

12 November 2021

## SUBMISSION TO COMMISSION OF INQUIRY

### *Background*

1. Arnold Thomas & Becker Lawyers is a personal injury compensation law firm practicing in Victoria and Tasmania.
2. In late 2019, James Geoffrey Griffin (**'Griffin'**), a nurse who had previously worked on Ward 4K at Launceston General Hospital (**'LGH'**) was revealed to have sexually abused a number of children including Ward 4K patients. Subsequently, individuals whom Griffin abused began approaching our firm seeking compensation for the intense trauma they continued to experience.
3. We thank the Commission for the opportunity to make a written submission on our clients' behalf and to tender those clients' own submissions.

### *Issues*

4. Our clients indicate a number of areas where LGH, its staff, Tasmanian Health Services, and the Department of Health failed to protect them from Griffin, including by:
  - a. ignoring patients' and/or patients' parents' concerns regarding:
    - i. discomfort about female patients being treated by a male nurse;
    - ii. Griffin watching patients shower and use the toilet;
    - iii. Griffin using inappropriate grooming language towards young patients such as "darling" and "baby";
    - iv. cream being unnecessarily and repeatedly applied to the vagina of an extremely vulnerable young patient with a disability;
  - b. permitting Griffin to groom patients and their families in preparation for sexual abuse both on Ward 4K and outside it, including by:
    - i. making inappropriately affectionate physical contact with patients, described by our clients as "touchy", "cuddly", or "touchy-feely";
    - ii. showing favouritism towards patients he targeted such as by permitting patients with eating disorders to refuse food;
    - iii. buying patients gifts including earrings;
    - iv. establishing inappropriate personal relationships with patients and their families outside LGH;
    - v. using inappropriate grooming language such as "baby girl", "special girl", "favourite girl", "my girl", and "princess";
    - vi. treating patients to whom he was not assigned as a nurse;
    - vii. "swapping" patients with other nurses in order to target particularly vulnerable patients;



- viii. purporting to offer parents (particularly single parents) respite while Griffin “looked after” their children;
    - ix. medicating patients and ex-patients outside LGH;
    - x. discussing sex and/or proposing to engage in sexual activity with patients and ex-patients;
    - xi. taking photos of patients on the ward during treatment;
  - c. permitting Griffin to sexually abuse patients under the guise of his duties as a nurse, including:
    - i. observing patients’ blood pressure;
    - ii. removing patients’ heart leads from their skin;
    - iii. bathing patients;
    - iv. checking the weight of patients with eating disorders;
    - v. drying off patients after their showers;
    - vi. watching patients shower and use the toilet; and
    - vii. checking patients’ injection sites;
  - d. failing to take adequate measures to protect the particularly vulnerable and at-risk patients whom Griffin targeted, including those with:
    - i. severe physical disabilities;
    - ii. autism spectrum disorders;
    - iii. mental health conditions;
    - iv. eating disorders; and
    - v. prior histories of sexual abuse;
  - e. permitting Griffin to use forceful, coercive and/or threatening behavior towards patients, including:
    - i. using language such as “Don’t tell anyone”, “That’s what friends do”, “This is our thing”, and “This is our little secret” to order patients to remain silent about their abuse;
    - ii. threatening to show naked photos of a patient to other nurses if the patient refused to eat food; and
    - iii. physically holding down a patient so another nurse could extract the patient’s blood against her will.
5. The above failings allowed Griffin to abuse children both on Ward 4K and outside it, including in [REDACTED].

### ***Abuse whilst Sedated***

- 6. Our clients report that both inside and outside Ward 4K, Griffin used medication to sedate them, rendering them pliant before abusing them. This supports the coroner’s report into Griffin’s death, which refers to Griffin using internet chat sites to brag about using antihistamines to sedate a female family member and her friends to sexually abuse them.
- 7. This predatory conduct was a gross abuse of Griffin’s public and professional position of trust as a nurse, which gave him access to medications and the knowledge of how they could be abused for his own purposes. We understand that Griffin’s actions have undermined the social fabric of the Launceston community, and our clients’ ability to trust others. They raise serious questions about medication control practices at LGH.

### ***Handling of reports by patients and family***

8. Many clients felt they could not raise concerns because Griffin had carefully cultivated relationships with colleagues on the ward, as well as with the patients' own families. They felt that their word would not be believed, particularly because Griffin was an older man in a position of authority on the ward. This made these young people feel unable to speak up about their abuse and powerless to prevent it from happening to themselves or others.
9. Nurse unit managers, a doctor, and multiple nurses dismissed patients' concerns about potential abuse, grooming, and inappropriate behavior by Griffin. In one case, a patient was actively discouraged from continuing to raise concerns about Griffin. A frequent and alarming theme among these reports is that Griffin's clear grooming or abusive behavior was normalized as "just what he does" or "that's just how he talks".

### ***Handling of reports by Ward 4K staff***

10. Some LGH staff bravely raised concerns about Griffin's conduct towards a number of patients in the knowledge that their careers could be adversely affected. One nurse on Ward 4K complained about Griffin's inappropriate relationship with parents to a nurse unit manager. The response was words to the effect of "shut up".
11. Our clients' stories indicate that Ward 4K was an environment where reports of grooming or serious child sexual abuse were frequently dismissed, including by those in management roles. Griffin's friendship with many of his colleagues on the ward appears to have contributed to a culture of silence. One client called Griffin an "invincible man": able to escape consequences even when his dangerous and criminal behavior was reported to management. Nurses – trusted adults in a caring role – received and dismissed these serious disclosures from vulnerable child patients, parents, and staff members.

### ***Abuse outside Ward 4K***

12. Griffin used his position of trust, authority and power as a paediatric nurse on Ward 4K to cultivate relationships with patients and their families which allowed him to abuse young people outside LGH.
13. We are concerned that these inappropriate relationships may have been common knowledge among ward staff and management. They included Griffin spending nights with patients and ex-patients at his house, on camping trips and elsewhere. On these trips Griffin persuaded children to sleep in his bed where he abused them. Our clients have not received an adequate explanation as to LGH management's knowledge of or views regarding these relationships.

### ***Tasmanian Government response***

14. The lack of any direct government apology or offer of psychological support to affected individuals (both survivors and their families) has exacerbated the trauma of the abuse. One client felt "completely disregarded" by the Tasmanian Government and LGH.

### ***Tasmania Police response***

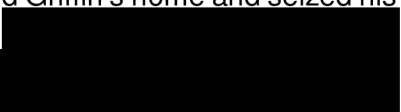
15. A number of clients felt dismissed by Tasmania Police when they came forward to report their abuse. Some were told that as Griffin was deceased, there was no point making a

statement. Others were not able to speak to any officers involved with the Griffin case, and were directed to our firm by the officer at reception with no statement taken.

### ***Impact on individuals affected***

16. Griffin's abuse has devastated the lives of survivors and their families. In particular, they report the following experiences:
  - a. Self-harm;
  - b. Feelings of anger, disgust and violation;
  - c. Difficulty sleeping;
  - d. Intrusive thoughts
  - e. Social withdrawal and isolation;
  - f. Irritability;
  - g. Loss of trust in other people, particularly males;
  - h. Loss of trust in the health system;
  - i. Anxiety at leaving their own children with others;
  - j. Distorted body image; and
  - k. Inability to enjoy sex.

### ***Photographs***

17. Our clients understand that when Tasmania Police searched Griffin's home and seized his electronic devices, they located child exploitation material. 
18. Our clients and their families do not know whether they are depicted in these images. One client asked Tasmania Police for an answer to this question, only to have her concerns dismissed. These clients feel intense uncertainty, anxiety and dread because a predatory paedophile may have taken an exploitative image of them at their most vulnerable: young, hospitalized, sedated, and abused. Our clients also feel distressed and sickened by the possibility that Griffin could have circulated this material in the paedophile internet chat rooms he accessed.
19. One family member put this as follows: "The drugging of his victims leaves a lot of unanswerable questions, and the few clues we have lead to an endless nightmare of possibilities of what he's done."
20. Tasmania Police, Tasmanian Health Services, LGH, and the Department of Health have failed to put the minds of our clients and their families at ease regarding this material. This neglect only exacerbates our clients' distress and trauma at the initial abuse.

### ***Conclusion***

21. Our clients placed their trust in the Tasmanian public health system and this trust was violated in the most insidious and horrifying way imaginable.
22. The lack of response from the Tasmanian Government has only compounded this feeling of violation. Our clients have expressed shock, confusion and disbelief upon learning that Griffin remained employed on the Ward – where he was able to continue abusing children – despite numerous complaints.

### ***Recommendations***

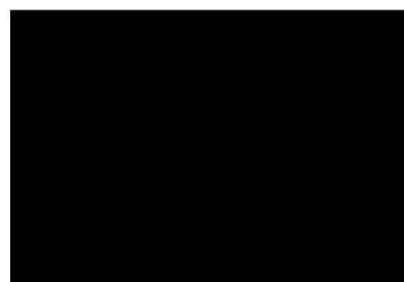
23. We recommend the following measures be implemented:

- a. Comprehensive best-practice training for all current and incoming staff or members of LGH, Department of Health, Tasmanian Health Services, and Tasmania Police in:
  - i. receiving and responding to allegations of institutional child sexual abuse; and
  - ii. supporting vulnerable young people who are at high risk of abuse.
- b. Improved whistleblower protections and readily available disclosure avenues for health sector workers and public servants;
- c. A public offer of a direct and personal apology from a senior employee of LGH, Tasmanian Health Services or the Department of Health;
- d. A public offer of fully-funded psychological support services from specialist sexual assault trauma-based practitioners for those individuals affected by the abuse and their families;
- e. A comprehensive review of Tasmania's *Registration to work with vulnerable people regime* to ensure that individuals such as Griffin are not permitted to hold such permits in future; and
- f. A full and thorough investigation into the child exploitation material found in Griffin's possession, and sensitive disclosure to all individuals found to be depicted in those materials.



| Principal

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