

To the Commissioners, thank you for looking into the important subjects of Domestic violence and sexual assault. I am a [REDACTED] however I write from lived experience of my daughter's student to student sexual violence in her private school. I wish to reference the 2017 Royal Commission into Institutional Responses to Sexual Abuse Final report <https://www.childabuseroyalcommission.gov.au/final-report> and highlight the worthy standards and recommendations that had they been implemented our experience may have been incredibly different. So, I write with hope and expectation, that the findings from this Royal commission and others such as the referenced will actually contribute to change within our state, making South Australia a safer place for Women and children to live, work, study, and play.

On [REDACTED] my then fifteen year old daughter bravely disclosed having been sexually assaulted and raped at her [REDACTED] school, the perpetrator was a male peer, a seemingly upright student [REDACTED]. I have my daughter's explicit consent to write this lived experience response, actually she requested I share her name, so that she is viewed as a person throughout the response and not an unknown female, her name is [REDACTED]. I also appreciate this is the first time I have seen our experience written, or felt compelled to respond to an inquiry. I will respond under the question framework to support structure and appreciate no single paper could ever capture the entirety of such a lived experience, and because this is a lived experience paper, it will be a response limited to sexual violence, based on our experience and opinions. This paper will not identify the school this sexual violence was perpetrated in, as our feedback to the school regarding their response; which invited a meeting for better understanding of our daughter's experience, reconciliation for our family's healing, along with information of our experience and education to support the school with future response was refused. Our feedback was responded with a letter from [REDACTED] of [REDACTED] advising that, the schools position is that [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Prevention

1. What causes sexual violence?
 - A perpetrator's desire for power and control, society's lack of willingness to acknowledge the prevalence of sexual violence, the discomfort, shame and guilt attached to victim/survivors, the lack of legal position for victim/survivors which permits perpetrators' and prevents prosecution.
 - Institution's ability to metaphorically sweep matters under the organisational carpet, in particular within private schools where there is no independent or external safeguard for students, or their family, to escalate for investigation or even student support.
 - Legal ability for organisations to silence victim/survivors and their family with threat of deformation which creates an unrealistic view in society of prevalence.

- In our experience the school advised us that their response was in the absence of any policy or procedure that informed response of student to student sexual violence, or informed student misconduct.
 - The lack of belief that this could happen at ‘our school’ has continued to feed a denial, fuelled an unwillingness to address this specific incident, accept reports of similar instances to support a safer school environment.
 - The absence in South Australia of the 2017 recommended school safeguarding unit, has meant our appeal to the Minister for Education for investigation was unable to be actioned due to private schools being outside scope of the Minister’s role, and referred us back to the schools internal Board of Governors.
 - The Independent Schools Association advised they establish policy for schools to choose to adapt, they do not enforce compliance, oversee or advise, and referred me back to the schools internal Board of Governors.
 - The lack of independent authority and the schools ability to put victim/survivors on notice for sharing lived experience supports the attitudes and beliefs that the issue is non existent, supports schools in silencing lived experience. Without this opportunity to respond to a Royal Commission our only position for a voice would have been a media framework, such as ‘four corners’ which subjects a victim/survivor to an extremely public arena which is not always safe for a person who is living with the personal impact of sexual violence. It is much safer to remain quiet than risk completed suicide of the victim/survivor.
 - Protection of perpetrators at the unsafe risk of a community.
 - In our experience the perpetrator who was on bail conditions for [REDACTED] [REDACTED] sexual assault and one count of rape perpetrated against [REDACTED] was able to leave the [REDACTED] school and enrol into another [REDACTED] school without disclosing his bail conditions, as they were specific to the victim/survivor. The perpetrator befriended a friend of my daughter’s (a friend from the [REDACTED] [REDACTED]) and my daughter was not allowed to warn her friend, as the perpetrator had not been convicted in the courts. My daughter disengaged from [REDACTED] and the friendship.
2. What works to prevent sexual violence?
- Education, table conversations, frameworks that publicise the prevalence such as the ‘me too movement’ and which prevent the issue being hidden for victim/survivors to feel alone, isolated, blamed and unable to heal.
 - Policies and procedures which are relevant, publicly known and complied with. Which align with current best practice and support victim/survivors to feel safe to speak.
3. Existing initiatives.
- I am unaware of any existing initiatives within the private school sector which seek to address the attitudes that drive sexual violence.

Early Intervention

4. What systems receive information which may prevent individuals who are at high risk from perpetrating.
 - SAPOL are aware of bail conditions, it should be noted when a student enrolls at another school that they are on bail conditions for [REDACTED] a female student at their last school as a prevention measure.
 - Schools, the school advised us they were unable to advise the enrolling school on a student transfer as the perpetrator had not been convicted and was considered innocent until found guilty.
 - There should be a way of providing information to relevant private school authority which both protects as students right to education but prevents reoffending. It was very difficult for my daughter to hear about her friend 'hanging out' with her perpetrator and feel she couldn't protect her friend without her being subject to legal action.
5. What is needed to allow information sharing.
 - A legalised statewide framework or guideline, which allows access to information that is accurate and updated.
 - An educational database of student conduct which serves to support schools in enrolment process, this is not to deny perpetrators an education but to ensure schools have the required information to protect students.
 - When the perpetrator denied the charges and the Police Prosecution suggested a trial, my daughter opted to withdraw the charges, as she was self harming, had multiple suicide attempts and did not feel she could be safe during the legal process of cross examination and knowing her perpetrator is being defended. Withdrawing the charges was not her denying the allegations, or the police not believing her, this was self protection and self preservation. The lack of legal framework education to the school enabled them to believe that her statement was not supported, and withdrawn by the legal system, rather than being withdrawn by herself for her own safety.
6. Interventions
 - A centralised student database for both perpetrators and victim/survivors which is accessible by organisations within a safeguarding structure, would support students who transfer between schools and support safe engagement. Such a database would require a traceable traffic footprint to ensure information is only accessible, and accessed, on an access privileged requirement basis to protect victim/survivors and perpetrators. Similar to the Health Electronic Medical Records, Child Protection database, or students educational files.

Response

7. Barriers to reporting or seeking support.
 - When a subsequent boyfriend admitted to raping my daughter he said he didn't think it would be a big deal because she had been raped before. This perpetrator was aware of my daughter's rape, and the charges being withdrawn because her mental health would not withstand the legal system. It seemed this perpetrator felt he would not be reported because of her previous experience, he was correct. This rape was not reported to

SAPOL by my daughter, it was reported to SAPOL following mandatory notifications to CARL through the Department for Child Protection. SAPOL reached out to my daughter to make a statement. However, what prevented her was the lack of justice she had experienced the first time.

8. Elements of best practise first response.

- A victim/survivor school student needs to know they have been heard, and are safe in the school system. The victim/survivor needs to feel that the school is not treating the victim/survivor and perpetrator as equal in response.
 - According to the school, due to the absence of a policy or procedure, the school told us and our daughter that they were responding to both students equally, in that both students were told to stay out of school for [REDACTED] weeks. This embedded an immediate and unchanged deep seeded feeling of shame and blame for my daughter, she felt she was being punished for disclosing, and her punishment was equal to the perpetrator's punishment for raping her. We raised this with the school, they appreciated her view, advising they asked her not to return due to her mental health, however the damage had been done.
 - The school refused to support our daughter in the classroom despite our daughter, us as her parents, and her Child and Adolescent Mental Health Therapist all advocating that they tell her direct classroom teachers at least, however they refused. Her only action when students harassed her was to leave the class and go up to the office to study there. My daughter viewed this as the students being allowed to harass her about her rape, and this led to my daughter been questioned and further harassed in the classes that she managed to attend, she eventually withdrew from the school. Of note, [REDACTED] [REDACTED] it was the village that she had been a community member of since her birth, and a student at for [REDACTED] years. All of our children's school photos and school memories are triggers for her. [REDACTED]
 - There needs to be agreement between the police and the school about what actions the school can implement. The school has no policy regarding student to student sexual violence and no policy on student misconduct which could have informed a response. Because there was no school policy, and the schools legal support advised them to stick to school policy, it meant the school did nothing. The school would not support us in making any sense of how our daughter could have been raped during school hours, on the school property, the school would only discuss her classroom attendance and her academics, it was as if we were expected to pretend nothing had happened.
 - Parents need to be able to have an independent authority, who has ability to independently investigate and offer support to both the school, and the student, in a student continuing their education, in the school of their choice, wherever possible.
 - Our daughter has developed such a mistrust in school leadership, and the systemic structure around the educational system, she has effectively withdrawn from school with a half way through [REDACTED] achievement, effectively from when she disclosed her sexual violence. She has enrolled multiple schools, including a public secondary school, an adult education school, another private school and Open Access

College ■ times. All because she desperately wants to achieve her SACE, however her trust in the system is a significant barrier to her engagement. The levels of stress and trauma it brings for her to engage, are more than she can manage, and once led to an overdose on school property.

- I cannot emphasise enough the damage that the initial response of the school caused her, damaging her ability to heal and recover in a profound way. My daughter saw her school as her village, making a statement when she eventually accepted it wasn't working for her to stay at the school. The school were unwilling to investigate or address her sexual violence to reassure her that she could feel safe at school, she felt the risk was high despite the perpetrator having left, and there was no framework for us to support her to feel safe. We had continued paying full fees for her, despite her not attending barely at all, it was no longer sustainable. Her statement was 'He broke my body, but the school broke my heart'. She also says she wishes she had never spoken up because 'it cost me too much'.
 - There should be a paper trail of school response and follow up. When we requested minutes to the meetings we attended at the school, about our daughter's re-entry we were advised there were no records of the meetings. This poor process enables schools to deny there ever was an incident and is disenfranchising for the victim/survivor.
 - Again a safeguarding Unit would prevent schools from putting reputation before student wellbeing, and trying to cover up issues that happen at the school, maintaining leadership and Board of Governors integrity and accountability.
 - It is important schools get a message that sexual violence is about perpetrator power and control and can happen at any place. While it is important there are policies and procedures to minimise risk; schools should be supported with an 'us too' mentality and what can we learn about change for student safety rather than responding with fear.
- Despite the school having a whole wellbeing centre on site, the trauma informed response was dismal at best. I used professional connections to offer tailored training in recognising and responding to sexual violence to the school, this was accepted as an offer, and I was led to believe the school had implemented the training with Yarrow Place. However, I later realised that I had been misled and the training was not engaged. This may have been due to cost, or the risk of other school staff learning about my daughter's rape at the school.
 - There needs to be a supported unit within government that spans public and private sectors for students who experience sexual violence at school. The importance of a wellbeing worker who works 1:1 in an educational case management role supporting this cohort of students, to complete their education. The identity of a student, their sense of self is highly attached to their academic function, to lose this part of herself has significantly impacted my daughter's sense of self, and derailed her career aspirations. My daughter who dreamed of being a middle school English and History teacher, no longer wishes to work within Education, and has lost all career ambition.

- A Safeguarding Unit could offer a system support to schools, hold information related to sexual violence in school, look for school thematic issues as sexual violence education opportunities.
- A perpetrator, especially a young adolescent needs to know they have been noticed and the victim/survivor is believed by the fact that the perpetrator was arrested and charged. Perpetrators need to know there are consequences, even if the victim/survivor is unable to progress to a court trial. There is a risk of a perpetrator establishing a cognitive dissonance with regard to reoffending if they believe they have beaten the law.
 - This also applies to the peers observing, in my daughter's case when she withdrew the charges, based on her mental health as a result of the trauma. The perpetrator told peers that this action was evidence she was lying. This led to some of these male peers expressing a low view of women, a disrespect for the systems around sexual violence, and a disbelief towards my daughter.

9. Health response best practice

- In the adult Health response to Sexual violence Yarrow Place support a victim/survivor with a peer support to sit at the hospital with them; to comfort them, to reassure them they are safe and not alone in the initial response of the health system.
 - This peer support is not offered to paediatrics. It would be beneficial if there was a single staff member who is trauma informed and able to sit with the young person, and their parent/s.
- My daughters first experience of the Health system post disclosure of sexual violence, was being taken to WCH Emergency by two police detectives as she had been detained under the mental health act for suicidal ideation.
 - Once she was handed over to WCH staff under the order I wonder what support would have been offered had I not been there. It would not have been supportive or comforting for her to have a security guard watching her.
- Access to ongoing free counselling in trauma and sexual violence. CAMHS offer a limited crisis counselling, this was more related to my daughter's mental health, due to her self harm and suicidal ideation. My daughter connected to the therapist but then had to change therapist as the role was limited, this caused significant distress and resulted in a suicide attempt at the fear of this perceived rejection from someone she felt safe to speak with.
- Emergency Mental Health at WCH are well equip for mental health but not so much for trauma. My daughter would often report she felt distressed, that her dysregulation, and suicidal ideation, was related to trauma and not a mental health issue, she felt the trauma was not as validated as a mental health diagnosis might have been. The complication is that a mental health issue can be medicated for resolve, this is not the case for trauma, trauma needs time to allow a person opportunity to deal with the intrusive emotions. At times when my daughter was incredibly distressed, she actually wanted to talk through elements of her trauma, this was denied on several occasions as the emergency mental health team are under pressure and do not have time for this. My daughter was often told she was lucky to have a mum like me who was available for her. This would result in my daughter getting angrier and angrier at me, it felt like if I wasn't available for her, then she would get the support from the professionals she felt she needed. This then led to our relationship becoming questioned and my parenting of her as a child, as if her trauma was a long ingrained attachment issue. I found myself

defending our relationship and trying to get her trauma supported, this led to increased frustration and impacted our relationship.

- If there had been a support person who was familiar with our family, with my daughter and saw her when she was not self harming and suicidal they could have helped to navigate this space, and potentially even reduced the SAAS calls and emergency presentations.
- My daughter had a [REDACTED] months after her disclosure, one day that she attended for transition to senior school She believed if she could get to senior school, she would be ok to commence reengaging in her education at school. When she fell [REDACTED] [REDACTED] teacher proceeded to support her, this caused a functional neurological disorder (FND) which she still has effect from. Initially FND caused paralysis from the waist down, she was hospitalised for intensive rehabilitation to walk again, the FND then moved around her body causing intense stomach pain, hearing loss and seizures.
 - The Health system responded really well to supporting her until she was discharged without our knowledge from the Neurology Department following admission for seizure investigation and management. It was diagnosed her seizures were Psychogenic Non-Epileptic Seizures, and her licence had been suspended. There was poor communication from the adult Neurology department of the public hospital and the local GP which caused her to have a loss of licence [REDACTED] months longer than she should have had. She lost her casual job over this delay as she was not able to easily get to work anymore.
- During one of my daughter's inpatient admissions to the mental health ward she was diagnosed and medicated for complex post traumatic stress disorder.

10. Police response best practice

- For my daughter the police response was swift, supportive and thorough. She felt believed, safe and able to be honest. It was the judicial system that damaged her appreciation for the police, as she felt all their hard work and support of her was for nothing.
- The detectives were not in uniform, they had time and patience to work at her pace and within the space she felt safe. They cared for her and reassured her that she was safe. This all helped her to feel supported in their response to her.

11. Best practice of the judicial system

- The court system is entirely overwhelming for the victim/survivor and their family. We did not attend the court hearings, I could not bare to see the face of the perpetrator, or hear the word of the charges against my daughters name. This is because the initial court hearings were so close to the disclosure. It was two days later, I hadn't had a chance to get my head around what was happening, my daughter was suicidal, and I couldn't be caring for her and at court. I couldn't expect her dad to attend, and would not have sent any of her [REDACTED] because our family was too broken. We just needed to be supporting her in those hours after her disclosure.
- Having to withdraw the charges, which included removal of the bail conditions, without implementation of an intervention order cause my daughter to feel vulnerable and scared to go out in public. She feared she would be approached by her perpetrator. This added to her isolation, feeling intimidated and her overall state of mental health.

- An ongoing intervention order between the victim/survivor and the perpetrator would support the victim/survivor to feel safe. This intervention order was denied by the courts after the perpetrators privately funded lawyer objected, as it was considered that it could have impacted the perpetrator's life. My daughter felt that because the perpetrator could afford a lawyer she was not going to be believed, this significantly impacted her unwillingness to make a statement about her second rape, even though the perpetrator had put in writing he was sorry for raping her. Her mistrust of the system is bigger than her desire to see a perpetrator convicted.
- My daughter had also been told that because both of her perpetrators were under the age of 18 years, the punishment would be minimal, and convictions would be removed from their criminal record when they turned 18. As this was only a few years away she felt like it was a huge burden for her.
- Best practice would establish safe judicial systems for victim/survivors to feel safe and able to get about their life as freely as they can.

12. Best practice already in place.

- Not known to me, as I do not work in this field.

Recovery and Healing

13. Universal needs for all victim/survivors

- Victim/survivors all need to feel believed and have validation of their experience that does not feel is eradicated by the judicial system. If a victim/survivor chooses to withdraw charges, regardless of the reason this should not feel to the victim/survivor, or the perpetrator that the allegations were false.
- Victim/survivors need to know there are systems in place to keep them safe, and to prevent a repeat offense from the perpetrator, both towards themselves and to others within the community.
- Victim/survivors need to have opportunity to be heard, for as long as it takes them to heal.
- There should be funding available for tutoring to prevent students from falling too far behind in their SACE, that the catch up feels overwhelming, and unattainable, as it has for my daughter, leading to school withdrawal.
- Yarrow place support victim/survivors when the victim/survivor is over 16. It would be good if all victim/survivors could access this support as adults, even if the sexual violence occurred under the age of 16 years.
- Victim/survivors need to be supported to meet their full potential. Sexual violence particularly perpetrated against a developing adolescent brain causes a trauma, which can limit the victim/survivors ability to meet their full potential. With a physical disability there is an annual review of the requirements for the disabled person to meet their goal for that year, there are therapists and support structure in place including a change of circumstances, this level of support, while I appreciate the financial burden is not afforded to victim/survivors of sexual abuse whose lives are irreparably damaged.
- Victim/survivor families need to have a place to be heard and supported.
- Victim/survivor families need to have employment flexibility to meet the needs of their child. I was fortunate to have Long Service leave which I used to take time at home with

my daughter. My husband and I both exhausted our entitlements, and he took time without pay so we could keep her safe and maintain our financial obligations.

- Victim/survivor and their families need a safe space to have therapeutic support to rebuild the broken relationships that are fractured from sexual violence.

14. Best Practice Approaches.

- A Secondary school structure to support the completion of SACE for victim/survivor student to student gender based violence in secondary schools. There is a National Action Plan for higher education but nothing that I am aware of for secondary school, which appears to be a gap. <https://www.education.gov.au/action-plan-addressing-genderbased-violence-higher-education>

15. Approaches already in place

- Uniting communities counselling for Sexual assault is a service for youth -24 years, this is free service for consumers.
- I am not familiar with the approaches already in place, other than the counselling my daughter is receiving.

I wish to close by saying a genuinely appreciate the Commissioner's consideration of my response paper, and the issues related to Domestic and Sexual Violence in South Australia. Both [REDACTED] and I are willing to contribute further, as considered helpful to the Commission and are willing to be contacted. In closing I wish to share a significant turning point for our story, and that was in me publishing a book for my daughter. Originally written for her 16th birthday gift when she requested no presents, having a written suicide plan to enact prior to her 17th birthday. When faced with the dilemma of wanting to believe her plan, to ensure she didn't feel unbelieved again, but also wishing to give her a hope for the future I wrote her a story to reframe her narrative. [REDACTED]

We look forward to the Commissioners report, and the implementation of changes, that will improve the safety and wellbeing, of South Australia's women and children.

Kindest regards, [REDACTED]

[REDACTED]