



**ROYAL COMMISSION INTO DOMESTIC, FAMILY AND SEXUAL VIOLENCE**

**TUESDAY, 4 MARCH 2025**

**COMMISSIONER NATASHA STOTT DESPOJA, Presiding**

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**OFFICIAL**

Commissioner: Good morning and welcome to day seven of public hearings for the Royal Commission into Domestic Family and Sexual Violence. My name is Natasha Stott Despoja, and I'm the Royal Commissioner for this Royal Commission. I begin by acknowledging the traditional owners of the land on which we gather today, the Kurna  
5 people, and I pay my respects to elders past, present and emerging, and to any elders from other communities who may be present or listening today. To date, these hearings have examined a number of issues, including housing, homelessness for victim-survivors of domestic, family and sexual violence, the issues of emergency accommodation and funding, arrangements for assistance and more recently, we've  
10 looked at the role of children and young people, and last week, the issue of intervention orders. For the next two days, we're going to turn our attention to the issue of innovative approaches to some of these matters and the issue of empowerment and recovery.

Today we're talking about innovative approaches. I do understand that across Australia  
15 many organisations and agencies have developed some new, some novel approaches to improve the system's tasks with preventing and responding to domestic, family and sexual violence. I've heard some of these issues raised in the consulting consultations that we've had and listening sessions over the past eight months. Today we're going to explore some of these approaches. Some have been adopted in South Australia and  
20 others in different places and jurisdictions. I'm interested today to explore what options already exist and what approaches we can consider for the future. And with that, I invite our counsel assisting to explain what she has in store for today.

MS K. ORR: Thank you, Commissioner. Today and tomorrow are the Royal  
Commission's 7th and 8th days of public hearings. As the Commissioner said, today's  
25 hearing is entitled Innovative Approaches. The purpose of today's hearing is to explore a range of different responses to domestic, family and sexual violence, which aim to improve victim-survivors' agency, safety, recovery and experiences with domestic, family and sexual violence systems. Tomorrow's evidence will focus on empowerment and recovery. I reiterate that we acknowledge the domestic, family or sexual violence  
30 lived experience of anyone involved in the hearings following on the live stream or watching the recording of this hearing at a later time. As for our other days of public hearings, people may find the content of today's hearing distressing. I remind anyone watching or listening that if you wish to seek support or advice, a list of support services can be found on the Royal Commission's website,  
35 [www.royalcommissiondfsv.sa.gov.au](http://www.royalcommissiondfsv.sa.gov.au). Also, as I have indicated at our previous public hearings, when we refer to domestic and family violence, it includes all forms of violence that can occur within relationships.

This includes intimate partner violence, violence perpetrated between family members and in family-like settings, coercive and controlling behaviour, and sexual  
40 violence. Sexual violence, whether in a domestic or family setting or otherwise, includes any sexual activity without a person's consent. We will continue to use the term victim-survivor to refer to people who have experienced or who are currently experiencing domestic, family or sexual violence. And we will use the term person who uses violence when referring to an individual who uses domestic, family or sexual  
45 violence to cause harm to another. The Royal Commission's terms of reference require inquiry into the extensive work undertaken in other jurisdictions in relation to optimal

system design to support family, domestic and sexual violence. To that end, the Commission has undertaken an extensive review of recent Royal Commissions, task forces, reviews and inquiries in other jurisdictions, and has conducted broad ranging listening sessions across the sector, including interstate and on occasion, 5 overseas. Domestic, family and sexual violence has been recognised as a national priority, and the lack of a coordinated national response has resulted in different jurisdictions adopting a variety of approaches to their domestic, family and sexual violence response and service delivery. The purpose of today's evidence is to hear about a number of different initiatives that have been adopted around Australia. These 10 initiatives have been selected following the input we have received during the Commission's listening phase, which has included over 100 listening sessions, more than 350 written submissions and over 800 responses to the Commission's Share With Us online survey tool. Today we will explore five different programs or approaches. One is from South Australia and four are from interstate or other 15 jurisdictions in Australia. They have each been identified to us as unique, novel or an innovative response to some of the difficulties faced in responding to domestic, family and sexual violence. While these particular responses are being explored today, this is in no way intended to minimise or disregard the important and dynamic work that many others are doing in response to domestic family or sexual violence. The first witness we 20 will hear from today is Professor Georgina Heydon. Professor Heydon is a professor in criminology and justice studies and a forensic linguist at RMIT University in Melbourne.

Professor Heydon has conducted research into alternative reporting options, the option for anonymous or confidential reporting of sexual assault and the potential use of these 25 reports by police in different jurisdictions in Australia. The Commission has consistently heard that victim-survivors face many barriers to reporting domestic, family or sexual violence. The Commission has also heard that police stations can be poorly equipped to take such reports in a sensitive and trauma informed manner. The Commission heard in evidence of Ms Leaker, the CEO of Embolden, at the public 30 hearing relating to intervention orders, that the experience of victim-survivors when reporting a matter to police ranged from the very positive to the very negative. More generally, it is increasingly well understood that instances of sexual violence are significantly under-reported. In addition, the latest Australian Bureau of Statistics personal safety data from 2021 to 2022 demonstrated that while more than half of 35 adult victim-survivors sought help in relation to sexual violence, they were far more likely to seek support from an informal source, 46 per cent, than a formal source, 27 per cent, and only 5 per cent sought help from police.

Data shows that sexual violence reports to police have increased over the past decade, but the results are still low. The Commission has learned that in an attempt to address 40 low rates of reporting of sexual violence, some jurisdictions have adopted alternative, confidential or anonymous reporting options for people wishing to disclose their experience without necessarily triggering a police and justice response. Professor Heydon will tell us about these alternative options today. Next we will hear from Chief Inspector Kellie Watkins from South Australia Police and Ms Mergho Ray from 45 Women's Safety Services South Australia or WSSSA. They will tell us about South Australia's Domestic Violence Disclosure Scheme known as the DVDS which is delivered in partnership between these two agencies. The scheme involves an

application for the disclosure of information about a person's partner or prospective partner which may protect that person from risk of harm. The Commission has learned that it is the only scheme of its type currently operating in Australia. Then Laura Cilesio from the Australian Capital Territory's Witness Intermediary program will give  
5 evidence.

The Royal Commission has heard that people with disabilities experience higher rates of violence, abuse and neglect than people without disabilities. Additionally, people with disabilities face significant barriers to help seeking and accessing the criminal justice system. The Royal Commission has also heard that difficulties  
10 accessing justice can be exacerbated when a person has complex communication needs. Ms Cilesio will tell us about the ACT intermediary program and explain how intermediaries or communication partners can assist people with complex communication needs to access and effectively participate in the justice system. The fourth witness for today is the Chief Executive Officer of Ruah Community Services,  
15 Debra Zanella. Ms Zanella will tell us about the Ruah Centre for Women and Children in Western Australia. The Commission has consistently heard broad support from more integrated responses to domestic family and sexual violence, along with the development of place-based multidisciplinary hubs and community centres. Multidisciplinary hubs are already operating in South Australia, but the three  
20 existing hubs employ three distinct operating models. The Commission has heard that generally speaking, a multidisciplinary approach to domestic, family and sexual violence service provision is providing improved safety outcomes and the physical co-location of different services in one location is often key to those successful outcomes. The Ruah Centre is a modern, purpose built family violence facility. Ms  
25 Zanella will tell us about the centre and explain its benefits. Our last witness today is Jami Jones, who is from Rainbow Health Australia. Rainbow Health is part of the Australian Research Centre in Sex, Health and Society. The Commission has consistently heard that LGBTQIA+ communities face significant and additional barriers to seeking and accessing help from domestic, family and sexual violence services and  
30 police.

Private Lives 3, Australia's largest national survey of LGBTQIA+ health and well-being in October 2020 revealed that 61 per cent of participants had experienced intimate partner violence. 43 per cent had experienced family violence and 49 per cent had experienced sexual violence. Despite this prevalence, they found that only 26 per cent of participants who had experienced domestic family or sexual violence reported  
35 their most recent experience to service providers and of those only 2 per cent reported to specialist domestic family sexual violence services and 6 per cent reported to police. As we have heard previously, particularly from Thorne Harbour Health's evidence at a public hearing last year, one of the key barriers faced by LGBTQIA+ communities is their experience of, or fear of, encountering discrimination from service providers,  
40 including specialist providers and police. Ms James will be giving evidence today about the Rainbow Tick certification that Rainbow Health developed. Rainbow Tick provides certification to help organisations demonstrate that they are safe, inclusive and affirming for the LGBTQIA+ community. Thank you, Commissioner. I call Professor Georgina  
45 Heydon.

**GEORGINA HEYDON, AFFIRMED**

MS ORR: You are a professor.

PROF G. HAYDON: Yes.

MS ORR: In what field?

5 PROF HEYDON: So I'm a professor in Criminology and Justice Studies and my training is as a forensic linguist.

MS ORR: In very brief terms, can you explain what a forensic linguist is?

10 PROF HEYDON: Yes. So a forensic linguist is someone who is trained in the analysis of language, which is linguistics, and specialises in the analysis of language in a legal or justice setting. For me in particular, I specialise in the language of police interviewing and questioning.

MS ORR: And I understand that you have conducted research in relation to alternative reporting options.

15 PROF HEYDON: Yes, that's right. For the last seven or eight years my colleagues and I have been researching different forms of alternative reporting mechanisms for sexual violence.

MS ORR: So that's what I want to ask you about today. Can you give us an overview, an explanation of what alternative reporting options are in a general sense?

20 PROF HEYDON: Yeah, sure, so alternative reporting in this context is understood to be some form of confidential or anonymous reporting which can be used typically by a victim-survivor of sexual violence to record their experiences and have that report passed on to police or themselves send it to police without it being recorded as a formal complaint, that is to say it doesn't trigger any kind of investigation and then beyond that, it does differ somewhat from jurisdiction to jurisdiction as to how it's used.

MS ORR: depending on the approach taken, the systems used - - -

25 PROF HEYDON: Indeed.

MS ORR: - - - et cetera.

PROF HEYDON: Yes.

MS ORR: What's the purpose to having these alternative options available.

30 PROF HEYDON: That's a very interesting question, and it depends very much on the perspective that you're taking as to what you believe the purpose might be. So to take first of all the perspective of a person seeking to make a report, the purpose can be varied. So for some victim-survivors the purpose is to make a record of what happened before they forget and when they're still uncertain about what they might do next if

anything. For some victim-survivors the purpose is to alert some authority to the actions of a person who's used violence. Often times victim-survivors will say that this is in the hope that it might protect others. For some victim-survivors the purpose is very much to seek support, so through this avenue they're hoping to get some support from support services.

From the perspective of support services the purpose might be somewhat therapeutic, so it might be seeking to provide the victim-survivor with a sense of closure by filing this albeit unofficial report with police. It might also be to make a record which might form the basis of future therapeutic options, and again it might be to support a victim-survivor who's uncertain about what they want to do so it's holding that record. For police, the purpose is to encourage people to perhaps come forward and make a formal complaint. I wouldn't say that their main goal, but it's certainly a prominent one, and they would hope that by encouraging more people to reach out or make some record of what's happened to them that this might be an avenue towards them then later making a formal report and I can talk in more detail about how that can actually function but for police as well, they recognise the importance of this being a pathway to therapeutic support and to recovery and for police also, it's a really important way to gather information about how such crimes are perpetrated. And I think that probably covers all the main purposes.

MS ORR: That last purpose that you've just referred to there about a tool for gathering information, does that assist particularly because of the low reporting rates that we know about for sexual violence?

PROF HEYDON: That's right. As you mentioned in your introduction, most of the literature records a reporting rate to police of somewhere around 13 per cent and as you mentioned in some communities such as the LGBTQIA+ community we're looking at rates around something like 6 per cent, so it's even lower and yeah, absolutely.

MS ORR: And so the low reporting means that by definition, police have less information about those particular crimes.

PROF HEYDON: Yeah, that's right. So if you look at a crime like car theft, pretty much everyone reports when their car's been stolen, usually because it's a requirement of getting the insurance. So police know a lot about car theft. They know all the different ways in which cars are stolen, and they can combat that, and they can put in place something called victim hardening, or we can put defensive measures in place for people. When you compare that to a crime like sexual violence and indeed many forms of domestic and family violence, the under reporting means that police and other authorities have very little idea of how most of those crimes are being perpetrated. Officially, there's not a record of how they're being perpetrated, and I had a great description from a police officer once who said, "It's like looking through a keyhole into the room to try and establish what the room looks like."

MS ORR: Whereas for car theft you can see the whole room.

PROF HEYDON: You can open the door and walk right in.

MS ORR: I want to ask you about how these systems work, and you said earlier it's different in different jurisdictions but are there some common themes are you able to give us a bit of an overview about how they tend to work, and then I'll ask you about individual jurisdictions after that?

5 PROF HEYDON: Sure, yeah. So to give a little bit of history, these systems started being used around 20 years ago, perhaps a little more, and there were two dominant systems that were emerging at that time in Australia. So one of those was the SARO, which is the sexual assault reporting options run by the New South Wales Police. It was a PDF form, it was about 13 pages, you've downloaded that, and you filled out that form  
10 and then the other was something called the SARA which was the sexual assault report anonymously which was run by the South East Centre Against Sexual Assault one of many CASAs in Victoria. So that was interesting because it was an example of a reporting option that was being run by a support service. It was a website. It had a form that you could fill in, and then they passed the report on to police. This was made  
15 very clear when you filled out the form that the information was going to be passed on to police. There was an option in that form for people to leave a contact email or phone number only for the use of the SECASA to get back to them and to offer them therapeutic support so not for any purpose of connecting to police. So that was shut down around 2020 - 2021.

20 MS ORR: Can I just interrupt you, I'm sorry? What's SECASA?

PROF HEYDON: Yeah. SECASA is the South East Centre Against Sexual Assault.

MS ORR: Oh, thank you.

PROF HEYDON: Yeah. And they just couldn't support it, they didn't have the resources to continue supporting it. But it's interesting, and we've written about it a lot  
25 because it provides an example of a reporting service that is being run by a support service rather than police. So it's a true alternative to reporting to police, even though the information was passed on to police. So it gives an example of the support service acting as a kind of mediation. But it's also, in the fact that it stopped, it also demonstrates very clearly that it needs to be properly resourced if it's going to be  
30 successful. In a sense, one might say, to use a common phrase, it was a victim of its own success. There were so many people using it, they simply couldn't maintain it any more. So, from a policing perspective in Victoria, although there isn't currently an alternative reporting mechanism run by Victoria Police, in our research we were able to consult with people in the police who have experience of receiving these reports in the  
35 past, so they do have familiarity with it.

MS ORR: So you've mentioned a few sorts of themes there. Generally speaking, a person is making a report to an agency. In most cases, police, but in that case that you've referred to, the support agency.

PROF HEYDON: Yeah.

40 MS ORR: They can usually choose to be anonymous, or it can be kept confidential.

PROF HEYDON: Yep.

MS ORR: And there's a distinction there isn't there?

PROF HEYDON: Yeah.

MS ORR: Would you like to explain the distinction between (indistinct)

5 PROF HEYDON: Yeah, sure. So an anonymous report is one where a person simply  
makes a report, they don't add any personal details to it. Whoever receives the report  
doesn't know who they are and has no way of finding out who they are. In that sense  
the SARA that was run by SECASA in Victoria is not truly anonymous because there  
would be ways of tracing that person even if they didn't leave their details that could  
10 potentially be traced through IP address for example. The system in New South Wales,  
the SARO, which was originally a PDF and has now moved to an online form, again  
that's a confidential form. Typically, the police would be encouraging people to leave a  
detail, so they can contact them back, not to take it any further but simply to  
acknowledge that they've received the report and offer any further support that might be  
15 needed.

So those are more like a confidential system and people might be familiar with that  
from something like workplace reporting which would typically be confidential rather  
than anonymous. Now there are newer systems that are emerging, and we might get to  
a more comprehensive list of everything but there is a fully anonymous system  
20 operating in WA. So West Australian Crime Stoppers has developed a system called  
Safe2Say and that system allows completely anonymous reporting with a masked IP  
address, so you go to a website, you create a report, and when you give that report,  
you're given a username and password, which is only kept by you. If you lose it, it's  
unrecoverable which makes it truly anonymous, and they use a specific piece of  
25 technology to mask IP addresses called the Onion Router and that system allows people  
to make a fully anonymous report. What's innovative about that system is that it also  
allows fully anonymous way to chat with whoever is receiving the report. So the user,  
the victim-survivor typically in this case, can log on using their identification and  
password. They can log on, and they can send and receive messages uniquely to them  
30 with whoever's at the other end and so that's a really important feature because typically  
with if you go back to the SARO or the SARA that was operating in Victoria the only  
way to communicate with someone was by getting their identification by identifying  
them.

MS ORR: Indeed. That's a helpful overview, and we will come back to that model in a  
35 moment.

PROF HEYDON: Yeah, sure.

MS ORR: I'm picking up from what you're saying, just some general themes, it seems  
that generally speaking people can choose to be identified or not, subject to restrictions  
around the degree of confidentiality and anonymity.

40 PROF HEYDON: Yes.

MS ORR: And some people may choose to engage formally with police at some stage  
- - -

PROF HEYDON: Yes.

MS ORR: - - - but that's not the initial purpose of the reporting motion, is that a fair  
5 summary?

PROF HEYDON: Yeah, that's right. So the form typically, we'll walk the person  
through a series of questions. I've done a lot of research around what those questions  
should be and how that form needs to be set up, but typically it would be the kinds of  
10 questions that you would expect. And as a result of that, usually in Australia it's the  
police will receive that information and then might be able to, yeah, utilise that in some  
way. But from the person who's filing the report, from their perspective, that's the end  
of the story. They put the report in and nothing else will happen.

MS ORR: And so now I do want to take you through to some of the different  
jurisdictions and what they're doing.

15 PROF HEYDON: Yeah.

MS ORR: And you've mentioned a couple of them already.

PROF HEYDON: Yeah.

MS ORR: You said that the New South Wales SARO, was the first established, I  
think?

20 PROF HEYDON: I'm actually not quite sure whether the SARO and the  
SARA (indistinct) but around the same time, but yes.

MS ORR: And initially it was a PDF that could be downloaded and completed.

PROF HEYDON: And emailed. Yes, so definitely not anonymous. Yeah.

MS ORR: But they've moved on from that, I think you said - - -

25 PROF HEYDON: Yes, yes, that's right.

MS ORR: - - - to an online form.

PROF HEYDON: That's right. Yeah.

MS ORR: And how does that work now?

30 PROF HEYDON: So you basically go on to the website, and you file a report using the  
form. It takes you through a series of pages with different questions. But otherwise at  
the end of that process, it's the same as it always was in the sense that the report goes to

5 a unit in the New South Wales Police, and it gets filed in their system, and you know you could talk to them about the technicalities of that, and it probably changes from time to time but essentially, it sits there as a record of something that's happened and in the course of investigation other you know units might access that for the information that's in it. There's also a very similar system in Queensland.

MS ORR: Can I just ask you one more thing - - -

PROF HEYDON: Yes.

MS ORR: - - - about the New South Wales option? Is there an option in there for follow up with police if the person filling in the form wishes?

10 PROF HEYDON: In the sense, if the person fills in the form, can they then follow up with police?

MS ORR: Either that or can they request that there is a contact made?

PROF HEYDON: Yes, they always have that option, and they're always keen for that. Yeah.

15 MS ORR: But, as we've discussed, there's no need for that, that's completely optional.

PROF HEYDON: Yeah, that's right.

MS ORR: The similar model, the ARO, I think you said?

PROF HEYDON: The ARO in Queensland, so Alternative Reporting Options, yeah, and that's also existed for quite some time. And that in Queensland, very similar to the  
20 SARO, it generates a report, it's an online form, it generates a report, goes to the specialist units for their information. They also have an online option for contacting police about a sexual assault, which is a little confusing because it sits alongside the RO. So the RO is intended to be anonymous if you don't want to take the complaint any further. What they explained to me was the purpose of having just the online option for  
25 contacting police about sexual assault was simply because they had a phone line that you could call, and they just realised that most people these days don't make phone calls, and so they offered a website where you could make a report as well, but that's really just another avenue for people who are intending to make an on record report to police as opposed to the RO which is like the SARO, it's an anonymous option.

30 MS ORR: With that online contact form, is that sort of the beginning of the process of police contact - - -

PROF HEYDON: Yeah, that's right. Yes.

MS ORR: - - - that would then be followed up by - - -

PROF HEYDON: Yeah. So, from my work in this area, I would imagine that one of

the reasons why they would have done that is to try and from the very beginning direct people towards a specialist response in policing rather than having people go through whoever happens to be on the front desk that that day and that's always a problem in policing, and I'm sure it's not just in relation to sexual violence and domestic and family violence but other types of specialised crime that when someone comes in with these, you know, very high stakes crimes that they still have to deal with whoever's on the front desk, which is not to, you know, denigrate the worker, but those people are generalists, they're not specialists. So yes, it's a filtering, I guess, internally it allows that report to go to the right place as it were.

10 MS ORR: Where there's a contact (indistinct)

PROF HEYDON: I should also mention that Queensland too was the home of a form that was used by an independent organisation, so there was the SADS form, Sexual Assault Disclosure Scheme, I think it stood for, which was run by Bravehearts, which is an independent organisation that supports adults who have been victims of sexual violence in their childhood. Bravehearts don't use their own form any more, they direct people to either the Queensland or they typically operate across Queensland and New South Wales I understand, so they direct people to those forms so yeah, and that was a paper form actually or a PDF that you could fill out and that they would pass that on to Queensland Police in the past.

20 MS ORR: And what else? You've mentioned WA.

PROF HEYDON: Yep, so in WA, they've been running for about 18 months now, so they launched the Safe2Say website which is actually run by Crime Stoppers WA, and it's operated in a way that means the reports are being received and triaged if you like by the Specialist Sexual Assault team in WA Police and that has been very successful. They tell me they've had a very high volume of reports, and they've also had a very pleasing number of arrests made as a result. So one of the things that is unique to the Safe2Say model is that it allows this fully anonymous encrypted chat and that facilitates communication between a specialist police officer and the person making the report, which is typically the victim-survivor but not always because it can be another person, a bystander or a third party. So, through that two-way communication, they're able to build a relationship of trust and then support that person to making a formal report, and then they're able to take action. And we can come back to this, but it's not the only way that they can take action, but that is the best outcome for them as far as they're concerned.

35 And I should add that as far as those police are concerned, it's really just another tool for them. It really just extends what they're already doing. And I think that from a policing perspective, they would always say and want to reassure anyone, a victim-survivor particularly, that if you approach the police, you're never forced into going down the path of a formal investigation. You can always go to the police, have a record made of your experiences, and then walk away. That's always okay. And I think that it's really important that we recognise that just because there's an alternative available, it doesn't mean that that's the only way of stopping an investigation. The police will say, "You can always come to us, you can always tell us what's happened, and we will do all the things that you know you would expect. We don't have to have an

investigation." However, many people still are very apprehensive about approaching the police at all and in recognition of that, we have alternative mechanisms, but they're essentially just another pathway towards what the police are already doing.

5 MS ORR: But even in this case someone could never identify themselves and never make a formal report.

PROF HEYDON: Yes.

MS ORR: And the police would still have the information.

10 PROF HEYDON: That's right, that's exactly right and there's so many reasons why people wouldn't want to identify themselves and be you know concerned about that yeah, so that's what's happening in WA and from a research perspective what's really interesting about that model is that it shows that the ownership of the system doesn't have to sit with police and I recognise that Crime Stoppers is closely associated with police but nonetheless as a kind of proof of the practise, it does demonstrate that it's possible to have those things separate and that's important because what we know from 15 our research is that the victim-survivors would much prefer that the person on the other end receiving one of these anonymous reports is a support worker rather than a police officer, so that's just an interesting thing to note. The other system that is operating in Australia is in the ACT. So ACT Policing, which we know is part of the Federal Police, the AFP, they have something similar to the SARO, so it's a reporting tool. They 20 specify that this is only for incidents of sexual violence which are more than one week old and which they refer to as historical.

But the point is that it's about the availability of evidence for them, so they've made that decision to have a cut-off, that it has to be more than a week old, and I should note that in our research what we found is that probably the majority, like around the 60 per cent 25 mark of reports are of what we would call traditionally historical, so events that have occurred you know more than 10 years ago and that reflects the fact that people know or believe, shouldn't say know, that they believe that the police will be unable to take any action. So that's another purpose if you like, we talked about purposes, another purpose is to allow people to make a record of something which they believe will not be able to 30 be prosecuted by police for lack of evidence.

MS ORR: Just to go back to something you said before, the one-week cut-off with available evidence, is that a forensic evidence?

PROF HEYDON: I imagine so, yeah. Although I'm not sure that's strictly true, that it's one week, but yes, that's the decision they - - -

35 MS ORR: The rationale, yeah.

PROF HEYDON: Yeah.

MS ORR: Any other systems currently operating in Australia?

PROF HEYDON: So there's a whole range of systems that are operated by organisations internally, and although we have researched those, and we have included those in general sort of scoping studies and so on, to look at, it's not typically what people are talking about when they're talking about alternative reporting, but we should  
5 acknowledge that there are, for example, university campuses, many large organisations, and then we're getting into the grey area between HR reporting, so is it reporting around things like bullying, sexual harassment, inappropriate behaviour and sexual assault.

But yes, there are systems that are being used for reporting. Typically, they're  
10 confidential rather than anonymous, but again, there are some instances, for example the WA Crime Stoppers Safe2Say model itself as a platform is being used by a number of corporate clients for their internal reporting as well, so that does provide them with a fully anonymous system of reporting. The other system that I should mention because it's quite interesting, but it's very, very unofficial is the Ugly Mugs reporting, so this is a  
15 system that has long been used by sex workers where sex workers would keep often a cooperative or a very small scale organisation for sex workers. Would maintain a log or record of reports about clients who were behaving inappropriately or violently. So it wasn't necessarily sexual assault, it could have been other things as well, it could have been stealing, it could have been just violent assault and so on and the colloquial term for those people is ugly mugs and Ugly Mugs reporting is a peer-to-peer system, so sex workers could join a cooperative which provided these reports, and they could go through those reports, and we're talking about back in the day it was literally a filing cabinet with paper reports that sex workers could look through to check on clients. Interestingly in the UK, they have taken up that system with Gusto, and they  
20 have introduced a National Ugly Mugs scheme, NUMS, and they are operating a system like that for sex workers officially by the government. So sex workers can make reports, and they can view reports that are written by peers. When they make those reports they can choose the different levels at which they want those reports to be viewed. So they can just make a report that just goes on the system and nobody else sees it, so it's like just a record. They can make a report that can be viewed by their  
30 peers. They can make a report that will go to advocacy organisations, and you know be used within the system if you like, and then they can make a report, and they can choose to send it to police. So I've mentioned that because it does also provide a model for how such systems might operate, and we know that in the community people are already  
35 using informal means of communicating peer-to-peer about people who use violence. So Facebook groups and so on that are sharing information like that. I'm not suggesting that that's something in Australia that governments have looked at, but it is interesting that the UK government has in fact, instigated that for sex workers to use.

MS ORR: What about in South Australia in terms of formal schemes?

40 PROF HEYDON: So there's nothing operating at the moment. Our research did uncover evidence that there had been, in the past, some kind of unofficial - well, it wasn't clear to us what the level of formality or officialdom was, but that at the time of making a forensic report, so this is where somebody goes to a forensic doctor and has an examination to gather evidence of a sexual assault, physical evidence from their body or  
45 their clothing and at that time, the medical practitioner had a form that they would say, "Look if you'd like to, would you like to make a record, tell us what happened or write it

down here, and we'll pass that on to the police, and it'll be anonymous.?" So we know that that was happening. We're not quite sure when it ended, but we spoke to people who remembered that scheme and remembered it as being a very useful scheme from a policing perspective. But beyond that, no, there's no official scheme operating in South  
5 Australia.

MS ORR: Are you able to say, and did your research give any indication about whether South Australia has expressed an interest in developing a scheme?

PROF HEYDON: Yes, so the data that we've gathered through our various research projects indicates that there's support and that basically the data are consistent with the  
10 rest of the country, which is that victim-survivors are very much in favour of having just more options, just anything that provides them with more options. The key things that people want are more options for reporting, more pathways to support as well as keeping their options open in terms of whether or not they might make a formal complaint in the future. They want better information, better quality information and  
15 having an alternative reporting platform is seen as an opportunity to provide people with comprehensive information about what the next steps might be, to have options which are suitable for different communities, so whether that's having a reporting platform which is culturally safe for people in Aboriginal, Torres Strait Islander communities or whether it's something that's appropriate for people in LGBTQIA+ communities,  
20 whether it's something that is accessible for people living with disabilities, whether it's something that can be offered multi-lingually. So for example, the SARO in New South Wales is now offered in multiple languages. And I believe that West Australia are also looking at that. There's a lot of complexity. There's more complexity than you'd think actually in operating something like that in multiple because it's a report, it's a dynamic  
25 thing, it's a report that's being received to be responded to, so then you have to bring in to (indistinct) but It is complicated, but it's doable and that it provides opportunities for people who are in remote areas as long as they have access to technology and I want to be very clear about that, that there are limitations but that there is the opportunity for people if they have access to the appropriate technology to be using these options in  
30 South Australia to report whereas we heard before you've got three multidisciplinary centres, so that's not adequate to cover everywhere. And again, absolutely recognising that there are also communities who don't have any options for reporting and that this wouldn't help at all because they also don't have access to technology. So I think that when we talk to people in South Australia, what we know is that yes, this could be very  
35 helpful. It could help to reach a more diverse range of victim-survivors, but it's not a panacea, and it mustn't be put in place of, you know, other forms of outreach to remote communities.

MS ORR: What models, in your view, seem to be working, or what model or models, seem to be working well in this space?

40 PROF HEYDON: Look, I think all of the models that are operating at the moment are better than not having anything. So I think there's been improvements over the years. One of the key improvements has been improving the questions that are asked. The SARO for example, the original version of it had a lot of very distressing questions, and I'm not sure that that's been completely eliminated. From a policing  
45 perspective, you have to ask all of these really difficult questions. From a therapeutic

perspective, those questions are not really ideal.

MS ORR: Can you give an example of what you mean by that?

PROF HEYDON: So for example check-lists of different types of abuse and you know the original a form SARO form, and I haven't checked recently, but I'm told that this is  
5 still on the existing one, had a list of 20 or so different forms of abuse which described  
very explicitly you know different forms of sexual abuse which would be, as you can  
imagine, very confronting, and to have to tick a box that says that this is what's  
happened to you would be very difficult. It's also problematic from an evidential  
10 perspective because you're asking people to check a box rather than getting them to  
describe in their own words what's happened to them, but we can talk about that in a  
moment. Also then, some forms have asked questions like, what were you wearing,  
and how much had you had to drink? Again, from a policing perspective, these are  
important points. What someone was wearing can help with identifying, you know, if  
15 you've got CCTV footage for example, you know, there's a reason why you would ask  
that in the context of an investigation, but we also understand it to be victim blaming, it  
can be interpreted as a victim blaming question.

Likewise, how much had you had to drink, that's a very important question. If you're  
running an investigation, it can also be interpreted as victim blaming, so those kinds of  
20 questions can be very problematic. The design of the form, where if you have an online  
form, and you don't know how many questions there are, that can feel like you don't  
have control and a very important part of trauma informed design is that the person  
completing the form has a sense of control over it, that they're not losing control. So  
those things are very important. You asked me what would be the best. I think at the  
25 moment technologically I feel that the Western Australian Crime Stoppers Safe2Say  
model is the best because it does ensure anonymity. It enables the two-way chat which  
is a hugely important function, and it has the capacity to be operated external to police,  
so it allows for the feature which we think is very important which is to have a team of  
qualified specialist sexual assault and family violence practitioners at the other end  
30 receiving those, who of course must be adequately funded to do that. This is not  
something that any specialist service could possibly afford to take on at the  
moment. We know they're completely stretched.

MS ORR: You mentioned the importance of questions - - -

PROF HEYDON: Yes.

MS ORR: - - - the right questions - - -

35 PROF HEYDON: Yeah.

MS ORR: - - - and allowing the victim-survivor to describe things in their own words.

PROF HEYDON: Yes.

MS ORR: Can you tell us a bit more about that?

PROF HEYDON: Sure. So I mentioned at the beginning that my specialisation is in police interviewing and questioning and actually, was my pathway into this area of research because I was very interested to know if we're using these forms to collect people's recollections of something, so their testimony, their evidence, their memories, are we applying the same principles to these forms that we apply in best practise interviewing? And best practise interviewing emphasises the importance of beginning an interview with ensuring that people feel safe, comfortable, that they understand what's going on, so we call that the engage and explain phase, that people are, you know, not feeling pressured and yeah, that they understand what the purpose of the interaction is about. And the next most important thing is that they are encouraged to give a free narrative in their own words using a very, very open prompt, you know, a sort of can you tell me what happened kind of prompt. What we know from research into cognitive psychology is that the more specific the question, the less reliable the answer. And when you get down to a yes no question, there's a time and a place for a yes no question, but you have to understand that the answer that you get will be less reliable than an open, you know, tell me everything that happened kind of thing.

So what's really important with these forms is that they're designed in a way that is consistent with what we know about best practise interviewing. And the reason why we want to do this, there's a number of reasons why we want to do that. First of all, it's consistent with a trauma informed design, letting people tell their story in their own words also meets a lot of justice needs. A lot of people will say that the reason why they want to report is to have the chance to tell their version of what happened, you know, not to have words put in their mouth, not to feel that their narrative is being dragged through the mud, you know, especially in those incredibly unfortunate cases where people's stories are played out in the media or on social media. So yes, a free narrative is very consistent with that. It's also consistent with not contaminating memory, so introducing facts or ideas to somebody. Memory is incredibly fragile, so it's really important that we don't mess with people's memory at that point. And then also, because of that, it enhances the value of that as evidence, should this ever go to court, and of course we know that's incredibly unlikely. We know that a very, very small number of these cases will ever see a courtroom, but nonetheless we would not want to contaminate evidence at that early stage.

MS ORR: Are there any criticisms or concerns about these models? I'm not talking about specific models, but in a general sense?

PROF HEYDON: Oh, I think occasionally people will raise the general concern about oh, but if you're just making a bunch of anonymous - people will just make false claims right, so that's a very common one. We know that doesn't really happen. The fact that it's anonymous, I mean what the police have said in response to that is yeah, but we deal with that anyway and in fact that's kind of their response to a lot of these issues that are raised in relation to anonymous reporting systems is yes, but we deal with that anyway, which is to go back to what I said earlier about this is just another tool, that's indeed the case.

So that's one. I don't think that anyone really takes that terribly seriously and certainly the people who have been operating these systems have not been concerned about that. There are occasionally some responses. People will put in a report that is maybe

inconsistent, or they'll put in a number of reports, and they're usually pretty easily identified. Remembering these reports don't in themselves lead to an investigation as well, it's really important. Another concern that's been raised has been around does it conflict with obligations around mandatory reporting? Again, this is an issue that police  
5 have to deal with anyway. As they've said to me, "Well, we can have a child ring us up on a hotline or just approach us in the street, and then they run away, and we don't know" - you know it happens. It's unfortunate, but it happens, and they have protocols for dealing with that. I guess the concern that it raises which is perhaps more specific to the nature of reporting and goes back to what I said earlier about reliable testimony is  
10 whether it might be subpoenaed in court and then if it were, would it undermine the testimony of a complainant in court if there were inconsistencies? And again, the answer from police has been yes, but we deal with that anyway diary notes you know letters and so on. This is actually not uncommon to have something like that. There have been some questions raised about whether or not it could be protected, and I'm not  
15 a lawyer. I don't know the ins and outs of that and I understand it differs from one jurisdiction to another, but I think that's being investigated. And it's also incredibly rare that these reports ever come to light, and I'm not even sure whether we've had cases where we know that they've been used, so there are ways in which they have been used in relation to a court case and I can come back to that but not directly being brought as  
20 evidence of inconsistency.

But what police have said is, "Well, if that ever happened, they would explain to the court that you know, as a result of trauma there are often inconsistencies and to expect that" and a police officers the police officer said to me, "We wouldn't be doing our job if we weren't able to explain to a court why there might be inconsistencies." So to me, I  
25 think it does emphasise the need to ensure that a form is well designed to reduce those inconsistencies. But the other thing I would say in relation to that is that in conversations I've had with - for example, I've spoken with victims of crime commissioners and various assemblages of judicial officers, for example, and what they've said is, "Well, we would actually see it as supporting someone's evidence, you  
30 know, there's a strong potential there for this to be a very strong piece of evidence because it was gathered at the time." And so yeah, so they're seeing the positive side of the opportunity to gather the evidence closer to the time of the event.

MS ORR: It could be a more recent record of what had happened.

35 PROF HEYDON: Well, it could be more accurate because it was closer to the time of the perpetration.

MS ORR: You've mentioned this throughout your evidence, but I want to come back to the benefits of alternative reporting in the sexual violence space particularly. And you mentioned at the beginning, it depends whose perspective you're looking at it from.

PROF HEYDON: Yeah.

40 MS ORR: Can we go back then to perhaps the police perspective to start with?

PROF HEYDON: Yeah.

MS ORR: What do you see, or what do police tell you of the benefits of using these types of systems from their perspective?

PROF HEYDON: Yeah, well the police will always start with the benefits to the person making the report which is the opportunity for that person to be connected with support and that's often their first priority. The second thing I'll say is that it allows that reach into communities that they wouldn't otherwise have contact with, so it provides an opportunity for people for whom going to the police is unimaginable, that it provides them with an opportunity to at least have their say, and the benefit of that for police is that they get to hear about, read about instances of sexual violence including sexual violence that's occurring within a family violence setting that they wouldn't otherwise hear about, so it's providing enormous amounts of information about perpetration and what police have said to me is that in a general sense, they can identify patterns of behaviour which then enables them to run preventative campaigns and to be on the lookout for those behaviours in the course of their duties, so they can recognise it better, and I think we all know that there's been a long history of victim-survivors not being believed because of the nature of their experiences, you know, that it doesn't fit with a particular version of sexual assault which we've, you know, somehow identified as the only way, you know, the dark alley, stranger in a dark alley version. So there's all these rape myths. And the way that you combat those myths is with these records of experience to say, "No, actually, this is what happened and yes, it was someone I knew for a long time and I continued to know that person afterwards, but this thing still happened." So from that perspective it's really important because without that the police are somewhat in the dark, they don't really know how these things are being perpetrated. However, there are also instances where the police can take action so for example, if they receive an anonymous report, they might not be able to pursue an individual, that would not be appropriate. But what they might be able to do is say, "Oh, we're getting a number of reports related to this particular nightclub, for example, and so perhaps we could go and talk to the nightclub owner, and we could see about whether there might be some kind of measures that could be taken to ensure that this isn't happening in the future, even though none of those people come forward." The other thing that police have told me is that sometimes they have been able to use a report to point them towards corroborating evidence in an investigation, an ongoing investigation.

So where in an ongoing investigation, the person of interest is believed to have been in a certain place at a certain time, and they've then got an anonymous report which corroborates that and points them towards let's say CCTV footage or in the case where they can communicate with that reporter they can go back and say, "Look, you know, we believe that this person of interest might have been at this place at this time, and we'd really like to talk to you about that" and in the knowledge that there's someone else who's come forward someone might come forward, and they've described cases like that. They've also said that it allows people to just take their time, so it allows them to record what's happened and perhaps even make the report in concert with speaking with police, so they're not in that case actually remaining anonymous or confidential. It allows them to record what's happened in their own time in a place that's safe for them and then come back to it later.

Evidence from the UK has shown that a well designed form will capture just as much

accurate detail as a well conducted interview and a well conducted interview particularly in the case of sexual violence is really important, and it's a very difficult thing to do. That was in terms of general crimes. Whether that's still true in the case of sexual violence, we're not sure. We think so, but just in terms of what people will include and the details they'll include, from that perspective it can be very effective. From a therapeutic perspective it's a somewhat different thing, but yeah, those are the main benefits I guess that police have described.

MS ORR: And then there's also the benefit that you have spoken about, which is the alternative entry to the formal reporting system if someone chooses that.

10 PROF HEYDON: Yeah, that's right. So one of the things we've asked people about is, would you like to have the option to be contacted by police if other victims came forward? And that's often quite a popular choice. So this is not in actual forms, this is in surveys about what people would like to see in a form, but that's something that people imagine that they would like. And I think the evidence of that is the Me Too movement. I mean that's what we saw very clearly there was when people started to see other people coming forward then that emboldened them.

MS ORR: You mentioned the perspective of support services. What are some of the benefits from that perspective?

20 PROF HEYDON: So support services I would suggest have a more varied response, so I think that particularly in New South Wales where the early version of the SARO was very police oriented and as I say asked all these really difficult questions, I think you had a fair proportion of the support service workers being sceptical of the value of that and were concerned that someone completing that form on their own without support might be re-traumatised by completing that form and I think that's a fair criticism, not just my opinion but from talking to victim-survivors and from examining the form. I think that support services, their general view is that it's really important to have an alternative to going to the police, and they know that because they see all the people who don't go to the police. I think that for the most part they would prefer to see a system that is staffed by support workers except that will always emphasise there needs to be a funding stream to support that which is absolutely true. They also are concerned that if you have a reporting scheme, is it going to see a massive increase in the number of clients, and again, probably, that needs to be understood and budgeted for. But in terms of the support for the survivor, so one of the things that's really important is that often where there's sexual violence occurring within the domestic and family violence setting, the sexual violence is not something that is going to be addressed immediately, that often the response to domestic and family violence is a risk management approach and the support services are geared towards a fairly immediate response and an emergency response and as well as the therapeutic response it's very practical. It's you know, setting up separate finances, housing, education for the children and so on.

40 So sexual violence that has been occurring in a domestic and family violence setting is something that is often dealt with later and so the opportunity to record the experiences and not have to do anything else is a valuable one and that's been mentioned by a few parties including police to say that in their experience you know, when they're responding to domestic and family violence, if they're aware that sexual violence has

occurred, it's not addressed at the time but - and this was in New South Wales I'm often saying well they've they've used a SARO in some of those settings it's been quite successful so that people can at least write it down then while they're dealing you know because they simply don't have the bandwidth to do everything, and they have to deal  
5 with the emergency response.

MS ORR: And finally, from a victim-survivor perspective, I think we have touched on this through your evidence, but - - -

PROF HEYDON: Yeah.

MS ORR: - - - what are the benefits of these types of systems?

10 PROF HEYDON: I think for a lot of people the benefit is creating a pathway into the various options for support. It seems that a big part of it for people is not so much about wanting to create their testimonial you know, capture the evidence, but it's more about holding what has happened in a space and a safe space while they decide what they're going to do. People also talk about the reason that they've completed a form is because  
15 they want to protect others, so there is a perhaps unrealistic expectation that in reporting a person who's used violence that that violence will stop. And police's one of their concerns is that it's important to be very clear to people that a police car is not going to turn up on the doorstep as a result of this report.

And I think that's that's hugely important when we talk about any of these kinds of  
20 things including Crime Stoppers or any kind of thing, that we understand what the reasonable response is. But I think that from a victim-survivor perspective, there is a hope that they'll be protecting others. And I mean, it's interesting. It probably needs some more analysis or consideration, analysis by researchers and consideration by governments about what do we do with that? You know, how can we help people to be  
25 safer? Is it that we're collectively looking at the stories and identifying MOs and being able to then have a better police response and government response that keeps people safer? Like, is it that? Is that what we're doing? Or, is there an opportunity for some other pathway, you know, and people talk about things like restorative justice practises and so on, is there an opportunity for alternative reporting to lead to some other kind of  
30 pathway that might offer an opportunity for the violence to stop. That's the main thing right? So those things are important. For victims of violence to talk about the importance of telling their story in their own words and I think that hearing the experiences not just in our research but in a lot of research that has looked at the experiences of people going to police, unfortunately, a lot of people who go to the  
35 police to report sexual violence report that they feel out of control, that they feel their narrative is taken out of their control for whatever reason. So doing a form, being able to complete it in your own time, a form that's well designed and has very open questions and so on, does put some of the power and autonomy back on the victim-survivor to have control over their own story at least. And I think having choice about what  
40 happens next is really important, and you know our ideal system is one that allows people so going back to what I mentioned earlier about the NUMS the National Ugly Mug Scheme in the UK, one that allows people to choose where their report is going to go but that it will be received, like it's not going to go nowhere, but there will be someone at the other end who receives that and triages and responds in an anonymous

using that, you know, like the Safe2Say model, the anonymous two-way chat respond to say, "We got your report, thank you so much." It gives them an appropriate response. And then, you know, would you like to talk to someone, who would you like to talk to?

5 MS ORR: That sense of control.

PROF HEYDON: Yeah, absolutely.

MS ORR: Thank you, I have no further questions, Commissioner.

CMR DESPOJA: Thank you, counsel assisting. Professor, that was fascinating evidence. Can I just quickly clarify the national scheme in the UK, the NUMS,  
10 National Ugly Mugs, is that specific to the sex industry or is that actually the national - -  
-

PROF HEYDON: No, that is specifically for sex workers.

CMR DESPOJA: Okay.

PROF HEYDON: Yes, and for only for registered members of the scheme.

15 CMR DESPOJA: So there is not a national scheme in that jurisdiction?

PROF HEYDON: No, they don't at this stage, have a national alternative reporting scheme. I mean there are options obviously to go to a Rape Crisis Centre in the same way that there are here, but no, there's not an alternative reporting scheme in the UK, but we've been talking with researchers over there about what they might be interested  
20 in.

CMR DESPOJA: That leads me to my next question, is there a benefit in having a national system in Australia?

PROF HEYDON: I think that the best option would be to have something like a national portal but with state-based or territory-based actual reporting schemes and the reason is that they're most likely going to be tied into police and of course, you know, police in jurisdictions are state and territory based.  
25

CMR DESPOJA: Yes.

PROF HEYDON: I mean, there is Federal Police, but they don't deal with those, so, in terms of the policing response I think from a governance perspective it would be  
30 more practical and given the fact that we have existing schemes. So if we're going to have a national scheme, would it replace the existing you know, and that might be difficult so just from a sort of practical perspective, I think the ideal model is to have an umbrella national portal where people can get comprehensive information. This is another really important thing. It's not directly related to reporting but information  
35 coming the other direction, people just don't know what to do and as one of our

respondents in a focus group said, "There's no YouTube video for when you get sexually assaulted."

CMR DESPOJA: Oh, gosh.

5 PROF HEYDON: Right. We don't know what to do (indistinct) our research and that would be a TikTok or something. People don't know what to do, and they don't know who to turn to. And for the people who work in the sector, they're surprised by that. Not all of them. But police especially feel like, but don't people know to come to the police? But if you don't want to go to the police, then what do you do? So I think there's the opportunity there for there to be perhaps a national website or portal where  
10 people can get comprehensive information, but that could also be state-based. People move around.

CMR DESPOJA: I was going to say these things cross borders.

PROF HEYDON: Yeah.

15 CMR DESPOJA: Are you surprised that South Australia doesn't have an alternative reporting - - -

PROF HEYDON: No, not really. I think that they're coming. I'd be surprised if South Australia didn't have one within the next five years. But I think that from what I'm seeing around the world, it's just such an obvious thing that people are looking for, I'm sure that it will come. And now that we have the technological models, I think one of  
20 the obstacles for a long time has been, yeah, but how do you actually stay anonymous? And also, what's the point of it if there can be no follow-up? And the fear of just leaving people dangling when they've made this really difficult disclosure. But now we have the technological capacity to communicate with people. I think that's overcome one of the major obstacles.

25 CMR DESPOJA: You've talked about the virtues of the WA scheme in particular. That sort of interaction, the fact that, you know, you have staffing that is not only police, if I may say so, the Crime Stoppers, and one of the recommendations you make quite clearly is around that provision of services by specialists et cetera - - -

PROF HEYDON: Yes.

30 CMR DESPOJA: - - - how does the WA model fund or resource that staffing and what numbers do they have? I mean I'm curious in order to get this right, and you want those specialist services. So how do they do it?

PROF HEYDON: Yeah, so WA Crime Stoppers developed the technical model themselves, and you'd have to talk to them about how they funded that, but they're a  
35 not-for-profit, so they will have developed that. I know that they involved some IT consultants in developing a very secure system. So they have the platform, and then they provide access to the reports to WA Police, to their sexual crimes unit, so I don't know how that's affecting their workloads in the WA police, but I know that it is going to the regular staff who investigate sexual crimes.

CMR DESPOJA: Yeah.

PROF HEYDON: So it's their existing staff. As I say, how they're managing the workloads and the increase in work I don't know, but it would certainly be you know a good opportunity to be able to forecast what budget increases you would need would be to look because they've been running now for 18 months, give them another year, and I'd say they probably have some pretty good figures around that. What we don't know is the extent to which it's driving an increase in support services.

CMR DESPOJA: Yes.

PROF HEYDON: So they're not directly involving support services in that. Our recommendation you know just from our research what we believe is that there needs to be a team of sexual assault support workers whose job it is to, for the state for example, to triage the reports coming in, to respond to them or to send them on to police if that's what the person has said they want.

CMR DESPOJA: Yes.

PROF HEYDON: And I think how much work that takes, well, I guess you could look at other similar things, so there'd be a parallel in some other sector where you're providing, essentially a call centre, so I don't think that would be beyond the wit of parliamentarians to work out how much that costs.

CMR DESPOJA: Not one to comment on the wit of parliamentarians, but can I ask, you're very clear about talking about how this can help identify behaviours, not specifically people, and you've talked about how evidence and gathering this information obviously can assist police whether it's in a location, the nightclub, et cetera. This may seem a strange question, but do people always identify their alleged perpetrator in these?

PROF HEYDON: It's a very good question. So some early research that we did where we had access to report a full access indicated that people were able to name the alleged perpetrator in around 50 per cent or chose to name the person - - -

CMR DESPOJA: Chose to, yeah.

PROF HEYDON: - - - like a full name, but sufficient to identify the person with an address and everything. If you asked people to name it you'd probably get more than that, so there would be a certain number of people who could name the person are choosing not to.

CMR DESPOJA: You can probably guess where I'm going on this. I'm curious as to if we're not identifying people per se, obviously this still adds to information and evidence - - -

PROF HEYDON: Yeah.

CMR DESPOJA: - - - for police, and are there issues there of natural justice or procedural fairness? Having said that, you have responded to some of the criticisms of the scheme in a way that nullifies most of those. But I'm just curious about that. Is that an issue or something that may come to the fore?

5 PROF HEYDON: I mean the police can't investigate where they don't have a complaint.

CMR DESPOJA: Yeah.

10 PROF HEYDON: If someone's named and that someone who - the only case where I think that they would take direct action from talking to police what they've said is where a person is named in an anonymous report who is already known to police. There's a person of interest in an ongoing investigation, and they're able to use information in the anonymous report to point them towards as they would any other kind of source - - -

CMR DESPOJA: Yes.

15 PROF HEYDON: - - - so it becomes an intelligent source or a tip-off if you like that they can say, "This person was at this school on this date" from this anonymous report, "Perhaps we can then get some corroborating evidence because we have now a place and a date, and you know a reliable identification of that person here. Now we can go and seek corroborating evidence."

20 CMR DESPOJA: Yeah. And you did mention that in your evidence, but I just wanted to (indistinct) that.

PROF HEYDON: No, no, that's a really important point and I think that what you're alluding to is the concern that you know it could lead to someone being pursued on the basis of perhaps a false allegation or something like that and as far as the police are concerned, it's just another tool. They get that kind of stuff anyway.

25 CMR DESPOJA: As you said, that's what they deal with.

PROF HEYDON: Yes.

CMR DESPOJA: Yes. Thank you.

PROF HEYDON: Pleasure.

CMR DESPOJA: That was very, very useful evidence. Counsel assisting?

30 MS ORR: I have no further questions, Commissioner. I'd ask for the witness to be released.

CMR DESPOJA: You're free to go, thank you, Professor.

PROF HEYDON: Thank you, Commissioner.

CMR DESPOJA: We will now take a short break re adjourn shortly.

**ADJOURNED**

**RESUMED**

5 CMR DESPOJA: Welcome back. This is day seven of public hearings for the Royal Commission into Domestic, Family and Sexual Violence. I hand over to Counsel Assisting.

MS ORR: Thank you, Commissioner. I call Chief Inspector Kellie Watkins and Mergho Ray.

**KELLIE WATKINS, AFFIRMED**

10 **MERGHORAY, AFFIRMED**

MS ORR: Thank you. Chief Inspector, you are a South Australian Police Officer?

MS WATKINS: That's correct.

MS ORR: Chief inspector is your rank what is your role, or where are you based at South Australia Police?

15 MS WATKINS: Currently the officer in charge of family and domestic violence section.

MS ORR: And Ms Ray, you're here from Women's Safety Services South Australia, known as WSSSA - - -

MS RAY: Correct.

20 MS ORR: And is it correct that you're the manager of integrated programs at WSSSA?

MS RAY: That's correct.

MS ORR: And you are both here today to give evidence because you both oversee the Domestic Violence Disclosure Scheme for your respective organisations.

MS RAY: Correct.

25 MS WATKINS: That's right.

MS ORR: And the Domestic Violence Disclosure Scheme is commonly known as DVDS, correct?

MS WATKINS: Correct.

MS ORR: We'll start with an overview if we can. Ms Ray, are you able to help us with just an overview about what the DVDS is?

MS RAY: Sure. The disclosure scheme started in October 2018, so we've been going for about six and a half years. It is a state-wide brief intervention program that is led by South Australian Police in collaboration with Domestic and Family Violence Services. What this scheme provides is an opportunity for anyone who's in an intimate relationship who might be identifying some concerning attitudes or behaviours, information that impacts on their safety to put an online application in to South Australian Police to request some information that can help them make an informed decision about the future of that relationship for themselves and any of the children that might be involved.

MS ORR: And you've said a person can make that application for themselves. Is it also the case that a third party could make that application?

MS RAY: Absolutely. So there is an opportunity for a third party to put an application in either in consultation with the person at risk or independently from them, and they can do that in the capacity of being a family member who might be looking into that relationship and picking up some concerning behaviours. Friends or people do it quite a lot in a professional capacity as well.

MS ORR: I'm going to ask more about the process and the applications later, but just generally speaking, what are the roles of WSSSA and SAPOL in the scheme, perhaps starting with you, Ms Ray? What's the role compared with the SAPOL role?

MS RAY: Look, Women's Safety Services and all of the other partners within that, the domestic violence services, provide the specialist support and information around domestic and family violence, so anything that is occurring within that relationship, provide counselling, education, referral pathways, supports and police provide the information. So we absolutely provide no information to the person but support the process and do all of the engagements with the people putting in the application.

MS ORR: And Chief Inspector Watkins, South Australia Police is responsible for the information as Ms Ray said.

MS WATKINS: That's correct. So South Australia Police's role is to receive the application initially, assess that application against five key eligibility criteria. On that assessment the application will either be screened in or out and that then starts the process of the information disclosure, which we'll go into more detail in. So it's essentially the coordination and disclosure of the information, and it's the verbal provision of that information to the person at risk.

MS ORR: Eligibility, perhaps I can ask you Chief Inspector, are there any eligibility requirements for the private scheme?

MS WATKINS: Yes, so the scheme is overseen essentially or the authority to share the information comes from two key areas within South Australia, the information privacy principles and the information sharing guidelines, and it's perhaps important to

talk through that initially because then it steps out the eligibility criteria. So the information privacy principles allows for a person to disclose information if they believe on reasonable grounds that it's necessary to prevent serious threat of life, health or safety of another individual and the information sharing guidelines provides an authority to share information if a person believes on reasonable grounds the information is necessary to protect a person from harm, abuse or neglect or to help service providers more effectively address the risks to safety and well-being of an individual. With that in mind the eligibility criteria sets out that to be applicable to share the information they must reside in South Australia, be 17 years of age or older, there must be a behavioural indicator of concern, that they must be in an intimate relationship with the person subject of review and that they would not ordinarily have access to that information through any other means.

MS ORR: That behaviour, you said, "An indicator of a behaviour of concern." Can you give us some examples or describe what kinds of behaviours might meet that criteria?

MS WATKINS: Sure. So obviously a physical assault or a criminal offence would be an indicator, but then there's more discrete behaviours that might be concerning such as controlling behaviours, stalking type behaviours, constant phone calls or concerns about or whereabouts. And obviously it's that same criteria that exists if a third party applicant makes the application for the program. So we're still looking to satisfy that criteria so that we are able then to lawfully share the information.

MS ORR: And what type of information is being shared or is being disclosed?

MS WATKINS: So if the eligibility criteria is met, we'd be looking to disclose information around convictions for relevant offences or reports for relevant offences. So that could include a physical or sexual assault, breaches of intervention orders, property damages, history of the person's intervention order history, so whatever's current or previous intervention orders that may have expired. Information that if the applicant has children, any offending of concern that relates to children. We can also disclose general information around mental health concerns or drug and alcohol abuse if generally they are linked to any of those types of offences or behaviour that would put the person at risk. And it's important to mention that the material provided is de-identified, and it's a summarised version of the facts.

MS ORR: So is it correct, and I will ask you more about the process in a moment, but it is any information which might meet that information sharing test that you talked about before around risk to safety?

MS WATKINS: That's correct. Yeah.

MS ORR: Is the information just from South Australian holdings or does it go more broadly than that?

MS WATKINS: We can include, and we do look for interstate convictions, however that's essentially the limitation. Anything outside of an interstate conviction, we would be seeking specific authority from that state agency to release anything further.

MS ORR: And I've just got one more question about the information sharing guidelines, so you've mentioned that they exist and the kind of test for when you are able to disclose information. So is it correct that this is a guideline that exists outside of the DVDS, it exists anyway?

5 MS WATKINS: Yes.

MS ORR: And so police officers and indeed other departments, but for our purposes, police officers could share that information with people they come into contact with for their safety in the ordinary course.

MS WATKINS: That's correct, and they do do that.

10 MS ORR: So this is just another mechanism of making that happen, I suppose?

MS WATKINS: Yes.

MS ORR: So we'll come to the process of how the application works. So if I can start with you, Chief Inspector. You said that you received the application, and it's assessed. Can you just talk us through that?

15 MS WATKINS: Sure. So the application can be made online through the South Australia Police website where they fill out a form. The form provides for an identity verification process, so we're able to do that from the outset. If for any reason an individual cannot access that online portal, they can go to a police station if they need any assistance in making the application. Some of that could include English as a  
20 second language for example or no internet access. As I mentioned earlier, the application is then received and assessed against the eligibility criteria. It's received at a centralised area within South Australia Police. Those officers working in that area have background in family and domestic violence. They will review the initial application, assess its eligibility and if it's screened in, they'll provide a summary, a short summary,  
25 and they will send that to WSSSA. WSSSA then engage with the person at risk, and they will make contact, establish if that person wants to receive the information and then set up a meeting for the disclosure to occur.

MS ORR: I was going to stop you and turn to Ms Ray to ask about that first engagement.

30 MS WATKINS: Yeah, sure.

MS ORR: Just one more question about the police officers. You said, "It's a centralised assessment system and the police officers receiving the applications are specialist family domestic violence officers."

MS WATKINS: Yeah.

35 MS ORR: So is it correct that that's kind of a restricted area of SAPOL that are dealing with the applications?

MS WATKINS: Yes it is, and it's also to provide that consistency around the assessment. Yeah.

MS ORR: So the application is received, that process happens and then WSSSA is effectively referred to or notified what happens from your perspective Ms Ray.

5 MS RAY: Look, the Women's Safety Services do receive all the applications. We do  
have partner agencies in the different areas across the state, because we are state-wide,  
so we certainly have a partner organisation at the Limestone Coast, who does Limestone  
Coast, Murray Mallee region. We have someone at Yarra Dee who does Arran  
10 Western, and then at the moment we've got someone sitting in Porpiri who does York,  
Mid North and Far North and then at Women's Safety Services we take Barossa, Light,  
Adelaide Hills, Fleurieu, KI as well as the Adelaide metropolitan area. So however all  
applications do come into us as well. We receive that with the running sheet from  
15 SAPOL giving that brief overview and a determination of eligibility. The first contact  
we will do is with whoever put the application in, so that might be the person at risk, it  
might be a third party. If it is the person at risk, which is in two-thirds of the time the  
case, we will seek more information. One is we'll make sure that it's a safe time to call,  
that the subject of request is not around. If it is a safe time we'll seek that information  
on getting some information of how long have they been in a relationship, how did they  
20 meet, are there any children involved in that relationships, are there any current  
pregnancies, is there any current violence or abuse happening, so active risk to  
understand that.

Some of the living circumstances, are people living together, are they separate, and what  
prompted them to put the application in? So you know when my dad noticed some  
25 change in their relationship, and what are they hoping to get out of the disclosure as  
such? So if the application is eligible, and we've got that information, that gives the  
domestic and family violence specialists a really good understanding of the context of  
the concern that brought the application to light. They can then do some initial safety  
planning as well, assess any risk if there is active risk happening, and organise a  
disclosure meeting. The intent of the scheme, that we would be going to where the  
30 person at risk resides. Now, of course, COVID came in the mix in 2020, so that turned  
the scheme also into the opportunity of having a phone disclosure. So police were quite  
quick in shifting the scheme, really, to continue on and have phone disclosures. At the  
moment within a metropolitan area, we can have a bit of a hybrid of disclosures either  
face-to-face or phone in the regional areas. It's sometimes limited to phone contact due  
35 to distance and just limited capacity of funding to travel. If someone would like a  
disclosure meeting, we will organise that disclosure meeting, give police centrally a  
couple of weeks to do the research, to get the script together, and we will also contact  
the local Family Violence Investigation Officer to actually provide that information to  
the person. We generally organise the place of the disclosure depending on what is  
40 comfortable for the person at risk. So you know generally it might be a non-  
government organisation that we access community centres. We try to steer away from  
police stations as much as possible. In regional areas, that is sometimes the only space  
that can be used and people are okay with that. So we will organise that meeting. Do  
you want me to go on?

45 MS ORR: No. I want to ask you a few questions - - -

MS RAY: Yeah, sure.

MS ORR: - - - about what you said. So you're talking about a disclosure meeting, is that the occasion where the information will be provided - - -

MS RAY: Yes.

5 MS ORR: - - - to the person if it exists?

MS RAY: Yeah.

MS ORR: And you also referenced if they want the disclosure, does it sometimes happen that when you contact them they no longer wish to proceed to the next step?

10 MS RAY: Yes. It does, it does. Sometimes people in putting in the application re-evaluate their relationship and by the time that application comes to us, which is only a couple of weeks, someone may well have already made the decision to either separate in that relationship, has no further contact and if we are quite assured of that, that the subject of request is not hassling them, is not making any advances towards them, they're feeling quite safe, and they're wanting to move on with their life and no longer  
15 interested, totally fine. The whole scheme is about making informed choices about the relationships that someone has already done that in putting the application in. We then will provide them with any resources and certainly give an opportunity should the subject of request still make advances after they've sort of left us really. They can absolutely return. We will then notify police of that, that the application can be closed  
20 and has been completed.

MS ORR: I think you also said, "If they are eligible for disclosure", so is it the case that when you're speaking with the person it might become apparent that they are no longer eligible?

25 MS RAY: That is true as well, so if they have separated from that relationship and the whole premise of this is to be in an intimate partnership where there is risk. Yeah. Now risk can absolutely be there after someone has separated, and we all know that there is some high risk when people are separating out of a relationship, in particular if violence and abuse would be a dynamic in that relationship, so it's important for us to understand that there are no advances from the subject of request, that risk is mitigated  
30 and then generally in conversation the person at risk themselves as well will come to that, that they don't need that information because there is no risk, and we will inform them that it would fall outside of the criteria of the scheme.

MS ORR: But I think you said even in that case that you still assist with supports, referrals if need be.

35 MS RAY: Oh, absolutely, absolutely.

MS ORR: What if it's a third party application?

MS RAY: Look, we would contact a third party first point of call, absolutely thank them for being concerned about someone else and putting that application in. It's a good strategy to use. We would then ask reasonably similar questions that we would with the person at risk as well, what they understand of the relationship, and have they informed the person at risk whether or not they have put this application in. And about two-thirds do inform the person that they've put this application in, and then there's about a third that don't, for numerous reasons. Often because they're too worried about the rupture of their relationship with the person at risk. So if that's the case, if they have not informed the person at risk, we would want to understand when it might be a safe time for us to call into that person, because now they have no clue who we are, why we're calling, and so it is a complete cold call. And so we'd like to understand that the subject is, requests might not be around when we make that call, so we will be asking do they work, do they sport, do they go out, does the person at risk maybe drop their children off at a school at a particular time that we can make that call in. And if we have absolutely no luck with that, which does occur at times, we will get back to the third party to just have another conversation to see if they're willing to engage with the person at risk and inform them of the application. And people at times when we talk through that and the reasons why are okay with that and might do that. If they absolutely don't want to do that we will try and keep trying the person at risk. If we cannot get a hold of them we will re-contact the third party, provide them with a lot of information as to how they can get support for the person at risk at any given time, who they can contact, how they can provide some additional safety for the person at risk and that's where we have to leave it then if we have no contact.

MS ORR: If you do make contact with the person at risk, they can choose whether they receive the information or not?

MS RAY: Yes, they can, and I mean sometimes they're surprised that we are ringing. At times, we'll ask who's put this application in. If it's an anonymous application we would absolutely keep that anonymous, and we'll generally say, "Look, be grateful that someone is concerned about you, you know, this is about a concern for you, this is not with any malicious intent." People quite often will say, "Oh, the subject offer request has given me some history about the previous relationship", they've given me some reasons as to why they can't see their children, and we're quite cued in on that one because we do know that people often will give an account that blames others and is quite devoid of any responsibility for their own behaviour, and when we start talking around the dynamics and the tactics of intimate partner violence, generally people will come to it then we say, "Look, you have an opportunity to hear this information from police". Most persons at risk attend and come.

MS ORR: So then we moved to the disclosure, and I'll come back to you Chief Inspector, so I think you said that in that time, or maybe Ms Ray you said it, that's when the search of police systems will happen in advance of the meeting. And you explained earlier that that information is carefully assessed against the information sharing guidelines.

MS WATKINS: That's correct.

MS ORR: What happens in preparation for and what happens at the disclosure

meeting?

MS WATKINS: so in preparation we would be following up with the advice from WSSSA around the setting of the meeting and just confirmation that the person at risk is happy to receive the material. It is an involved and time-consuming process at times, so we really want to make sure that obviously the investment in it is warranted if somebody's not wanting to receive it. That's really important in relation to our efficiency of the scheme. So once we have established that the meeting is going to occur, we're looking as I said before, at the convictions, even just reports that we've had come in around anything domestic abuse related, so that relevant offending or also behaviour that would suggest certain circumstances could put that person at risk. For example, you know if we've seen someone that has a history of violent behaviour when they've consumed alcohol or drugs, then that would be considered as potentially relevant in relation to the disclosure. So a script is prepared utilising all of our history on the system and as I mentioned, anything relevant from interstate that's had a conviction. It's also a really strong supportive scheme for children in relation to these relationships where we'll also be looking at whether the subject of the request has any history around any child abuse matters or child sexual abuse in particular and if that's the case, then that would be relevant for disclosure. As I mentioned before, we're really careful to de-identify throughout this process, so once the script is prepared, it's then checked by another higher ranking officer, and it's assessed against the information sharing guidelines to make sure that anything contained within that script is suitable for disclosure.

MS ORR: What about the meeting itself?

MS WATKINS: Yeah. So then the meeting itself, police will attend at that meeting. The information on the script is read verbally to the person at risk. They do not receive a copy. The person at risk signs and undertaking that none of the information they are provided is to be published or disclosed publicly and any support person they have present would also be making the same undertaking. At that meeting the police are present with a support service coordinated by WSSSA, and it's quite an individual process around the needs of a particular person once the disclosure has been provided. And then obviously the police officer is often in contact with the WSSSA worker prior to the disclosure meeting in an effort to discuss how to best support that individual. And at that point, once the disclosure has been made, the next steps are often dictated by the response of the person receiving the information.

MS ORR: And does the WSSSA responsibility then to kick in to support the person after that?

MS RAY: Look generally, yes. We would have the engagement when the person initially arrives for their disclosure meeting, just settled them in as well, then call in police and Certainly within metropolitan areas police are plain-clothes, which makes quite a bit of a difference. It's quite a safe environment. As Kellie just said, the information is read out, and I did admit that you put it in people can actually bring a support person, not the subject of request but certainly any other support person with them as well. Once the information is provided, generally police will leave and leave the person at risk either with support person and domestic and family violence specialist

to really unpack some of that information and provide some counselling. People are at times quite shocked with hearing the history of violence that they might not yet have experienced themselves but understand that there certainly is a potential for that to occur.

- 5 So we'll unpack that. We'll certainly provide some information around how to hold that information if someone goes back into that relationship that day, how do you hold that information, provide safety around it? So some people may make decisions at the disclosure meeting but really the decision as to what they do with that information is completely up to them, you know, we're not aiming at particular outcomes there, you know, that people have their own agency to make their own choices about their relationships, but we certainly will provide safety around that. So if someone is intending to go back into that relationship, we'll talk about some of the warning signs that they can be alert to, have some safety around them if they are wishing to separate from that relationship, we'll absolutely put safety around how you separate safely and what is really good about the scheme is that it makes visible the patterns of behaviour.

- Yeah. So you start really understanding what someone's MO is in terms of intimate relationships. Police will also quite up front in the script say how many partners might have gone before the person at risk there. Sometimes that can go up to six, seven other partners. And once you start understanding a pattern that if someone has taken out an intervention order against someone and there are breaches of that intervention order, you understand that the intervention order itself is not going to provide you the safety, that it is likely that someone might still make advances towards the person at risk. And so we build in the safety, provide resources. If there is really high risk, we will absolutely do the common risk assessment tool and make referrals into the family safety framework. We'll put Safe At Home around there for extra home security and any personal protection apps that can keep them safe during that process and their kids as well for that matter.

- MS WATKINS: But what if there's no information or very little information to disclose?

- MS RAY: Yes, look, that happens. Not as much as one would think, but it does absolutely happen. Look, in the first engagement that we have, we do talk about the limitations of the scheme and the limitations of information. And most people who are at risk coming through the scheme either have experienced violence and abuse in their past, and hence they are more cautious in new relationships, or know someone and most people understand that actually most behaviours are never reported to police and so they either have their own experience of understanding that or know that of others and by the time people call police it is often at the high end of violence, so there is a level of understanding that the limitations is its only what is reported to police.

- 40 So those expectations are talked through in a first engagement as well, and we will say you know because we get the running sheet from SAPOL when we receive the application, we understand that it might be a non-disclosure, and so we'll ask someone how would it be if there's no information. What is important though is that someone's concerns are heard, and they are absolutely validated not just by the domestic and

family violence specialist but also by police who are sitting there saying, "Your concerns are valid we have nothing to disclose to you however we absolutely believe you within that" and what is encouraging about non-disclosures actually is that quite a few people then decide to report historical abuse to protect others that might be coming through the scheme, and it does provide renewed confidence in police. They might have tried to report things that either did land or not land at a police station, but they absolutely have more encouragement to give that another go.

MS ORR: And can we assume that even if there isn't information provided then there are still the same supports, the same assistance?

10 MS RAY: Same. Absolutely. And it is because people come with concerns, and they are heard, they are heard, they are believed, they are absolutely validated and from there, the work you know happens on our part.

MS WATKINS: Can I just say on that, that some of the criticisms from disclosure schemes that we've heard trialled or occur internationally are around that when there is no disclosure to make, some of those criticisms have said, "Oh, well that's almost suggesting that well there's nothing to see" and what is very unique and very strong with our scheme and the way that we co-deliver is that that conversation is actually called out and had to say, "Just because there is no information here, does not mean that you are not subject to abusive behaviour in your relationship." We talk about that very openly in relation to what gets reported and what is not actually on the system. So I think that's just really important to note that that's something that's considered and very much front of mind for us that these people don't ever leave these disclosures feeling like, oh, okay, well, there's nothing to see here, there's no history.

MS RAY: Sometimes people actually know far more than police, so they are connecting in with previous partners or friends that might be around the subject of requests who give them all this information and will know more. So the initial response can at times be disappointment, like, oh, you've got nothing, I've got all this information. But again, we talk about the barriers for reporting behaviours to police that at times might not fit directly into the criminal aspects of it, so don't get necessarily noted down when you go to the police station, because they might say, "Really, this doesn't really fit anywhere as such", and in particular around coercive control.

MS ORR: And that's assuming that the person makes the report in the first place.

MS RAY: Look, that's right.

MS ORR: Can I move on a little bit now to ask about the success of the program and how you would see success or how you would measure success of it, maybe from a policing perspective first?

MS WATKINS: Sure. The objectives of the scheme, when it first commenced, had three key areas. So it was to provide a mechanism to allow a person to be informed about their current or former partner's history of violence, to facilitate contact with appropriate support services, so that individuals can make safe choices about the future of their relationship and any ongoing contact. So with those in mind, it's interesting

then to consider the measures of success of the scheme bearing in mind that prevention is a difficult concept to measure and so at times while our scheme has actually got some tangible outcomes, I just really wanted to call out that some of this is actually more about the value proposition and the public value perspective around what's delivered. So WSSSA have been involved in a survey process that assessed the scheme from 2018 to 2024.

The results were overwhelmingly positive from those that engaged with that survey process and I think that was around 26 persons at risk, that participated and some of the significant outcomes and I do say significant because when you compare these results to other disclosure schemes internationally and some trialled nationally, it's significant. 98 per cent of those individuals that completed the survey found that the disclosure scheme was helpful in making decisions about personal safety and so when you consider that against the objectives of the scheme, I say that that is definitely a measure of success. Along with that 99 per cent of those people were satisfied with police and also the support services and then also the growth that the scheme has had since 2018 has been over 200 per cent. Again, another indicator that the public see value in what we deliver in this scheme.

MS ORR: Have you got anything to add, Ms Ray?

MS RAY: Absolutely. Yes, yes. Look, 60 per cent of the people accessing this scheme have never ever been in connection with a specialised domestic and family violence service and so that means that we are reaching quite different population groups across South Australia than what generally would access our services and at the time of application 85 per cent are not connected as such. The other thing that is I think really successful of the scheme is that regardless of eligibility, everyone receives a service from the domestic and family violence specialists. Yeah. So whether or not you get your disclosure or not, that means that there's a lot of opportunity for provision of information, education around early warning signs, high-risk indicators, where you could access resources, do safety with people, provide safety management strategies around that, assess risk, because risk can sit in the ineligible applications as well.

But everyone will receive a service outside of the disclosures and that is quite a success. The other thing and hate to say it, but there is a general at times mistrust of police either because of having tried to report or finding that responses haven't been as to what they were expecting and what this scheme absolutely provides is because it is held you know many a time certainly with disclosures in a safe environment, there is a reconnection and a renewed confidence in police because the officers who are providing the disclosures are au fait with domestic and family violence, so they understand and so there is that renewed confidence which is absolutely important for future reporting that people do feel they can report. So that is a really big success. It is a safety first approach, the domestic violence disclosure scheme. So we're absolutely looking at safety within that. And the other success I would say is that there is a really strong collaboration between SAPOL and the domestic violence services. It is robust. It is very respectful. We absolutely respect each other's roles and responsibilities within the scheme and that makes for really good partnership in that.

MS WATKINS: Can I also just say, I did note the comments from your previous

witness who mentioned about access to areas of the community where police actually would not otherwise have had the opportunity to engage with. And so when we talk about this as being an early intervention opportunity, I actually would consider it an intervention opportunity because no matter where that intervention occurs in the life cycle of the relationship, these are people in the community that 86 per cent are not currently engaged with a support service and certainly not engaged with policing. So this allows us, and so when we talk about the prevention piece of this, the fact that it might not align to traditional policing accountability where we're holding a perpetrator accountable by virtue of the justice sector, but it's an intervention opportunity and a prevention piece to support people that we wouldn't ordinarily have the opportunity to.

MS RAY: Sorry, can I just add one more, because I think it's important, because many people ask us about outcomes. Other people leave relationships. That is not the point of this scheme. The point of this scheme is to get the information, and absolutely for people themselves to have the agency and the choice to make decisions about their own relationships within that, and so it does manage risk and safety in a way, leaves it with the person, but it makes visible, patterns of abusive and violence and controlling behaviour and that is important and that is important for safety as well to understand those patterns and be able to put safety around that so many people leave disclosures clean, whether or not eligible or ineligible feeling quite empowered. One, because they've been believed, validated in their concerns, have got some tools behind them and feel strong in any decisions, whatever that might be.

MS ORR: You mentioned more than 200 per cent growth. Do you have some figures for the number of applications that have come through the scheme?

MS WATKINS: I do. I'll find them in my notes. So the 2018 to 2019 financial year, essentially the part year of operation with 2018, 256 applications were received and then the 2023 to 2024 financial year that has increased to 662.

MS ORR: And I think, one of you mentioned earlier in your evidence, it's about 60 per cent personal applications and about 40 per cent third party, is that correct, approximately?

MS RAY: Roughly. And it's been consistent, actually, throughout the whole entire scheme. About a third come from third parties.

MS ORR: And funding, very briefly, does South Australia Police receive any additional funding for this scheme?

MS WATKINS: No. Since 2018, South Australia Police has not received any funding and the Commissioner has had to find resources within the existing budget and subsequent to that no funding has been provided and just of note with the steady growth in the scheme and the current environment surrounding police demand, it's seen the time frames for the processing of a disclosure move from, on average, 14 days to now 21. And without the investment of any other resources and the growth trajectory of this of the scheme, I can only see that those time frames will continue to extend out.

MS ORR: And does WSSSA receive funding?

MS RAY: Yes, we do. Like you want to know how much?

MS ORR: Where's the funding from?

MS RAY: Oh, look, it comes from Office for Women. It's a bit over 500,000 for the state-wide. It funds, at the moment, 3.2 FTEs across the state.

5 MS ORR: A big question for both of you now, how would you say the scheme is innovative or unique? I can start with whoever would like to start.

MS RAY: Look, the scheme was independently reviewed by Dr Katerina Hadjimatheou, who was funded through the British Academy to do a research across the globe, really, around domestic and family disclosure schemes. She went to Canada,  
10 UK, Ireland, New Zealand, us as well. And from that, what we really gleaned is that the scheme, one is, it's very victim-centred, and so the approach is about a trauma, domestic and family violence informed approach. It's in collaboration, so a lot of the disclosure schemes across the globe are just purely run by police, and it would miss the more trauma informed approach within that, not saying that you don't, but mostly, so that  
15 combination, the collaboration is quite unique. The other things, I have to look at my piece of paper.

MS WATKINS: The report that Ms Ray is referring to, if you don't mind I would just like to read a quote from that report. So the report stated that for the South Australian scheme, disclosures have an overwhelmingly positive impact on them, which is the  
20 persons at risk, including making visible previous hidden patterns of abuse by serial perpetrators, correcting victim blaming narratives and helping clients make informed decisions about their relationships. The review also highlighted that comparative data and client feedback show the South Australian Domestic Violence Disclosure Scheme represents good practise globally in domestic violence disclosure schemes. An  
25 anonymous survey of users of the scheme in England and Wales found 64 per cent were satisfied with service from police compared with 99 per cent in South Australia. 20 per cent of those respondents in England and Wales reported being very unsatisfied with the service from police compared to zero in South Australia. The South Australian scheme represents good practise globally and is currently delivering on its three key objectives.

30 MS RAY: And can I just add, I think another way we are quite unique is that everyone receives a service. So every single applicant to the scheme will receive a service and that is not necessarily so in other jurisdictions.

MS ORR: I should have probably asked before I asked you that question, are there similar schemes elsewhere?

35 MS RAY: Look, I don't know if they're similar. They seem to be quite different. They are police run, mostly. Certainly, the UK has had the scheme much longer than South Australia, and they operate under Clare's Law. And so there is a right to ask as well as a right to know. We don't necessarily have the right to know as much here, and that would require much more police resourcing, but it's certainly a right to ask. Yeah, that's  
40 what the scheme will do. So are they similar? Yes, there are disclosure schemes. Do they run similarly? No, they don't. And I think that's what puts us in a quite a unique

position and puts forward that it is a model of best practise that other jurisdictions can either take on board whilst implementing a scheme or reviewing, and I certainly do understand that the UK has been quite interested in looking at how we're doing it here in South Australia.

5 MS ORR: Thank you. Commissioner, I have no further questions.

CMR DESPOJA: Thank you, Ms Orr. To me, it seems quite innovative that you're running police and specialist services, so quite interesting hearing about that, but can I ask, how do people find out about this scheme? Do you advertise?

10 MS RAY: Look, Commissioner, we don't hugely advertise. We sometimes we don't have a huge amount of funding to advertise. We do put some paid Facebook advertisements out a couple of times a year, sometimes targeting specific regions or specific population groups. We then foot soldier along and talk to anyone who would like to listen to us and encourage people to tell their friends, their family, all of that. We did at one stage do a major poster campaign on the back of toilet doors in shopping  
15 centres, hotels, et cetera for a month. That didn't necessarily increase the applications as such, so yet some years later we still at times hear that people say, "Oh, I saw that poster on the back of a toilet door." So it's interesting how campaigns like that can operate, but the reality is we're running pretty much at capacity at the moment, so if we do do a lot of advertising then we are going to be pedalling flat out.

20 CMR DESPOJA: Chief Inspector?

MS WATKINS: I think the concern in relation to advertising is that even in the absence of advertising, we've had a 200 per cent increase in the scheme and as I had already mentioned, the processing time is starting to extend out and part of the value of the scheme is actually being able to respond to people at that time, so when we receive  
25 an application, it's actually really important to be able to address that quickly. There is a risk that in this process, for example, that we may have an increase in applications that would see that time extend out, as I mentioned.

MS KAY: In this process you mean?

30 MS WATKINS: In providing evidence today. Obviously, you know, we're here for any person who needs it, but it's just a relevant consideration that in the absence of any marketing, the scheme is as Ms Ray said, at capacity.

CMR DESPOJA: So, that increased by 200 per cent, which is quite a large figure is through the processes that you've described, Ms Ray?

MS RAY: Yeah.

35 CMR DESPOJA: And you've identified that trajectory is projected to continue.

MS WATKINS: Yes.

CMR DESPOJA: Can I just ask about third-party eligibility? And I think Ms Ray, you actually referred to professional capacity - - -

MS RAY: Yeah.

5 CMR DESPOJA: - - - some people requesting information. Who is that? What does that mean? Are we talking employers, employees? Are we talking usually it's parents or loved ones, families?

MS RAY: Yeah.

CMR DESPOJA: What - how wide does that circle go in terms of third parties being able to request information on behalf of someone?

10 MS RAY: Look, it is predominantly, professionals would be a bit over 50 per cent of the third party applicants and that might be in a capacity that they might be counsellors, they are talking to people, they are hearing the person talk about their experiences within their relationship and absolutely are quite concerned. They may well be talking to the person about the disclosure scheme and the person goes, "No, no, no, it's okay,  
15 you know, the relationship is okay, we're going for a relationship counselling" or whatever, and the person might go, "There is violence, there is control happening in this relationship. I will be putting in an application." Sometimes we've had a couple of applications from MAPS come through, where the multi-agency Protection Service where it is clear that someone has been in quite a high risk situation and now there is a  
20 new partner on the scene and certainly the WSSSA representatives at MAPS have put applications in.

Sometimes it comes from police in the regional areas who may well have had contact with the person at risk, try to inform them and the person is not hearing it from police as much as at times people won't hear it from Child Protection workers either who may  
25 well have information on the subject of request, and they will request a disclosure meeting because we are coming from a different angle in that, and we don't come with a statutory obligation behind us. So people are more relaxed and more open to hearing the information. So they can come from health, they can come from corrections at times where they are picking up on people who might be making phone calls to the  
30 outside world where they are saying, "There is some concerning behaviour happening there" so they come from quite a wide range of professionals in that respect, and then you will have absolutely family, parents who are worried, but also children who might be worried about their parents when they might be separating at ages late 40s, 50s. They've gone online, met a new partner, suddenly there is no contact any more  
35 between them and children are concerned, and they'll put an application in. Friends put applications in which is lovely as well.

MS WATKINS: I just wanted to highlight something significant around the third party reporting opportunity and that is that it's actually difficult for professionals, friends and family that are surrounding a person in a relationship that may identify risk factors to be  
40 able to influence and take action for that person. So you know it's often the case that any one of those people may be seeing indicators of concern, what do they do with that? Previous to this scheme in South Australia I'm not sure what they would have

done with that. This just allows a person to take action to try and support a friend, a family member or someone they're working with and help that person identify risk. And then also I'm not sure if it's come out in evidence yet, but the third party applicant doesn't receive the information relating to the subject of the request. It's only  
5 the person at risk.

CMR DESPOJA: Of those 609 applications over the 2023 to 2024 period, that's not necessarily 609 different people being examined or referred to you, is it? I mean a lot of those could be repeat or multiple requests about a person. Does that make sense?

MS RAY: Yes, that happens, but not as much as you would think. Out of the whatever  
10 you call, you might get about 10 repeat applications.

CMR DESPOJA: Right.

MS RAY: Yeah. So the applications predominantly come through as individual applications. One application's for one person. And then at times, you will get two applications coming in where a friend will put one in and then the person at risk  
15 themselves also goes, "Oh, I'll put one in, too." But most of them are independent applications.

CMR DESPOJA: Right. And what about the ones that don't meet the eligibility or the assessment criteria? Obviously you're very judicious in that process, but is there such a thing as vexatious applications?

MS WATKINS: Yeah. There can be, but they're rare, and the eligibility criteria exist to identify those, the behavioural indicator of concern, the assessment process undertaken with the people making the application. That's a really robust process, so we identify those pretty early.

CMR DESPOJA: Chief Inspector, going back to your point about how it's important  
25 that this is done in a timely way with alacrity preferably, 14 days seemed very efficient and impressive. You're now talking about three weeks or 21 days and that potentially being longer. What do you need to ensure that it doesn't creep out like that? What is the staffing arrangement that you currently have, and what do you need in order to address that climbing statistic and that creeping out time frame?

MS WATKINS: Yeah. I think that South Australia Police have made a significant investment in the scheme obviously identifying the value and so that's seen resources made available to run the centralised assessment area and then resources out regionally and across the metropolitan area available then to deliver those disclosures. So the scheme has got far-reaching impacts on demands for the organisation, particularly in an  
35 environment where policing of domestic abuse matters more broadly is significant for us outside of this scheme. So we have a really robust and strong commitment to policing of domestic violence and then this scheme. Opportunities for efficiencies with the scheme would be one avenue. We currently run a very manual information sharing system because the scheme's never been funded for a platform or a portal to share the  
40 information. Data control and security, another significant issue, a platform would assist in taking some of the manual aspects of that out and creating efficiency and

capacity for the individuals currently working in the scheme, but then also greater resourcing that would be fantastic also.

CMR DESPOJA: But when you say sort of manual, are you literally going through files?

- 5 MS WATKINS: There is scanning, emailing, manual written assessment of these documents. So when we overlay that manual process to a modern technology based environment, it is very manual in the way that we are undertaking the information sharing. And obviously there are considerations around our organisational structures, us being a government organisation and Women's Safety Service being a non-government, so we have to apply quite strict data control around that.

CMR DESPOJA: You mentioned some pretty impressive evaluations. Is evaluation an ongoing thing in terms of how you're assessing - well we talked about success but assessing the impact and efficacy.

- 15 MS MAY: Look, we at the moment seek client feedback for disclosures only, so when someone actually comes to a disclosure meeting, at the end of that meeting we have a SurveyMonkey link through QR code, someone QR codes that and responds then. As Kellie indicated, there's a 25 per cent return rate on those surveys, so it's a robust evaluation at a first point. Then we sent another link out a month later. We're asking similar questions and the response rate on that one is lower. Yeah, it's about I think, 20 seven or so per cent, so it is lower, but it certainly does give us a little bit of an indication as to, you know, are there any longer term impacts for the scheme. So we get that client feedback. What we don't get client feedback at the moment is for anyone else coming through the scheme.

- 25 CMR DESPOJA: I see. Chief Inspector, thank you for coming back with additional evidence. I hope that we haven't added to your workload in a way that is difficult. And I say that quite seriously. We're aware, or I understand it, that the largest number of calls to the crisis line occurred when the Royal Commission was announced, and so I can only imagine greater awareness leads to greater help seeking, and so we're very conscious of that. Ms Ray, thank you also for being here. Counsel assisting.

- 30 MS ORR: Thank you, Commissioner. I ask the witnesses be excused.

CMR DESPOJA: You're free to go. We will take around an hour long break for lunch now. Thank you.

**ADJOURNED**

**RESUMED**

- 35 CMR DESPOJA: Welcome back to day seven of public hearings for the Royal Commission into Domestic, Family and Sexual Violence. Counsel Assisting.

MS ORR: Thank you, Commissioner. I call Ms Laura Cilesio.

**LAURA CILESIO, SWORN**

MS ORR: Thank you. Ms Cilesio, you are the senior director of Intermediary programs in the Australian Capital Territory, is that correct?

MS CILESIO: Correct.

5 MS ORR: And how long have you been working with intermediaries?

MS CILESIO: Since 2016.

MS ORR: And is it correct that as well as currently working in the ACT, you've set up intermediary programs in other states?

MS CILESIO: That's correct.

10 MS ORR: Can you give us just a short background about the ACT Intermediary program and how it came about?

MS CILESIO: Sure, so in 2019, the government gave some budget to the AC Human Rights Commission to establish its own intermediary scheme similar to that that was already established in New South Wales and Victoria and so by the 30th or 31st of  
15 January 2020 there was an intermediary scheme operating in the territory.

MS ORR: And is it correct that the Evidence Act was also amended to allow for the program and for criminal proceedings to use intermediaries?

MS CILESIO: That's correct.

MS ORR: When did the program commence?

20 MS CILESIO: So, it commenced with police on the 31st of January 2020 and then the 9th of March 2020 for courts who were still determining processes for the court system in the ACT, so it started a bit later.

MS ORR: Can you give us an overview about what the Intermediary program does?

MS CILESIO: Sure. Every jurisdiction is a little bit different. In the ACT we work  
25 with a broad range of victims and offence types. The primary referral pathways through policing, so the sexual assault and child abuse team in the ACT are our major referrals. The program is a hybrid, so we have in-house intermediaries, so they're salaried employees, and we have panel of intermediaries. We're a 24-7 service, so we provide intermediaries within business hours but also outside of business hours on  
30 weekends and public holidays and that makes up about 30 per cent of the referrals we receive. That was one of the first things that police said to us when we started the program. It's not just nine-to-five, policing is all the time, and so we made that adjustment right from the outset, so we manage those referrals as well. The intermediaries will go out to pretty urgent engagements usually within, I think I

estimated about 76 per cent of referrals are received within two hours of notification from police, but we're a small jurisdiction. I'll remind everything's pretty close proximity to where our offices are based. There's program and intermediary colleagues in the team. The program which is myself a senior director a director and two program  
5 administration officers, they manage everything that comes through the program in box or program phone and that includes inquiries, referrals and any other kind of information or requests that come to the program and that is very purposeful. Intermediaries are impartial, neutral officers of the court, and they cannot be seen to be involved to that degree. And we have been operational now for I think  
10 five years, if I look at the calendar, and demand has just increased year on year.

MS ORR: So again, speaking generally, what does an intermediary do?

MS CILESIO: So they're independent impartial communication advisors, and that's probably as succinct as you can make it without getting into the detail. Their role and function is set out at Chapter 1B of the Evidence Miscellaneous Provisions  
15 Act. Chapter 1A refers to the ground rules hearings that intermediaries must also attend. They usually have a tertiary qualification in an allied health profession background, so social work, speech pathology, occupational therapy or psychology. There's an additional provision in our legislation that allows for someone else with the relevant professional background or expertise to perform that function,  
20 but it's a pretty high bar on purpose. The role is very skilled. You have to be highly professional. You're going into an adversarial system where questioning and engagement has been done the same way for a long time and so inserting yourself into that process has to come as sort of a level of expertise and professional background.

MS ORR: You've mentioned the Evidence Act. Just briefly, I want to ask a little bit about the legislative framework that allows for this. So is it correct that the ACT  
25 Evidence Act allows for the court to order an intermediary court proceedings?

MS CILESIO: Criminal proceedings, yes.

MS ORR: And could you explain, are there prescribed witnesses (indistinct)

MS CILESIO: There is prescribed witness categories. They are child complainants in  
30 sexual offence proceedings, but that also includes adults who were children at the time the offence took place and witnesses to homicide.

MS ORR: But is it correct that the court can order intermediaries for witnesses more broadly?

MS CILESIO: The court has, particularly in the last couple of years, used their  
35 inherent power to order intermediaries in a broad range of criminal and civil matters.

MS ORR: And you've mentioned ground rules hearings, what are they?

MS CILESIO: So they're essentially a discussion with the parties, the intermediary and the judicial officer, where they discuss the recommendations the intermediary has made in their court report and then the judicial officer will either direct or not direct those into

the rules for questioning. If they're directed into the rules for questioning, when it comes to that point in the process, the intermediary can intervene if any of those rules are not followed during that questioning process.

MS ORR: I'm going to ask you a bit more about that in a moment. And lastly on the  
5 legislation, you've mentioned this morning that intermediaries can assist police.

MS CILESIO: Correct.

MS ORR: Is that something that is legislated for?

MS CILESIO: No. So there's no jurisdiction that legislates a police process. It's  
usually an agreement between the program and the policing colleagues. The Tasmanian  
10 Scheme I believe are looking into whether they legislate their processes, but it's usually  
just a thing that they've incorporated into their referral.

MS ORR: Can you talk to us about the eligibility for the intermediary program,  
and I'm talking about the ACT program?

MS CILESIO: So we started out with prescribed categories, which were the child  
15 complainants and sexual offences and witnesses to homicide. It was always envisioned  
that it would be a phased implementation in the territory. So starting with that  
prescribed category, then expanding to adults with communication difficulties, and then  
vulnerable accused, which we did last year in March. Communication difficulties is  
very broad in the legislation and that's intentional. It just gives an example. I think  
20 it's a physical or mental impairment that impacts speech and that's brought on purpose  
because it doesn't have to be a diagnosed condition to access the program and often  
people either don't want to disclose they have a disability or they don't acknowledge or  
identify as having a disability and communication difficulty generally is quite broad. It  
can include things like cultural considerations and other barriers to communication in  
25 those engagements.

MS ORR: I assume the person needs to consent or want to use an intermediary?

MS CILESIO: That's correct.

MS ORR: And beyond that are there any other eligibility restrictions applied?

MS CILESIO: No. We have a safeguarding process for suspect interviews with  
30 police. We need to ensure that there's always a legal representative present if an  
intermediary is going to be engaged.

MS ORR: You've said that the communication difficulties are very broad. Could you  
give some examples of the range of things that you might see?

MS CILESIO: Yes, primarily it's young age, so age in itself being a barrier to  
35 communication. Trauma and mental health are probably the biggest communication  
difficulty we see on the referral forms we receive and those are also quite broad

5 themselves. Mental health issues can incorporate a wide range of mental health issues, PTSD, dissociative identity disorder, schizophrenia, any of those types of communication issues. There's also behavioural difficulties you see quite a bit of, ADHD, ADD, ODD, so Oppositional Defiance Disorder, Autism Spectrum Disorder, learning disabilities, cognitive impairments, brain or head injuries, neurological conditions, so degenerative. We've had a large number of referrals for older people who have dementia or other kinds of neurological conditions, but trauma and mental health are primarily what we see come through.

MS ORR: And where do your referrals come from?

10 MS CILESIO: So we have three referral pathways, police, legal practitioners and the courts.

MS ORR: All courts?

MS CILESIO: Yes, apart from the tribunal. Family Court is a different jurisdiction so ours is Supreme and Magistrates Court.

15 MS ORR: And I am going to ask you more about the process, but my last question before that is numbers. Do you have any figures about the number of people that are coming through your program?

MS CILESIO: Yes, so every month we do a data snapshot. Last year we had almost 400 police referrals and over 100 court referrals, so that was our busiest year to  
20 date. Court is probably the most resource intensive element of program service provision. There's different parts, and they move all the time and sometimes court will sit and sometimes court won't sit and you sort of dedicate that time, and you just have to be in the court's hands. There was a 56 per cent increase in court referrals last year on 2023 and the first two months of 2025 there's already been a 108 per cent increase in  
25 referrals we've received.

MS ORR: Total?

MS CILESIO: Total. So there were 46 in January and February last year and almost 100 I think, on the (indistinct)

30 MS ORR: Okay, so now I want to ask you to tell us about how it works and let's take the police referral first. So how does that work?

MS CILESIO: Very quickly usually, so often it's just a phone call and police will say, "We're going out to a school, a day care centre, a house, there might be somebody coming to the station so mum or dad or another caregiver is bringing them to the police station. We need an intermediary. We're not quite sure what the communication issue is, but they're quite young, and so we'll match an intermediary that has those suitable  
35 skills". That's a very important part of our safeguarding and service provision is that suitably skilled intermediary. We send them out. They go to that engagement.

They do a communication assessment and depending on time, so if they're going to a school and the young person is getting collected in the next hour or two there's not a lot of time, so they might have five minutes to do a communication assessment. Ideally it's about 20 minutes, and they'll make some recommendations to the police officer about what they've observed in that engagement, and then they'll sit in that interview, and they ask what we call the four magic questions. How long do I have the assessment? What areas of communication do you want me to focus on? How would you like me to let you know that there's a breakdown in communication, and what topics should I avoid? Because the intermediary doesn't want to talk about the evidence during their communication assessment. So if it's about mum or dad, they won't talk about mum or dad.

MS ORR: Are they questions that the intermediary is asking of the police officer before - - -

MS CILESIO: Correct.

15 MS ORR: - - - before they then start communication?

MS CILESIO: That's right, yeah.

MS ORR: That communication assessment, I'm sure it's very complex, but can you give us a brief overview of how they might go about that?

MS CILESIO: Sometimes it just looks like a game, depending on the age of the complainant, witness, or suspect. And in that game, they might be able to derive a whole heap of recommendations that they might make. Turn-taking, language, complex language and understanding of complex language, cognitive load, how can they hold information that you give them, and then answer. They might look at sequencing, turn-taking, because that's going to be very important for an interview, their use of pronouns or language generally. So what do they use to describe people in their family or things in their life? How do they refer to times of day, is it events of significance to them, is it getting up in the morning, and it's all about before after that or do they know time concepts, and they can do all of that pretty rapidly in their assessment.

MS ORR: And then you mentioned the interview would be what happens next, so what's the intermediary's involvement in that police interview?

MS CILESIO: So they will just sit there and observe, and if they notice that there's some kind of barrier that's come up, or they're noticing that there's not a miscommunication, but something that they need to let the officer know, they often will just use post-it notes to suggest a break, and then they'll have a verbal debrief with the officer about what they're noticing, and they can either change their approach, because there's operational things that policing colleagues have to do that the intermediary may not be aware of or across, and it's not for them to know anyway. They're just there to make sure the communication is clear. So if there's operational needs, they just need to know that person's going to be safe going home, it may not be about what the intermediary is noticing around the type of question they're asking for example.

MS ORR: And I think you said before there's also the initial briefing of the police officer before the interview commences.

MS CILESIO: Yes, so they'll have a very quick verbal debrief around what they've noticed and if they've noticed it too. Usually it's around the rapport building and  
5 keeping that person feeling psychologically safe and engaged.

MS ORR: And you said before, 24-7 and a lot of your work is after hours.

MS CILESIO: 30 per cent of it.

MS ORR: So turning into court referrals, how does that work?

MS CILESIO: They're a bit more complex because they can happen in one of two  
10 ways. The court can make an order, and then we follow up with the DPP or the Director of Public Prosecutions Office for the referral information, if it's a complainant or witness, if it's an accused person with their legal representative. Other ways that it can come into the program is the DPP or the legal practitioner flag with us that they're going to make an application to the court for an intermediary and once that happens we follow  
15 up with either the associate or the registrar to get that information.

MS ORR: And is that to confirm that the referral has been made before you then make contact with the person?

MS CILESIO: Correct, it acts as our permission to then contact the person and start that process.

20 MS ORR: And what's the process?

MS CILESIO: So once we've received confirmation on both, we reach out to the witness or the complainant or the caregiver if they're a young person or the lawyer if it's the accused person, and they're in custody or whatever their arrangement is. We set up a communication assessment with the allocated intermediary, so we match the  
25 intermediary based on the communication needs that have been identified. The intermediary will do a communication assessment probably 60 minutes to 90 minutes depending on the needs of the person and how many breaks they take and that kind of thing. It's always in the presence of responsible third party, that's one of our safeguards as well. It's very important that there's always another person in the room when the  
30 intermediary is with that vulnerable individual.

The assessment will go through a whole heap. Court's a different context, it's not like anywhere else that you go and answer questions. So they'll explore those types of questions using really innocuous activities. One of the things that they might use, particularly for young kids, is a scene from Paddington Bear, like the movie Paddington  
35 Bear, and then I'll ask questions about it. I put to you that the bear wasn't wet by the end of the video. I suggest to you that his hat was yellow. So asking those types of question forms, propositional statements, all that kind of thing, in a really innocuous way, and getting a sense of how those question types make them feel. And often they'll say, "That was really confusing, why didn't you just ask it simply? And that's basically

the rationale for the intermediary's recommendation.

MS ORR: You've mentioned intermediaries recommendation, so what's that?

MS CILESIO: So they write a report once they've completed their communication assessment. The report varies in length. It can be about 20 pages usually, maybe a bit  
5 more depending on the appendices. We actually learnt, from our stakeholders, got feedback about the way that we had originally written it. It used to be really long, and it used to go through expressive language and receptive language and emotional state, general observations, and then there was a bit of repetition between the table of  
10 recommendations and the content. So we've streamlined it. Everyone's busy. Parties are time poor. They just want to know what they need to do. So the first part of the report just outlines the role of the intermediary and then goes straight into those recommendations. They can vary as well in how many there are, usually about 10 recommendations up to about 20 depending on the complexity.

They might be things like breaks or signposting, so telling someone when you're going  
15 from one topic to another topic, avoiding complex language, avoiding legal terms. It's amazing how many witnesses or vulnerable people we've engaged with that don't know what commence means or adjourn or vacate and that's thrown around quite a bit at court, and they're just expected to understand what that means. So they'll write that report based purely on what they've observed in that communication assessment and if  
20 there is an evidence-in-chief interview with police, they will watch that to have a sense of what their vocabulary is around body parts because they'll never talk about the evidence in the assessment and that will be their way of ascertaining what they refer to their body parts as and also their breaks whether they need breaks or whether they need focus items if they're a bit fidgety or they need a way to keep their hands  
25 occupied. That report is quality reviewed by the program so every report that an intermediary writes goes through the program. That's submitted to the registry and then that's disseminated to the parties in preparation for the ground rules hearing.

MS ORR: Can there be recommendations about a practical sort of physical set up of the courtroom?

30 MS CILESIO: Absolutely. Lights. So, the lights in the remote suites in the ACT are quite bright, and the tables are white and so when the lights turn on, it's very overwhelming. So the intermediaries will often make recommendations around that. We have a remote suite that has a toilet within it and if there are toileting issues, whether it's a very young person or an older person that one of their stress and anxiety  
35 responses is to go to the toilet without a lot of notice, we can recommend that that room is booked for them. It could be the weighted items that they use or stuff that they might have available to them in the family room, whether that's music or scents or an artwork or something that they can do to occupy themselves during that break.

40 MS ORR: You've mentioned the remote suite, just for anyone that doesn't understand, can you explain what that is?

MS CILESIO: So it's a part of the court that is accessible to vulnerable people who are giving their evidence remotely. So if they're considered as per the legislation a

vulnerable person they can give their evidence remotely.

MS ORR: So they're not sitting in the courtroom itself?

MS CILESIO: Correct, yeah.

MS ORR: So there's the report that's reviewed and then is that submitted to the court?

5 MS CILESIO: Submitted to the registry and then disseminated to the parties. Yeah.

MS ORR: And what happens next?

MS CILESIO: There's a ground rules hearing where the parties, the judge or magistrate and the intermediaries, the intermediary must attend, and they discuss the recommendations in the report. It's the opportunity for them to ask questions about why  
10 the intermediaries made that recommendation and how that might impact their ability to ask questions. The intermediaries are very well trained in all things questioning in that context, so we do a lot of training around Brown and Dunn, the rule in Brown and Dunn, so the putting of an argument to somebody, and that's obviously that part of the cross-examination process that can be quite stressful and can elicit those stress and  
15 anxiety responses.

MS ORR: Is that like the Paddington example you gave before? I suggest to you.

MS CILESIO: Yes, I suggest to you that that didn't happen, did it? The use of tag and assertion questions. So the da-da-da-da-da isn't it, da-da-da-da-da aren't you, da-da-da-da-da-da. So suggesting what you want the answer to be and for people who are younger,  
20 who might have a vulnerability that impacts their ability to interpret those types of questions, it's really important to avoid them because it may lead to unintentional, inaccurate responses.

MS ORR: And then does the judge or magistrate make orders about how the proceedings will run?

25 MS CILESIO: Yes. So they'll go through each of the recommendations and say, "That's directed, that's directed, that's directed." They might make adjustments. So one of the adjustments they can sometimes make is around the breaks. If the intermediaries recommended a break every 30 minutes, they might suggest 60 minutes instead, or they might not say what the duration is before a break is taken. They might  
30 just suggest frequent breaks are taken as needed.

MS ORR: And once those rules are established, what happens then during a hearing or when someone's giving evidence?

MS CILESIO: So the intermediary, if directed, so that's one of the directions that the judicial officers will make about where the intermediary sits and how they'll intervene,  
35 they'll sit near to the witness. So if the witness is sort of sitting here, they'll sit a little bit back, so they're not taking up room on the screen, and if it's in a courtroom, a little

bit back, so they're not in the way of the jury, and they'll sit there, and they'll watch the body language of the person giving evidence and listen. It's a very emotionally tiring role, because you have to listen and think, is this breaching any of those directions? But before that person answers, as well, because you don't want to seem like you're

5 protecting the witness or involving yourself in that evidence. So it's a pretty dynamic kind of role, interventionist role. So if someone's asked, for example, a multipart question, one of the recommendations is to avoid multipart questions. I'll go, "Your Honour" and wait for the judge to say, "Yes, Madam Intermediary or Mr Intermediary", that was a multipart question. Yes, quite right. Ask it simply please.

10 MS ORR: Does the intermediary ever intervene or get involved in relation to the content of the question?

MS CILESIO: No. So we are very conscious. We work within an adversarial system. We're not there to protect. They have no investment in case outcomes, they're there for communication. The content will be confronting, that's unavoidable, but the

15 questions are where the intermediary's interests are and whether they abide by those directions that the judicial officer has made.

MS ORR: Moving on to another topic. I understand that your program also does some police training.

MS CILESIO: Yes, so we are embedded in several parts of the training delivered to

20 policing colleagues, depending on what level they're at. So we go out, and it's called local planning and procedures training, but it's for general duties, officers, new recruits. So those that are going into policing fresh, very young, may not have had a lot of experience with vulnerable populations. They're going out to a lot of domestic violence situations. They're going out to a lot of sexual assault situations. So we try

25 and arm them with as much information as possible around how to manage and navigate that dynamic, and it can present any way. We also do the interfering vulnerable witness training so before a policing colleague can run a recorded injury with a vulnerable person they have to pass that training, and we also do a revamped training that's specialist for sexual assault and child abuse colleagues. It's called Sexual Offence Child

30 Abuse program and that has only been in place for about two years, but we have a substantial component of that as well that we deliver.

MS ORR: And in terms of what you're delivering, I assume it changes depending on the program, but is it awareness of your program, but then also the more skills based, information based training as well?

35 MS CILESIO: Yes, so it's usually a program person. Myself or the director, we go out with an intermediary, usually a senior intermediary, and we have case studies where we sort of workshop with the policing colleagues around how they might interact with that witness depending on their needs and the sort of strategies they might see an intermediary recommend. So very practical.

40 MS ORR: You told us earlier, I think, that you have in-house intermediaries and a panel of external intermediaries that you use.

MS CILESIO: Yeah.

MS ORR: They're tertiary qualified. Is there then additional training?

MS CILESIO: Yes, so all intermediaries that join the scheme, whether they're in-house or panel, must undertake very rigorous competency-based training and accreditation. It used to be five days, and that was back when we first did it, but obviously that has changed as we've learnt more about how the role works in the jurisdiction. We offer it in two sessions now, because our panel intermediaries, we were training in all of the court work, but they weren't doing any of the court work because of their availability. So we now offer a tier one partial accreditation for police referrals and that's two days, and they have to pass five elements of assessment. We've had nearly 100 people apply to be an intermediary in the ACT and only 46 I think have passed the training. It's pretty robust, and it has to be for what they're going into.

MS ORR: Does that make it harder to expand the program, if you were to expand the program?

MS CILESIO: I don't know. Some people have moved and relocated to do the work. It's easier to recruit for the in-house roles because they're a position, an employed position. I think most jurisdictions struggle with retention on panel because it's paid as you do the work, and it's ad hoc, and it may not be all the time, and you have to carry that with your private practise load if you're a private practitioner or with a full-time load in another role with government potentially or not. So it is harder to retain panel, and we do replenish that annually usually. We get a good number of applicants when we do that.

MS ORR: And I think he said earlier it's quite a resource intensive process, especially for the court work.

MS CILESIO: To train?

MS ORR: Sorry, no, the actual - - -

MS CILESIO: Oh, to do the work?

MS ORR: Yeah.

MS CILESIO: Yeah absolutely. So the court work has the initial program administrative stuff so chasing the referral or chasing the court order and making sure you've got both and then setting up the assessment. We're very trauma informed, so we don't bombard people with phone calls or emails about setting up the assessment. We kind of do a gentle reach out. If we don't get anything, we send a follow-up email and say, "We'll be in touch in a couple of weeks: and that's why we like that time, that lead-in time. Often we don't get it, especially for Magistrates Court matters where they may not identify a communication issue until right before, but we do use that time to gently engage them into a communication assessment. Then you've got the assessment, the preparation for the assessment, the post-assessment debrief with the senior intermediary around what they've seen in that assessment, so they're thinking about their

recommendations, and then the report writing can take time as well, because they need to ensure that what they're recommending will work in practise. You can't make recommendations that conflict with each other or make it impossible to ask questions or do their job. Once that's done that gets submitted and then there's a little bit of down in the meantime they're doing other things police referrals, CPD or continued professional development all that kind of stuff and then the court itself, it's a lot of waiting, we know that. At a ground rules hearing you might be there for the morning and that's all you're needed for but a pre-trial evidence hearing because most of them are pre-recorded, that could be a couple of days sitting in court.

10 MS ORR: I want to ask you about programs across Australia. I understand you're generally aware of the different programs that are being offered in different states.

MS CILESIO: Yeah, so when I first started my life in justice, I helped with the establishment of the Child Sexual Offence Evidence pilot. So I was on a task force that then informed a cabinet model for the Children's Champions, they were called at the time. They're now Witness Intermediaries. And I was there until 2019. So in that time, I managed intermediaries in New South Wales, in Sydney and in Newcastle. And had a bit of connection with the Victorian colleagues who set up their program in 2018 and then moved to Canberra in 2019 for that program. I helped the Tassie colleagues in 2021 set up their scheme, and I was in Western Australia last year helping their communication partner scheme so everyone's a little bit different depending on the geography and also the prescribed categories.

MS ORR: And your program, the ACT program, is it correct that that's probably the broadest program in Australia?

MS CILESIO: Correct. Yeah. Both in offence type and in the eligibility for accessing the program, and also we do legal practitioner engagements, so lawyers that have a client that may have a communication issue of some kind that makes it difficult to get instructions from them, or it might be that they want to explain a process that they're having difficulty explaining to them, and I can give you an example that's helpful.

MS ORR: Yeah, sure.

30 MS CILESIO: So we had a matter where the young person kept breaching a personal protection order and that they're having difficulty explaining to them, and I can give you an example, if that's helpful.

MS ORR: Yes. Sure.

MS CILESIO: So we had a matter where the young person kept breaching a personal protection order, and it was because, while they said they understood what was written on paper, they didn't know what 50 metres was in practice, and so the intermediary went out to that engagement and said, "I think the issue here is the distance. We need to demonstrate what that means for this person," and they did, and they haven't breached it since. So those kinds of engagements, where you can come in and make really practical - everyone's thinking about the work that they have to do, what they need to get out of that engagement, and the intermediary comes in and focuses on what that person needs,

and what that person might be understanding or where they might be - and it's usually the system that's the deficit, not the person. It's trying to get the system to come down to where that person needs them.

5 MS ORR: So you mentioned New South Wales, I think. What's happening in New South Wales?

10 MS CILESIO: So they're really busy; they're state-wide. So where all Royal Commission recommendations, essentially. So recommendation 59 of the Royal Commission into Institutional Responses to Child Sex Abuse, so New South Wales, initially, were those two locations, and then they became a program, but then they  
15 expanded state-wide in 2023 in July. They have 52 accredited intermediaries, but they're about to do more recruitment. They have trouble retaining colleagues in those regional areas where there's more competition around the allied health kind of space, and it's - it's also - the distance is huge in those - in New South Wales, so they're navigating that, but they're still only in the prescribed categories - prescribed sexual offences.

MS ORR: If you can, what does that mean in the New South Wales context? Is that children only?

MS CILESIO: Yes, child - children under 18 in a sexual offence proceedings.

MS ORR: For police and court, though?

20 MS CILESIO: Yes, that's correct.

MS ORR: What about Queensland?

25 MS CILESIO: So Queensland, they started in 2021, and they're in Brisbane and Cairns regions. Their report - their final evaluation was delivered in October 2023, and they're still in that situation where government is considering what the next steps will be for them, but they're a mix of in-house and panel as well. They've got four in-house in - that might have changed; this was a little while ago - and they've got two in-house in Brisbane and two in-house in Cairns and 18 contracted intermediaries.

MS ORR: And what about the offences or people that they - - -

MS CILESIO: Same prescribed categories, yes.

30 MS ORR: Anywhere else: Victoria?

35 MS CILESIO: So Victoria - and so all of these, apart from the AC program, which sits within the Human Rights Commission, which is an independent statutory body, all other programs sit within either the Department of Justice or an Attorney-General Department. Victoria is the Department of Justice. They started in 2018. They're available for the same cohort, so children, young people, and also for adults with a cognitive impairment in sexual offence and homicide matters.

MS ORR: And you mentioned Tasmania.

MS CILESIO: Yes. They have just been evaluated by Professor Penny Cooper, and the recommendations from that evaluation were that the program expands to vulnerable young accused, like ours, and I think they were looking at potentially - I don't know if  
5 that's the case - legislating police processes, but that hasn't been confirmed; that would just be me speculating, but they also are only in sexual offence proceedings and homicide - witnesses to homicide.

MS ORR: WA or Northern Territory?

MS CILESIO: Northern Territory, I'm not aware of, but WA have a communication  
10 partner scheme, but it is their Mental Health Impairment Act, they called it CLMI, that came in on 1 September last year, and it had a section around communication, or the notion of an intermediary, but communication partners. Not a lot of information about what that looked like or what they - who they were or anything to that degree, so they came in April last year to Canberra to hear more about how we did our program, and  
15 one of my intermediaries - in-house intermediaries - who was originally from Perth, is now over there working on that scheme, so they're only available to accuse persons in mental health: a supervised person or someone with a mental health impairment.

MS ORR: So that brings us, then, to South Australia. Are you aware of whether, if any, services are available here?

20 MS CILESIO: I am, yes. I am - I'm actually meeting with one tomorrow, a CP.

MS ORR: Are they - so in South Australia there are communication partners prescribed for in the legislation?

MS CILESIO: I believe so, but I don't know that the role is as clear as it is in other legislation that exists, and I believe it initially started as almost a volunteer model, and  
25 then it got reviewed, and now it's a fee-for-service, potentially, and there's an application form that you can fill in online, but it's not centrally managed in the same way (indistinct)

MS ORR: No specific scheme or service?

MS CILESIO: Not that I'm aware of. I think they might work elsewhere and get  
30 recruited for or brought into matters if they're available.

MS ORR: On mor of an ad-hoc (indistinct)

MS CILESIO: I think so, I think so.

MS ORR: So, my final topic, I guess, but it's a bigger question for you is, in your view, what's the benefit of a witness intermediary or a communication partner in domestic,  
35 family and sexual violence matters?

MS CILESIO: Yeah, so most of our matters are sexual offences, but I'd say, I think I estimated about 48 per cent of referrals we receive relate to either family violence or other physical violent offences. We often have intermediaries going out to schools because a mandatory reporter has either heard something or seen something that they've reported to police, and the intermediary will go out to those engagements to help police with that interview. Or it might be a meet and greet. So in the ACT they've got meet and greets and evidence-in-chief interviews. The intermediaries, I think make a huge difference in that rapport building for police officers in particular. Often the young people don't know why the police officer is there, and so they see two police officers, they'd be sort of scary looking maybe, not because they're trying to be but because they're police officers.

The intermediaries help with that rapport and that sort of engagement into an evidence-in-chief interview, if that's where the direction is going. And even if there is no further need for an engagement or a recorded interview, that experience has been a safe one from the perspective of that young person. And it wasn't scary. It wasn't intimidating. It wasn't traumatising. We've just been evaluated by the University of Sydney and some of the feedback was around they don't really remember what the intermediary's role was, but they were nice, and it made them feel safe and that's not what our intention is. Our intention is obviously to be a safe sort of space, but we don't have any partiality or any of that kind of thing but if we can have someone experience a criminal justice system whether it's a police referral or a court referral, and they come out of it feeling not traumatised or like they don't want to ever go back to that, then that's a job well done I think, whatever the outcome is.

MS ORR: Did anything else come out of the evaluation?

MS CILESIO: Yes, so it still hasn't been released. We're waiting for the minister to endorse it. But it was saying, at least in its infancy, so it's still in its infancy, I would say. Five years is not a huge amount of time to have a program. But there's already change, and cultural change, which I think is really pleasing. The feedback from the stakeholders themselves, so that they have started themselves to consider how communication might impact individuals on an individual basis, rather than just assuming what the needs for that person might be, asking those questions about what modifications or adjustments might help that engagement, and have made them more confident in those engagements as well.

When we first talked about implementing this program, the feedback was, well, we don't often see children younger than seven interviewed by police, and we thought, well, that's strange, because I'd come from New South Wales, and they'd had very young people being interviewed by police. And if I had a chart that I could show you, there's been an increase in age five and under referrals since the program started, and it follows a similar trend to what happened in England and Wales with that same age group when they introduce intermediaries. So I think that that is showing that police are feeling more confident to take on those engagements and that there's that capacity to interview that cohort those three young kids.

MS ORR: Going back to benefits more generally, I think you mentioned before the system adjusting to the person and not the other way around, is that a benefit that you

see through the scheme?

MS CILESIO: I think so. That's an old England and Wales High Court case, I think, Lubemba. The judge or the chief judge, I might get wrong who said the line, but it's about us adjusting to that person rather than the other way around, which I think is a huge cultural shift. Change is hard. We know that, but the sky hasn't fallen in, and the engagements have been really positive to date and I think once they engage with the intermediary and see that they're actually really invested in helping them do their job, the intermediaries know that they have a job to do, they respect the job that they're doing, they just want to make it as easy as possible for them to engage with that person. So they're kind of that in between without any sort of stake in it, and it's always really nice to see them share their draft questions with the intermediary or with the program before they do their questioning because often those are the quickest, well not quickest, but most effective engagements.

MS ORR: Are you talking about police officers sharing their - - -

15 MS CILESIO: Court.

MS ORR: Oh, sorry.

MS CILESIO: Yeah, so if they're cross-examining, and they have prepared their questions, and it might not be possible for them to pre-prepare all of their questions, but if they have a sample that they bring to the intermediary, they can sit with them and work with them on how their recommendations might change the way that they ask those questions, and it's made it a really efficient process.

MS ORR: And the sort of safe space and more comfortable environment and experience, is that particularly important when we're dealing with traumatic situations?

MS CILESIO: Yeah, absolutely. We often, when we're doing training with police, we ask them to consider what is going through that person's mind when they're presenting to talk about, whether it's sexual offences or family violence offences, what they say next changes everything. And when they're that age that is a really huge cognitive load to sit with. If I say, "This thing, does that mean that mum or dad get taken away?" If I say, "This thing, does that mean I have to change schools?" All of that stuff that you know a seven-year-old shouldn't have to sit with and if they can alleviate some of that sort of stress and help police explain what the process might look like, then that makes for a more effective and psychologically safe engagement.

MS ORR: Thank you, Commissioner. I've got no further questions.

CMR DESPOJA: Thank you, Counsel Assisting. Thank you for your evidence. I've just got a few questions. I understand that the ACT is considering or has extended the program to defendants. Is that typical of many jurisdictions?

MS CILESIO: No. So we're the only Australian jurisdiction that's expanded to vulnerable accused. New Zealand have got a communication assistance scheme, and they work primarily with vulnerable accused, young vulnerable accused in court

matters.

CMR DESPOJA: And why is that important?

MS CILESIO: I think when you're talking about a court process and a young person that's not understanding the full spectrum of their engagement in that process, it's  
5 important to have that understanding, their participation. The ACT is a human rights jurisdiction and so for us, it's important that that right to a fair trial and the right of that accused person is met. So we find that often young accused may also have been victims themselves at some point - - -

CMR DESPOJA: Yes.

10 MS CILESIO: - - - so there's a vulnerability there that we are very much invested in supporting.

CMR DESPOJA: It's interesting hearing the evidence presented today and when Ms Orr asks you about the benefits of the model, I almost flip it around. I'm starting to think if we're not providing these services, we're really failing arguably to provide that  
15 duty of care and that justice that people deserve.

MS CILESIO: Yeah, agreed.

CMR DESPOJA: What is wrong with a model that had volunteers or is it better than nothing and therefore appropriate or are there deficiencies in a volunteer model?

MS CILESIO: It's a really good question. The issue I think with a volunteer model,  
20 not to say because there are so many skilled volunteers and I see them in the court system in ACT because that's who they use for supporting court matters. I think it's in the buy-in from the stakeholders and so police may have reluctance to engage a volunteer in a process that's high stakes and the court the same potentially. I think the benefit of having a program such as ours or any other of the programs managing that  
25 work is that you can triage all of that, engagement's consistent, the messaging is the same, there's a little bit of accountability in the way that you train and accredit those communication partners in South Australia's instance. There's also that ability to support them and professionally develop them as well, and I think having that formal kind of management is really important for a scheme like this.

30 CMR DESPOJA: And I guess an extension of that, the idea of a fee for service or arguably sort of a user pays program would mirror some of those problems or, you know, lack of opportunities to train et cetera. And I guess going back to your comments about the difference between those in-house intermediaries as opposed to those on the panel, again you don't have that same sort of sustainable workforce. But I don't know if  
35 you have a reflection on that notion of ad hoc user pays and the qualifications attached to that.

MS CILESIO: So fee for service, that's the model in England and Wales. They have two arms of registered intermediary provisions, so there's through the courts and then there's fee for service. I think it creates inequity, I think, because you have to know

about the service, you have to be able to afford to access the service if you're going to get the service, and then that can create extra barriers for someone who's very vulnerable and may not know the service exists or may not be able to afford the service. It also then puts pressure on the stakeholder that's requesting it, so if you're  
5 relying on police to pay for an intermediary in an engagement, they may make the decision based on the funding that's available to them and the court the same. I think having it separate and funded is really important. It allows you to do your work as well independently from the police process or the court process and then take issues, or they can bring issues to you or whatever it is around the process, and it keeps it very separate  
10 and maintains that sort of impartiality and neutrality of the role.

CMR DESPOJA: You mentioned the statistics around the increase and the demand, I'm assuming that's not changing any time soon? And is that something you see reflected in other jurisdictions where this is a problem?

MS CILESIO: Absolutely. Yes.

15 CMR DESPOJA: To what do you attribute that? Is it increased knowledge or is it increased demand because there are more issues affecting young people and children? What's causing that?

MS CILESIO: I think there's lots of parts to that. I think it's police seeing the value or court seeing the value in having the intermediaries in those engagements. In our  
20 evaluation, the judiciary were really, I don't want to say glowing, but they were really positive about the impact intermediaries had had on court engagements in skilling up the legal practitioners to understand how communication needs impact people in that space.

CMR DESPOJA: Yes.

25 MS CILESIO: Because they can intervene too, obviously in their court. It's their court, they can control the questioning, but it's having that expert around communication and how questioning or trauma or whatever it is that's impacting that person having them being able to intervene kind of takes that pressure off them in that space and with police I mean I don't envy them. I don't think I could be a police officer in those engagements  
30 but having someone to take the weight off them around rapport building and understanding how that person's unique needs will impact that engagement, I think is invaluable. You can't be the expert in everything. You can't be the expert in every communication issue, they're so varied. So let the colleague that we've matched, because they have that expertise, carry that for you. And I think that they're seeing the  
35 value in that and that's what's leading to all of these increases across all the jurisdictions.

CMR DESPOJA: I mean when you give examples of terminology, nomenclature if you like, in the courts, that's pretty intimidating for anyone I could imagine. So hopefully the Royal Commission's not bringing out any concerns for you today.

MS CILESIO: No, not at all.

40 CMR DESPOJA: One final question and again, I know that you've sort of alluded to or

answered this in to some degree, but I just wanted to clarify so particularly in ACT when you're talking about you know the definition of vulnerable witnesses, you gave us a very broad reflection on you know the ages with which you're dealing you know as young as under four right through to older Australians who may have cognitive  
5 impairment, but the majority of the people you're helping are children and young people.

MS CILESIO: Yes.

CMR DESPOJA: That's correct?

MS CILESIO: Yes, so 76 per cent of our referrals are for 18 and under.

10 CMR DESPOJA: Right. And as you were indicating, 48 per cent figure in relation to the type of cases in terms of violence or - - -

MS CILESIO: Family violence, yeah.

CMR DESPOJA: Family violence. So that's a reasonably high proportion.

MS CILESIO: Very high.

15 CMR DESPOJA: Have you seen any trends in that regard, increasing numbers?

MS CILESIO: I've noticed in the accepting of referrals and triaging that is coming through that there has been an increase in child witnesses in family violence proceedings but also the complainants whoever they may be, mum, dad, someone else, there's been an increase in referrals for those matters too, and I was at the Magistrates  
20 Court last week training their associates and one of the registrars was asking about the availability of intermediaries for case conferencing in those matters, because that's an area we'd really like to go into right at the beginning, assisting with communication before the matter even has to go to court. And we actually had a matter where they made the decision not to call a very young witness because of the intermediaries  
25 recommendations around questioning. They just thought we're not going to put them through asking those questions. We have enough in other aspects of the case to progress it and protect them from having to give evidence in that matter.

CMR DESPOJA: Thank you. That's a really important point on which to end because as you may have seen from our public hearings and our work, we're very keen to centre  
30 children and young people in the context of these issues and I guess that includes their agency whether that's you know to be supported or protected in some way as well.

MS CILESIO: Yeah.

CMR DESPOJA: Thank you for your evidence. Counsel assisting.

MS ORR: Thank you, Commissioner. I ask the witness to be released.

CMR DESPOJA: You're free to go. Thank you so much for your time today.

**THE WITNESS WITHDREW**

CMR DESPOJA: And we'll take a 10-minute break or so.

5 MS ORR: Our next witness, Commissioner, is appearing online and is scheduled for 2.15.

CMR DESPOJA: So we'll stick to that time frame?

MS ORR: I think so.

CMR DESPOJA: Well, we'll get a little longer break then. See you at 2.15 pm. Thank you everyone.

10 **ADJOURNED**

**RESUMED**

CMR DESPOJA: And we're back at the Royal Commission into domestic, family and sexual violence. Counsel Assisting.

MS ORR: Thank you, Commissioner. I call Ms Debra Zanella.

15 **DEBRA MARIE ZANELLA, AFFIRMED**

MS ORR: Thank you. Ms Zanella, can you see and hear me okay?

MS ZANELLA: I can.

MS ORR: You are the Chief Executive Officer for Ruah Community Services?

MS ZANELLA: Correct.

20 MS ORR: And you're in Western Australia.

MS ZANELLA: Yep.

MS ORR: And we've asked you here today to talk about the Ruah Centre for Women and Children.

MS ZANELLA: Yep.

25 MS ORR: Can you give us an overview of what is Ruah, what is Ruah Community Services?

MS ZANELLA: So Ruah Community Services is a not for profit that's been in

existence nearly 70 years that work in the intersecting areas of mental health, homelessness, family and domestic violence. And in the more latter years, we provide primary health services and community legal services to our clients.

MS ORR: And what is the Ruah Centre for Women and Children?

5 MS ZANELLA: So the Ruah Centre for Women and Children, now known as the Angela Wright Bennett Centre, it's taken me a while to get my head around that change, is a dedicated and committed service to healing and recovery for women and children who have experienced family and domestic violence.

MS ORR: I'm going to ask you more about the centre and the services it provides, but  
10 can I ask you about the background to the centre, how it came about?

MS ZANELLA: Yeah. Did you want us to show the video now, counsel, or as a starting place and then - - -

MS ORR: Sure.

MS ZANELLA: - - - can speak a little bit to how we did it?

15 MS ORR: Yes, sure, we can do.

MS ZANELLA: Okay.

MS ORR: So you're going to share your screen with a video?

MS ZANELLA: Yeah, we're going to share and if you can just let us know whether you can hear the sound.

20 **VIDEO SHOWN**

MS ZANELLA: Thank you for letting us play that, because it gives you a bit of a physical presence of the building, which is a core component of the design and intention for healing and recovery. I think your question was around background, a bit about the background of (indistinct)

25 MS ORR: Yes, please.

MS ZANELLA: Sure. So this has been about a four and a half, nearly five-year journey, and it's part of the Ruah board's commitment to strategically ending family and domestic violence. So Ruah has always had a commitment that where it can end social issues, that it should be the target rather than simply managing the issue. So we did that  
30 in homelessness over the last eight years, and this particular piece of work is around the area of healing and recovery. The board was really clear that the national plan, very little was being done in healing and recovery. Understandably, most of our resourcing in WA and I suspect across jurisdictions across Australia goes into crisis, and we also run to refuge crisis services. So in wanting to say, well, what does healing and recovery

look like for women and for children who've been exposed and experienced family domestic violence, what would that take, and so that was the board's commitment back five years ago. In 2019, 2020, we (indistinct) quite a few years ago, we capitalised on a grant from the (indistinct) a safe spaces grant, which really was a capital grant. It's  
5 very rare to get capital grants in the community services sector. And so we were holding that dealing with the issue that we can't actually meet our crisis demands currently, and how did we do that? So we began to bring together women and children, young people who have a lived experience of family violence, also Aboriginal elders, as we began to plan what does this space look like. And so then we began that four-year  
10 journey. And I suppose I describe the Angela Wright Bennett Centre as having sort of four components. One is the build, which in itself is therapeutic. It uses trauma informed design principles, and the brief to the architects who we worked with for four and a half years was that not only did the building need to be safe, is what women told us, it needed to be trauma informed, but it also needed to reflect the beauty and  
15 value that women and children could not see in themselves after many, many years of having domestic violence.

So the build is one. The service, which is what I'll be probably speaking most to. Karlup is the Noongar, which is our Perth-based and South West Aboriginal group, the largest Aboriginal tribe in WA. Call it sort of place of belonging, a home. And the  
20 Karlup service are effectively 16 integrated services, and then Karlup (indistinct) accommodation is our medium term accommodation for women and children who are healing and recovering from family domestic violence and don't have alternative locations to live. And then the third element of the service is the ongoing evaluation and research that will inform not only us, but we hope the broader sector about what  
25 healing and recovery looks like in the delivery of services in the sector and in the space.

MS ORR: Did you say four components?

MS ZANELLA: Yes, sorry, I meant to say the accommodation part of it as well, so you've got the Karlup accommodation. You can be in accommodation and be in  
30 the Karlup service, but you might be accessing Karlup service as someone living in the community, so you don't necessarily have to reside in the building.

MS ORR: I just want to pick up on a couple of things that you've said there, focus on children as well as adults.

MS ZANELLA: Yes. Well, I think that one of the things that many across Australia would say is that children and young people have been hidden in our work with women  
35 and family and domestic violence. And we're really at the beginning part of our journey in this, like we are co-designing our children's framework, but in the first instance, we are seeing children as possibly clients in their own right. Yes, they're with a mother, but they have unique needs outside of those. And what we've learned, I suppose, from the evidence in the sector and across Australia and internationally, is that children,  
40 regardless of whether they have physically experienced physical violence, but in the presence of violence and coercive control, are incredibly impacted by family violence, and our systems are not geared to that, and our funding mechanisms are not geared to that.

MS ORR: And the other thing I wanted to ask about was you mentioned consultation and planning with lived experience. I think you said with Aboriginal people and with young people, is that correct? All people with lived experience that helped to plan the building.

- 5 MS ZANELLA: Yeah. And women who have had the experience of family domestic violence. So women, young people, and Aboriginal women, and Aboriginal  
elders. Particularly the Aboriginal elders helped us in the design of the living space in  
particular. So the two top floors are accommodation floors. They are beautiful  
floors. So there's a fair bit of space in each of the rooms, or each of the apartments.  
10 Each apartment is self-contained but if you are living in them, the space in between, I  
suppose what you would normally say the corridor, is quite wide so that children can  
play, mums can watch their children from inside whilst feeling that they're still safe, and  
particularly from an Aboriginal concept of the universe, they have access to the  
elements. So that the way it's been constructed that even if you're on the fifth floor and  
15 not the sixth floor you can still see the sky. Every apartment and every bedroom in the  
apartment has a view either north-east, south or west and in particular, perhaps the  
unique thing around the accommodation so there are 13 apartments ranging from a  
studio to two bedroom. But in WA, 15 years ago, we had the very tragic murder of  
Andrea Kickett. Andrea was an Aboriginal woman who, at that time, had eight children  
20 in her care and when she was seeking crisis accommodation and general  
accommodation, she was told that they could not accommodate that many children,  
and so she returned to the house of her cousin and that same afternoon or evening I  
think it was, was murdered in front of her children on the front lawn., And so that was  
really at the forefront of our development. And we worked with Andrea's sister and  
25 brother. And so two things that are unique to this place is that the crèche is called  
Andrea's place, a safe space for children to be while their mothers or people identifying  
as women seek services, but secondly, all of the rooms on one side of the apartment  
block, or the apartments, open up the connecting doors, so you could accommodate up  
to eight children by the interlocking doors.  
30 MS ORR: Which then provides accessibility for larger families.

MS ZANELLA: Correct. And that's a particular issue for Aboriginal and Torres Strait Islander people.

MS ORR: So you've mentioned the four components, I want to ask you a bit more about the specific services that are provided - - -

- 35 MS ZANELLA: Yeah.

MS ORR: - - - and I think we saw some of those on the video. Could you just outline some of the services that are provided at the centre?

- MS ZANELLA: Yeah. So we are still in stage one, because there are additional  
services that will come into stage two, but currently, we offer counselling for adult  
40 women, child counselling, financial counselling, legal support. We have quarter guides,  
which are effectively people that accompany either the woman or the child through their  
entire journey. Housing support, tenancy support, health support, which is both mental

health and physical health. We have specialist clinicians embedded into the services. We have dental, and we also have legal up skilling for staff as well. We also have a wellness centre, so I don't know what the technical term is for getting your nails done, but nail, hairdressing and photography. So a woman could have her photo taken with her children if she had to leave without any family photos or if she's using it for employment options. In stage two, which happens later this year, we will include disability advisor and navigators, cultural coordinators, adult education and employment placement and some specialist children education as well as further clinical services that we will provide as well.

10 MS ORR: Are there any eligibility requirements for access to those services or indeed, and this is a separate question, access to the accommodation?

MS ZANELLA: So at the moment, because we knew that we would struggle with the issue of meeting demand from the accommodation perspective, we're actually at 100 per cent, and we have a wait list, which is horrifying. So we try to keep it as low barrier as possible. So we don't preclude people if they have a mental health issue, or they're seeing other clinical services, but they have to be engaged in healing and recovery. So what we're really conscious of is that if you are in crisis space, this is not the place for you and we will make sure we connect you to our crisis services or other people's crisis services. So we try to get people outside of the state of crisis and that's both from a physiological perspective and the resources that are needed during crisis like safety planning which we still do anyway but that immediacy of need. It's a really interesting point because it's probably the point at which women and children just don't flick into healing and recovery, and suddenly they're just in healing and recovery mode and that has been a really big learning for us in these initial stages but if someone is in imminent threat and in imminent crisis, this is not the space for them, but we will triage them, and we will ensure that they have a safe place to go and then get them into crisis support. I hope that makes sense.

MS ORR: Absolutely. Thank you. Can you give us a sense of or talk us through what happens when someone walks through the door?

30 MS ZANELLA: Yeah, sure. Before I come to that, I might talk a little bit about what we see in women, because that will relate to why we do the service the way that we do it.

MS ORR: Yes.

MS ZANELLA: So for many women and children coming in, when we do parts of our assessment, there's a tool called the heal tool, and they rate really low on low self-connection, so really low rates of self-connection, and how we see that showing up is that they often struggle to name their own feelings, be able to make decisions after years and years of coercive control, be able to set boundaries for themselves or their children. They often show up in a way that they have a delayed realisation of the abuse, which makes recovery quite complex. I talked before that there's a difference in crisis, and the primal brain kicks in when you're in crisis, but what we see is that they are often stuck in survival mode, particularly the brain, which makes it more difficult, and there's a focus only on their immediate needs as opposed to what's required for them to

heal. Level of numbness and probably emotional detachment, understandably, which makes it difficult to engage in support. You know higher levels of distrust in services and authority figures.

5 There's often a feeling of being overwhelmed particularly by legal and financial decisions and can often lead to a sense of inaction and a fear of making choices and particularly this is in relation to past experience of coercive control. Because obviously in the dynamic of coercive control if you make the wrong decision or choice because it is set up obviously as a calculating, methodical way of which to control someone, the decision will often be wrong for the woman whose experience that is. So I say that  
10 because when they come into the service the first thing that happens is a sense of welcome and connection. So they are greeted by a porter guide who is someone who has a lived experience of family and domestic violence, and we introduce them not just to the services but to the space and to the team. We take time in understanding their story. We don't ask them to retell their story on the first instance and part of that  
15 relationship with the porter guide, those people have got a lived experience, is around gentle conversation that slowly they tell us about their needs and what they're requiring as they unfold elements of their story.

The third aspect of introduction to the service is a safety in space orientation. Women and children who have experienced family and domestic violence are highly attuned to  
20 their physical environment and so giving them a sense of the healing space how safety has been factored in, like we have numerous cameras throughout all of the levels of the building to the accommodation to the children's area, it's usually you know them knowing that if they're receiving services that their children will be safe in that space as well as the key offerings that we might provide for them if they chose that. Then we  
25 begin to look at the different programs and supports overview, and then we start to look at well, what are the immediate needs so assessment begins. So we don't start with assessment and so many of our other services because we're so time pressured in many of our other work we often start with assessment, but we start with welcome and connection here if that makes sense, and they are totally connected to those the way  
30 women and children show up.

MS ORR: Do you rely on referrals or are there self-referrals to the centre?

MS ZANELLA: So both. So we take self-referrals from refuges, so we're all connected to different refuge corridors across the metropolitan area, and as well as self-referrals, but referrals sometimes from other sort of facilities as well.

35 MS ORR: I wanted to ask if you could give us some help with some sort of demographics or statistics data about your clients.

MS ZANELLA: Yeah. I'm going to find it now for you. Tell me if I speak too fast, because I'm the middle child of Italian parents. I talk really fast.

MS ORR: All fine so far.

40 MS ZANELLA: Yes and we did a bit of work on this for this. So, about 22 per cent are Aboriginal or Torres Strait Islander. About 16 per cent are born overseas. That

in itself brings a whole diversity of complexity, which I can talk to at some point. About 7 per cent religious diversity, 13 per cent identify as LGBTIQ+, and about 9 per cent identify, so that doesn't mean that there's not more with the mental health challenge, but over 60 per cent identify as having significant financial disadvantage. And the reason I emphasise that, because Dr Anne Summers' research, The Choice, Violent or Poverty that was done showed that over 60 per cent of the cohort that she did the research on remained in violent relationships or coercive - I'm using violence in its broader sense, not just physical violence, because the alternative was poverty. And so I think that is such an enormous factor and an enormous lever for any state or federal government to get their heads around. 60 per cent of our clients say that financial disadvantage has had a significant impact on their ability to either escape or manage.

So far we've been open since October. Over 180 referrals. We've got 27 in accommodation currently. We've got a wait list for our porter guys, the peers that have the experience of family and domestic violence. We've got a wait list of 22 for the accommodation, so yeah, and accommodation currently is at 100 per cent capacity. Really, since we opened, it grew to pretty much full capacity pretty much immediately. The most common Karlung offering or service offering is help, counselling and financial support but we have a partnership with a volunteer dental group called Healing Smiles and we are seeing dental services as a growing demand as well. I think I've said this before in the 16 per cent that are born overseas, we have one client who is in accommodation who is on a visa, and the reason I mention that, because often in our refuges, we have at least 20 per cent of the women who have no visa status, and that is a significant barrier for services and service provision to that client because effectively, they have no access to Medicare, no access to Centrelink. Effectively, they have no status and that's usually because they've come in on the person using violence, on their visa status for work and have left the relationship as a result of family violence and the time it takes for a new visa or a bridging process to occur can be up to two and a half years and the cost is therefore borne by the agency but the real cost is borne by the woman and her children whose mental health usually declines significantly over that period of time.

MS ORR: You said that 16 per cent were born overseas and there's some complexity around that. Is that the main issue that you were referring to, visa status?

MS ZANELLA: Yes.

MS ORR: I wanted to ask about you said one of the components was ongoing evaluation and research. Can you explain that for us?

MS ZANELLA: Yeah. So, I mean, evaluation and research, the action learning is embedded in the model, obviously. So, even, I talked to you about the fact that, you know, how women show up, so you know in the perfect world of planning where you don't have any clients, we thought this is how it would work, this is how the flow would work, and I say this you know with the greatest respect to the sector, the only time we see women again when you work in the crisis space is when they return to crisis, which is a failure of the system and a failure of us to be able to help that woman in that cycle of violence for her and her child. So because we've got a constant process of evaluation,

so we use some validated tools like HEAL and RAND. RAND is a health survey, HEAL is a gender-based violence tool to give us information about what services we need to do more of and also some client feedback. And based on that constant evaluation, which is done through the University of Western Australia, we change things like, actually, we need to really slow down. It's not as quick as we originally planned to get from the door assessment and services, which is why I've read things like we do the welcome and the connection, the understanding of their story, the orientation to safety in space.

And that's been through the basis of the results that have come through very early around HEAL and RAND to tell us what's happening from a research perspective and an evaluation perspective and what we need to change. So as we continue to go, I probably didn't say that we will be following women even after they leave us for a period of 18 months as part of the evaluation, because we want to understand whether it was the composite of all of these services, or whether it was a particular element, whether it was the building, but what were the key elements that led, if their choice is wanting to leave the relationship and end that violence for them and leaving the relationship, then what was it that helped them do that? What helped them heal and recover from that relationship. We know that the data tells us that women return on average, seven times, so one of the key components of the healing and recovery is that they have left, and they want to come, and they want to recover and heal, but they make a decision to return to the person using violence, and we want to be able to support them as much as they can without a sense of shame and stigma if they return to leave yet again. So that's a core component, and we're still really too early on in the journey of the Karlung service to know what that looks like.

MS ORR: Are there any other things, any other examples of things that you've learnt in the early days because of this embedded ability or embedded research and evaluation that have led to adaptations?

MS ZANELLA: Yes. I think one of the things that we are learning, it is easy to, you know, I suppose, sort of move away from the model because you're responding to need, so trying to keep fidelity to the model, so we can test it, but also a flexibility. I think one of the big things which has been really difficult, and we know that Illawarra Women's Health experienced a similar thing, but many of the staff that we've employed, even though they've been new to Ruah, I think have still come out of a crisis mindset, and we've learned not to underestimate the cultural change or the cultural change that's required in working in healing and recovery so that we don't mimic the same level of sort of crisis mentality and primal brain that we have. That's been a real challenge, and we've had a significant amount of staff turnover as a result, and that's not because staff have been bad, but in our sector, I think people particularly in Ruah, because we work in that pointy end of homelessness, family violence and mental health, it is crisis driven.

And so, standing outside of a crisis driven model has been challenging. Again, that same learning that you just don't switch into healing and recovery, so the higher acuity of clients presenting and their children, so try morbidity of you know really poor in many circumstances, health, mental health the housing, financial requirements and making sure that our intake process is aligned to those complex needs as well. I think

I've already talked about the fact that the healing tool that we used really showed low self-connection and processing ability. So the way we work with women has taken into account low processing and low social connection really requires intensive early support rather than later on. High levels from the evaluation so far, high levels probably not comprising mental health needs. Many clients and certainly we know from the ACEs research and children's research that mental health needs have not been dealt with over time, and so they present in a way that you know, unmet mental health needs. We also have found as part of when we've been assessing the services that have been utilised even though we know they have high legal needs often the legal services are underutilised and so what we've been understanding has been there's a lack of awareness of their own legal rights, as well as what they can access, and also up skilling staff so that they can understand that a client can access legal needs at this early stage. We've done a lot of work across the organisation around our legal integration framework, so we don't cause a conflict for lawyers and therefore have to walk away from the clients and that's been new work. And then again, this will be no surprise to the Commission or to yourself, financial stress and housing insecurity just keeps coming up, and that women tell us on numerous, numerous times that they would have left if they could have financially left and if they had the appropriate housing to do so.

MS ORR: I want to ask you about the investment required for this centre, so starting with the set-up, I suppose, and the actual building of it, what investment, what resources were required to make that happen?

MS ZANELLA: Yes. I wish you'd asked me this question four and a half years ago when we started because I probably could have said in a moment of absolute panic, there's no way I could raise that much money. Having said that, four and a half years later and with a few more grey hairs, the stimulus of having the capital grant was a game changer for us, but we very pretty much early on recognised that we needed to run a capital campaign, and we had no idea how to run a capital campaign because it's not the business of not for profit, and so we were really fortunate in getting in some expertise to teach up how to do it. Not do it for us. So that was the first bit. The second that we got a wonderful philanthropist to be the chair of the capital raising campaign who really drove the campaign and the connections? And really he committed the first 1.5 million dollars and use that as a lever when he took me, speaking with other corporates and philanthropists. As a result of our own learning, we really upped our own effectively marketing, our collateral goods, our products, that would speak to philanthropists, which is quite different than speaking to corporates. That's yet again, quite different speaking to our own sector in wanting partnerships.

So that was really critical. The other critical thing was when you get a cornerstone donation. So we had a cornerstone philanthropist who committed \$10 million, and that was really the game changer. Following that, I won't say money flowed, but it made it much easier. The other key thing is that we are having a pressing and burning platform. So if you think four years, three years ago, unfortunately the rates of domestic homicide haven't changed really, they've only increased. But certainly in WA, it was a burning platform. We held crisis talks with the government as a sector. We called for a crisis, you know, SDV task force. So there was a lot of public attention in the media. We'd also been lucky to have two years where we were Fringe's community support partner and so a lot around family domestic violence and homelessness was

used as a marketing collateral and really sort of community awareness during that time. And then finally, the government comes on board. So I think, you know, one of the funding comments or reflections I would make is that government comes last really at one level. I mean, it started it from a capital grant, but it puts its money on the table once it sees that others have been prepared to invest. So if you're asking in terms of the breakdown of, and none of this is commercial in confidence, so the construction in itself was just over \$30 million and 20 of that was philanthropic and corporate and a 10 government. And then the operational breakdown is just over 37 million for five years. And 27 of that is by Federal and State Government and over 10 of that is philanthropy.

MS ORR: I think it's clear from your evidence, but let me just clarify, you had the project in mind, the centre, the purpose in mind, and then the government funding came afterwards.

MS ZANELLA: Correct.

MS ORR: Again, it's probably quite clear from the evidence that you've given, or throughout the evidence you've given so far, but can you tell us in your view what the benefits are for victim-survivors of domestic and family violence of this centre or models like this?

MS ZANELLA: Sure. I think I'd start by saying that we live in a country where the rates of domestic violence or domestic homicide are unbearable and just ought not to be happening, and WA has one of the highest rates in this country. No one can really tell us why we have such high rates in WA, but we certainly do. So at a more global view, my evidence is that anything that we do that better the life of women and children ought to be done, should be done, and should be a priority for every State and Federal Government and every state Premier and Prime Minister of this country. Because at the rate at which women are being murdered and children have been impacted by such significant and horrendous trauma, we cannot, as a society, say that we genuinely care and that women and children are of equal value. And that has been critical to the work of Ruah and the DNA of who Ruah is, and so this very small contribution is to say that women and children can recover, they are worthy of significant investments.

They are worthy of places that are beautiful and reflect their value, and they are worthy of safety. And that is our contribution to the broader piece, as well as all the other work that we do. Again, it's not rocket science, unless you don't put yourself in the shoes of women who experience family violence to understand that to navigate the service system to get their needs met is probably one of the most exhausting things they have to do on top of surviving. So to be able to provide as much as they need in the one place at the one time while their children are being supported, is the least that we could do and that our responsibility to the broader community is to evaluate this to say, "Well, , actually, none of this worked and this is what really worked" and be fearless about that and if that were to be the case, then the investment is still worth it, because it tells us something about what's needed and what's not needed, so that has been the board's commitment for Ruah to make that contribution, but I think at a global perspective, they would also say that it is the least that we can do for women and children in this country and in this state.

MS ORR: You did say this earlier, but another aspect of it or benefit is that it is based on victim-survivors telling you what they want, and then the ongoing feedback received through the process.

5 MS ZANELLA: Yeah, and look, you know, we would be the first to say as service providers, we've spent too long historically and probably some still to this day believing that we know what is best, but agency resides in the woman and the child and the community, those assets. You know, I've said this on multiple occasions, women and children who survive, who are victim-survivors have incredible resilience, incredible strength, and often the service system looks for their deficit and almost promotes their 10 deficits rather than their strengths. And yet the resilience and strength to keep your children safe, and we know, if you've read Jess Hills' book, know the extent to which women will go to protect their children, we need to do more to listen to their own expertise and their strengths, and trust that they know what will bring them healing and recovery.

15 MS ORR: Does that extend to your focus on children in their own right?

MS ZANELLA: Correct. Absolutely. Children in their own right. And I think certainly we convened a youth advisory group, young people, to look at this issue with us, to remain with us. And I think they have been invisible and their amazing resilience to survive. And again, any of the literature that you read, you can see the extent to 20 which children managed to survive what is really a childhood and being a child that no one should ever actually experience and so again they have been invisible in our system justice, and they have it for Ruah, as well because we've predominantly dealt with adults, but I think that this is a real call to the community to funders, to philanthropists to bring children to the for as well, without necessarily excluding women because I 25 think sometimes we get into this binary position, if we're going to do this, we won't do this. And that would be the other point that I would make as well, investing in healing and recovery is absolutely needed and governments need to do more. But they don't get the luxury of choosing not to invest in crisis or in early intervention or prevention. It's not one, it's all four. And I think that the rate of homicide in this country is enough of a 30 rationale and enough of a reason for investment in all of those pillars of the National Plan.

MS ORR: You've also described through your evidence, or you've demonstrated I should say, the benefit of being able to adapt a model as a result of the early and ongoing evaluation.

35 MS ZANELLA: Yes, and I think one of the key things that makes flexibility so easy for us is that we are predominantly philanthropically funded, and so government is a partner, they are not necessarily the sole funder, and that's not a criticism of government. I understand, you know, I work very closely with my government 40 colleagues, or my bureaucrat colleagues, and they are confined by a whole bunch of authorising environments and how quickly they can change contracts, whereas the flexibility that we have currently allows them to go, well, that's not working, so let's look at another pathway here. And they're part of the journey with us, so they're a partner in this discovery process.

MS ORR: And just to finish off with my questions, I wanted to ask in your view, if you could sort of summarise it, what in your view makes the centre innovative, or what's particularly unique about it?

5 MS ZANELLA: I think one of the things that makes it innovative is that the building itself - I'm just going to make a bit of a sideline here, the building says that women and children who have experienced family violence are valuable, are beautiful and are worth investing in. But the kind of flip side to all of this is that it also says to government departments, our staff are worth it. So the building also says to government don't create refuges and healing recovery centres that you wouldn't put your dog in and there are 10 many of those in our service system and don't put staff in things like that. So if you want people to heal, to flourish then the environment in which they live, operate, is just as important as the service upon which they develop.

And if I just share this anecdote, one of the architects from a private firm who worked with us on there for four and a half years was so moved by what we were doing, that at 15 the end, and it's not a surprise that she's also female, that at the end of this journey, she applied for a position in the government to work in the State Architects Department because she wanted to create spaces across the state that were about healing and recovery not just for family violence but any space, and I think that that has been an unintended consequence of the project, so it's innovative because we are (indistinct) that 20 and this ought not to be innovative, but you, the woman who has experienced it, a child who's experienced family violence, you don't have to go through seven different service systems. You don't have to get on two buses, we will actually bring the service to you where you need it at the time that you need it. You don't have to retell your story over and over again. Let us do that hard work of piecing it together behind the 25 scenes. Your experience is enough for us. I think it ought not to be innovation, it ought to be kind of fundamental, but I think our service system has been created at the time which is no longer fit for purpose and I think what this offers us is a new model for a service system into the future.

30 MS ORR: And we have talked about it already but that model including the inbuilt evaluations and learning.

MS ZANELLA: Yeah, which again I might note, that is never funded. Well not that I know of, not certainly in WA, factors for you to conduct research and evaluation as a discrete funding element. You scrape that together by your surpluses, or you get philanthropy, or you find a grant to do that.

35 MS ORR: Thank you, Ms Zanella. I have no further questions, Commissioner.

CMR DESPOJA: Thank you, counsel assisting. Ms Zanella, thank you for your very powerful words and convincing words just then. I think you pre-empted my first question, talking about the building and obviously the services to which you refer, hairdresser, photography, and I think it's called nail technician, but you know, don't hold 40 me to that as the formal title. But you mentioned it was trauma informed and obviously  
- - -

MS ZANELLA: Yeah.

CMR DESPOJA: - - - you've made references to the cultural appropriateness as well as the cultural safety, so everything you've just been saying in your last response is that what defines, is that what makes a trauma informed space?

5 MS ZANELLA: Yes, so there are, I think, six, if I remember, key design principles for trauma informed. So the original research that came out of the US that looked at, I just totally forget the author's name now, but it was looking at the length of stay for patients in hospitals where they had a physical view, whether it was a tree or a picture rather than a blank wall, and what they found, that when architecturally things are designed to promote healing recovery, it decreased length of stay which kind of sounds like a bit of 10 a no-brainer so the design, that's really critical as well but in addition to that, the colour palettes that are chosen, I don't know how to describe them, sort of like muted soft browns like a soft green, like a sage green. The spaces are designed in a way that they create a sense of nurture. And the building, I don't know if you get the view, I think you saw it in the video, the two people walking in the corridor. So what the women said to 15 us is that they wanted all the time to be connected, and the Aboriginal elders said this to the universe and to the elements, but they also wanted to feel safe.

So you have these kind of perimeter corridors that navigate the building, but the services are kind of ensconced in the middle of the building, so you've got distance between the external environment which is glass and I don't know if you know WA or 20 Northbridge, Commissioner, but we overlook Russell Square which is this massive park that has these beautiful old Moreton Bay fig trees and so there's a view, whether you're in the child crèche or not. So colour, space, light. Because of philanthropy, we were able to commission a group called Art Theory. And we provided them with the brief. And it sounds really over the top, but we have a curated art collection that is hung 25 on each of the floors that reflects the theme of healing and recovery and about 50 per cent of the artists are Aboriginal and Torres Strait Islander and 85 per cent are women artists emerging and established.

CMR DESPOJA: Well, I think you made the point that, not necessarily over the top is it, that women and children are worth it. You mentioned earlier women, people who 30 identify as women, so you are open to trans and people who identify as women. There's no restrictions in your model.

MS ZANELLA: So anyone who identifies as women, and obviously like all accommodation services, we make an assessment about who else is in the accommodation space. So obviously if there are people that know each other, is the 35 relationship okay? Because we need success for all of the families that are staying there, not just some. But yes, we are open for all women that identify as women or people that identify as women.

CMR DESPOJA: Thank you. And I think you probably answered this in your last question, the last answer to counsel assisting, but those services to which you refer and 40 your staff, we're talking people that are provided for, paid for, do you have volunteer services as well? No.

MS ZANELLA: No, not really. In fact interestingly enough, a lot of the businesses into the hairdressing, nail techs who want to volunteer their time, usually are women

who have a lived experience of family violence. Probably what I should say the Healing Smiles is a group of volunteer dentists.

CMR DESPOJA: Yeah.

5 MS ZANELLA: They all have their own practise. They were able to get a grant from the Department of Communities, so we have two fully functional beautiful dental rooms within the service. They volunteer all of their time. They pay for a practise manager, and we support them with some of the office admin, but they do volunteer their time as dentists.

10 CMR DESPOJA: Yeah. And I understand your rationale in terms of not presumably exploiting the labour of women and their time.

MS ZANELLA: Correct.

CMR DESPOJA: Finally, and this may be quite obvious, but I'm just wondering if you could unpack your terminology when you referred to strategically ending violence?

15 MS ZANELLA: Well, certainly what we learned in the homelessness space, if I can just sort of speak to that, was that we've spent so many years going through the revolving door of placing people in housing for them to exit housing. So I think, about 10 years ago, the retention rate in public housing or social housing was like 40 per cent, right. And when we began to unpack that by looking at what was occurring in jurisdictions across the world, which was the Housing First model, which in South  
20 Australia you did really well some years ago in the city, we found that in fact, if you house people first through Housing First principles, which is give people autonomy, choice about where they want to stay in an appropriate accommodation, so not five bedroom if all you need, and you only can cope with a single room, and you wrap that support around them then you see retention rates go from 40 per cent to 85 per cent.

25 So we spent eight years in WA through the 50 Lives 50 Homes project of demonstrating housing first as a social policy, which now with this government, we have now embedded it as a Housing First social policy. That was Ruah's commitment to strategically ending homelessness. Now have we ended it? No. But we are no longer where we were. We're not quite at the end, but we can't return to what we were. The  
30 same is really to be said in family and domestic violence. Our investment has been we need to be able to change either the systems that perpetuate family violence, whether they be community attitudes, whether that be no attention to understanding what it takes to recover and heal, and investment in prevention. So it's saying what will it look like, what are the systems need to fit in order for this to change? Now, unlike homelessness,  
35 what underlies family violence, I don't know if I can say it on a Royal Commission, the P word.

CMR DESPOJA: You can.

40 MS ZANELLA: I can say it? Okay. On patriarchy, and a preference for masculine. Our systems are so patriarch-ally defined, and we're at an unconscious level that that's hard to change, so we have to look at all of the multiple systems that interact

and either enable women to survive and to thrive or those that don't and change those. So the strategic commitment from Ruah is that whatever we do, we can't just be managing family violence. We have to be working towards something that looks like ending it, and even if it's ending it for one woman and one child at a time, that that's what we do. And hence the commitment. Ruah put in \$2 million of its own in order - it's investment when we've been doing this process.

CMR DESPOJA: Ms Zanella, thank you for your evidence today, they're powerful words and I hand back to Counsel Assisting.

MS ORR: Thank you Commissioner, I ask the witness be released.

10 CMR DESPOJA: You are free to go. Thank you.

MS ZANELLA: Thank you very much.

**WITNESS WITHDREW**

CMR DESPOJA: I suggest we take a five minute break and come back for our witness at 3.15. Thank you.

15 **ADJOURNED**

**RESUMED**

CMR DESPOJA: And we're back with public hearings for the Royal Commission into Domestic, Family and Sexual Violence. I will ask Counsel Assisting to introduce our final witness for today.

20 MS ORR: Thank you, Commissioner. I call Jami Jones who is appearing online.

**JAMI JONES, AFFIRMED**

CMR DESPOJA: Thank you. Before you commence your questioning, Counsel Assisting, I just want to state that I am the former and inaugural chair of Our Watch and now a lifetime patron of that organisation. This afternoon, as you've heard, we've got Ms Jami Jones from Rainbow Health Alliance who may give evidence on her organisation's work involving and in conjunction with Our Watch. Ms Jones, as you will hear, is director of Rainbow Health Australia. In that capacity we have no direct relationship and I do not believe that my role as an Our Watch patron and former board member is in conflict with my role as Commissioner this afternoon. Thank you.

30 MS ORR: Thank you, Commissioner. Ms Jones, can you see and hear me?

MS JONES: I can, thank you.

MS ORR: As the Commissioner just said, is it correct that you are the director at Rainbow Health Australia?

MR JONES: I am, yes.

MS ORR: Can you explain for us what Rainbow Health Australia is?

MS JONES: Yeah, absolutely. So Rainbow Health Australia is part of the Australian Research Centre in Sex, Health and Society at La Trobe University. And our role there is to support LGBTIQ health and well being through research, knowledge translation and capability building for health and human services. And we do this by integrating evidence into policy and practise, including academic literature as well as practise and community or lived experience, wisdom, and we do this through several projects in kind of sector capability building. For example, in mental health, Aboriginal community controlled health services, family violence prevention and response, older people, younger people and so on, we have projects that build capability in those sectors. We also offer policy advice to governments, statutory bodies and peak bodies and we are the authors of the National Quality Standards for LGBTIQ Inclusion and Excellence in Health and Human Services, Rainbow Tick.

MS ORR: I'm going to ask you more about Rainbow Tick today, but just before I do, you've mentioned that you do work in the domestic, family and sexual violence space?

MS JONES: We do, yes. So since the Royal Commission into Family Violence in Victoria and actually before that, Royal Commission, Rainbow Health Australia has played a significant role in the reform process in the domestic, family and sexual violence space in Victoria and to some extent nationally. So, as was referenced earlier, we're currently partnering with Our Watch to develop a national framework for the prevention of violence for LGBTIQ+ people. And I speak about our role in kind of leadership nationally in this space. I want to acknowledge that's not to minimise what's happening elsewhere but it is evidence about what can happen when the political will is there to invest in the needed policies and activities of implementations and we've benefited from that in Victoria and it's enabled us I think, to really lead the way nationally in our work. So a little bit of background. So family, domestic and sexual violence is a significant issue experienced by LGBTIQ people yet engagement with support services following family violence is quite low among our communities which indicates that there are barriers in accessing services. And just briefly some of these barriers include lack of recognition of family, domestic and sexual violence in LGBTIQ communities, so not knowing or being able to name that that's what's happening, partly because these experiences are commonly framed as only men's violence against women. A lack of recognition or understanding of family, domestic and sexual violence experiences of LGBTIQ people in the family violence sector, in services, and then poor service access experiences, so being turned away from services, experiencing further harm when trying to access services from staff or from other service users. Additionally, LGBTIQ people experiencing family violence commonly experience, or negative experience with police or justice services. And all of this is generally as a result of not having been consulted or included in policy and strategy relating to family, domestic and sexual violence. I just wanted to background our work in the context of why the work is needed. So Rainbow Health Australia have developed and delivered capability building support to the family, domestic and sexual violence sector in Victoria through the provision of policy advice to government about changing the system so that they better meet needs of LGBTIQ people.

We also have delivered a large scale capability building program which included interpersonal practise training for staff in family violence and sexual violence services, and we also have an organisational change program called How To, which supports organisations to work towards and be successful in gaining Rainbow Tick  
5 accreditation. So in Victoria, the Victorian Government has invested in a program that covered all of that work, and like I said, we're currently developing the National Framework for the prevention of violence. That's the work that we've done in capability building for response. We also have a program from 2018 that focuses on the  
10 prevention of violence for LGBTIQ people, commonly known as Pride in Prevention, and there are a series of guides and resources including the Initial Evidence Guide, which really is a theoretical framework for understanding the shared drivers of men's violence against women and violence experienced by LGBTIQ people. And then  
15 subsequent work in that project developed guides that help to lead or support partnerships between typically prevention of violence against women, specialist approaches or services with LGBTIQ plus organisations for preventing violence against all people including women and children and LGBTIQ people.

So there's a guide to partnerships, a guide to evaluation and a guide to messaging that are in some ways, quite internationally leading that approach of kind of coalition and understanding the shared drivers as the premise for future work in the space across the  
20 sectors. Actually both programs also involve pilot work which is quite innovative, so supporting in their capability support there were pilots focused on supporting refuges for example to change their practise and approach to be LGBTIQ inclusive. In the prevention space, there were two key prevention pilots in partnership with community-based organisations. One of those is called TransFemme, which is about supporting  
25 men who date or have relationships with trans women and trans femme people and Safe Always, which is a partnership with Thorne Harbour Health about promoting, understanding of family violence for LGBTIQ+ communities. So it's a very quick description of a decade's worth of work. I'm happy to provide a written account.

MS ORR: No, thank you for that outline and I make it clear as I have to you, I think  
30 previously that the focus on Rainbow Tick today does not mean that we're not aware of the other work that Rainbow Health is doing more broadly. So that brings me to Rainbow Tick which you have mentioned already and which is what we would like to focus on today in this day of innovative approaches. Can you give us an overview of what Rainbow Tick is?

35 MS JONES: Yeah, absolutely. So Rainbow Tick is the national quality framework for LGBTIQ+ inclusion and excellence in health and human services. It was created by Rainbow Health Australia in 2013 and organisations are independently assessed against quality standards by Assessors Quality Innovation Performance or QIP, and the Australian Council for Healthcare Standards, ACHS.

40 MS ORR: Is it correct that Rainbow Health is the organisation that has produced that set of standards?

MS JONES: Yes, we created them, and we're the authors, and they are intermittently reviewed as all quality standards are, so we're up to the fourth edition that will be released in the middle of this year which means that they retain an incredibly rigorous

evidence base and currency through international literature review and through an extensive national consultation.

MS ORR: Can you explain for us what the intention or aim behind Rainbow Tick is?

MS JONES: Yeah, I mean as I started to describe a little bit in relation to family,  
5 domestic and sexual violence services, in many cases we know from the literature that  
LGBTIQ people's needs are not always met by mainstream services, in fact sometimes  
harm occurs in those settings. We very much position Rainbow Tick with the  
understanding that we do need investment in LGBTIQ+ specialist services, but that it's  
10 not sustainable to reach a position where we have a parallel service system that is only  
for LGBTIQ+ people in all domains of health and human services. And also evidence  
tells us that LGBTIQ+ people don't want that. So in our own research and in other  
research, we found that LGBTIQ Australians who are surveyed when we ask them  
15 where would you most like to receive healthcare for example, the majority say that they  
would like to access a service that is accredited to be LGBTIQ+ inclusive. So there is a  
need. It's what evidence tells us that the community wants. And I suppose additionally,  
Rainbow Tick is focused on system change. It's about changing all aspects of an  
organisation's operations and functions to have ensured that they have reviewed those  
and where necessary, amended them to meet the needs of LGBTIQ staff and service  
20 users. We do need investment in interpersonal practise in training of individuals, which  
is different to service accreditation, but service accreditation is what holds and  
maintains that quality over time. Yeah, so that's about the evidence and the approach  
and where it sits.

MS ORR: And as I understand what you're saying, Rainbow Tick would support those improvements and those changes that are needed in mainstream services.

MS JONES: Exactly, so we offer How To, which is an organisational change process,  
25 a program to support organisations to be successful in Rainbow Tick, and it's through  
that process or an organisation can guide themselves through their own process to  
review all the domains of their organisation and make necessary changes to meet the  
standards. So the standards that will come out in the middle of the year focus on  
30 functions of an organisation including leadership, human resources, occupational health  
and safety, build environment and communications, data and privacy and service  
provision. And each standard outlines actions and minimum standards required to gain  
accreditation and then organisations are independently assessed by the organisations  
that I mentioned earlier, QIP and ACHS and if they are assessed as meeting the  
35 standards, they gain Rainbow Tick accreditation.

MS ORR: I'll ask you a bit more about the process in a moment. Can you just give us  
some more information, and you don't need to go through all of the standards today  
obviously, but just about the types of things that those standards might relate to, maybe  
give us some examples?

MS JONES: Yeah sure. I mean I think dividing the standards across organisational  
40 functions, it helps outline what the tasks are but also who has responsibility for those, so  
in any organisation it's usually quite clear who the leadership are, who has responsibility  
for human resources et cetera, et cetera. Under each of the standards, the kinds of

- evidence that an organisation would have to demonstrate that they were successful or that they are meeting the standard in being safe and affirming for LGBTIQ people include things like reviewing. Because the standards relate not just to service user experience but also to staff experience, in scope are things like HR policies relating to
- 5 leave, having a minimum standard of capability for staff providing services, having safe and inclusive data collection and privacy policies and procedures in place, that an organisation has the physical facilities to safely accommodate people of all genders for example including all gender toilets, that the communications from an organisation clearly demonstrate their capability to meet the needs of LGBTIQ people.
- 10 You know, across the standards I'm trying to pick a couple of things from each standard as examples, and you know some of those activities may involve quite a lot of work to change and some of them are really quick, and I think one of the important things about the way we support organisations to do this organisational change process is that we focus on a couple of things. Doing no harm in the process, being conscious about the
- 15 balance of consultation with lived experience and people having those experiences but also not having the burden of the work be on those people and taking a strategic approach. Within reason, there is a strategic approach that should be followed in order to be successful and to do it safely. So, for example, you don't want a rainbow sticker on the front of your building before you've done the work to become inclusive. You
- 20 can't signal safety until you've done the work to become safe. That's just a really basic example, but the thought that has gone into the support around the process of gaining Rainbow Tick accreditation I think is just as important as getting the accreditation.

MS ORR: I think you said before that the standards are evidence-based.

- 25 MS JONES: They are. Yes. Just we're right in the trenches at the moment. We've just been through a really extensive evidence building and reviewing process the standards that will come out towards the middle of this year, the version of the standards that will come out. Yes.

- MS ORR: And is consultation involved in developing and updating the standards as
- 30 well?

- MS JONES: Very much so. National consultation with people who hold expertise, you know, like LGBTIQ, community controlled services, community members across a range of intersections of lived experience and with the kinds of service types that Rainbow Tick is intended to be used in, you know, so it's about evidence of what works,
- 35 it's about community expectations, but it's also about feasibility and specific challenges or considerations for different sectors so yes, it's an incredibly thorough process.

MS ORR: So, coming to the process then, as you've mentioned, what is the process to get the Rainbow Tick accreditation?

- MS JONES: Yes. Organisations need to prepare quite a lot, as you can imagine, to be
- 40 assessed for accreditation. Rainbow Health Australia has a role, in supporting organisations to be successful and to prepare, but that's not linked. Like organisations are under no obligation to work with us to be successful in their assessment. So

organisations can lead their own activities in preparing for assessment or like I said, Rainbow Health Australia offer a range of supports including training and so on. And once they are ready to be assessed, they can choose a provider, a quality provider, QIP or ACHS are the two providers of Rainbow Tick assessments at the moment, and they're  
5 independently assessed. This involves quite a rigorous process of uploading evidence in the form of documents and things, so they'll have access to a platform, the platform of that accrediting organisation. They provide many, many documents of supporting evidence including examples of policies and so on and then sites inspection is  
10 conducted of the sites and interviews are conducted by the accrediting bodies and if organisations are successful, they're accredited for three years with a mid-cycle review at the 18-month mark. And I guess one other thing is that there is the option of a period of natural justice which is where the crediting body may decide that the organisation still needs to fulfil their obligation to provide evidence under certain standards or indicators of the standards, and they have you know three months in which to provide  
15 that evidence.

MS ORR: You've described what sounds like a reasonably onerous, well, a process that takes some effort.

MS JONES: Yes. It is tiring.

MS ORR: I suppose depending on where the organisation was at before they started  
20 preparing.

MS JONES: Sorry, someone just knocked on my door, so I got distracted, but what was the question about how long it takes for organisations to prepare to be assessed?

MS ORR: I said it sounds like some effort is required, but that would probably depend on sort of where they were at before they started preparing.

25 MS JONES: Yeah, yeah, that's right. So it can take, I would say, anything from a minimum of six months preparation to really two years for an organisation to thoroughly review their systems and processes and to be ready to be assessed for Rainbow Tick accreditation. And that just depends on the investment that's made as well. There are different approaches. So you can have a full-time staff member who is  
30 the Rainbow Tick project lead and who can really drive this work in an organisation and that can help expedite things, but like you said, it also depends on the readiness, and it's like change management in any organisation. It's all about readiness, it's about leadership, it's about investment and if you have a quality team for example, who are used to doing accreditation and assessments and things like that and the leadership of  
35 your organisation are really committed and on board and you resource it well, it can be really expedited. So even though it's a rigorous process, it doesn't have to be arduous or even costly depending on where the organisation is at. But those are the kinds of considerations.

MS ORR: So you've mentioned cost. Is there a cost associated with the assessment  
40 and accreditation itself?

MS JONES: Yes, there is. So the cost depends, as you would imagine, on the size and

the complexity of an organisation. So if you think about the process that I just described, particularly the assessment, where there are many sites in an organisation, it expands the amount of number of assessors who need to be assigned to an assessment, and the number of days, because they're going to multiple sites. Sometimes, if it's a national organisation, they might be going to sites in different states and territories, things like that can impact the cost, but for most of the organisations that currently have Rainbow Tick accreditation by far the majority, the assessment cost for those organisations is between say \$12,000 and \$25,000.

MS ORR: You mentioned the re-accreditation every three years, is there a similar cost for that?

MS JONES: Yes, it's similar at this stage. One of the roles of Rainbow Health Australia is to work with the accrediting bodies to kind of constantly monitor the feasibility of what is being offered both for organisations but for the accrediting bodies and to try to find ways to make it as accessible as possible to as many organisations as possible.

MS ORR: Is it correct that in Victoria there has been a government subsidy for family violence services.

MS JONES: Yeah. So as a result of the Royal Commission, part of the work that Rainbow Health Australia was engaged to support involved supports that Rainbow Health Australia provided to the family violence sector including training and the how-to, but also organisations. Domestic, family and sexual violence services in Victoria were subsidised in the assessment fee for the Rainbow Tick Accreditation.

MS ORR: How did that sort of roll-out when it was initially announced or when the investment was initially made?

MS JONES: Yeah, so initially the government proposed that within a year, all family violence services should gain Rainbow Tick accreditation, which is an ambitious target and politically very welcome. But in conversations with Rainbow Health Australia, we landed on a staged approach, so the investment in the end was a hub and spoke model based on a combination of readiness, so through an expression of interest from Family Violence Services to have the fees subsidised, as well as geographic spread. So it was a combination of readiness and also ensuring that what we would end up with was a geographically dispersed network of first organisations to gain Rainbow Tick accreditation. So of course, we hope that all Family Violence Services in Victoria gain Rainbow Tick accreditation, but we thought that it was important to test the model for this context and have it be really supported in this initial investment.

MS ORR: Since Rainbow Tick commenced in Victoria, how has the uptake been?

MS JONES: Since 2013?

MS ORR: Yeah.

MR JONES: I mean it's always been a national thing. Definitely the most

organisations that hold Rainbow Tick are Victorian organisations, but we have Rainbow Tick organisations in most states and territories. It's been really well received by the community and by organisations who undertake it. I think that initially there's been a steady but quite slow increase in uptake for Rainbow Tick accreditation and particularly  
5 outside of Victoria, that's been slow in some ways. But it's increased significantly through State Government investment and I think we've kind reached a tipping point where it started to snowball, and I mean the accrediting bodies and Rainbow Health Australia receive a lot of interest both from subsidised and non-subsidised organisations in Victoria and beyond now.

10 MS ORR: Do you have any numbers about how many organisations are accredited already and then how many you are supporting for the accreditation?

MS JONES: Yes. So there are currently 74 organisations who hold Rainbow Tick accreditation. There is a really great retention rate, so almost all organisations that get accreditation maintain it over time. And in Victoria, we're currently supporting 200  
15 Health and Human Services organisations to gain Rainbow Tick accreditation, so obviously that number will grow dramatically over the next few years.

MS ORR: And that's 74 nationally across Australia.

MS JONES: It is, yeah.

MS ORR: Have there been any challenges, or what's been the main challenge since  
20 Rainbow Tick commenced?

MS JONES: I mean, I think just that, the slow uptake. I mean, I wouldn't say that that is an indication of, you know, the value or the application or the usefulness of something like Rainbow Tick. I think it is about how LGBTIQI inclusion in services is understood and valued or prioritised. So, you know, what we know, for example,  
25 through our work with Our Watch on the National Framework, during the national policy mapping is that there is a shift in the number of mentions of LGBTIQ+ people in strategies relating to health and well-being for anyone, but you know, so related to housing, related to family violence, related to health. There is a shift where we see LGBTIQ communities more commonly included in those strategies, but there's a huge  
30 gap in the inclusion in a strategy and any mention in actions. There's a huge absence still in the actions and of course, then in investment in implementation. So I think that the policies required to drive the investment that's required have been lacking, and I think we need to kind of view that as a whole, a whole piece of work to be done. Yeah, I mean that's been the main challenge really.

35 MS ORR: On a more positive note, what do you see as the impact? What does Rainbow Tick mean for the LGBTIQI+ community?

MS JONES: Well, like I said earlier, the evidence shows really clearly that it's the preference for the community to be able to access a service that is accredited as inclusive for LGBTIQ people and that can demonstrate so through that accreditation  
40 process. You know, accreditation through Rainbow Tick ensures that organisations have reviewed and considered their systems and how fit for purpose they are for

LGBTIQ staff and service users and made the changes where needed to meet those needs, and you know, we have had the opportunity to review Rainbow Tick through some of the work that we've done that was funded by the Victorian Government in Victoria and you know those evaluations have found that Rainbow Tick has contributed significantly to improving for example, in evaluation about the family violence services, contributed to access to those services, it's contributed to referral pathways between Rainbow Tick services and LGBTIQ specialist services.

So yeah, I think there's evidence of the kind of need and desire from the community, there's evidence of the efficacy of the approach and the kind of outcomes as a result of that, and interestingly you know, some of those evaluations pointed to broader changes, so when asked in like an open text forum people had said that doing Rainbow Tick has led their organisation to better consider the needs of minoritised or diverse communities in general. So what they're saying is that the kinds of skills that they learn in the review that they have to do to be able to be successful in gaining accreditation has built their skills and capability in doing those processes for other communities.

MS ORR: And just to finish off, for my questions anyway, how would you say Rainbow Tick is unique? How is it innovative?

MS JONES: Well, in the recent literature review for the standards, as we're reviewing them now, we find that it is still unique. It's still the only accreditation of its kind internationally, so it's innovative in that way. I suppose the use of quality standards to improve and maintain the quality of health services, the evidence for that is very robust. So the science of quality standards and how they work in health care is not new at all. It's not innovative in those ways, but its application is really innovative, I think. And I also think there's a lot of scope. In fact, we get inquiries often from advocacy groups, peak bodies for other minoritised communities wanting to know how did we do it, how did we develop standards around this, around LGBTIQ inclusion and affirmation and could they learn from us in terms of developing standards for their communities of interest. So, yeah, I think it does also, like I said there's a few different pieces of evidence there I suppose that lead us to understand the ways in which Rainbow Tick can pave the way for quite a genuinely inter sectional approach. You know, obviously when we make the standards and when we review them, we do consult and build evidence for not just the experiences of someone off the basis of their LGBTIQ+ identity, but you know, how does that operate, and how do you meet the needs of someone who is a First Nations person of colour, who's a rainbow mob, or you know, et cetera? And I think it holds great potential for furthering that work as well in terms of, you know, innovative approaches.

MS ORR: Thank you, Ms Jones. I have no further questions, Commissioner.

CMR DESPOJA: Thank you. Ms Jones, thank you for reminding us about some of those intersecting issues. But I'm wondering, going back to your comments around some of the deficiencies currently in the system for the community, you mentioned being turned away from services, I'm assuming that includes shelters, refuge, accommodation options. You talked about negative experiences for the LGBTIQ community with police. Are there any other matters that the Commission should be aware of that relate to discrimination or disadvantage or a lack of services and supports

for the community when it comes to domestic, family and sexual violence services or agencies that might provide some support?

5 MS JONES: It's a good question, a big question. I think that, in a way, we're in the  
infancy of properly understanding and responding to the issue of family, domestic and  
sexual violence for LGBTIQ people. And I say that bearing carefully in mind as well  
that often this idea that there's not enough evidence or that we need to keep building  
evidence, it's often a barrier to action, and we definitely have enough evidence to  
10 understand the incidents and the implications of that and the service user experience of  
LGBTIQ people, so it's both that we have to keep building the evidence but also that we  
do know enough to act now and so yeah, I mean, things in particular like research  
reports like Opening Doors I think give really solid advice about the kinds of steps that  
we need to take and also what's great about a report like Opening Doors that is that it  
15 identifies the barriers and the challenges, but it also talks about promising practise. So I  
suppose it's about you know the barriers are such that as I've described, but it's also  
about leveraging opportunity and the good practise that's there.

Our experience in Victoria, I think, like some of the linking bits that can be less  
obvious, so there's like exclusion from service, lack of understanding within our  
communities, lack of understanding within services, exclusion from services, harm in  
services, et cetera. And we can look at what some of the approaches to changing that  
20 might be. Our experience in Victoria was that some of the key things were about  
viewing a whole integrated service system together and making changes with the whole  
service system in mind rather than going, all right we need to fix this problem over here  
which is separate to this problem which is separate to this problem. We've really  
needed to work closely in partnership with government around the kinds of things that  
25 they are responsible for or could change, so there's no point in investing lots in  
capability building or organisational change for services if the statutory bodies or the  
government of the time haven't also done that with things like risk assessment  
frameworks and things like that. Like it all has to line up and be enabled at every point,  
and it's quite tricky and nuanced work, but that's kind of one thing as well. Like  
30 sometimes that could potentially slow reform down is where you invest heavily in one  
part of the system that pushes forward, but you're dragging the rest of the system with  
you and yeah, I mean, what else? I mean, I think what we've learned from the Pride in  
Prevention stuff is just the power of taking the time to build coalition and understand  
the shared nature of the work and build kind of genuine investment in that vision and  
35 will and that takes time. I mean, we're talking about a sector that is incredibly binary  
gendered in its whole nature and approach, so it is a big change, it is a big ask but on the  
other hand, when you go back to the histories of our movements, if you look at  
LGBTIQ rights and feminism and the AIDS crisis you know that we're very linked at  
the roots of the movement and there's I think a lot there to come back to to enable to  
40 bring us back to that and understand how we have worked in coalition throughout  
history. Yes. Is that helpful?

CMR DESPOJA: That's very, very helpful, thank you. You mentioned  
government. I'm just wondering how many government departments or entities have  
received the Rainbow Tick?

45 MS JONES: Oh, that's a very good question. I might have to take it on notice. I know

it to be a handful. I mean, the thing is, Rainbow Tick is designed for service providing organisations. It was originally designed for that. And so there are parts of the way that the language works, a way that it's assessed sometimes that favour that kind of organisation, but it actually hasn't limited uptake. That might have been the case  
5 historically, but we're changing the evidence base to allow it to be used more broadly. So there definitely are examples in Victoria and beyond, including in Victoria the Victim Survivor Support Service. So a key part of the family violence infrastructure in Victoria has gained Rainbow Tick accreditation. I think it really, really helps for truly understanding and motivating the work more broadly as well as of course, making  
10 that service or that part of government properly inclusive. But in terms of buy-in and understanding and affirming it for service providing organisations, it can be incredibly useful and motivating.

CMR DESPOJA: Thank you for that. Just a query around the six standards that you've identified, and I note that in the publication it explains that these can be considered in  
15 isolation. Does that mean if you satisfy standard one, you get a tick? Are we talking like a total of six ticks or do you have to satisfy the six standards in order to be accredited?

MS JONES: No, you definitely have to satisfy all the indicators of all the standards to be accredited.

20 CMR DESPOJA: I see.

MS JONES: It might be that that relates to, there are instances where one part of an organisation can go for Rainbow Tick accreditation and not the whole organisation. It's designed to be a whole of organisation change process, quality framework for a whole organisation. But there are instances where it feels like it would take too long or be too  
25 complex or difficult, or unusually we only advise it as a stepping stone a whole of organisation accreditation but for example, an organisation could say, "We're going to start by doing Rainbow Tick, and having our family violence arm of our service Rainbow Tick accredited." That is possible. Because there are standards that relate to leadership, to governance, to HR, a lot of that work is going to impact the whole  
30 organisation anyway.

CMR DESPOJA: Thank you for that, and thank you for your evidence today. Counsel Assisting?

MS ORR: I'd ask the witness be released, Commissioner.

CMR DESPOJA: Ms James, you are free to go. Thank you.

35 MR JONES: Thank you so much.'

#### **WITNESS WITHDREW**

CMR DESPOJA: And that concludes Day 7 of public hearings for the Royal Commission into Domestic, Family and Sexual Violence. We will be back tomorrow at 9.30am with a witness list as well. I remind you that if any of this evidence or

information that you have heard or seen today is confronting or triggering or upsetting in any way, please go to the Royal Commission's website in order to get an idea of services that can support or guide you. The Royal Commission website is [www.royalcommission.dfsv.sa.gov.au](http://www.royalcommission.dfsv.sa.gov.au). Thank you very much for everyone's attention this afternoon. Counsel Assisting, that concludes your work for today and mine. See you tomorrow. Thank you.

**MATTER ADJOURNED AT 4PM**