



**Commission of Inquiry into
the Tasmanian Government's
Responses to Child Sexual
Abuse in Institutional Settings**

WITNESS STATEMENT OF TIMOTHY PETER MOORE

I, Associate Professor Timothy Peter Moore of [REDACTED], in the State of Victoria, Deputy Director of the Institute of Child Protection Studies at the Australian Catholic University, do solemnly and sincerely declare that:

1. I am authorised by the Institute of Child Protection Studies to make this statement on its behalf.
2. I make this statement on the basis of my own knowledge, save where otherwise stated. Where I make statements based on information provided by others, I believe such information to be true.
3. In this statement, I use the term 'child/ren' to describe persons between 0 to 12 years of age and the term 'young people' to describe persons between 13 to 18 years of age (and in the context of out of home care, up to 25 years of age). This usage is consistent with industry and legislative practice.

Background and qualifications

4. Between 1995 and 2005, I was a youth worker working directly with children, young people and families in a variety of volunteer, paid and management positions. Between 1996 and 2001, for example, I was a youth support worker at Marymead Child and Family Centre in the ACT where I helped care for children and young people who were living in residential care and those needing respite due to a disability. I then worked in a series of services for vulnerable and disadvantaged children and young people, including those who were homeless, had parents with mental health and alcohol and other drug issues, and who were engaged in the child protection system. For four years I was Deputy Director at the ACT youth peak, the Youth Coalition of the ACT.
5. In 2005, I moved into an academic role at the Institute of Child Protection Studies where I helped establish a stream of participatory research, aimed at better understanding of children's lived experiences of maltreatment and family challenges and the best ways to support them and their families during periods of adversity. During 2009 to 2011, I commenced and completed my PhD, was seconded to the ACT Human Rights Commission to advise on their Human Rights Inquiry into the ACT Youth Justice System and continued my research with

children and young people in the child protection, out of home care and youth justice systems.

6. In 2015, I led a series of projects conducted for the Royal Commission into Institutional Responses to Child Sexual Abuse (**National Royal Commission**). In these studies, my team and I worked with over 200 children and young people in interviews and focus groups and another 1600 in an online survey, to better understand what they need to be safe and feel safe in organisations and how they would like adults and organisations to respond if they were harmed by an adult or peer. This work helped inform the development and implementation of the National Principles for Child Safe Organisations (**National Principles**) (discussed further in paragraphs 80 to 83 below).
7. I commenced with the Australian Centre for Child Protection (**ACCP**) at the University of South Australia in 2018. From April 2018 to March 2022, I was the Deputy Director at the ACCP where I worked directly with children and young people in participatory research projects focusing on issues such as homelessness, youth justice, child protection, residential care, parental illness and disability and child sexual abuse prevention.
8. I have the following qualifications:
 - (a) Bachelor Arts (Australian National University);
 - (b) Master of Child and Adolescent Welfare (Charles Sturt University);
 - (c) Master of Youth Studies (Australian Catholic University); and
 - (d) Doctor of Philosophy (Australian Catholic University).
9. Attached to this statement marked **TM-1** is a copy of my curriculum vitae.

Current role

10. I am currently employed as Deputy Director at the Institute of Child Protection Studies (**ICPS**) at the Australian Catholic University.
11. Established in 2005, ICPS is a nationally recognised centre of research excellence in the area of child, youth and family welfare. ICPS commenced as a partnership between the Australian Catholic University and ACT Community Services Directorate. ICPS aims to influence policy and practice to achieve

positive social change and improved outcomes for children, young people and families.

12. In my current role, I lead a stream of participatory research with children and young people to help inform policy and practice responses that meet their needs. For example, I am currently working with colleagues from across Australia and the globe, researching the safety needs of children and young people in residential care and the ways in which relationships can improve their outcomes. I am also working with young parents and young people who have experienced childhood abuse and maltreatment to understand their expectations of parenting and how their own childhoods shape their identities and aspirations as they move into adulthood.

Research

13. I am currently completing research for the Commission of Inquiry into the Tasmanian Government's Responses to Child Sexual Abuse in Institutional Settings (**Commission of Inquiry**) (discussed further in paragraphs 86 to 88 below). This research for the Commission of Inquiry replicates the Children's Safety Studies conducted for the National Royal Commission by ICPS.
14. The Children's Safety Studies focussed on what children need to be safe and feel safe, child-informed indicators of organisational safety and their confidence in adults and organisations to identify and respond to child sexual abuse.
15. The Children's Safety Studies comprise of four research reports. Attached to this statement marked:
 - (a) **TM-2** is a copy of the research report titled "Taking us seriously: Children and young people talk about safety and institutional responses to their safety concerns";
 - (b) **TM-3** is a copy of the research report titled "Our safety counts: Children and young people's perceptions of safety and institutional responses to their safety concerns";
 - (c) **TM-4** is a copy of the research report titled "Safe and sound: Exploring the safety of young people in residential care"; and
 - (d) **TM-5** is a copy of the research report titled "Feeling safe, being safe: What is important to children and young people with disability and high support

needs". This report was written by Professor Sally Robinson (formerly at the Centre for Children and Young People at Southern Cross University) who completed a nested study with children with disability.

16. I am currently involved with the Beyond Safety: Ethical Practices involving Children research project (**EPIC Project**). The EPIC Project is being conducted for the Australian Research Council and focusses on practices that enhance children and young people's sense of safety as well as their happiness and wellbeing.

Children's understanding of safety

17. We conducted research for the National Royal Commission into how children understand and experience safety within organisations.
18. Our research has found that children and young people most often understand safety as the absence of unsafe people, things and experiences but recognised that it was more than this. They defined safety in relation to how they felt and behaved, along with the things that surrounded them; using synonyms such as 'protection', 'security' and 'looked after'; feelings or emotions such as 'comfortable', 'relaxed' and 'carefree'; and personal characteristics such as 'confident' and 'resilient'.
19. Children talked about being vulnerable because they are smaller and weaker than adults and couldn't assert themselves in a productive way. They talked about having less experience to draw on so they didn't always know what was right or wrong or how to protect themselves.
20. Children and young people reported that they felt most safe when they were with people they trusted, such as parents, family members, other children or adults that they knew and who they believed would protect them.
21. Importantly, they did not automatically assume that an adult was safe until they got to know them, and young people reported that they observed adults' behaviours before determining whether they were safe or not.
22. Children and young people also reported that places are considered safe when their purpose relates to helping them and when others in that place demonstrate their sense of safety through their behaviours.

23. Children and young people believe that they assess safety differently to the way that adults do, often relying more on their initial, immediate reactions to a person, place or experience than on their past experiences. They feel that adults are less inclined to take children's reactions or views into account than that of their adult peers, and that adults base their assessment on their own past experience.
24. Often, young people would not report someone's behaviour to an adult at school because they did not have confidence that adults would understand them and the best ways to respond. For these reasons, adults and organisations need to understand what safety means to children and young people and act to respond to their fears. In order to do this, they need to build trust and confidence with children and young people over a period of time.
25. It is not enough for organisations to have child safety mechanisms in place. Children and young people need to see how such mechanisms operate and have trust and confidence about what will happen if they report something. Children and young people can be concerned that reporting will make things worse for them and perhaps their parents or carers.
26. It is not enough to have a child safety officer. This can lead to children and young people wondering whether this means that they can't talk to another trusted adult, perhaps a teacher they really trust, but are supposed to talk to someone they don't know so well and haven't yet built a basis for trust. It is critical for organisations and adults to work with children and young people so that they can be identified through their experience of interactions with them as their trusted allies.

Cohorts of children at greater risk of sexual abuse

27. All children and young people are at risk of experiencing child sexual abuse within institutions. In our research, children and young people told us that they believed they were vulnerable to abuse not only because they are younger, often weaker and less experienced than adults but also due to their positioning in society. They believed that children and young people were treated differently to adults, were afforded less respect and were often disempowered in institutions where the needs and wishes of adults were prioritised over their own. "Adults are always right", "you must always do what an adult tells you", "adults stick together" and

“children should be seen and not heard” are all messages that children hear from a young age that makes identifying problematic behaviours challenging.

28. Children and young people also reported that adults and organisations often did not respond well to their safety concerns because adults held views that restricted their willingness and ability to truly and adequately respond to such concerns. In our survey, for example, many children and young people reported that adults would not necessarily believe them if they raised safety concerns – particularly when it was another adult who was grooming or making them feel uncomfortable. Other young people reported that they had little confidence that an adult would know what to do if they raised a concern, with many believing that things would get worse if they disclosed. In focus groups, young people told us that while they had little confidence in adults they were at risk of further harm.
29. Research in Australia and abroad has demonstrated that particular cohorts of children and young people are more vulnerable to institutional child sexual abuse than others.¹ I expand upon some of these cohorts below.

Prior experiences of maltreatment

30. Children and young people who have previously experienced some form of maltreatment are at a greater risk of experiencing institutional sexual abuse than their peers.
31. Children who experience maltreatment often have particular vulnerabilities. For example, they may be living in poverty, be subject to social isolation or face challenges within the family (such as family and domestic violence). Given these vulnerabilities, these children often don't have a supportive network around them. This means that they often do not have a trusted adult to protect them, to turn to when they are worried about the behaviour of another or to disclose that they have been groomed or harmed. In witness statements to the National Royal Commission, survivors often talked about adult perpetrators targeting them, knowing that they had no one.
32. Further, children who have experienced maltreatment may have distorted views on what is and is not acceptable behaviour. My research has shown that children

¹ Higgins, D. and T. Moore, *Chapter 3 - Keeping Our Eye on Sex, Power, Relationships, and Institutional Contexts in Preventing Institutional Child Sexual Abuse*, in *Child Abuse and Neglect*, I. Bryce, Y. Robinson, and W. Petherick, Editors. 2019, Academic Press. p. 45-62.

who have experienced domestic violence, exploitation or earlier child abuse are growing up and often ending up in abusive relationships. Because of their past experiences, when they reach adolescence or young adulthood, they are not sure what is right or wrong, or what to expect in a relationship or in an interaction with someone else. Tragically, many of those who have been hurt in the past have low expectations about what they can expect from others and see future abuse as almost a given.

33. As some of these experiences lead to entrenched issues of identity (for example, thoughts such as for people like me I can't expect much better), this might mean a child or young person is less likely to raise concerns compared to others who have healthier views on what is right and what is not.

Children and young people who are reliant on institutions

34. Children and young people who are more reliant on adults and organisations to provide care and support are more at risk than those who are less reliant on such services. International research has demonstrated that when children and young people feel indebted and when they are worried that their access to services may be cut if they make complaints or raised concerns, they are less likely to raise alarms or report abuse. Similarly, I am aware that parents will sometimes put up with what they think is poor practice because no other support option is available to them. Some of the things that might raise alarm bells for parents in a normal context might not be acted on in an environment where the child and their family are reliant on the particular service.
35. Children and young people themselves also might not complain if they have concerns that they might lose the support they and/or their parent's need.
36. Sometimes, even if the child or young person has supportive adults who might otherwise intervene for them, those adults might not have power over the potential perpetrator, or power in the context of the system within which the abuse occurs.
37. There are a number of contexts in which children, young people or parents from a range of backgrounds have the capacity to complain, but do not raise their concerns. For example, an elite sporting coach may behave inappropriately with young athletes – but athletes and their parents may turn a blind eye if making a complaint meant that they would lose a coach that would get them to the Olympics. That level of dependence and esteem attached to an individual, and

the power others have over the situation for them (such as elite training) is problematic when it means children, young people and their parents are not empowered to raise concerns.

Children and young people in residential and out of home care

38. Australian inquiries and international research has demonstrated that children and young people who are removed from their parents and placed in out of home and residential care are particularly vulnerable to child sexual abuse, peer sexual violence and sexual exploitation.
39. Research has also highlighted that the risks of such maltreatment increase as children and young people become more entrenched in the child protection system: children and young people in foster care are more likely to experience abuse than their peers in kinship care, and those in residential care are more likely to experience abuse than peers in other forms of out of home care.²
40. According to the Australian Institute of Health and Welfare,³ in 2020-21, 1,442 Australian children and young people in care were the subject of a substantiated case of abuse. 41% of these children and young people were between 10 and 14 years of age (with 27% being between 5 and 9 years of age and 22% being aged 15 years or older) and more girls (54%) than boys (46%) experienced abuse. Almost half of those who had experienced abuse were Aboriginal or Torres Strait Islander. Among the sample, 21% of cases were sexual abuse, 32% were physical abuse, 28% were emotional abuse and 19% were neglect.
41. The reasons why children and young people in out of home and residential care experience greater exposure to adult-child sexual abuse, peer sexual victimisation and exploitation than their non-cared for peers are varied. Studies have pointed to:
 - (a) individual factors – for example, children and young people’s past experiences of abuse and maltreatment, disability and mental health issues and gender;

² Euser, S., et al., *The prevalence of child sexual abuse in out-of-home care: A comparison between abuse in residential and in foster care*. Child maltreatment, 2013.

³ Australian Institute of Health and Welfare, Safety of children in care 2020-21, <https://www.aihw.gov.au/reports/child-protection/safety-of-children-in-care-2020-21/contents/how-many-children-are-abused-in-care>.

- (b) group factors – for example, the placement of groups of high-risk young people together;
- (c) organisational cultural factors – for example, staff using power and intimidation; the dehumanisation of children in care; peer hierarchies and machoistic cultures; and
- (d) systemic factors – for example, the high adult to child ratio caused by staff shortages and high staff turnover and lack of external monitoring and review interplaying to increase the likelihood that children and young people are victimised.

Specific risks in residential care

- 42. In recent years much of my research has focused on children and young people's safety in residential care.
- 43. Harmful sexual behaviour is the highest risk to young people in residential care (and in out of home care more broadly), followed by child sexual exploitation by adults outside of residential care. Worker-child abuse does occur but very rarely.

Sexually harmful behaviour by young people

- 44. From my understanding, harmful sexual behaviours by young people are often just as much about maintaining pecking orders and asserting themselves in an environment where they feel incredibly disempowered and dehumanised. When young people enter into residential care, often they feel they have to use some of these behaviours to assert themselves, to take control or risk being victimised.
- 45. The context of residential care also plays a part in increasing or reducing the risk of harm in care. Research by colleagues in Israel, the UK and elsewhere have demonstrated that residential care homes that are overly hierarchical, where decision making is centralised, and where they are not open and scrutinised by outsiders can be problematic. Similarly, the attitudes and beliefs of staff also play a role.⁴ Research shows that when staff cast young people as being asexual or when any sexual expression is seen as problematic they are less likely to identify or address their safety concerns. Similarly, when staff hold misogynistic views or

⁴ Timmerman, M. C., & Schreuder, P. R. (2014). *Sexual abuse of children and youth in residential care: An international review*. *Aggression and violent behavior*, 19(6), 715-720.

see young people in care (particularly young men) as hypersexual they may dismiss problematic behaviours, reflecting that “boys will be boys”.

46. A perennial issue within the residential care system in Australia is that placement decisions are not made well. Often we have situations where young people who are at greater risk of being sexually abused or exploited by peers are placed with young people who have demonstrated sexually harmful behaviours. We need to be proactive in using risk assessments and be alive to those risks when making placement decisions. This can be difficult in a context where residential care is perceived to be the last resort and where it is assumed that young people will only be in care for a short period of time. However, residential care can be the best option for some children and young people and therefore we need to plan and build the system to be as safe as possible.
47. Research also shows that care settings in smaller more family like options for residential care, with a smaller number of children and young people in the care setting (3 or 4 compared with 8 or 9) the risk of abuse is reduced significantly.⁵

Sexual abuse by adults outside the system

48. Child sexual exploitation is a significant issue of concern for children and young people in residential care, as increasing rates are continually reported. There is also evidence of victims introducing their peers to adult perpetrators.⁶
49. Young people in care often live in a dehumanised and sterile environment. They are living in an environment where nobody is allowed to touch or hug them and nobody says they love them. They are often desperate for an intimate connection with another person. If they encounter someone who, for example, buys them things and makes them feel special, it can escalate into problematic relationships.
50. In my view, we need to focus on empowering young people, especially young women, to develop a more positive sense of identity so they can develop natural relationships where their needs to be loved and be cared for are being met. We need carers and workers to establish healthy relationships with young people, ones that have clear boundaries but also help them feel cared for, valued and respected. Helping young people to repair, maintain or develop healthy

⁵ Attar-Schwartz, S. (2017). Experiences of victimization by peers and staff in residential care for children at risk in Israel from an ecological perspective. In *Child maltreatment in residential care* (pp. 269-299). Springer, Cham.

⁶ Moore, T., McArthur, M., & Death, J. (2020). Brutal bullies and protective peers: How young people help or hinder each other's safety in residential care. *Residential treatment for children & youth*, 37(2), 108-135.

relationships with safe parents, siblings, families and peer groups may also enable them to have their care needs met.

Barriers to getting help when concerned about safety in out of home and residential care

Lack of education for children and young people

51. Children and young people do not always know that they have been harmed or abused, or that they can expect something different. Even when children and young people are aware that they are in an unsafe situation, they do not always know how to protect themselves.
52. Children and young people have reported that they feel adults are reluctant to have conversations with them about risks and safety, particularly if it was about people known to them or within their organisations. Children and young people acknowledge that adults don't want to frighten them, but say they feel more frightened by not talking about risks and safety.
53. They also emphasised their positioning as children and as young people; from early in their lives they are taught that adults are always right, they must respect adults and they need to do what adults tell them to do. As a result, when children and young people experience abuse or unsafe situations, they are confused about what is happening and what they should do.
54. This positioning of adults is reinforced in institutions. Children and young people believe that adults will "stick together" and will believe other adults, that adults will be reluctant to respond if a child raises a concern about an adult and that adults will only act if they have seen or experienced behaviour themselves rather than taking the word of the child or young person who report it before acting (see below at paragraph 59).
55. This is a significant gap in education that we need to address. It is important that we build children and young people's language and literacy around sexual health and sexual abuse so that they are able understand relationships, build safe intimate relationships and to respond appropriately.

Previous experience with systems

56. The research conducted for the National Royal Commission found that children and young people had specific needs and issues related to their experiences

within systems. In particular, children and young people in the Indigenous focus group felt that the issue of racism was of high priority and one that was not being dealt with effectively within institutions or the broader Australian community.

57. Aboriginal and Torres Strait Islander children and young people reported that generally they had less confidence in non-Aboriginal and Torres Strait Islander people and their attempts to keep children safe. This perception is based on their experiences of racism and a distrust that they had gleaned from trusted others.
58. In the present context where there is an overrepresentation of Aboriginal and Torres Strait Islander children and young people in youth justice and out of home care, institutions need culturally safe practices that recognise intergenerational trauma and empower them to seek out support. Availability of indigenous staff in institutions will assist in that regard.

Education for staff

59. Research indicates that adults would not raise a concern or go through a formal investigation process until they saw first-hand or had compelling evidence of a child experiencing abuse.
60. Compelling evidence is challenging to obtain because children use different language to express their concerns. Children often express their sense of safety in relation to their feelings, using words such as 'creepy' or 'weird'. Adults may feel they cannot act unless specific details of the behaviour are provided or that behaviour meets some threshold of inappropriate language or touching.
61. In my view, adults must recognise difference in language and take on board what children are saying. Of course, this must be balanced against the interests of people who have been accused and the need for rigour and structure in what information is obtained from children. However from a prevention point of view, if a child has raised a concern, organisations and adults should be taking that into account and acting in some way to address this. It might not be sacking a person, but considering, monitoring and addressing of behaviours between adults and the child and the circumstances of their interactions. You don't need to wait for something more to happen, something that might warrant a disciplinary or legal response, to start doing something to protect children.
62. This is particularly important because children often disclose little bits of information at different times, and to different people. The organisation has to be

in a position to pull the child's story together so that it is able to identify and act on any emerging possible risks.

63. This is critical because if children and young people feel like they have not been heard by, or have been dismissed by adults, they are not going to raise concerns to anyone else again.
64. This requires a cultural change in which following up on concerns raised by children isn't seen as attacking or complaining, but that we are worried about the child's emotional and sexual safety and we are going to do something in response to those concerns.
65. We should not just accept that children in residential care are displaying this hyper sexual behaviour and more at risk of sexual abuse by other children and young people. Rather, we should examine the organisational cultures, models of care and peer cultures in residential care that drive this. Then we can address these risks and improve the out of home care experience for children and young people, particularly in the context where they may be in care for many years and we need to build a long term secure and caring environment.
66. For example, some of the organisational factors include where staff may be dismissive of some of the misogynistic or homophobic attitudes and behaviours or language that enable abuse to occur. Young people may be seen as asexual with the result that carers overreact to any sex or sexuality related issues. Alternatively, carers may recognise that the nature of residential care is that is hierarchical and masculine and all our kids are hypersexual and turn a blind eye to things that would not be acceptable in respect of other children. As a result workers don't name problematic behaviours and those behaviours continue to occur. This needs to be challenged, with training and support of staff.
67. Children and young people in residential care are often most vulnerable and have the most complex trauma history. Yet unfortunately, I believe that we are often in a situation where the least trained and least supervised staff are responsible for their care.
68. Without high levels of training, staff might misinterpret disruptive behaviours as other behavioural or development issues, rather than identifying them as indicators or signs of underlying abuse or trauma. Therefore, the responses to those behaviours might have negative impacts.

The role of the child or young person upon disclosure

69. Another barrier is the focus on responding to disclosure and gathering information for the purpose of subsequent legal proceedings. Organisations need to think more about the impact this has on the disclosing child or young person and ensure that the process is the least intimidating to the extent possible. This is critical to ensure that children and young people are willing to come forward and avoid them being re-traumatised in this process.
70. While children and young people should not bear the burden for what is to happen and any resulting process, it is also critical that adults do not completely take over the process. Children and young people want to have control over their story and input into the outcome, and they often feel disempowered when adults take over.
71. The process needs to offer choices to children and young people. Rather than telling the child or young person that they must report the incident to child protection services or the police, adults need to acknowledge that they need to call an agency and, if appropriate, ask the child or young person if and how they might want to be involved in making a report. We have to empower children and young people to have as much choice and control over the situation as possible.
72. Further, we need to engage children and young people in a non-stigmatising, accessible and trauma-informed manner. The experience of reporting must be safe. We need to ensure that children and young people are encouraged and feel safe to come forwards and that the reporting and response process does not re-traumatise.

Response to disclosure

73. In my experience, many young people are fearful of being labelled or being seen as a victim because it is disempowering for them. Sometimes they feel supported in the investigation but then when they return to care they feel more alone than before. Young people have shared, for example, times when they have disclosed abuse to a staff member who has sat with them through interviews, been a great support as their abuse is investigated but that, on return to a house, has unintentionally avoided them. In that regard, young people have expressed comments along the lines of "It's like they're too sad, that my abuse is too hard for them to cope with, so they just pretend that it never happened, maybe hoping things will go back to normal". The period of time after a disclosure and

investigation can be incredibly challenging for children and young people and they need to know that their champions and supporters are with them on their journey to recovery.

74. It is also important to remember that many victims may not want support straight away, they need distance from the event or need distance from the residential care environment to start healing. Others may need to address underlying trauma of being in care while they are in care.
75. At the moment, many victims are left in care after the incident, and there are difficulties in providing support when they continue to be in the traumatic or unsafe environment. This has meant that children and young people often have to wait until they get out of care before starting the healing process – which can be many years after the incident. In my view, this is problematic. All children and young people who have experienced trauma before or while in care need to be given the opportunities to receive support and for adults to proactively work with them to build trust and accept the help that they so often need.

Impact of disclosure to peers

76. I am aware that young people are often more likely to raise concerns with their peers than with adults. Accordingly, there is a role that young people play in the disclosure process, although I am hesitant about any situation where a young person feels solely responsible for a peer's safety.
77. When we consider the impacts of child sexual abuse, we often focus on the survivor. However, young people in residential care often talk about what we might describe as 'vicarious trauma' suffered by the peer to whom disclosure was made or who witnesses the impacts of this abuse on their peers' lives.
78. In our work for the National Royal Commission, for example, young people talked about the great responsibility they felt for their peers and how they were deeply affected by their peers' pain. One young woman, for example, reported that one of her peers who had experienced abuse relied on her for support. She was constantly fearful for her friend who asked her to keep her abuse and her subsequent self-harm from others. She recalled with great pain what it was like when she returned to her residential care home to find that her friend had suicided. She reported that all the staff were given critical incident debriefing and counselling but that nothing was offered to her or her peers.

79. As far as I am aware, there are no resources available on how we can support young people to whom a disclosure was made or who have been vicariously affected by abuse. This results in young people holding the pain of their peers, and they come away feeling highly traumatised because services and supports are only available to the survivor. We need to consider education and resources so that young people can feel secure and confident in what to do in the circumstances of a peer making a disclosure to them. This might include building their language and literacy around sexual health and abuse and confidence in seeking support or assistance from trusted adults.

Child Safe Organisations

80. All organisations working with children and young people need to do everything that they can to reduce the likelihood of children and young people experiencing abuse and respond when they have been hurt or harmed.
81. In February 2019, the National Principles were endorsed by members of the Council of Australian Governments. The National Principles aim to provide a nationally consistent approach to creating organisational cultures that foster child safety and wellbeing. As the National Principles are still being rolled out and their implementation is yet to be evaluated, it is unclear at this stage if they are having a positive impact on children and young people's safety. There does seem to be an increased understanding that safety and protection of children and young people is a shared responsibility across the whole of an organisation or system. That said, further work needs to be done to empower adults working within the system to include children and young people in their safety work. Children and young people want to play a part in their own protection and, in building alliances with adults to develop strategies to meet their safety needs they can build confidence, awareness and an ability to turn to adults if they are being harmed. These 'participatory' strategies need to empower individual children and young people through child-friendly and proactive means as well as through collective activities such as youth advisory groups.
82. There needs to be a focus on embedding changes culturally, across a range of risk issues such as sexual abuse or exploitation, family and domestic violence, mental health issues and more. A focus on safety as a central aspect to these risks may be of greater impact than a range of regulatory and compliance based frameworks for each subset of risk.

83. It is critical that we change cultures, practices and positioning of children, and I do not think that we are there yet. Children continue to report that they feel disrespected, their needs and wishes disregarded and their ability to influence change as limited. While we see children as having less value to adults and their views and needs as secondary to those of adults, children are vulnerable.

Relationships between children and young people and adults

84. Although the work of the Commission of Inquiry and other inquiries has increased the community's understanding of child abuse and the harm that some adults can cause children and young people in institutional settings, this awareness may have had some unintended consequences. Children and young people and workers from a variety of sectors have talked about how some adults are now fearful about how their safe and healthy relationships with children and young people are perceived by others and report a reluctance to engage with them in ways that they had in the past. Similarly, children and young people are cautioned about the trustworthiness of adults and report some anxiety about forging relationships with them. This 'culture of fear' (as described in the international literature) may inadvertently reduce children's and young people's safety.
85. Children and young people do need to have close and trusted relationships with safe, appropriate and trustworthy adults. Inquiries and research has demonstrated that children and young people who are socially isolated are more at risk of experiencing abuse than their peers who are not, while those who are surrounded by trustworthy adults who will protect them, watch out for them and intervene and be available when they have safety concerns are safer than those who are not. In my view, relationships can be more protective than risky – and we need to put in place safeguards that empower trustworthy adults to have meaningful connections with children and young people.

Research for the Commission of Inquiry

86. My colleague Morag McArthur and I have commenced work for the Commission of Inquiry to engage children and young people across the State to consider:
- (a) how safe they feel in key government institutions;

- (b) features of an organisation that increase or decrease their feelings of safety;
- (c) the extent to which they feel confident raising safety concerns;
- (d) how they would raise these concerns (if inclined), to whom and what influences these decisions;
- (e) their level of awareness and understanding of high-risk, harmful or potentially grooming behaviours by adults in an institutional setting (including through online mechanisms); and
- (f) their level of awareness and understanding of harmful sexual behaviours that other children and young people may exhibit.

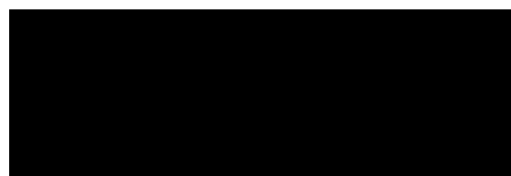
87. We have met with children and young people who:

- (a) attend primary and secondary school and college;
- (b) are living in out of home and residential care;
- (c) have spent time in youth detention; and
- (d) have spent time in hospital or other health settings.

88. We are currently analysing data gathered in interviews and focus groups with 59 children and young people and will provide a report to the Commission of Inquiry later this year.

I make this solemn declaration under the *Oaths Act 2001* (Tas).

Declared at 
on 28th April 2022



Timothy Peter Moore

Before me

