, it can impact their parenting capacity and parenting style. So child sexual
35 abuse, given its prevalence, is impacting a really large proportion of our community.

40 **MS RYAN:** Can I just ask you to touch on the second point which is this idea of - you referred to in your statement "collective trauma" when we're dealing with a community impact in relation to a school example?

45 **PROF BROMFIELD:** Yes, and I've really only seen kind of the collective impact or collective trauma being spoken about in relation to the institutional child sexual abuse more recently. It was - typically, when I first came across the concept, it was in relation to the collective trauma of our First Nations people, in relation to the colonisation and systemic racism and the Stolen Generations.

5 So in relation to a school, remembering that trauma is not just that you feel bad about something or that you feel betrayed by an institution. Trauma is about a threat, a threat to self or a threat to a loved one. And so I've seen collective trauma in really kind of specific circumstances, and at a community level, it's where the community is still intact in some way.

10 So it may be - recently we had, in the Australian context, a case where there was a perpetrator who was found to have sexually abused children in child care centres. Now, they were in child care centres in Queensland and New South Wales, a very large number of victims. As an academic, I've had correspondence from parents, journalists, who have - who've felt the collective impacts of that event, particularly if their child was at the child care centre. So the trauma of - is this my child, how did I miss it, but also a fear that you're sending your child to child care the next day, that any child care centre, that this risk exists. So in that kind of context.

15 For historical child sexual abuse, it's really where there is a - still a community. So I think about, for example, in Ballarat, where we had the Ballarat case study for the Royal Commission into Institutional Responses to Child Sexual Abuse. And the abuse wasn't known at the time, but there was still a sense of what I saw as collectively trauma from the community because a lot of people had remained in Ballarat. They had stayed there for their lives, they had lived their careers - lived their lives, had their families, had their careers there. And so there was still that - the community that were betrayed by that institution remained. I think that that sort of sense of connection is important in terms of the collective impact.

25 The other example I've seen of collective impact is where survivors come together and share their experience. There can be a great sense of - I think of re-traumatising when they realise how common it was, that they weren't the only one, that other people knew and it still happened to them. In saying that, survivors coming together is often also really supportive and helpful for survivors, so I wouldn't say don't do it.

30
35 **CHAIRPERSON:** I just had one question about the reaction of institutions to disclosures of child sexual abuse and how that might relate to the trauma that an individual experiences but also that collective trauma that you've spoken about. Are you able to comment on that, the importance of the response of the institution?

40 **PROF BROMFIELD:** Absolutely. So we talked about the impacts of child sexual abuse. They were the impacts broadly. But we also know that there are unique additional impacts for survivors of institutional child sexual abuse, and that's largely about the institution's response. And if I can pull out some dimensions that contribute to additional trauma for victim-survivors of an institution's response. If at the time, the - the child tried to tell or they - they felt
45 that the people in the school knew, that impacts their - that's an additional burden for their - in terms of trauma because they were betrayed not just by the perpetrator but by the institution.

5 If when the survivor comes forward as an adult the institution denies their abuse, they fail to respond with empathy or they're inconsistent in their responses - they might say sorry and then not act in a way that shows they're sorry - that can be a further re-traumatisation of that child and add to that trauma load.

10 But specifically in relation to collective trauma, if a child has gone - if the victim-survivors has gone through life thinking they were the only one and then they come together with other victim-survivors and find there were multiple victim-survivors and the perpetration was happening over multiple years, sometimes decades, and the institution knew about it - knew about it either onsite or knew about it and moved perpetrators on and then they were abused, that adds to their collective trauma in that group because a large number of victim-survivors who know that their abuse could have been prevented.

15

CHAIRPERSON: Thank you. That's really helpful.

20 **MS RYAN:** Thank you, Professor. We will turn now to your evidence about approaches to healing and support. Now, we will just touch on briefly what you say about apologies and, in a nutshell, what you've set out is they can be positive, but they can also have a negative effect, depending on how they're given and the context in which they're given; is that right?

25 **PROF BROMFIELD:** That's right. The thing about apologies - and I think about applying a reasonable person test to an apology. I don't value an apology if someone has been told to apologise to me. I don't see that as genuine. I don't value an apology if someone gives an apology that doesn't appear genuine in terms of the affect, the words, the seriousness, that - in the way that that apology is delivered. And I don't value an apology if someone says sorry and then acts in ways afterwards that don't demonstrate that that person was really sorry for what happened to me.

35 I think that kind of reasonable person test is the same for victim-survivors, who are entirely reasonable in their expectation that institutions should, of their own volition, feel that they ought to apologise, for that apology to be genuine, for that apology to be given by a person in a position of authority, and for that apology to be backed up with action that is congruent with the apology. So you don't say "I'm sorry" and then in civil litigation you've got multiple techniques to deny the abuse or make - not be a model litigant.

40

MS RYAN: And when we're talking about an apology given by an institution, how important is it in that - in that - well, how important is it that that apology is coupled by a course of action as you describe?

45 **PROF BROMFIELD:** I think that it's essential and that if an apology - an apology can be quite meaningful for a victim-survivor in the moment, and if it's not backed up with consistent action that's congruent with that apology, then it can

5 be another form of re-traumatisation by the institution. It's just one more institutional betrayal in that, "You said sorry. I thought that meant when you said sorry to me that you were acknowledging it happened to me. Now you're saying, I wasn't actually accepting any liability when I gave that apology." That can really be quite damaging. So a non-genuine apology, an apology that's not supported by action that's consistent with an apology, can re-traumatise.

10 **MS RYAN:** And just moving on to support services, you've said at paragraph 77 that, in your view, there is an enormous unmet need for tailored support for victim-survivors of child sexual abuse. And you've already given us the latest statistics from the 2023 Australian Child Maltreatment Study that approximately 40 per cent of women and 20 per cent of men aged 55 to 64 experienced sexual abuse in childhood. And you've also stated that, in your view, Australia does not have a support service system equipped to meet the demand in that context. And so turning to -

PROF BROMFIELD: That's correct.

20 **MS RYAN:** And so turning to what you say about tailored supports, you said - you've given an example at paragraph 80, for example:

25 "...some groups of victim-survivors who may not feel comfortable accessing existing services or feel that those services are not suited, such as male victim-survivors, those who identify as LGBTQIA+, victim-survivors with a disability or those in person."

And so -

30 **PROF BROMFIELD:** "Prison", that should be.

MS RYAN: Prison, sorry. So just taking that up with your evidence about the need to tailor support services, can you just explain why you say that, and then I will ask you about the New South Wales support service that you've mentioned.

35 **PROF BROMFIELD:** Yes. So can I kind of just step back and just reference unmet needs first. So we do need child sexual abuse-specific support services, so counselling services. There is an enormous unmet need for those specialist services for women and men. I don't want to forget women in my evidence. I know that some of your victims have been women survivors, and they are the majority of child sexual abuse survivors in our community.

45 The way that the child sexual abuse service system is funded, services tend to see - a lot of services see three categories of clients. So they will see adult survivors of sexual - adult sexual assault. They will see children who have recently experienced child sexual abuse. And they will see adult survivors of historical child sexual abuse. Those services, when you've got unmet need, you

triage and you prioritise, and they tend to prioritise people who were raped yesterday or have come forward as a child to the police today.

5 They tend to prioritise clients who might be actively suicidal, where the threat to life is imminent. But that sort of means that the - survivors of historical child sexual abuse, they're often on waiting lists for extended periods of time. So we do need more specialist support services that are - more for everyone, but the Victorian sexual abuse support system would still benefit from tailoring for some specific groups who can feel excluded or not met by the main model of sexual
10 abuse counselling services which, in Victoria, tend to have a history in the rape crisis centres that came about in the 1980s.

15 So they're feminist organisations that have been seen as a haven for women. But because of that history and some of that feminist legacy, men may not be eligible as clients or men may not feel welcome as clients. Those services may not have specialism in treating victim-survivors who have a disability, where a talking therapy might not be appropriate for them.

20 And victim-survivors who are in prison can really struggle to access support services and support services that - that - and an issue with that is also they - if they may enter or exit remand centres or prisons for short periods of time, not having a time to develop a therapeutic relationship and then being expected to exit the prison and then engage with a support service in the community.

25 **MS RYAN:** So there are two difficulties, as I understand it. There's first of all accessing support services at all in that they're often not readily available when they're needed. And, secondly, they're more often than not - they're not tailored to the specific need. Is that what you're saying?

30 **PROF BROMFIELD:** That's correct. I've got a third layer -

MS RYAN: Right.

35 **PROF BROMFIELD:** - as well.

MS RYAN: What's the third?

40 **PROF BROMFIELD:** The third layer is that victim-survivors of child sexual abuse don't just need counselling services. The impacts of child sexual abuse, we talked about it impacting all aspects of life. So victim-survivors of child sexual abuse are disproportionately represented in people who are attending homelessness services, attending domestic violence services, trying to access mental health services from the general mental health system, who are attending emergency departments, who are going to food aid, who are going to Centrelink,
45 and they repeatedly have experienced those services as not being trauma-informed and often traumatising.

5 And so we've recently developed the Minimum Practice Standards for specialists and community services in relation to child sexual abuse, and that is really setting out minimum standards of what we would expect of all services in terms of the way that they engage with their clients, knowing that a large proportion of their clients have experienced child sexual abuse so that counselling services and homelessness - and domestic violence services and family support services are not traumatising for victim-survivors.

10 **CHAIRPERSON:** And can I add another layer perhaps into that thinking, and that is about the relevant specialisations of the services. One thing we've heard from victim-survivors is about a lack of suitably qualified people who work in complex trauma, for example. Is that something that you see as well, really a lack of people who have the right skills and experience to deal with the kinds of needs of survivors of historical child sexual abuse?

15 **PROF BROMFIELD:** Absolutely. So if I could wave a magic wand today and have an unlimited bucket of money for sexual assault counselling services, I wouldn't fix the problem because I don't have the capacity of a qualified workforce to provide those services. So then you're putting bums on seats with
20 people who are not qualified to provide that treatment. I think that sometimes doing something ineffective is worse than doing nothing. It looks like you've got something when all the while you're causing further harm through ineffective treatment.

25 I - I've been devastated when I read survivor accounts who talk about themselves as untreatable. "I've been to multiple services and I'm untreatable." That is not on the survivor. That, to me, is a sign that that survivor has repeatedly experienced ineffective treatments that didn't adapt to the way that their complex trauma was manifesting at that time. That - and it's not fair. It's not fair that survivors have to
30 repeatedly try and access multiple support services, often ending up paying a lot of money out of their own pockets to private psychologists, to try and access effective treatment.

35 So, in my view, to be a little bit solution-focused here, I think that we don't just need more support services. We really need to look at how we develop state-wide workforce capacity building initiatives to build the capability of both the existing workforce in responding to complex trauma and to grow the number of people who can respond to childhood trauma.

40 But my centre in response to that concern was able to do a prototype project in Western Australia with the support of a large philanthropic, Lotterywest, to actually try that. We've - we've already graduated 90 people who have now undertaken specialist training over about nine months in better - building skills to
45 better respond to childhood trauma. Prior to embarking on that, we had done a survey of the workforce who were already responding to children who we knew had experienced trauma. While they were aware of trauma, were trauma-informed,

they didn't have the confidence or the skills in knowing how to respond to childhood trauma.

CHAIRPERSON: Thank you. So when -

5

PROF BROMFIELD: Sorry, you put me on a cul-de-sac there. I apologise.

CHAIRPERSON: No. It was a very interesting one, and I'm going to ask you to go a little bit further down that road. One, aspect, from what I hear, is building the workforce and having more graduates, but then you've also said there's the question of people who are already out there in the workforce having additional training and building additional skills so that they can provide that specialist care?

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PROF BROMFIELD: That's correct. So the evidence base in relation to complex trauma is actually evolving itself. And so that means that there's a lot of people out there who, when they completed their training, weren't taught about responding to complex trauma. We're still learning about what's the most effective way of responding to complex trauma.

15

20 Research that my centre has done to try and better understand what treatments are most effective for victim-survivors of child abuse and neglect, including child sexual abuse, suggests that because the impacts are so variable, there's no one treatment model that we would necessarily recommend. So we've really focused on strong understanding of childhood trauma, how it impacts victim-survivors, very poor practice skills about engagement, regulation, but then we see great benefits in therapists actually having multiple tools in their toolkit.

25

30 So they might have training in CBT. They might have training in EMDR. They might have training in neurofeedback models. And it's really about having the strong clinical assessment skills to be able to see where the victim-survivor is at. Sometimes they don't - they're not in a space where an active therapeutic treatment is the best thing for them. They actually need some work on stabilisation. So going straight into a CBT cycle would be really quite a negative treatment for them.

30

35 So - sorry, I've gone on again. We absolutely need to build the capacity of the existing workforce, but also see this as a specialisation where we might start with a minimum skill set, that we privilege this work, that it's something that you continue to develop your skills over time. So you might be a counselling - you might be a senior counsellor. We actually see that you continue to develop your skills and particularly in an area where the evidence base is changing so rapidly that perhaps an expectation around continuous professional development would be helpful in this sector.

40

CHAIRPERSON: Thank you. That's incredibly helpful. Thank you, Professor.

45

MS RYAN: Thank you, Professor. You've said that - I think you just stated your evidence about the need for more tools in the toolkit and more trained

professionals because one of the reasons you said was the impacts can be so varied. Do I take it, then, that there is - there remains a need for support services able to treat the whole gamut of victim-survivors from children, to adults who are triggered later in life, right through to older victim-survivors who you've described dealing with dementia in an aged care homes?

PROF BROMFIELD: Yes, absolutely. Because the impacts of child sexual abuse are lifelong, the supports that are available need to be lifelong. But we also need to, I think, do better at thinking about how those impacts manifest differently at different stages in life. I don't know of any service that specialise in aged care or in therapy supports for older victim-survivors of child sexual abuse. And I don't think we've ever really done the co-design work with older victim-survivors to see if their needs are - if there are unique needs and we should be having tailored support for that group.

MS RYAN: You talked about Minimum Practice Standards for services. What do you say are the best levers to issue that there are minimum standards in place?

PROF BROMFIELD: Well, I turn to, as an example, the National Standards for Child Safe Organisations. Now, we had - I think I wrote for the first time about what, at that point, we called child safe environments in the early 2000s. It wasn't very well-known. Not many people were doing it. It was voluntary. It wasn't until the National Royal Commission where we - where it was recommended that - that child safe organisations be widely implemented and the Victorian Betrayal of Trust Inquiry which mandated child safe organisations in Victoria that we saw widespread uptake of child safe organisations, and that was because two levers were pulled.

One, it was regulated that child safe organisations be in play, but alongside that regulation was implementation support to help organisations build the skills. We've only just developed the national minimum standards for practice in relation to child sexual abuse for specialists and community services. I hope that into the future we would see those standards become regulated minimum standards and that implementation was supported so that victim-survivors of sexual abuse could feel they could, without risk of re-traumatisation, access all of those other helping services. That would also benefit many other citizens who are accessing those services who have experienced other forms of trauma.

MS RYAN: Thank you, Professor. I don't have anything further, Chair.

CHAIRPERSON: Thank you. I don't have any further questions either. Professor Bromfield, I wanted to say thank you very much for the time that you've taken, both in preparing your witness statement for us and also in appearing to give evidence today. You have a wealth of experience to share, and all of your insights, including the cul-de-sac, have been very helpful to us, and to me personally and to all of us who are working on this inquiry. So thank you very much for your time.

PROF BROMFIELD: Thank you.

<**THE WITNESS WAS RELEASED**

5 **CHAIRPERSON:** I understand we will be hearing from you, Ms Stowell.

MS STOWELL: It was outlined yesterday in the opening statements that the Board of Inquiry has been conducting private sessions with victim-survivors, secondary victims and others. The Board of Inquiry's private sessions are a
10 face-to-face or online meeting with the Chair or Counsel Assisting which enables people to share their experiences in a private and safe environment. It has been my privilege to participate in several of these private sessions.

CHAIRPERSON: Now, Ms Stowell, I must interrupt. I think I need to read out
15 the restricted publication order before you begin. So my apologies for that.

The Board of Inquiry is conscious of the need to ensure that victim-survivors are able to choose whether and how their information and identity are used. The next session, this session, will involve Ms Stowell sharing the experiences of some
20 victim-survivors and secondary victims who have engaged with the Board of Inquiry.

To protect the identity of these and other people, the Board of Inquiry has decided to make the restricted publication order. In the context of the scope of this inquiry,
25 the Board of Inquiry has made this order because it is satisfied that prejudice or hardship may be otherwise caused to a person, the nature and subject matter of the information is sensitive, there is a possibility of prejudice to legal proceedings and the prohibition or restriction is appropriate.

I will now briefly explain how the order will work. The order requires the use of
30 pseudonyms in relation to a number of people. The order requires that any information in relation to the identity of these people be kept confidential. This means that anyone who watches or reads the information presented by Ms Stowell must not share any information which may identify the people who will be
35 referred to by the following pseudonyms: Casey, Dennis, Fred, Leon, Marcus, Nick and Paula. This information is not limited to their real names and may include other information which may identify them, such as where they live or work.

40 A copy of the order has been placed outside the hearing room and is available to anyone who needs a copy. A copy will also be made available on the Board of Inquiry's website. I encourage any journalist wishing to report on this evidence to discuss the scope of the order with the Board of Inquiry's Communications and Engagement Manager. Thank you, Ms Stowell.

45 **MS STOWELL:** As the Chair has outlined, the Board of Inquiry has been conducting private sessions with victim-survivors, secondary victims and others.

The Board of Inquiry's private sessions are a face-to-face or online meeting with the Chair or Counsel Assisting, which enable people to share their experience in a private and safe environment. Again, it has been my privilege to participate in several of these private sessions.

5

As we bring our hearings this week to a close, we wanted to share the experiences of several people who have participated in our private sessions. We do so because it assists all of us to understand the impact of historical child sexual abuse on victim-survivors, secondary victims and affected communities, and it reinforces our shared commitment that such abuse must not happen again.

10

We share these people's experiences with their generous permission. We thank each of them for being willing to contribute to the Board of Inquiry's public hearings in this way. Before we do, we wanted to explain that some of these experiences may be relevant to criminal or civil proceedings. As a result, we will not name or identify those who participated in the private sessions or others to whom they refer. Accordingly, as the Chair has explained, a restricted publication order will apply in relation to experiences we will share.

15

We're also conscious that sharing some of the information provided may be distressing for people who watch or read about these public hearings. Therefore, both because of the relevance to criminal and civil proceedings and because of the potential impact on people, we will not be sharing all of the information and details that have been provided to us, but all participants in private sessions can be assured that any information they provide in a private session will be carefully considered by the Board of Inquiry.

20

25

I now turn to the stories we will share. Paula's story. A person who we will refer to as Paula grew up in the Beaumaris area in the 1960s and '70s. Paula told us that, as a child, she was sexually abused by a teacher at Beaumaris Primary School. We will refer to that teacher as Marcus. Paula has happy childhood memories of being free, running around parks and playing lots of sport. When Paula was at Beaumaris Primary School, she attended a sports class under the supervision of Marcus. During this class, one of Paula's classmates was injured. Paula doesn't recall why, but after the class, Marcus drove her home. No one else was in the car with them. During the car trip, Marcus reached over to show Paula where her classmate had been injured. He touched Paula on her leg. Paula recalls brushing his hand away and moving her legs towards the door. Paula felt awkward and uncomfortable. She recalls knowing at that point in time that Marcus had crossed a line.

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Paula remembers thinking around the time of the incident in the car that Marcus was creepy and always seemed to be around. Paula described that period of time as one where teachers were treated with respect, and she told us that her family had high moral standards and good manners. In that context, she does not remember calling Marcus any names. She said she would have tried to be as polite as possible.

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5 The incident in the car changed Paula's feeling about Marcus as a teacher. Paula can't remember who she told about the incident. She may have mentioned it to her parents as an adult, referring to it as "that time in the car with Marcus." Paula does, however, remember that after the incident, Marcus approached her at school when she was sitting with friends. He leaned very close to her, pointed his finger at her face and said words to the effect of, "Don't you go saying those things and making trouble." Paula thinks she and her friends giggled nervously, but she remembers feeling intimidated.

10 In the 1990s, Paula learned that someone else also suffered abuse by another teacher at Beaumaris Primary School. We will refer to that teacher as Nick. The other person told Paula that boys from the school had similar experiences involving Nick. Speaking of finding out that others had been abused by Nick,
15 Paula said, "I suppose it's a good thing to feel that it wasn't just them. They weren't making it up. Conversely, how the hell did they get away with it? How the hell did they intimidate those boys so much to keep quiet? That really was and still is mind-numbing."

20 Paula told us that this other person had lots of friends at school and there was no sense of reluctance about them going to school or leaving school. Paula was not aware that they had any issues at school. This other person has not spoken about their abuse in detail. But Paula told us of the significant impacts the abuse has had on them. She said the other person has struggled with anxiety for years and
25 difficulties forming relationships. Paula hopes that teachers who perpetrated sexual abuse against children will no longer be held up as pillars of the community or as heroes.

30 The story of Casey and Dennis. We also heard from two people who told us about a boy, who we will refer to as Fred, who they told us was sexually abused by a staff member at Beaumaris Primary School in the 1970s. The first person we heard from is Fred's sibling, who we will refer to as Casey. The second person is Fred's friend, who we will refer to as Dennis.

35 Casey: Casey described their brother Fred as a terrific athlete and footy player at the school. The alleged perpetrator, Leon, was heavily involved in footy, both at the school and in the local area. Friends and classmates say that Fred was one of Leon's favourites, and Leon behaved differently around him. At the time, friends of Fred who knew him through footy were shocked by Fred's knowledge of sex.
40 At that age, it was something they had no understanding of. Casey told us their home was a conservative one, and Fred's knowledge of sex was not something he had learned at home.

45 Fred gave up pursuing a footy career as a junior. Casey said they never understood it, because footy had been his life. Casey thinks that Fred decided not to pursue a footy career because he no longer felt safe in the club. Casey thinks that Fred turned down a scholarship to an overseas college because he didn't feel safe

5 because of the abuse he had suffered, let alone living away from home. Casey said that Fred never told his family about the abuse he suffered at the time. Casey recalls that in high school Fred became fixated on death and dying. Around that time, Fred began abusing substances. He had trouble sleeping and had terrible nightmares which kept the whole family up at night.

10 In his late teens, Fred had a nonfatal attempt at suicide. Casey watched as their brother became unemployed, homeless, and engaging in criminal behaviour. His parents couldn't cope with him anymore and increasingly tried to distance themselves from him, eventually moving interstate and pulling the family apart. Casey believed that these changes were caused by Fred's experience of child sexual abuse.

15 Casey didn't become aware of all the abuse suffered by their brother until recently. Fred had told their parents about some of the abuse when he was a young adult. Casey said they never spoke to Fred directly about the abuse he suffered. Casey thinks that Fred loved the normality of their relationship and didn't want it to be affected by the abuse that he had experienced.

20 Fred died in the late 1990s. At the time, there was no trauma-informed support available to him, which Casey thinks could have saved his life. Casey told us that they could only imagine the severe physical, psychological, and emotional wounds that the abuse had caused him. Wounds which never healed and only deepened and became more painful over time.

25 Casey reflected:

30 "My brother died the most horrendous of deaths. He is the most gifted person I have ever known. It was his character that made him an extraordinary person. He was unbelievably courageous."

35 Dennis: Dennis considered Fred to be his best friend at school. To this day, Dennis still considers Fred to be his best friend. Dennis and Fred grew up together during the 1970s. They used to spend time together every day, playing football, tennis, cricket and going riding. Dennis described the area that they lived in as children as idyllic.

40 Like Fred's friends from school, Dennis noticed that Fred was much more sexually aware than him from a young age. Dennis didn't understand at the time why that was. Fred never told Dennis about Leon, but it became obvious to Dennis that something was wrong because Fred was so knowledgeable about sex.

45 Dennis saw Fred start drinking from the age of 12 or 13. When he drank, he drank to the point of getting smashed. Dennis never talked to Fred about his drinking when they were kids. He just didn't feel like he had the capacity to do so. Dennis recalled a time when they were 15 or 16. They were going to stay at Fred's place for the night, but Fred told Dennis that they should go to a party instead. By the

time they got to Fred's place that night, Fred had already drunk half a bottle of scotch. While walking to the party, Dennis recalls that Fred drank the rest of the bottle of scotch and was so drunk that they couldn't continue on to the party. Dennis called his girlfriend's dad to pick them up and drive them home.

5

Around that same time, Dennis recalls that Fred became heavily involved in dark music about death. Dennis watched him change completely. Every time they caught up, Fred was a completely different person. Dennis later found out that Fred had been abusing substances as well as drinking. Dennis said the last time he saw Fred before Fred's death was when they were 18.

10

Dennis told us that Fred was a beautiful kid who was destroyed by what happened to him. When Fred's parents told Dennis that Fred had died, Dennis felt responsible. Dennis felt responsible because Dennis is also a victim-survivor of child sexual abuse and the person who had first abused Dennis, who was not a teacher at Beaumaris Primary School, had also abused Fred.

15

While Dennis knew about this abuse that Fred had experienced, he did not know about the other child sexual abuse that Fred had experienced at school by Leon until recently. Dennis told us that he had heard about the experience of child sexual abuse from so many people that he has worked with over the years. Dennis told us he understands that people can lose their families, their friends, their connections, everything.

20

Dennis only began to understand more about Fred after learning about the child sexual abuse that Fred experienced, why Fred was so sexually aware from a young age, why he had changed so much through his childhood. Dennis thinks that Fred didn't join the junior footy club and development team because the person who abused Fred was also involved in footy.

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Dennis told us that Fred never got a proper funeral when he died. Many years later, after the abuse he experienced was uncovered, Fred's family and friends held a memorial for him. Dennis said about that memorial:

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"He was going to be the champion. He was the best. None of these people knew what happened to him. Then they realised why he went off the rails. People never had the chance to grieve because his parents didn't want people talking about it. The memorial was a beautiful day, but it was a sad day with grown men crying. Everyone loved him. He was so talented, bloody smart, nice, he had it all. He was such a good friend."

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CHAIRPERSON: Thank you very much, Ms Stowell. I would like to conclude this round of public hearings by once again acknowledging the advocacy, strength and resilience of victim-survivors of historical child sexual abuse in government schools and their families and their supporters. I would like to thank in particular the victim-survivors who gave evidence this week and acknowledge their courage in explaining and sharing their experiences publicly.

45

As I said in my opening remarks, the inquiry has been hearing from victim-survivors privately as well, and I would like to thank all of those victim-survivors and secondary victims, including those who allowed counsel
5 assisting to share their experiences publicly today. Each and every contribution, whether it is private or public, is an important part of our work.

Our role as an inquiry is to provide a safe space for people to share their experiences in the manner of their choosing. This is what truth telling is about.
10 This week we have heard of experiences of abuse and trauma. The effects of child sexual abuse can be devastating and it is confronting to hear about people's experiences. Notwithstanding the effects of abuse, victim-survivors are not defined by that abuse. Abuse can have devastating impacts, but there can also be healing.

15 The experiences that we have heard so far have been shared with an extraordinary level of compassion and concern for other victim-survivors and the people who have been affected by this abuse more broadly. This is a testament to the character of the people who have come forward so far. I sincerely thank all of you for
20 placing your trust in this inquiry.

Public hearings are just one of the ways we are gathering information and engaging with relevant communities. We are continuing to run private sessions with people who would like to share their experiences with the inquiry. These
25 sessions are for victim-survivors, secondary victims, and other affected community members. They are very important for our work and they are a way for us to listen to and learn from people's experiences. They provide people with an opportunity to share their experiences in a private and safe environment.

30 It has been a privilege for me and also for Ms Stowell to meet with victim-survivors and family members and friends in those sessions. I have been moved not only by what I have heard, but by people's openness in sharing deeply personal information and also their willingness to place trust in us, despite previously being harmed by other institutions. These private sessions are an
35 integral part of the work that we are doing.

I encourage anyone who would like to share their experience with us to visit our website at beaumarisinquiry.vic.gov.au and register for a private session. We
40 acknowledge this can be a challenging and confronting thing to do, but we would like to assure people that we are engaging with people in ways that will best suit their individual needs and preferences.

We are also calling for submissions from individuals and organisations. Submissions are open until the end of this month. 24 schools have been identified
45 as being part of our inquiry. The full list of those schools is also on our website. I encourage anyone who thinks that they might have relevant information or experiences in relation to any of these schools to contact the inquiry. All the

information about our work and ways to engage with us is available on our website.

- 5 The inquiry is going to hold further rounds of public hearings in November. We will share the timing and information on our website as soon as the details are finalised. As foreshadowed by Ms Ryan during her opening address, the theme of the next round of hearings is accountability and in that context we will hear from witnesses, including from the Department of Education.
- 10 I will close today by thanking you for your interest in our work, whether you are here in person or joining us online. The beginning of our public hearings this week is an important milestone in the public acknowledgement of the experiences of victim-survivors, secondary victims and affected communities more broadly.
- 15 Establishing an official public record based on truth-telling is central to this inquiry's work. By participating in and following these hearings, you are acknowledging the experiences of victim-survivors and supporting the development of a shared understanding of the impact that child sexual abuse has on victim-survivors, secondary victims and entire communities. Our work will
- 20 continue over the coming months as we continue to build this public record and, importantly, as we seek to contribute to a process of healing for people who have been affected by this abuse.

25 Thank you. And we will adjourn the hearings until the next round in November.

<THE HEARING ADJOURNED AT 4.12 PM