The very existence of a Royal Commission into institutional responses to child sexual abuse is a recognition, finally, by governments and the Australian people that sexual abuse of children is a crime and that institutions are required by law to recognise and respond accordingly. The failures in the past are partly as a result of institutions, state and religious, not recognising sexual abuse of children in care as a criminal action, and believing that the law did not apply to care providers.

Recommendations based on the Consultation Paper: Redress and Civil Litigation

1. **National scheme:** A single national scheme should be developed and implemented and that the State and Federal governments put aside their differing jurisdictions and agree to share a mutual obligation to make this happen in a timely manner. In addition, all political parties agree that they will continue and support this whether they are in power or not so that care leavers are not adversely affected by the ‘changing of the guard’. That the Federal government set an example to the varying religious and charitable groups in showing leadership by their co-operation and commitment to a national redress scheme.

2. **Distribution of redress:** No prior service provider should be involved in the assessment, distribution or management of any redress scheme. While they should be required to contribute to the funding of redress and the cost of administering the scheme they should not in any way benefit or be seen to benefit from the damage and misery they caused or contributed to. This includes religious organisations especially the Salvation Army and Catholic Church.

3. **Financial redress:** Redress should be in the form of a monetary payment as suggested with the following options to be decided by the individual care leaver:
   - one lump sum payment
   - instalments
   - optional arrangements to seek financial advice for managing the payments.

   It is important that no agency or individual recommend or quarantine any part of an individual’s payment. I support the proposals by the Royal Commission on:-

   - No cut-off date for a redress scheme
   - Promotion of the scheme
   - The need for independence in decision making
   - Offer and acceptance of a claim
   - And the need for transparency and accountability

4. **Eligibility:** Eligibility needs to allow for the victim to outline the information they know to the best of their ability including location and institution, perpetrator/s and any corroborating information such as age of themselves at the time of the sexual abuse and the abuse event without having to recount all of the details or prove the abuse occurred.

   *Eligibility should consider the plausibility in the circumstances.*
Every victim should receive a minimum payment regardless of ongoing consequences for them in their life. A crime is a crime. Higher payments can be made for more severe consequences but the processes for this should be one off assessments (preferably already on record) such as a General Practitioner report, previous health assessment or mental health assessment etc.

Care leavers should not be required to undergo full psychiatric examinations undertaken by psychiatrists unless they already have a rapport with and are receiving services from the psychiatrist.

5. **Personal response:** While redress is a financial acknowledgment of wrongdoing justice should be served in that past care providers acknowledge the wrong doing and harms to the individuals who suffered. Organisations that failed in their duty of care should be expected to offer an individual apology (to any care leaver that desires this) from a senior member of the organisation or intermediary and at the same time acknowledge the wrong doing and failings. A personal response is critical for many people to move on in their lives and the organisations should put aside the time and commitment to do this in a meaningful way. If a care leaver seeks an apology the organisation should ensure they employ a person with advanced communication and therapeutic skills and/or utilise an intermediary not connected with the organisation to contact the care leaver and consult with them on how they would like to receive an apology so that it is genuine and individualised.

6. **Public response:** All organisations (public, religious and charitable) should fund and ensure public memorials at each and every institutional site to acknowledge the children who lived there but whose childhoods were taken from them. This would be a public acknowledgement of the abuse, neglect, childhood labour, sexual abuse and psychological torment and serve as a reminder for current and future generations of how no organisation should be allowed to operate without external scrutiny and with impunity. This means that the [ ] and all other ‘care’ providers would be forced to acknowledge this cruel period of Australian history publicly and in a permanent manner. A small plaque will not suffice. The memorials should be large, visible and permanent.

7. **Psychological services:** Trauma informed care and complex trauma has just been recognised in mental health care. Until recently, complaints of multiple abuse and deprivations by care leavers was seen as a symptom of mental illness rather than the cause. Experienced mental health workers have informed me that they did not believe care-leavers’ stories and often believed them to be delusions or at the very least grossly exaggerated. Care leavers sometimes report dissatisfaction with public funded mental health services with an over-emphasis on diagnosis and medication. Care leavers may not meet the criteria for service. Post-traumatic stress disorder may not been seen as acute and in need of immediate service.

Care leavers need time (especially to develop trust) and time to talk, and time to be heard. They do not want to be case managed or be seen as or treated as victims. Care leavers’ need episodic support and a prompt response when things go badly because their previous losses, deprivations

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Providing the same services as the rest of the population fails to recognise the duty of care owed to care leavers for past abuse and deprivations and the ill health as a result of this. **Priority service and easy access = redress and justice.**
and abuse mean their lives can unravel very quickly when these vulnerabilities are exposed through family and social circumstances. All public and private counselling services who receive funding should be expected to be flexible in supporting access to services and ensure priority for care leavers. Medicare should allow for additional numbers of sessions for care leavers receiving counselling as the limited number of 6-10 may be inadequate for many given the complexity of problems. No prior service provider should receive funding to provide counselling services to care leavers.

8. **Medicare funded private services:** Options for care leavers to access private services should be provided but I raise the concern of Medicare funded health professionals who have capacity to ‘cherry pick’ clients. Care leavers often have histories of multiple traumas and may not be ‘desirable’ for a private practice.

- Care leavers (Forgotten Australians) should be exempt from all co-payments for psychological services due to their lower socio-economic circumstances. This should be a condition of Medicare funding for all public and private practitioners. It should not be means tested. Medicare reimbursements to the practitioners of care leavers should be at a higher rate so that practitioners and care leavers are not disadvantaged.
- The credentialing process for Medicare should require specific knowledge or skill in working from a trauma informed care perspective and through knowledge about care leavers’ unique experiences.

9. **Capabilities of health care professionals:** The Australian Psychological Association and the Australian and New Zealand College of Psychiatrists should be asked to identify and describe the capabilities (ie. competencies) for working with persons with a history of institutional abuse and complex trauma and incorporate these in their curriculums.

- Registration for health care workers should be reviewed to ensure that they demonstrate the criteria identified above. This could be achieved through the university sector accreditation processes requiring the universities demonstrate this is included in their curriculum and student assessment processes.
- **Aged care needs: facing impending old age.** The Federal Government produced information for aged care providers on the history of, and needs of care leavers. My experience in health care and aged care confirms for me that this is not well known, if at all. Health care workers and Aged Care service providers lack knowledge of care leavers’ histories and needs. The Federal and State governments should include a reference point on all health and welfare registration forms including the Dept. of Housing, Aged Care Assessment Teams, Medicare and Centrelink so that care leavers can identify as care leavers (Forgotten Australians) and services can respond accordingly.
10. **Medical needs:** Care leavers who have been abused and/or sexually abused have poor physical and emotional health. The consultation paper does not seem to recognise the impact on physical health. For evidence of this read the Adverse Childhood Events (ACES study) and the evidence for poor mental health, increased incidence of heart disease, arthritis, inflammatory diseases, substance misuse etc. etc. [http://acestoohigh.com/got-your-ace-score/](http://acestoohigh.com/got-your-ace-score/) and COLEVA The Consequences of Lifetime Exposure to Violence and Abuse.

Coupled with the sexual abuse and multiple other abuses, care leavers did not have the social determinants of health and this can be seen in their poor health now. Care leavers should be in good health, physically active, functionally independent able to work for as long as they choose but instead they are in poor health, deteriorating each year and becoming more dependent. Care leavers are invariably out of the workplace, often early, and many are on disability support pensions. Most Australians require health care in the last few years of their lives. Many care leavers require that level of assistance now. A **Medicare Priority Card should be provided for all care leavers as part of redress and justice.**

11. **Disability support services:** Care leavers need considerable more support for daily living which is outside the scope of medical care in order to remain independent and lead lives of dignity. Some of the injuries are related directly to abuse and others as a result of deprivation and work related injuries from working as children in the homes. Care leavers require additional support to manage the activities of daily living such as assistance with transport, aids to daily living, housekeeping support as well as dental and medical care. Health and welfare agencies need to know this and ensure an appropriate response. Redress without an adequate response from service agencies will not provide justice and dignity. All agencies should be directed to see care leavers as special needs and respond accordingly giving them priority for housing, services and assistance. Housing assistance should be seen as an essential service for those who require it. Care leavers should not be assigned to long waiting lists for public housing.

12. **Identifying a proper defendant:** This has been difficult in the past however all future funding agreements with agencies who receive government funding should include clauses that state the agency will take all measures to:
- prevent
- report

The Medicare Card should be reissued to all care leavers as a **Medicare Priority Card** so care leavers’ medical care is given priority eg. over dental waiting lists, for surgery, admissions, ADL supports. Care leavers medical needs should receive priority in recognition of the increased need as well as shorter lifespan. **There is no point providing redress for past suffering if something is not done to alleviate the considerable suffering and medical needs of now.**

Prevention should include screening all adults who work with children, compulsory education of all adults involved in the care of children, written policies which are communicated to all adults about sexual abuse, legal and ethical obligations. All adults include religious representatives.
Evidence of efforts made to prevent sexual abuse and respond should be managed in a similar way as how Food Handling and Safety is managed: regulation, safety plans, compulsory education for all, policy and auditing. Methods for addressing non-compliance is in place and enforced.

Restaurants were required to submit written food safety plans to local council. Later individuals in the industry were compulsorily required to undertake an approved Food Handling course at TAFE (or the like) before working in the industry. Compliance to the standards is checked and failure to comply can result in the restaurant or catering company being shut down. If Food safety can be managed through regulation, compulsory education, policy and compliance checks surely child safety and curtailing rampant sexual abuse can be improved through a multi-faceted approach too?

Finally, I would like to give credit to the Australian government in recognising the need for a Royal Commission. I thank the Commission members and the support staff for the comprehensive consultation report, the range of issues covered and the sensitivity given to the needs of care leavers.

Thank you for the opportunity to make comment and give recommendations.

Yours sincerely

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