

INDEPENDENT REGIONAL MOTHERS
6/27 Trood Street
Sale 3850



Monday, 1 July 2013

Chairperson
Royal Commission into Child Sexual Abuse
GPO 5283
SYDNEY NSW 2001

Dear Sir,

Reference No. R001069

Issues Paper 1 – Released 17 June 2013 – Working with Children Check

Brenda Coughlan

Spokesperson for Independent Regional Mothers

WORKING WITH CHILDREN CHECK

INTRODUCTION

The points raised in the Issue Paper must not to be influenced in any way by any one individual, institution/organization or profession protecting their own interests or the Commonwealth Government (regardless which political party/ies are in power). A national body does not necessarily mean each State/Territory will abide by its ruling and with the education of all State/Territory government workers etc. may cause confusion between national body and State/Territory sectors therefore each State/Territory would have to abolish their own WWCC and corresponding legislations.

It is vital if the proposed changes to introduce and achieve a national WWCC – it should be seen as a strategy rather than an outcome.

Until the Commonwealth take full responsibility for the safety and welfare of our Nation's children nothing will change. Each State and Territory act on their own legislation with many variances including political opinions and various institutions and organizations believing they are more important than their counter part.

Our advocacy group supports a National WWCC scheme to be recommended by the Royal Commission if our Nation's children are equally protected by the Commonwealth of Australia no matter where they reside, no matter what their culture is providing the Commonwealth of Australia take full responsibility under our Constitution for the protection of our children.

WWCC require re-definition – to reflect a comprehensive analysis of the determinants of child protection in Australia. The issue paper is working on past definition of WWCC without re-defining it.

Achieving national framework would require actions AT ALL LEVELS in Society by individuals and local communities, by State and Commonwealth Governments and by non Government organizations.

Therefore it would be a very broad base for action and possibly ambitious in its analysis of what creates safety for all of our Nation's children.

It would be challenging in its explicit recognition of the substantial differences between population groups in Australia as well – where some cultures in a multi cultural society – accepts sub standards – i.e. female mutilation which is a criminal action under the Nation's civilized banner. Therefore if a national framework was introduced it would need to expand its effectiveness and efficiency with a strong emphasis on child protection under all cultures.

As the Issue Paper does not state who the organisations are – how does advocacy groups such as Independent Regional Mothers – communicate with the a number of individuals (accept privacy exists) and organizations who raised with the Royal Commission that the WWCC should be nationally and consistently applied – their input with the possibility of the medical profession receiving EXEMPTION once again as these individuals and organizations are not aware of the compelling and powerful evidence of the barbaric, heinous and tortuous sexual crimes committed by the members of the medical profession before the Royal Commission against young children in the past.

Submissions will only be based on past systems that give EXEMPTION to too many persons working with children. Under point 8 re current exemptions it is clear the medical profession has not been added to the list of those who require WWCC so it raises grave concerns that things are just being rehashed once again - the same thing – same thing – without improving the protection of children. A consensus must firstly be reached that ALL PERSONS who are employed and come in contact with children must have a WWCC regardless of their title or position in society.

In other words men in white coats must be treated on the same playing field as men wearing white collars and any other person working with children.

There are inequalities within all states and territories systems, whereby, in general terms, only some adults working with children on a paid or unpaid basis are subject to some level of pre-employment screening to determine their suitability to work with children.

Failure to monitor and bring forward transparent accountability has been proven since 1976 systems were put into place and if there had of been a more diligent focus by the Commonwealth Government on the individual States and Territories systems – we would not be undertaking the present Royal Commission and discussions re WWCC. Tens of thousands of young children (now adults) would never have been violated if the recommendations of the Royal Commission into Human Relationships 1976 had of been adhered to.

It has taken 37 years for the same questions to be asked and in those 37 years how many more children have been unnecessarily sexually abused with sexual abusers thumbing their noses at past systems? The experts cannot state well that was yesterday today is today – we have to also focus on the Nation's failures over the past 37 years.

All sectors (especially those receiving Government funding or Departments under a Government's umbrella) represent their own personal interests with the focus on the potential victims lost in

words on paper. As an example the NAMA continue to refuse to address their past colleagues crimes and it is hoped they are not in a position to influence even a Royal Commission and remain exempt from WWCC. The views of survivors of such heinous sexual crimes must take precedence over the views of institutions/organizations who failed in the past to protect us.

In Victoria Occupational fields under the Working with Children Act 2005 does not include all persons on a paid or unpaid basis, who work with children. Until all persons are included in Occupational fields it leaves gaps still leaving many children in vulnerable situations at the hands of possible child abusers.

Wider discussions in order to decide on priorities and to co-ordinate Occupational fields is absolutely essential and must reflect the pluralistic needs and values of children across Australia and any discussions must not be placed on a limited time and with limited resources.

The magnitude of the task to overcome past patterns of management and practice process of providing the safest environments for our children appears to be beyond the Nation's capabilities as many institutions/organizations are reflecting on their own management requirements and cover-ups of their past inadequacies.

To achieve true efficiency with structural reform for the highest quality service requires structural reform so a new framework can be developed with children as the main focus and not maximum gain for investment.

Until all institutions and organizations are on the same page of thinking and have a complete understanding of the gaps that still exist with WWCC it will be impossible to put into place a National WWCC. A national WWCC must include screening checks of

Police check

Criminal History check

Relevant employment proceedings

Findings from professional disciplinary bodies which includes the medical profession.

Under Victoria's Working with Children Act 2005 does not include

All medical professionals working with children. The present legislation includes Paediatric Wards of public, private or denominational hospitals as defined in the Health Services Act 1988 and does not include medical clinics of public, private or denominational hospital conducted by medical professionals or private practices. Our statements made to the Royal Commission detail the barbaric, horrific and tortuous sexual crimes committed by the medical profession on non pregnant girls and young pregnant girls in hospital medical clinics.

Medical staff including students, nurses and social workers (counselors are not exempt under Victoria's Code 40 – Counseling or other support services for children) – can no longer be exempt from WWCC together with many other areas of health system including persons who carry out MRI Scans.

The exemptions within the medical profession is mind boggling with so many questions raised as to how this has been allowed to occur – with children placed in vulnerable situations when it comes to having contact with a medical practitioner or associated medical worker.

The statistics of medical professionals' sexual misconduct 2002-2009 see attachment. The medical profession can no longer be exempt from a national WWCC. See also statement re medical professionals past barbaric sexual crimes on non pregnant young girls residing in past institutions and even though there has been two Commonwealth Senate Inquiries revealing such sexual crimes – the Nation still has not brought them to accountability. Members of the medical profession continue to be exempt from WWCC and that is a disgrace on our Nation.

Persons employed in dental clinics including the dentists are also not included in the Victoria WWCC Legislation and this is unacceptable.

Students studying various degrees requiring work experience in hospitals etc. are exempt from WWCC and this is totally unacceptable because during the 1950-1970 they were players in the most barbaric and tortuous sexual crimes inflicted on non pregnant girls and young pregnant girls within institutional and hospital environments. This must cease.

CLEARANCE

The clearance should remain for a life time enabling it to be amended at any time through the police data base if a future offence occurs.

If it is not for a life time – any potential sexual abuser during employment is well aware of the length of time their clearance covers and once that time expires they can carry out serious sexual crimes until their crimes become know – in other words unless it is for a life time – a window of opportunity opens for them once the time expires on their clearance.

The death of a young woman because of serious issues under the present Victorian parole system should be kept in mind when discussions as to how long should any clearance be granted for are held.

Child related work is defined in Occupational Fields in present legislation but is mostly limited. Refer comments above.

EXEMPTIONS – Point 8

Under Victoria's WWCC Code 42 Clubs and Associations (Clubs, associations or movements of a cultural, recreational or sporting nature) parents volunteering receive an exemption when volunteering with sporting organizations – therefore as they do receive an exemption in Victoria such exemptions must be carefully examined.

Code 42 contradicts Code 10 under Victoria's WWCC Legislation. Workers living in the homes of children in out of home care in Victoria are required to obtain a WWCC under Codes 20 and 38 under the Working with Children Act 2005 (Victoria) – Out of Home Care Services that are established or approved under the Children, Youth and Families Act 2005.

If parents are to be included in a National WWCC – Code 42 of Victoria's Working with Children Act 2005 needs examination. There is a serious discrepancy in Victoria – if a father accompanies his son on a school camping excursion (also as a supervisor of other unaccompanied children) he does not

require a WWCC but if a parent volunteers at a sporting club – they require a WWCC. This is a contradiction.

The variation of exemptions for a WWCC or general understanding of exemptions varies and also so much misunderstanding occurs under volunteering banner.

1. A grandmother has attended her grand children's little athletics for the past 12 years – volunteering each Saturday morning picking up sporting equipment throughout the little athletics' session – she does not have direct contact with other children except her own grandchildren and at times with their friends when they need a drink or something to eat. Six months ago she was approached by the organizer of little athletics and asked did she have a WWCC – the response was no – this lady was advised she could no longer be involved in little athletics (picking up equipment) until she presented a WWCC. She had no direct contact with children therefore under this understanding all parents who attend any sporting event as should have a WWCC.

2. A young boy was to attend a school camp but unfortunately his father could not accompany him for the three nights so his uncle volunteered as the family did not want him to attend the camp without a relative. The primary school would not allow his uncle to travel with him but would allow other fathers to sleep in the same room on the camp with young boys without WWCC.

Victoria WWCC legislation requires under Code 10 "Type of Work – camps – All overnight camps for children". His uncle was not a stranger to him and many of the other children yet the school found it OK for young boys to sleep in a dormitory with other fathers without WWCC.

Fathers do not require WWCC so why would an uncle not be allowed to accompany his nephew – it was OK for young boys to sleep in a dormitory with other fathers his parents did not know – this is how ridiculous the real world operates. It was acceptable for the uncle to pitch a tent outside the door of the dormitory leaving his nephew inside the dormitory with fathers (strangers) unknown to the family.

The situation was finally resolved - with the boy's mother accompanying her son sleeping IN THE SAME DORMITORY as her son where fathers (strangers) slept without a WWCC. Her son would have been more protected in the company of his uncle than in the company of fathers who were unknown to his parents. How can schools guarantee children are protected from other children's male parents?

We present the above examples because whilst those who call themselves experts it is very clear in the real world any understanding of what is real and is not real when it comes to WWCC exists and innocent children suffer.

We cannot stress enough under the present system a medical practitioner (a man in a white coat) is exempt from WWCC yet from past evidence presented to the Royal Commission they work with children under no transparent system and can touch or examine children at will without a WWCC.

JUVENILE RECORDS

As a past Honorary Probationary Officer juvenile records are closed records in most States so how they could be included in WWCC would require a legal decision but if included could face legal challenge under sealed records and privacy legalities. There have been many juvenile offenders of sexual crimes – should they be protected – or is there an understanding when they become adults they will not re-offend?

A recent case reported in Victoria a 50+ year old man has applied to have his juvenile record of committing a sexual crime at the age of 14 – to be deleted – because he was sexually abused as a child. In other words he sexually abused another child because he was sexually abused – in this man's case if he applied for WWCC and juvenile records were included in WWCC – he would find it difficult to find employment – is that right or wrong because there still is a victim and sponging the sexual criminal conviction leaves the survivor without justice.

Survivors of sexual abuse must receive justice at all costs regardless of the age of their perpetrator.

Many young girls and boys in the past were sexually abused by older boys whilst residing in institutional care and these sexual perpetrators (regardless of their age) were never brought to justice because the institutions/organizations that were responsible for all the children in their care turned a blind eye. It is on this point that many institutions/organizations will put views forward that will continue to protect their institutions/organizations past acts of omission.

How many of these young sexual perpetrators went on to become adult sexual perpetrators? Once a sexual crime is committed by the perpetrator regardless of age – the perpetrator has already crossed a line they can't turn back from.

Our advocacy group offers the above views as we believe once a sexual perpetrator always a sexual perpetrator and we further believe it is a criminal/justice legal situation requiring clarification before any decision can be made to include juvenile records.

HOW CAN A NATION STOP SEXUAL CRIMES ON CHILDREN?

The Commonwealth turned a blind eye to the Recommendations from the Royal Commission into Human Relationships held in the 1970's re the epidemic of child sexual abuse and they too much accept some responsibility for the failure of institutions/organizations over the past 36 years to protect our children.

Sexual abuse is still occurring in elderly people's homes, on disabled persons living in community residences and many girls are sexual abused by boys with severe mental disorders. What has the Nation done – ZERO.

REMAINING POINTS RAISED

We find the remaining points of particular interest should be addressed by the Royal Commission with decisions made by the Commissioners for the betterment of our Nation – and not made by legal profession or representatives of those institutions/organizations based on past sexual crimes committed on children in their care.

The unequal impact by inefficiency of leaders of institutions/organizations who failed to monitor and be held accountable for their past inefficiencies cannot be part of the debate allowing them once again the opportunity to manipulate discussions for their own gain in fear their past inefficiencies will be exposed.

Further it is the Commissioners' responsibilities to be the ears of the Nation and then to recommend to the Commonwealth Government of the Day their own recommendations based on the evidence presented from past survivors of heinous sexual crimes – not on the recommendations of the organizations/institutions who have in the past allowed these heinous sexual crimes on children to occur.

CONCLUSION

It is hoped the Royal Commission will work towards a national frame work (under the control of the Commonwealth Government) that will inspire, motivate and encourage co-operation amongst all those individuals and sectors whose responsibilities lie in policing a natural structure. No structure will eliminate sexual abuse but it is time it ONCE AGAIN tries.

We register once again, Independent Regional Mothers as a special interest group for participation when a need for wider discussion is required in order to decide the priorities and co-ordination as it is vital if the proposed changes are to be achieved – survivors input must be treated as equally as important as experts or leaders of present institutions/organizations.

We are survivors of barbaric, horrific and tortuous sexual crimes committed by medical professionals 1950-1970's (before the Honorary Medical System was abolished) together with non pregnant girls – see attachment.

ADDED COMMENTS

CONCERNS RAISED AT THE ROYAL COMMISSION'S PROCESS WITH LEGAL PROFESSION

Legal minds are trained to fight for justice but many do not fight for justice – they bring about injustices therefore legal minds cannot become the Royal Commission's expert minds when it comes to child protection in our Nation as the Royal Commission is not a court of law. As our submission is being forwarded to solicitor@childabuseroyalcommission.gov.au we sincerely hope all submissions are handled with the respect they deserve and all comments received are not censored and withheld from the Commissioners.

No university degree makes a person an expert therefore the voices of those whose lives have been violated by such heinous sexual crimes must be heard over legal minds especially since the legal minds voiced their legal opinions so strongly during the Victorian Inquiry into Criminal Abuse denigrating many survivors of past sexual abuse.

We must not loose sight - the legal profession defend those accused of child sexual abuse – as an example in 2012 in Melbourne Court the legal profession defended a sexual perpetrator of a 10 year old girl receiving a suspended sentence because he was on drugs at the time – a little girl plays at her friend's house and the friend's father commits heinous sexual crimes on the little girl – he walks free and the little 10 year old life ruined. The writer has first hand knowledge and involvement of this miscarriage of justice.

That's the power of the legal profession to protect sexual perpetrators not young children – therefore our grave concerns are herein recorded. We are discussing a serious humanitarian issue – the human rights of children - and as survivors of these heinous sexual crimes we record our grave concerns.

With \$434m allocated for the Royal Commission to be the ears of the Nation for survivors to be heard – it appears concerns have now been confirmed with the Issue Paper No. 1 Released 17 June 2013 that the Royal Commission is attempting to find legal solutions before listening to the voices of survivors

A Royal Commission is not a political or legal platform – it is an independent body appointed by the Commonwealth of Australia and cannot be influenced by any Commonwealth political party/ies in power or any other independent profession during its duration.

MEDICAL PROFESSION UNACCEPTABLE PROCESS HANDLING SEXUAL ABUSE

The following Medical journal article (precise of) included to highlight the medical profession is non transparent – answerable to nobody for the sexual crimes they committed against children – their present system no different to the non transparent system religious institutions have operated under till the present day. As a consequence of the Royal Commission religious institutions systems will dramatically change for the betterment of our Nation therefore the medical system must also dramatically change for the betterment of our Nation.

The Commissioners cannot discriminate against men wearing white collars and continue to protect men wearing white coats.

MEDICAL JOURNAL AUSTRALIA 2011; 194 (9) 452-456. 1

“The recent nationalisation of Australia’s disciplinary framework for health professionals, under the Australian Health Practitioner Regulation Agency, opens up new possibilities for tracking and learning from disciplinary matters. This study introduces new tools for pursuing this work; it also maps a basic epidemiology of cases in which Australian and New Zealand doctors have been disciplined in the decade to 2010.”

“The leading type of misconduct was sexual misconduct towards a patient, which was the primary issue in 24% of cases. This type of misconduct occurred almost exclusively among male doctors (110/114, 96%).

Two-thirds of the sexual misconduct involved sexual relationships with patients as opposed to other inappropriate sexual contact (e.g., unnecessary examination and touching of sexual organs).”

PART OF OUR FIRST SUBMISSION TO ROYAL COMMISSION RE MEDICAL PROFESSION TO PROVE THEY MUST BE INCLUDED IN A NATIONAL WWCC. Those reading the following cannot exclude medical practitioners and their associated workers from a National WWCC.

Many young girls were sterilized by medical practitioners when they received a tubal ligation in an institution for children. In institutional care they used the euphemism “Have you had a bad night?” – a term I came to understand was code for “have you been sexually assaulted”? The sexual violence that happened the night before was brutal. I had been raped. It was purely “sensory deprivation” – I was exhausted, frightened and tired. I was initially housed in the dormitory. It was then that I discovered what racism was. I was the eldest of the white girls” there at the time. I did not know how to defend myself physically or verbally. I met Dr. (name withheld) for the first time on my birthday. Before I went into the medical room, one of the staff told me to take off my underwear – so I did. No explanation was offered as to why I should remove my underwear – so I did. I didn’t know why they wanted me to do that but I was basically a child that had been trained over the years to act with unquestioning obedience. The staff member knocked on the door it was opened from the inside by [REDACTED]. The staff member said my name, left and closed the door behind them. The medical room was small and painted white.

There was an examination table with stirrups used for gynecological examinations attached to it at one end. I did not know what they were or what they were used for but I was intimidated by the sight of them.

There was no explanation offered as to what their purpose was. Dr. (name withheld) carried out vaginal swabs on me. On that occasion Dr. (name withheld) was particularly brutal. I bled for days.

I remember having abdominal cramps and crouching against the metal door. It was very painful. Dr. (name withheld) was frightening – he was brutal. He backed me up against the wall and undid the buttons on my shirt. I stood still he began manipulating my breasts very much like a lover that could work at his leisure. I do not know how I got onto the examination table but he put my legs into stirrups with no explanation. I had no idea of what was happening to me.

I was too scared to ask and I was terrified. The 'medical treatment by Dr. (name withheld) has had a profound effect on my long term medical well being - the last pap smear I had was in 1988 and I fainted. It was suggested by the doctor at the time that in future it would be best if these tests could be done when I was under a general anesthetic. I would like Dr. (name withheld) to explain himself to my satisfaction and give me a genuine apology. Dr (name withheld) (psychiatrist) was one of the doctors who sat on the medical board that revoked Dr. (name withheld)'s medical license after (name withheld) was found guilty of child sexual crimes.

Dr. (name withheld) had his medical license revoked – received a fine and was compelled to attend some type of remedial counseling. Dr. (name withheld) was a forensic doctor. This meant he knew exactly what the impact of his actions was on me and the other girls in the institution. According to my records Dr. (name withheld) prescribed a very heavy tranquilizer – I was always stoned.

I was physically and sexually abused by other inmates – there was an ongoing threat of being held down and having toothpaste forced into my vagina by the other girls. Girls after they had been raped and terrorized were placed in isolation. I was often prescribed a sedative by [REDACTED] My medical records state that at various times I was given Largactil, Doxepin, Cogentin, Tetracycline, Mellerilretard, Haloperidol, Navane and depot provera. The medication was mind numbing. I could not function on it. Other children were placed on the same medications. (Medication is related to deep sleep therapy).

1 Medical Journal Australia 2011; 194 (9) 452-456.