



LEGAL AFFAIRS AND SAFETY COMMITTEE

Members present:

Mr PS Russo MP—Chair
Mrs LJ Gerber MP
Ms SL Bolton MP (virtual)
Ms JM Bush MP
Mr JE Hunt MP (virtual)
Mr J Lister MP

Staff present:

Mrs K O'Sullivan—Committee Secretary
Mr B Smith—Assistant Committee Secretary

PUBLIC HEARING—INQUIRY INTO THE SUPPORT PROVIDED FOR VICTIMS OF CRIME

TRANSCRIPT OF PROCEEDINGS

Thursday, 4 May 2023

Brisbane

THURSDAY, 4 MAY 2023

The committee met at 10.01 am.

CHAIR: Good morning. I declare open this public hearing for the committee's inquiry into support provided for victims of crime. My name is Peter Russo, member for Toohey and chair of the committee. I would like to respectfully acknowledge the traditional custodians of the land on which we meet today and pay our respects to elders past and present. We are very fortunate to live in a country with two of the oldest continuing cultures in Aboriginal and Torres Strait Islander peoples, whose lands, winds and waters we all share. With me today are: Laura Gerber, member for Currumbin and deputy chair; Sandy Bolton, member for Noosa, via videoconference; Jonty Bush, member for Cooper; Jason Hunt, member for Caloundra, who will be joining us via videoconference; and James Lister, member for Southern Downs, who is substituting for Jon Krause, member for Scenic Rim.

The hearing is a proceeding of the Queensland parliament and is subject to parliament's standing rules and orders. Only the committee and invited witnesses may participate in the proceedings. Witnesses are not required to give evidence under oath or affirmation, but I remind witnesses that intentionally misleading the committee is a serious offence. I also remind members of the public that they may be excluded from the hearing at the discretion of the committee. These proceedings are being recorded and broadcast live on the parliament's website. Media may be present and are subject to the committee's media rules and my direction at all times. You may be filmed or photographed during the proceedings and images may also appear on the parliament's website or social media pages. I ask people to please turn their mobile phones either off or to silent mode.

STOKELL, Ms Sharon, General Manager, Operations, Cairns Sexual Assault Service (via videoconference)

CHAIR: Good morning and thank you for being here. I invite you to make an opening statement of up to five minutes after which the committee members will have some questions.

Ms Stokell: My name is Sharon Stokell. I am the General Manager of Operations at True Relationships and Reproductive Health, incorporating the Cairns Sexual Assault Service. Thank you so much for the opportunity to speak with you this morning. Our organisation was formed in 1972 and is a profit-for-purpose entity working across the last 50 years to become the leaders in reproductive and sexual health across Queensland. Our goal is to achieve sustainable, positive social impact by improving reproductive and sexual health and promoting safe and respectful relationships. True achieves this through the delivery of expert clinical services, education and training as well as counselling services across a variety of locations within the state. The focus today, though, will be on our counselling services, which are currently only provided in the Cairns region.

The Cairns Sexual Assault Service provides support, counselling and advocacy for survivors of both historical and recent sexual assault or violence. The service also provides a 24-hour on-call crisis support service for those who have recently experienced a sexual assault. True's child and family service also provides a service dedicated to children and their families who have experienced sexual abuse, assault or violence, through counselling and the support they need to start their healing journey. Working in this space has always been both rewarding and challenging for the incredible teams that provide these services on the ground each day. I feel very lucky to work with the teams that I do in Cairns. They have been integral in putting this information together today.

When I was putting this submission together, it was important to capture the challenges that the services face in supporting clients who are the victims of crime but also to provide practical solutions to these issues. Some of the areas that we feel needed to be highlighted are: a lack of trauma informed trained health professionals that understand the practice or response needed when working with sexual assault victims—there needs to be a streamlined and cohesive approach by all professionals and services collaborating with survivors, including the law sector, justice, health and education; external mandatory training for all services attending to sexual assault victims, ensuring they are all on the same page and providing best practice and evidence-based support; and strong interagency networks between hospitals, Queensland Police Service and agencies working in the sector. We are incredibly lucky in Cairns to have a strong interagency network with the hospital and Police Service as well as other agencies within the region. This type of model would be extremely beneficial across the state.

True has submitted a funding proposal to look at creating sexual violence support hubs in other locations with our clinics in Toowoomba, Ipswich, Brisbane and Rockhampton. We are waiting for the outcome of a funding proposal for the pilot to be modelled in Rockhampton this year. This will utilise clinical expertise of forensically trained nurses to collaborate with sexual assault counsellors to support clients to navigate the medical and therapeutic impacts of sexual assault and violence.

Funding for the services is needed for court support for clients across the whole reporting process. At present, this is not funded routinely. There also needs to be further support for the completion of victims assistance applications. This is a long and terribly slow process, something that is currently undertaken by counsellors within our service. At present, only about 14 per cent of those affected by sexual assault report an incident. This is such an under-reported crime. The reason for this is that the system response rate and process is not supportive of the victim in many cases, usually taking years to finalise this process through the justice system. This again deters the client from reporting in the first place.

At the core of these issues is the need for more funding for the services to be able to provide more training and education for those working in the sexual assault and sexual violence space—to be trauma informed but also to provide practical training about what to do, how to support clients, what is the legal process, counselling notes and the legislation around those, and how to protect. For many colleagues I work with, the legal process is daunting and there is no available support or training for those navigating it. More education around this issue would allow practitioners to feel more confident supporting clients through the legal process.

Sexual assault and violence encompasses an extremely complex range of issues and, unfortunately, is an increasing area of work across Queensland. For some of us who have worked in child protection and sexual violence prevention for an extended period, we have had many conversations around how we could strengthen the support for those facing the impacts of these crimes. The clients True works with are only a proportion of those facing the impacts and effects of crime, but the core issues are the same. We need to have a larger, highly educated, trauma informed workforce across many disciplines, including the legal system, justice, health and education, to ensure the clients we work with can navigate these systems successfully and have a positive and supportive outcome. Thank you.

Mrs GERBER: Thank you, Sharon, for coming today via video link. Before I ask my more substantive questions, I want to clarify a couple of aspects of your oral statement. You were talking about True. What is True?

Ms Stokell: True is our organisation. That is the overarching organisation—True Relationships and Reproductive Health.

Mrs GERBER: Sorry. Are you Cairns Sexual Assault Service as well?

Ms Stokell: The Cairns Sexual Assault Service is one stream of the organisation, yes.

Mrs GERBER: You talked about a funding model that you have provided. I do not think we have that. Is that a funding model that you have previously given to the government?

Ms Stokell: We had provided it previously to Queensland Health as part of our funding proposal, and then we have submitted it under a funding proposal for more funding under the Department of Justice and Attorney-General.

Mrs GERBER: That was funding for your service to be able to provide therapists for victims of sexual assault? What was the aim of the proposal?

Ms Stokell: Yes, it was to provide specialist counsellors to be able to support those victims.

Mrs GERBER: In terms of talking more broadly about victims of crime, your organisation really only deals with the cohort that are victims of sexual crime?

Ms Stokell: We are unique. That is the specialist service up in Cairns, but our clinical services are seeing more and more the effects of domestic violence and family violence within that clinical sphere, so we have that twofold work with the clients, particularly around that violence.

Mrs GERBER: You said that your therapists are currently helping victims of crime who come to your service with financial applications for assistance under the Victims of Crime Assistance Act. I am interested in how that is operating for your service. What are some of the wait periods that you are experiencing—anecdotally, if you cannot talk on a case-by-case basis? What do you think needs to be done to clear that bottleneck, or what is an appropriate time that your victims of crime need to be paid out or need the financial assistance paid by?

Ms Stokell: That is a difficult question, but I will say that certainly for us, as I said, it is time consuming and it is certainly taking up more and more of the time of our counselling staff. At the moment we certainly need more appointments; we need more people on the ground. Our adult service currently has over a dozen people on a waitlist, so you are looking at a couple of months—at least—wait time. Our child and family service, for example, at last count last week, has 77 young people on a waitlist, and literally you are talking about the rest of the year before we can pick up a lot of those. The pace of—

Mrs GERBER: Sorry, just to be clear, that is the waitlist to access the counselling service?

Ms Stokell: Yes. If they have the complexity that comes with being survivors of sexual abuse or sexual violence, there is the counselling component but then there is the paperwork component, and we are seeing more and more clients coming to us seeking support to complete that paperwork.

Mrs GERBER: And that is to get the funding to pay for your service?

Ms Stokell: Both our services are fully funded so they do not need to pay for the services, but, with regard to a lot of other services in that wraparound perspective, clients are looking at being able to pay for other things, certainly.

Mrs GERBER: And what are those other things?

Ms Stokell: In some cases, private therapists. We are dealing with the sexual assault or that particular incident, whether that be recent or historical, but also there may be other comorbidities around mental health which they may be needing to address, and that is not something that we do within our remit.

Mrs GERBER: So then they use the Victims of Crime Assistance Act provisions to try to gain some financial assistance to access those other services that they need?

Ms Stokell: Yes.

Mrs GERBER: Can you talk to us about the wait time? I do not mean the wait time to access your service; I mean the wait time to receive the financial assistance under the Victims of Crime Assistance Act.

Ms Stokell: I cannot speak to it specifically. I can just speak about the examples that we have had. I can think of two examples where there has been paperwork submitted where there has been no contact or no response for over six months. It has been very different. When it comes to the paperwork that has been submitted, there does not seem to be consistency around that time frame at all.

Mrs GERBER: What kind of impact does that have on the victim of crime who is needing the assistance?

Ms Stokell: It has an incredible impact, to the point where some of these clients cannot access medical care if needed. Again, when trying to get them access to support, whether it be a medical condition or, as I said, mental health, the delay just compounds that trauma.

Ms BOLTON: Sharon, a victim of sexual assault will sometimes go to the police first; otherwise, they will come to you first. I am trying to understand your process of referral. You would assist that person to go to the police, or if they did not want to go to the police you would refer them on for services. You mentioned the difficulties in having a strong, integrated system. We have heard a lot from advocates and from victims about the need for a one-stop shop that can liaise between the DPP and all the different aspects on behalf of the victim. Would you see that as the missing link and that that would be of the greatest assistance? You mentioned medical practitioners. It is very difficult to understand the legal aspects. If there was that one-stop shop then the medical practitioners would be able to refer to that one-stop shop as well.

Ms Stokell: Absolutely. I think that is the missing link. We do not have something that is a coordinated, streamlined process where someone can ring one number, if you like, attend one place and then be triaged into what they specifically need. We have components of that. As I said, we are lucky in Cairns with the interagency work that we have between the Police Service and the hospital and also with the ability to provide that on-call support 24 hours a day for those who have experienced that crisis. I do think there is the ability to hold information and then share that information. That is where we seem to have that little bit of a broken link. Certainly for our service, and for others that we know working across Queensland, we provide information around that referral or are able to help refer into another service, but that information is then just contained in that service. It is not more broadly known or broadly shared.

Ms BOLTON: Currently when you share information, because there is not an integrated system of automatic sharing, you do that via phone or email. Are there restrictions around what you can share because of privacy of information et cetera?

Ms Stokell: Yes. At the core of everything that we share is consent of the client. We make sure the client is very well aware. We have talked to them. We have said, 'We do think there would be benefit to refer you to another service.' They have consented all the way along. We do that through phone, in person and by email within that privacy and confidentiality consent. At the core of everything is always consent from the client, making sure they are able to direct where their journey goes.

Ms BOLTON: Within your experience, have restorative justice or restorative practices been utilised or known about within the services that have been provided to your victims? Is it something that is offered? If it is, has it been successful at times? Is it something that within this particular cohort is just not seen as suitable?

Ms Stokell: Certainly for this particular cohort it is not something that people take up as a regular occurrence. Very few survivors take up that form of justice. In saying that, I do think it has a place. Again, I think it has almost been a little bit siloed. It is not well known by anyone within that sector, unless you have actually had that experience. In our service, no, it would not be something we would see a lot of and not something that the client is seeking in most cases.

CHAIR: Sharon, we have heard about this one-stop shop. From your experience working in the sector, where is this one-stop shop supposed to be? How do you manage it? There are so many other organisations—and this is not a criticism. I think it is a good thing that there are a lot of organisations on the ground doing different things—some funded, some unfunded. Some come about as a result of community concern. I am having difficulty understanding how you make a one-stop shop. What in your mind would work? You are on the ground and have the expertise and experience.

Ms Stokell: Again, it would need to be something where it is not just one place. I think it would need to be a network. It would need to be something we would see not just in the metro areas but also across rural, remote and regional areas of Queensland. I see there being potentially different hubs that work in with the police, that work in with the stakeholders, that work in with the hospital services—making sure the forensic staff are understanding of not just their role but the other roles of that particular client's journey. I think it is an extremely complex consideration, but I do see it as something that we would need to make sure has a network. We know that if we just pop one in Brisbane, for example, with a number—that is great, but our regional folk need support too. It is about having that availability and that visual context of having somewhere in their vicinity where they can go.

CHAIR: Sharon, you may not know the answer to this question. I understand that there are some issues in relation to forensic services in some of the regions where there is no doctor to carry out the necessary tests and people are sometimes having to be transported to Brisbane. The forensic evidence in these cases is so important. It needs to be gathered. Is there a breakdown in the number of medicos or forensic nurses? I have been spoilt because I have spent most of my life in the south-east. The GMO was where people went. Is this something that needs to be looked at?

Ms Stokell: Absolutely, 100 per cent. It is probably one of the biggest issues that we have faced as a service in Cairns over the last five years. I can report, though, that it is certainly being addressed very well by the Cairns Hospital now. I feel like we have come a long way from five years ago. We have been supporting clients who have had to wait eight hours for a forensic person to attend. They have been sent home. They cannot shower. The horror stories go on. It is not just Cairns or Far North Queensland. I have heard stories of many other things that have occurred in places you would not expect it—places like Toowoomba and other places across the state. They are fairly large regional areas. We are not talking about Julia Creek or Augathella.

In answer to your question, yes, absolutely. That is one of the things we need to look at. We need to be training more forensically trained clinicians. Again, it comes back to that trauma informed space and making sure we are really looking at the numbers that are coming out. Obviously I am talking about Cairns. I certainly know that the numbers for South-East Queensland and Rockhampton are all very much on the increase.

CHAIR: Forensic tests need to be carried out by a medical doctor. Can those tests be carried out by a nurse?

Ms Stokell: Yes, they can. Obviously throughout our organisation we have forensically trained nurses. We do not carry out the forensics—that is not something we do—but they have worked for Queensland Health in other capacities. Yes, it can be carried out by a general practitioner or a nurse.

Ms BUSH: Some of the questions I had have been asked. I have a couple of other questions. One is quite minor. You mentioned a couple of times about the need to embed trauma informed practice across a range of practitioners. I think you mentioned all of those players in the justice space plus health plus education. I was interested in education and why you mentioned them twice. If you are expanding to education, why not housing? My mind was going around a bit on that.

Ms Stokell: I think you could extend it to many that I did not mention as well. I mentioned education with respect to things like respectful relationships and consent—all the things that we want to embed in our young people from a very early age. It is also about understanding that there is support. It is about how we make sure that as the generations come through they understand not just about respectful relationships or consent but also about what happens in the event that there are places, whether it be the one-stop shop or the hospital or that sort of thing, and that we educate the community.

Ms BUSH: I also have questions, trying to conceptualise what a one-stop shop or a generalist service might look like. What I am hearing you say is that it would need to be a hub-and-spoke model where it is embedded in different regions. We have the recommendation in the *Hear her voice* report around the victims commissioner. Do you see that as an appropriate fit or does there need to be greater independence? What are your general views on where you were hoping the victims commissioner work would go?

Ms Stokell: On just a very basic understanding of what has come out, for me I think it is definitely in the right direction. There is always an ability to tweak. As we work through things, we see better ways to do things. I certainly believe, from the information that I am aware of, that that is an excellent place to go. I think we need to look at the framework and, as I said, embed it as much across the community as we can.

Ms BUSH: What we have heard when going around the regions and what I am hearing you say as well is that the regions actually do some really good work in that integrated piece. A lot of information sharing and a lot of case conferencing occurs in a really informal way at that regional level. Are you envisioning someone to help pull that together and to assist in navigating the justice system piece and particularly tapping into the victim liaison officers and making sure that is all a bit more streamlined?

Ms Stokell: Yes, that is exactly what I feel we need. It is almost a glue to keep all the pieces together. I think we have an incredible number of people who do some amazing work in this space, but we just need to connect more. That really is it.

Ms BUSH: On that line too, the Charter of Victims' Rights is obviously something that people can tap into as a way of improving outcomes and service responses. There has not been a great number of complaints made against the charter of rights. It sounds to me as though organisations are dealing with those complaints locally, raising them formally or informally with QPS or with the ODPP. Can you talk to that a little, whether you see that happening?

Ms Stokell: I do think it is probably dealt with more so, or my experience is that it is dealt with, at the local level. Working within a regional place, these are your key stakeholders but they are also people you come to know and work with very well. Certainly my experience with the Cairns sexual assault unit has been that we pick up the phone, we have an interagency meeting and we talk about the lumpy-bumpy stuff as well as the good stuff that has been happening. As I said, over the past few years that really has strengthened our position within Cairns and, again, that more holistic, wraparound approach for the clients during that really difficult period for them. My experience is that it is certainly dealt with at that local level.

Ms BUSH: Thank you, Sharon, and please pass on our thanks to your team, too.

Mrs GERBER: Sharon, I want to get your view on the timing of this inquiry. I want to see if your organisation thinks this inquiry really should have been given a bit more time. How did you find out about it? Did you struggle to put your submission together in the time period given? I ask because this inquiry is meant to be about understanding what victims of crime need. We have had a lot of services such as yours that have been able to rally and appear but not a lot of victims of crime. I am concerned that it is because the state government has given it only six weeks. The Mental Health Select Committee got six months for their mental health inquiry. Do you think the time for this inquiry is too short? Do you think it would be beneficial if it were a bit longer?

Ms Stokell: I do think it is very short, given that what we are talking about is an incredibly powerful sphere and we need to give it time. I certainly would have liked to see something like with the mental health inquiry, which was six months, and potentially really giving people an opportunity. I agree with you: we certainly wanted to come forward and talk from our service point of view, but we did not have time to think about whether we could have supported a client who could maybe come too.

Mrs GERBER: You are not alone in that. Every other organisation has said the same thing.

CHAIR: Sharon, before we finish up, were you reading from a document when making your opening statement?

Ms Stokell: Yes.

CHAIR: This is not a criticism. Are you able to forward that document to the secretariat for completeness?

Ms Stokell: Yes.

CHAIR: Thank you. We need that by Wednesday, 10 May. Thank you for your good work and for attending today. Thank you overall for the evidence that you have given. It has been very helpful.

Ms Stokell: Thank you.

CHAIR: I indicate that Jason Hunt has joined us. Welcome, Jason.

McASEY, Ms Tracey, General Manager, Daniel Morcombe Foundation (via videoconference)

CHAIR: Good morning and thank you for being here. I invite you to make an opening statement of up to five minutes after which committee members will have some questions for you. You have the floor, Tracey.

Ms McAsey: Firstly, thank you very much for the opportunity to provide information relating to the support for victims of crime inquiry. I am representing the Daniel Morcombe Foundation. I believe we can add some value to the second point of the terms of reference, 'The operation and effectiveness of the Victims of Crime Assistance Act 2009 (the Act) for victims of violence'. The Daniel Morcombe Foundation has two main aims: to educate children about their personal safety and assisting young victims of crime. That is what we will be talking to today.

We assist young victims of crime by providing free counselling through our Walk Tall service. We also provide direct funding to young victims of crime through a program that we have at the foundation called the Victims of Crime Program. We commenced that program in 2005 and have currently provided funding of over \$2.2 million, and that has been to victims of crime who are based in Queensland.

We receive applications from a number of different Queensland organisations, including the Department of Children, Youth Justice and Multicultural Affairs, which is really where most of our applications come from; PACT, Protect All Children Today; and the Queensland Homicide Victims' Support Group. We also fund our Walk Tall program. Our funding comes in numerous ways, but most of it is funding for counselling, tutoring, lots of therapeutic and recreational activities including providing pushbikes, skateboards, gym memberships, AFL and NFL memberships to games, and we provide insurance, music lessons—all of those kinds of requests to help children emotionally and to therapeutically assist them in recovering from the experiences they have had.

Our application process is very short and the approval is very fast. The application does need to come from an approved service provider but we normally make those approvals within 24 hours. We believe that speed is our strong point. We think that kids, a lot of the time, need support immediately and time delay sometimes increases a child's anxiety if they do not have these services available to them.

We are receiving applications from victims because they need the funding immediately, and with the Victim Assist application and paperwork there is a bit of a gap between when the application is first made and when funding comes through. Examples of immediate funding requests that we have are for home alarm systems, for travel to funerals and for therapeutic and recreational assistance for young victims of crime. Basically, the foundation feels that there is a bit of a gap between when the incident occurs and when the victims have access to the Victim Assist funding.

To that end, we support the implementation of all core points that were noted under the second term of reference. That includes expanding the eligible victims category to include home invasion; mapping a victim's experiences through the financial assistance application process; reviewing the Charter of Victims' Rights to identify common complaint themes; and revising the existing government initiatives in relation to the act's operation and effectiveness.

CHAIR: Before I hand over to the deputy chair, Tracey—and this is not a criticism—you were obviously reading from a document when giving your opening statement.

Ms McAsey: Yes.

CHAIR: Is it much of an impost to send that to the secretariat?

Ms McAsey: That is fine.

CHAIR: It would help us with our deliberations.

Mrs GERBER: Tracey, I want to clarify: your organisation helps children. If a victim of crime comes to your organisation for help, do you help them through the court process as well or do you just help them in the social and counselling aspects that you have spoken about in your oral submission?

Ms McAsey: No, we do not help them through the court process but we do get applications, say, from an organisation like PACT, which does help children through the court process. They would make an application to us on behalf of a child they may be supporting through that process.

Mrs GERBER: They might take on the investigation and any prosecution side of it and then refer the child to you for the therapeutic and social support that the child might need?

Ms McAsey: Yes. For example, we are providing some funding for PACT at the moment for courage kits to help kids while they are going through the process. Also, they might have an individual child who has requested a laptop or some type of recreation activity that they would like to do and we will provide the funding for that.

Mrs GERBER: If a child victim of crime contacts your organisation and you are the first point of contact—and I am focusing on children because I understand that is generally what your organisation focuses on—

Ms McAsey: Yes.

Mrs GERBER: I will centre my questions around that. If a child victim of crime contacts your organisation, where would you send them? You can take on the therapeutic side of things and support the child in terms of getting counselling, but if they are going through a court process as well what would you do with that victim of crime to support them through the court process if they do not already have that support?

Ms McAsey: We redirect them to where they can get that specialised support, because we do not actually provide that type of service. Most of the applications for our program have to come through an approved provider. A lot of applications for our program will come through the department of child safety, PACT or the Queensland Homicide Victims' Support Group. If a parent called into the foundation then we would redirect them to where they would be best placed to get the assistance they require.

Mrs GERBER: My final question is around the Victims of Crime Assistance Act. In your opening statement you spoke about how there is a time lag between an application being made and the victim of crime receiving financial assistance. You also said that you support expanding the eligible category to include home invasion. Other service providers have given the committee some evidence that if the eligible category were to be expanded to include home invasion then the timeliness of payouts, the timeliness of the financial assistance, needs to be fixed first. Otherwise, victims of crime are just going to be waiting longer and longer for the financial assistance they need in their hour of need, essentially. What is your view on that?

Ms McAsey: I think it is a good point. The main reason we support No. 1 is more about the timely assistance and support for victims. That would be the priority in that No. 1 note, so whether that should be made into two different points—I guess our main comment is on the timeliness of assistance and support to victims, so we would like to speed that up.

Mrs GERBER: Can you give us an indication of the wait times for the victims of crime that your organisation is supporting to access financial assistance under the Victims of Crime Assistance Act?

Ms McAsey: We can provide support in 24 hours.

Mrs GERBER: I am talking about the application. I understand your organisation responds within 24 hours, and that is fantastic. However, you spoke before about there being a time lag between when the application is made under the financial assistance act and a payout. Are you able to give us an indication of how long victims of crime are waiting for the state government to provide the financial assistance under the Victims of Crime Assistance Act?

Ms McAsey: I cannot give you the exact time, but when the requests come to us their reasoning is that time lapse. They cannot access the money immediately. The requests that come to us say that they cannot—

Mrs GERBER: They come to you because they are still waiting for an application to be processed?

Ms McAsey: Yes. There is a gap between application and when they can be provided the funds. That could be the reasoning as to why they have asked for funding. It is because of that gap. They cannot get access to that victims of crime money immediately, so we are kind of filling in that gap.

Mrs GERBER: You are picking up the state government's tab.

CHAIR: Are the people who come to you and who get assistance required to pay that money back to the state government, or are they two separate funding pools?

Ms McAsey: The money that we provide is from donations and fundraising so, no, they are not required to pay it back. We have had instances where the organisation will say that once they get their Victim Assist money they can pay it back, but there is no expectation from the foundation that that is to occur.

Ms BOLTON: Tracey, I realise that your submission is basically around term of reference No. 2, but I would like to ask you other questions. We heard from the previous witness about the importance of education, and of course your foundation is very much involved in that sphere. Elements of the respectful relationships program are in our schools and are offered, although it is not mandated. What improvements do you see are needed there?

Ms McAsey: You are talking about basically stopping this before it starts and crime prevention.

Ms BOLTON: Yes.

Ms McAsey: We think that is very important. We would love to see more funding go to the crime prevention space. That is exactly where we work. We educate children, parents, carers and educators about children's personal safety. We think that is a priority. Someone mentioned respectful relationships. Our theme this year is on consent, so we are working very closely with the Queensland education department to develop resources on consent to help educate children in that space. We have Australia's Biggest Child Safety Lesson and Day for Daniel, which are huge education and awareness days for child safety. They are the topics we will be promoting in those two events. It is a high priority for us, and we are working very closely with the Queensland education department to make sure we are using that new Respectful curriculum that they have just put out into a lot of the schools.

Ms BOLTON: Do you believe it should be mandatory? At the moment it is not mandatory within the schools; it is up to the principal to determine that. Would that be another step in the right direction?

Ms McAsey: We would love child safety education to be mandatory. It is mandatory but it is not assessed. It is not like your maths and English. It is still mandatory to teach kids in schools, but teachers get to pick and choose how they teach it. We would totally support more child safety education.

Ms BUSH: Tracey, thank you for coming today. The work you do is fantastic. The Charter of Victims' Rights expands through all government agencies responding to victims of crime and all non-government agencies that are funded to provide victim services. Are you provided state government funding and does that give you certain obligations under the charter?

Ms McAsey: No. That program is just something the foundation created on its own as being one of our main objectives of assisting young victims of crime. We saw a need there and we developed that ourselves to fill that gap.

Ms BUSH: Do you interact with VictimConnect as an agency?

Ms McAsey: Not at the moment. They are not one of the agencies we have provided funds to.

CHAIR: I understand the funding that you are talking about, but do you have contact with them as a referral service?

Ms McAsey: No, we do not, but our Walk Tall counselling service is delivered by Act for Kids. We fund Act for Kids to deliver the counselling across Australia, so they would have those referrals.

Mrs GERBER: Going back to the line of questioning around the support that your organisation is providing for victims of crime while they are waiting for their financial assistance under the Victims of Crime Assistance Act, can you give us an indication of the number of victims of crime you are supporting as they wait for the financial assistance and you have to step in and fill that gap?

Ms McAsey: I can tell you that at the moment we are processing about five or six applications per week, but they are not all waiting for—

Mrs GERBER: And they are children? When you are talking about applications, most are children?

Ms McAsey: They are children. I have not done an analysis as to how many of those are waiting for Victim Assist. That could come from different channels.

Mrs GERBER: Five children a week is a lot. I do not have anything further, but is there anything you would like to add?

Ms McAsey: No.

Mr HUNT: As a Sunshine Coast MP, I would like to kick off by thanking you and the foundation for the work that you do. I know that you are Queensland-wide and Australia-wide, but there is a heartland on the Sunshine Coast so I thank you for what you are doing. The last time I spoke to Denise and Bruce I could not finish the sentence, because I got choked up thanking them at a Day for Daniel function. I want to reiterate the great work you do and thank you for it. The foundation has a massive community footprint so you come into contact with a very large spectrum of the community. Would you say that there is any sort of significant awareness about the charter and victims support services? Are people aware of the charter, and are they aware of the services that are currently available?

Ms McAsey: I think people who find themselves in that situation when they need that support are provided with that information. I do not think people who get into that situation are knowledgeable about it, but once you require that type of assistance then I think there is assistance and information provided. Generally speaking, most people would obviously not know about this.

Mr HUNT: That is interesting and I find that encouraging. So you have a view that once there is, sadly, a need then accessing pertinent information is not that difficult. Would that be right?

Ms McAsey: I feel that because we do not get a lot of calls into the office to ask about how people access funding. There are a couple of groups out there—like Queensland Homicide Victims' Support Group—that provide that information when the occasion arises. We do not get a lot of people who are in that situation asking us about how to access it, but we do get our applications come through approved service providers. Occasionally we might get a parent call directly, but normally it does come through a service provider.

CHAIR: I would like to echo the sentiments of the member for Caloundra in relation to your organisation. How many staff members does your organisation employ? What is the ratio of volunteers and paid staff? I am trying to work out how many people work in your organisation.

Ms McAsey: We have 18 paid staff. That includes Bruce and Denise, who are obviously the founders of the foundation. People work in different capacities, like part-time and full-time. We have grown quite considerably over the last couple of years. We have volunteers as well who assist as required.

CHAIR: You mentioned that your organisation is now Australia-wide.

Ms McAsey: We have always been national, but obviously our biggest presence is in Queensland. Our Day for Daniel and our Australia's Biggest Child Safety Lesson are national programs. For our Day for Daniel, at the moment we have over 6,500 schools and early learning centres that register across Australia to participate in that day. For Australia's Biggest Child Safety Lesson, we live stream a child safety lesson and we have over 300,000 who will tune into that lesson across Australia. We do have a big presence. I would say that 50 per cent are interstate and 50 per cent are Queensland.

CHAIR: That is wonderful. The committee has heard evidence from various people about a one-stop shop. Do you need me to expand on that definition of a one-stop shop? From the way I understand the evidence that we have heard, it is somewhere a person could go and then be directed on. That is my understanding; I might have that completely wrong. Do you have any ideas on how that could be implemented?

Ms McAsey: I feel it is always easier to get information from one organisation. It is hard to set it up, I guess. I would probably need more information to form an opinion.

CHAIR: That is perfectly understandable.

Ms BOLTON: Over the past few days, previous witnesses have spoken about this one-stop shop. They were not specifically meaning a physical place where someone could go. That one-stop shop could be a person who was their liaison who would find out information for them—what is happening with a court case or any aspect of being a victim. I understand that you need more information to answer the question, but when you have encountered anyone—parents of a child victim—have they ever said that they needed someone to assist them with the complexities of legalese or with where to go when they needed specific things?

Ms McAsey: I would agree that it is always easier to have that support from one person for all the channels that you require. We do not have a lot of people coming directly to the foundation to ask that question. There are other organisations that would definitely have those conversations, but, because we are dealing with those service providers, they are just asking us for funding. It is not something we have seen a lot of—directly coming into the foundation to ask for that type of support. I can see that it would be a great service to have—one person dealing with everything—but there have not been a lot of requests of us for that.

Ms BOLTON: Ultimately, you are the entity that is referred to. People are not coming directly to you; you are not one of the first points of contact?

Ms McAsey: That is exactly right. We are contacted by the service provider that is trying to solve the problem.

Ms BOLTON: And a very specific problem?

Ms McAsey: Yes.

CHAIR: There being no further questions, Tracey, I will let you go about your busy day. Thank you very much for your hard work. Could you pass on our support to all your members.

Ms McAsey: Bruce and Denise would have liked to be here today but they are on annual leave at the moment. Obviously, they are very passionate about supporting young victims of crime.

CHAIR: Thank you.

GREER, Ms Lili, Private capacity (via videoconference)

CHAIR: I invite you to make an opening statement, if you wish, of up to five minutes. Then the panel will have some questions for you.

Ms Greer: Good morning. Firstly, I would like to acknowledge the traditional custodians of the land, the Gadigal people of the Eora Nation, and pay my respects to elders both past and present.

I lost my mum, Tina Greer, to domestic violence at age 13. To give a quick overview, my mum was classified as a missing person for 10 years as her body was and is still yet to be found. Until the age of 18, I received updates on my mum's case through media headlines. In this time I fell off the radar and I was a child of the state—quite literally forgotten about. Eight years after my mum's murder, I was finally put in touch with the Queensland Homicide Victims' Support Group. Despite all the evidence leading to my mum's partner, the QPS investigation was unsuccessful. I am still yet to receive an answer as to why.

In 2022 the Coroners Court accepted that her partner, now deceased, murdered my mum 10 years prior. This meant I was now eligible for some of the support that victim services provides. Despite never having a body, her case having many unresolved and suspicious circumstances, and clear missed opportunities that can and will prevent future deaths from occurring, the Coroners Court deemed that an inquest was not in the public interest. To read this decision after having my childhood taken away from me—and the entirety of my adult life consumed by the loss of my mother—was devastating. My devastation quickly turned into rage after receiving correspondence from the Coroners Court that blamed my mother for her murder and essentially stated things like, 'She should have just left him.'

Thankfully, you cannot argue with peer reviewed research, the Domestic Violence Death Review Board and government statistics. After seven months of advocating, 22,789 petition signatures and a meeting with the Attorney-General, an inquest was rightly granted. The journey so far has been a continuous battle between retraumatisation and fighting for justice where trauma informed care is non-existent. It has been my responsibility to highlight the many injustices in my mum's case and advocate for its reopening rather than the QPS or Coroners Court.

As it stands, the current supports available to victims are designed for them to fail. Therefore, to prevent future trauma and adverse impacts to victims of crime, I put forward the following recommendations to be considered. One, speciality services for children must be made available, such as a child support officer who can discuss the case, answer any questions they may have and provide updates and give much needed counselling. Two, in circumstances where an investigation or prosecution cannot be carried out by QPS, QPS is to provide an explanation to victims, with legal backing, as to why it was not possible. Three, I recommend the establishment of an external review board for homicide and missing persons related cases that is reviewed every 12 to 24 months until investigations close. This is to prevent missed opportunities and maintain QPS accountability as opposed to relying on an inquest after the fact.

Four, I recommend mandated training and education of all Coroners Court employees in areas of family and domestic violence. Five, prior to the release of sensitive information such as coronial reports, victims are to be contacted. During this contact or call, victims will be briefed about the nature of information they will receive, their rights moving forward and supports available and be given the opportunity to ask any questions they may have. Finally, six, victim services is to create a special consideration category for victims and related victims who may be eligible under special circumstances such as my case. That is all I have for you today. Thank you for giving me the opportunity to speak here.

CHAIR: Thank you, Lili, and thank you for your written submission. It is very comprehensive. Thank you for going to the trouble of giving us recommendations. It is very helpful for our deliberations.

Mrs GERBER: Thank you so much for taking the time to give us this written statement as well as your oral testimony today. It cannot be easy to continue to put yourself out there like you do. Thank you very much for being a voice and for doing that for us. I think it will be very helpful for the committee in its process. Do you think one of the reasons you received no support until it was determined that your mum's disappearance perhaps was in the criminal space was that you were not seen as a victim of crime?

Ms Greer: It is a complicated topic because, although she was classified as a missing person, it has been believed from the beginning that she was murdered. I was technically not a victim of crime, but I am a victim of crime and I have been a victim of crime for the past 11 years. It was not legitimate until a coronial decision.

Mrs GERBER: I can see from your written submission that you did not receive any support until 2020; is that right?

Ms Greer: That is correct.

Mrs GERBER: Then the support you received was through the Queensland Victims' Homicide Support Group; is that right?

Ms Greer: Yes.

Mrs GERBER: Prior to 2020, during both the investigation phase and then your having to advocate for a coronial inquest, do you think you would have benefited from a victim support liaison officer or a victim support officer to help you through that process?

Ms Greer: Definitely. Since making contact with the Queensland victim support group I have had a peer support member and so much support from them. The meeting with the Attorney-General would not have been possible without Brett. However, obviously when I needed the most support would have been as a 13-year-old child. Things got tough there for a long time. Thankfully they are okay now, but that time was crucial. I can imagine that many children who are victims of crime do not come out on the other side.

Ms BOLTON: Can I just say what an incredible young woman you are. What you have put in your submission—what you have gone through and that you went through that without support for so many years—is quite heartbreaking. In your submission you spoke about the need for a child support officer. From previous witnesses over many hearings we have heard that what is needed is a one-stop shop, but that one-stop shop can be a person. Is that similar to when you say a child support officer? It is someone, from the perpetration of the crime all the way through, who can find out everything that is needed—where to refer to, when there is progress to find from the DPP and relaying that back. Is that basically something similar? That is understanding that often the needs of a child are very different to those of an adult victim.

Ms Greer: That is correct, depending on the age. Essentially, what I would love to see is each child having a case manager and someone to look after them throughout that journey. Obviously, the level at which things are discussed changes. It is my belief that I was never really told about anything because it was believed that I could not handle it, but that actually had more of a detrimental impact on my mental health.

Ms BOLTON: You finally received the support of the homicide support group in 2020. If you had been able to access that support earlier in time, how would recommend it be changed? I know that it is difficult to look back to when you were a 13-year-old, but what could have been added in the process besides a case manager? Is there anything you would add?

Ms Greer: Ideally, there would be the peer support model—maybe potentially older children. I know that is a lot to take on for an older child, but it may be a young adult who has just turned 18 and has the mental capacity to do such a thing. Peer support is amazing and I have benefited greatly from that. I also acknowledge Grace's Place, which has just opened here in Sydney. It is for victims of homicide. I am not sure if that exists in Queensland yet. I would like to see some sort of group space where children who have experienced crime can be around each other, because it is one of the most isolating things and you do not meet many people, until you find these support groups, who have been through similar experiences.

Ms BOLTON: How did you get through after getting literally no support all those years? Was it family? How did you get through?

Ms Greer: Through a variety of things. At the beginning it was unhealthy coping mechanisms. Now I have healthy support and coping mechanisms and peer support from other victims. I do not know. In the beginning I think I got through because I had hoped she was alive. It became quickly apparent that she was not, but, because it was a missing person case for 10 years, there was that one per cent chance that 'maybe she's alive', so that did get me through for a long time.

Ms BOLTON: Thank you. Again, I think you are amazing, thank you.

Ms Greer: Thank you so much.

Ms BUSH: Lili, thank you so much. I will echo Sandy's views that you are a remarkable young woman and thank you so much for writing to us and then coming in. I know that it can be really daunting to present to all of us, but we have all gained so much from your submission this morning. I think the recommendations you make are really sensible and make a lot of sense to me. I have a couple of things outstanding in my mind. So I can help formulate the thinking and what we might end up writing in a report, I have a couple of questions to put to you. I do not want you to feel like you have to answer

them. If you would rather not answer them, just say, 'I would rather not answer that.' If I say anything or present something in a way that is offensive, I am really sorry. I will ask the questions and hope I do not cause any more distress to you in doing that. I am trying to understand the series of events of what happened. Your mother was missing and was declared a missing person. It sounds like you went into the care of the state at that time.

Ms Greer: Essentially, I have been a child of the state since a young age, but I got moved from living with the person I was staying with—I stayed with him for a while—and then I went to various family members, but technically the state owned me until I was 18.

Ms BUSH: Was anyone taking responsibility on behalf of the state for updating you on any investigation of where your mother may be or any developments in that case?

Ms Greer: No.

Ms BUSH: What I heard you say was that you were discovering things through the media, perhaps more so than through family or any kind of case worker.

Ms Greer: Yes. As you probably know, most families respond to trauma quite differently. My family kind of shuts down and we did not have a particularly close relationship—a lot of men who are older, and that does not necessarily open the floor for discussion. Putting the onus on families who are going through an impactful crime to update their children is not something that is realistic. I literally found out everything from the news and googling myself.

Ms BUSH: I can see how you fell through those cracks and shouldn't have, and I am sorry that happened to you. It then sounds like you wanted to get a coronial inquest up and it was not approved, but you have lobbied. Have they now agreed to hold the inquest?

Ms Greer: They have. It was a long period of time and pretty much my full-time job, but, thankfully, as I said before, it is very obvious there were many missed opportunities and, yes, you cannot argue with facts. Thankfully, there will be an inquest.

Ms BUSH: You mentioned as well some correspondence you received at some point from the coroner's office and you have some excerpts in your submission around the victim blaming. Do you have a copy of that and can we receive a copy of that original correspondence or do you no longer have that?

Ms Greer: I do have it. I thought I had submitted it and then realised I had not. Sorry about that.

Ms BUSH: I think you have submitted something. I can see you have—

Ms Greer: I submitted the wrong one.

Ms BUSH: That is okay. I was frantically looking through going, 'What have I missed?' If you have that and we can see that in its original form, that would be helpful. Certainly the theme that is coming through in these hearings is that some of the communication—whether it is on the phone, in person or in writing—might be technical and written in Public Service jargon but does not recognise that it is having an impact on the person reading it.

Ms Greer: Also, it is very clear that there is no education on domestic and family violence in the Coroners Court. Once you read it, you will be able to see that. For instance, 'This death could not be prevented.' We know from research that, with early intervention, domestic violence deaths are able to be prevented—simple things that everyone is aware of. To be plainly stated as fact was very distressing and frustrating to read.

Ms BUSH: It is an interesting area. In the Director of Public Prosecutions there is a victim liaison officer that is dedicated for working with victims. Was there anyone like that in Coroners that was working with you to help convey the process a bit?

Ms Greer: No. Because the person is not alive, it is not a criminal investigation anymore; it is about finding the facts. I did ask for one a couple of months ago and they said because it is not criminal it does not happen.

Ms BUSH: Did you say somewhere that there was evidence—strong evidence—to suggest that it was a homicide? Was that police or someone had—

Ms Greer: It has been accepted by the Coroners Court that it is a homicide but they just cannot find the body. Unfortunately, not much investigative work was done prior to the main suspect's death, which was six years post her going missing and her murder. Yes, the Coroners Court firmly believes that he murdered her.

Ms BUSH: Got it, thank you. That helps me understand. Now with that finding from the Coroners Court, can you take that back to Victim Assist for that financial assistance application?

Ms Greer: They acknowledge the crime did happen, but I am not eligible for related victims that, say—I was under the guardianship of my mother. I am not currently eligible because I need to become an executor. She was 32 when she was murdered, so it is very difficult for children. It is much easier for parents to go through and get things like birth certificates. I imagine many people who have family members missing go through similar situations as myself, but I am not able to prove financially that she was my mum so I cannot get the secondary help, if that makes sense.

Ms BUSH: It does.

CHAIR: Lili, in relation to the fact that your mum was missing, was there anyone in the Queensland Police Service you could liaise with? My understanding is that there a missing persons section. Was there a person there? There was not.

Ms Greer: No. Until 2020 it was a homicide investigation, so for that two years I was—it is weird. This case is very strange because it falls between homicide and missing persons. Essentially, from the age of 19 or 20 I had contact with a detective at Homicide.

CHAIR: And then no-one from Missing Persons; is that correct?

Ms Greer: No. Since then I have found the families and organisations such as Missed, previously known as much MPAN, that helps families, but that is 11 years after the fact.

Mrs GERBER: Earlier you were talking about being a ward of the state. I realise that you are living in New South Wales now, but were you a ward of Queensland or New South Wales?

Ms Greer: Queensland.

Mrs GERBER: Part of the terms of reference for this inquiry is to look at how the financial assistance act is treating victims of crime. I wanted to see if I could unpack a bit more. You said you are not eligible for any of the financial assistance under the Victims of Crime Assistance Act because you are required to prove that you are your mother's daughter and you do not have the birth certificate to prove that. Can you explain a bit more the barriers you faced under the Victims of Crime Assistance Act?

Ms Greer: Initially I was not eligible. I was never eligible until I got that coroner's report and the death certificate. That then allowed me to become eligible. Then I got the recognition of crime payment. However, it is a very complicated because you need to prove that the person who was murdered, or that the crime happened to, was financially responsible for you. I received a letter from Child Services stating that my mother was my carer. I thought that may be enough, but they rejected it and said that I need bank statements or Medicare evidence or Centrelink things, which you cannot get unless you are an executor. She did not have a will, so it is this 'round and round in circles' mission that, as I said, a lot of the families face.

Mrs GERBER: How did that impact on you, Lili—having all that red tape and all that bureaucracy and being knocked back and having to prove that your mother was responsible for you, essentially? Can you tell the committee how that impacted on you?

Ms Greer: It is very time consuming, so I can imagine a lot of people—it is a significant help, so you try to decipher, 'Is it worth the emotional stress for the help?' I look at it every six months, give it some time and then take a break because you do not really get far.

CHAIR: Lili, do you have the last piece of correspondence that you received from the department?

Ms Greer: Yes, and I had suggested to them, 'How do other people usually go about this situation, because this is what I am experiencing?'

CHAIR: Lili, are you able to forward the last piece of correspondence that you received from Victim Assist to the committee?

Ms Greer: Yes.

CHAIR: Is there anything in that letter that you want to keep confidential, or are you happy to provide it?

Ms Greer: That is fine.

CHAIR: There being no further question, thank you, Lili. You have been very informative. I really am thankful for your written submission, which is very distinct, and also the fact that you have gone to the trouble of thinking about what recommendations the committee should be suggesting. It is very helpful to our deliberations. Good luck. Can you remember to send that information through to the secretariat? You have the details, don't you, Lili?

Ms Greer: Yes, I can get them. One last thing: I would really love to reiterate the importance of education on domestic violence for the coronial services. I think it is most pertinent.

CHAIR: Lili, that came through loud and clear. It is very relevant to our whole investigation. Thank you, Lili.

Proceedings suspended from 11.29 am to 12.30 pm.

BRADFORD, Mr David, Private capacity (via videoconference)

CHAIR: Good afternoon. Thank you for being here. I invite you to make an opening statement of up to five minutes after which the committee members will have questions for you.

Mr Bradford: Good afternoon, committee members. Thank you very much for your time. My name is David Bradford. I am a criminologist and a former QUT lecturer who does a fair amount of work with victims of crime throughout principally South-East Queensland. I am a former child safety manager. I have worked in youth justice, child safety, disability and adult corrections for the last 32 years and I have some things I want to share in terms of the matters before the committee relative to support for victims of crime.

In my work with victims, I suppose one of the key observations I have made has been that victims often find themselves in a situation where they lack sufficient systems literacy to support them to engage with and put forward their interests or needs or understand processes within the criminal justice system. Generally, many victims have not had any contact with the criminal justice system until they in fact find themselves in a situation where they are a victim of crime. Unless they have access to personal resources—those who might be legally trained or have relatives or friends who are perhaps police officers or solicitors and the like—they generally do not have that capacity to engage with or understand time frames, systems and processes, even just the language—adjournments, hearings, trials and other such things. They often do not understand the process of making an application to attend a closed court, in the case of a juvenile offender, and find themselves really struggling to put together a submission in that regard. I have assisted a couple of victim families to make those submissions so that they were in fact able to attend, but had they not had access to me they probably would not have been able to properly put forward their wishes in that regard.

I think things like fact sheets and resources—an information resource—would be useful, but I think also a support service would be of assistance there. My view of that support service is that it would be purely a support service—not a support and advocacy service. My concern about advocacy services, particularly in relation to victims of crime, is that they can fall victim to capture in terms of various agendas. Sometimes victims' circumstances become grist for the mill in terms of advancing agendas rather than advancing the interests of individual victim families.

A separate organisation that is not inside of government—perhaps an NGO type structure—that performs that victim support around education, counselling, referral and case management would be enormously useful as victims move through a range of experiences across their life course. Of course, I am thinking more of people who have been victims of quite serious or violent crimes who experience all of the stages of grief and all of the personal turmoil and distress of having lost a loved one or perhaps going through those circumstances.

I do acknowledge the good work of the Queensland Homicide Victims' Support Group, with whom I have had some association. They do good work in that space, but I think there are other victims of crime who experience quite intrusive criminal activity. For some reason in Queensland we do not seem to currently view burglary as a really serious crime when in fact it is quite intrusive. It has a massive impact on families. I will talk about that a little further on.

I do not believe that it is a role that police can perform and I also do not believe that it is a role the DPP can necessarily perform. I have personally seen a lack of sensitivity, albeit none intended, from those agencies at different times. I have seen some stellar operators and I have seen some fairly concerning, insensitive remarks made to victim families. It should not be a galloping shock that that might happen. These agencies have a very different function rather than victim support. They are in investigation and prosecution and should be sustained as such.

I would like to speak for a second about insurance. I am not sure whether this has been mentioned to the committee. I think there are some benefits to considering the issue of insurance. When people are victims of crime and have to make an insurance claim because they have lost a vehicle, household items et cetera, that results in a higher insurance premium. Through no fault of their own, they find themselves facing higher premiums. The consequences of being a victim of crime cause an expense year on year and for some time, because their premiums rise over a period of time. The other thing that is happening for a lot of people, particularly those who might be in rented accommodation, is that they have limited capacity to secure their homes unless, of course, landlords are supporting that or tipping in money for cameras, alarms and other such things.

If you are victimised twice within a five-year period, you will be denied insurance in many cases. There are some families out there—I suggest there are thousands, given the rate of offending, particularly in relation to property offences; break and enters, burglaries and the like—facing the very real proposition of not being able to find and secure insurance for their homes because they have been

victimised twice within a five-year period. That third victimisation—it seems somewhat inevitable in that the offenders already feel confidence and familiarity with their property—could result in sort of a wipe-out effect in not being able to insure themselves.

The other thing to consider is that there can be a compounding effect. We run an NDIS service. We have gone to the effort of providing vehicles to our supported accommodation houses so that our participants have a better chance of achieving their goals and having access to the community, but because we have been burgled twice—thankfully in six years, so we just fell outside of that five-year window where we would be in a bit of strife—the insurance premium on every one of our vehicles, our work vehicles as well as our personal vehicles, has gone up. The consequence for us of having been burgled is \$20,000 to \$30,000 extra every year, because it does not just affect our personal resources; it affects every vehicle that is registered to us or our business. That is a pretty serious whack.

Home insurance does not necessarily always cover re-keying of houses, so replacing locks, and it does not cover key fobs. One of the key things that burglars and those committing break and enters are doing is stealing key fobs for cars. You would have to make an individual insurance claim against each vehicle to have the car re-keyed or re-fobbed. For more expensive cars, that can be \$2,000 per car. For most cars, it does fall in the range of about \$500 to \$600. If you have a situation where you have adult children at home, like we do, and you lose six sets of key fobs in a burglary, which we did, you now are talking about a quite significant expense. Even though they were stolen from inside the home, home insurance does not cover that. I think that is something we could look at with insurance companies. One of the things I have suggested, in addition to creating a policy environment that deals with that for insurance, is to maybe create a provident fund around those who cannot get insurance by virtue of the fact that they have been revictimised several times and need an alternative insurance option.

I am mindful of time and I want to give time for questions. In terms of restorative justice, I have noticed with some concern what I would consider the inappropriate use of restorative justice in circumstances where young offenders have demonstrated a criminal identity, a significant commitment to a criminal lifestyle and a high violence potential. I think, once young offenders have moved into that space where they are no longer able to be diverted and are moving into quite serious, repeated and violent offending, restorative justice—particularly victim-offender conferencing—is less likely to be successful with those offenders. I am very concerned that it is being used in those circumstances.

I am aware of the case of a family that I have provided some support to whose loved one was killed in a vehicle by a reckless driver. That driver was charged with those offences and was referred to conferencing, even though somebody had lost their life. I think there needs to be a re-examination of that. An offender who broke into our home had a significant previous history of violence and then used our vehicle to commit an armed robbery. Astonishingly, they were referred to conferencing. I understand those who can be diverted and those who cannot. I realise that I am moving into another space and not necessarily talking about victims, but I think it is germane to this issue. For a lot of victims, when they become aware that the offender who has victimised them is on bail for previous offences of that nature, it creates a lot of frustration. I want to speak to that frustration for a second.

One of the things that I am concerned about is the growing anger that I see, in social media and other environments, where there is a lot of discourse around promoting or encouraging vigilante responses to crime. The irony is not lost on me that you are offended by crime and so in order to demonstrate that offence you go and commit a crime. That does not make a great deal of sense and actually creates more victims. I feel that we are approaching a place where we need to take a very serious look at this issue of potential vigilante or responsive behaviour. In terms of programs like Neighbourhood Watch and Crime Stoppers, encouraging and strengthening those and giving people an option to get involved in a prosocial way would be far more beneficial.

There has been some discussion at different times over the years around expanding access to victim compensation perhaps to people who have not experienced a violent offence—people who have had a burglary where somebody has come into their home but not necessarily encountered them. I want to see perhaps a stronger focus on children. There is a lot of discussion about trauma and that perhaps some of these offenders are coming from a place of trauma. Whilst consideration needs to be given to the point that if somebody is coming from a trauma environment and it is leading to offending and we are releasing them back to that environment without any intervention or support then we are going to get more of that, I want to talk about the trauma that the offending brings. When a home is broken into or burgled, the trauma it causes for children in those homes is extraordinary. Adults have a capacity to rationalise and reconcile what has happened—they have a chance to draw on their own resilience and recover from that—whereas children see this as a significant intrusion in their life. Their sense of safety is extremely hard to re-establish and they see the trauma and stress on their parents.

If there is to be any expansion of victim compensation, I suggest that maybe some consideration be given to how that might assist the children who are victimised by virtue of the high rates of property crime, particularly burglaries.

I have a daughter who is autistic and another daughter who has anxiety and depression. They received no consideration by the court—no consideration at all at any time during the process, even though the two burglaries we have experienced have both had a profound impact on them. We have had to provide a lot of support and spend a lot of money—it is not about the money—on counselling and other such things to help them re-establish a sense of safety. Most families take about three weeks to recover from an event such as this, by the time they have processed insurance and done all of these sorts of things. They are largely unavailable to their children during these periods. Parents are emotionally unavailable to children who are feeling quite distressed and upset. If we are going to perhaps look at that idea of victim compensation, I would really like to see a strong focus on children. I think that is important. Given the time, I might pause there and invite your questions.

Mrs GERBER: I will hand over to the member for Southern Downs. Thank you very much, David, for your oral submission. It was really helpful.

Mr LISTER: Mr Bradford, you touched on a couple of themes relating to the frustration and disappointment experienced by victims of crime if they feel that justice, in their eyes, is not being done and they are being denied validation, which is a word we have heard used. From your professional perspective, could you offer us an insight into what the economic consequences of those effects on victims of crime might be in terms of their workforce participation, their health and other flow-on effects? Is that something you can provide us any insights on?

Mr Bradford: If we look at something like burglary and the theft of a vehicle, for many families that impacts their ability to get to work. It may be the work vehicle that is stolen. It may be the tools of their trade that are stolen. I see that people take time off work in order to move through the processing their insurance claims—getting on the phone, getting quotes, organising for the recovery process. I would probably say that your average burglary probably takes about three weeks of a person's time and focus and they probably lose at least two or three days of work every time that might happen.

One of the things I have also noticed is that it has resulted in a lot of school refusal, so parents lose time because they are trying to support children to recover from those circumstances and through not attending school. Obviously, there are health issues around anxiety, depression and a sense of safety when you actually have no safe place. When your home is not safe, children have a sense of having no safe place. That manifests as truant behaviour at school. It manifests as problematic distressed and rebellious behaviour at school. It results in parent/adolescent conflict. It results in all sorts of emotional dysregulation for children and, as I say, it does affect their schooling, their conduct and those sorts of things.

Mr LISTER: Apart from those first-order effects directly stemming from the crime at the centre of the issue, what about the second-order effects that victims experience in terms of feelings of isolation, not being understood and not receiving justice if the criminal justice system and the financial assistance system, for example, are not responsive to their needs and expectations? It seems to be that victims of crime do suffer considerably from that sense of being denied, as much perhaps as from the actual effects of the crime itself.

Mr Bradford: I think this is where victims need support to reconcile what is happening. A lot of victims seek their validation in the sentence, in the punishment that is given to the person who has been caught. Of course, if nobody is ever caught for the offence then there is no sense of resolution. Where somebody is caught for the offence but the victim perceives that that person has not been appropriately punished or maybe they have been sentenced for a number of matters and there is cumulative sentencing, often they feel there is no sense of validation.

I know with my own children and with the career that I have had, when somebody burgled our house and took a vehicle, which cost us over \$100,000 worth of loss, they got court ordered parole and my children expressed anger and frustration that there was no validation. They were kind of calling on me to justify my profession almost: 'you trust this and it does not happen'. People have an expectation of the criminal justice system that may not always necessarily be accurate and in some cases, I am just going to say, reasonable. Often they look for that validation in the sentence.

When they see significant amounts of energy and resources going into the offender and supporting the offender and looking after the offender's rights and making sure that the offender is given every opportunity but see very little coming back towards the victim, they feel very aggrieved by that. I have tried to explain to a number of victims on different occasions that the court has to be the

ideal litigant and has to arrive at that adjudication of guilt on the basis of having provided every fair and reasonable opportunity and provided procedural fairness and natural justice along the way, but it appears to the victim that that is a gross imbalance of support, I suppose, in that regard.

I have supported families that have lost victims to homicide. I would say that for a lot of them not getting information, not getting support and seeing that effort made with the offender—again, procedural fairness, natural justice and some of those things that absolutely have to happen in the natural course of administering the process of justice and arriving at that conviction—has been devastating to them. I know of families where siblings of murdered young people have never returned to school. They have just stopped going to school and never returned because they cannot leave their home and face the community and deal with that. Some of that sense of abandonment and sense of lack of support actually creates that isolating effect which leads to, again, anxiety, depression and in some cases substance abuse and all those sorts of negative health outcomes.

Ms BOLTON: Throughout the hearings we have heard a lot about the need for support and connection to information for victims. We have utilised the term ‘one-stop shop’ and I think that has probably become a bit confusing, in a way, as to whether it is a physical hub where a victim can access basically all the information needed, the referrals, even to understand the legalese and the terminologies used. However, some have spoken about a specific support worker or a case manager who takes on that role. Through the hearings we have heard about two different types, but both are about making it really simple, from the time the crime is committed, for the victim to be supported with the information they need and also with referrals. Do you have any thoughts on that?

Mr Bradford: I do. First of all, let us acknowledge that if you are completely uninitiated to the criminal justice system and then become thrust into it by virtue of becoming a victim of crime you have a huge information deficit. You need to receive a semester’s worth of education and you want it within a couple of hours. Condensing all of that is difficult.

We also have to understand that people have a challenged capacity to absorb information when they are distressed, when they are under duress and when they are still suffering the effects of the crime. People move through various processes. I use the stages of grief as probably a really good example. A lot of victims move through the stages of grief process and they are more or less able to understand information, absorb it et cetera.

Having an agency or having a resource where they have access to information, education, support and a bit of coordination would be really important. I think it needs to have people with case management skills, client assessment skills and referral skills where they can be referred to other supports and service system agencies around counselling and intervention et cetera. There need to be some legally trained folk. I do not necessarily mean law degrees, but I certainly mean people with systems literacy and literacy with the criminal justice system who can educate people and help them manage their expectations, but also explain to them the reasons for things.

Recently I had to explain to a family why they could not attend the court prior to giving their evidence and about the preservation of evidence and not having collusion and not having witnesses affected. They could not understand it. I had to go back and explain some legal concepts to help them understand that and also help them to understand that they potentially have access through right to information to transcripts and other such things post. Even some of those things that those of us in the criminal justice system might take as being fairly pedestrian concepts are strange and hard to understand and appreciate as a victim. It should be a separate agency with case management, client assessment and referral skills that deals with system literacy and deals with the support stuff that I am talking about, and it needs to be separate from the investigative and prosecutorial roles of the system.

Ms BOLTON: Everything you have said the victims of homicide support group basically does. It is like we need one of those for non-homicide victims.

Mr Bradford: I would go along with that, yes. I would add to that that the QHVSG is a tugboat crew manning a battleship. They are fantastic. They do a lot of work for a lot of people and they get some fantastic results, considering what they have to work with. Even just being able to chase down police or others to get information to coordinate that back and support victims can be a very time-consuming task. Absolutely, I think they are an agency with a broader remit. In Queensland we used to have VoCA, the Victims of Crime Association, which performed a range of tasks. They have not been around for 20 years. I think something that has a funding base and a professional orientation that can support victims is absolutely necessary.

Mr HUNT: David, something that has come up throughout the hearings—you touched on it very briefly—is the suitability or not of police working in the victim support space. There is a line of thinking that maybe that is yet another role for the police. I am starting to crystallise a view that the police have almost gained too many roles over the years.

Mr Bradford: Yes.

Mr HUNT: You have identified that there is a need for a dedicated victim support officer. Do you see police filling that role?

Mr Bradford: No, I do not. I think we need to focus our police resources on the investigation and prosecution of offending. The support of victims is probably not something that the police are trained in. I would also probably argue that they are not structured to do that. If you think about even just their roster and their shifts, there could be a nine-day period where a police officer might be off shift. If they are the only person the person can contact to get information then that would just create greater frustration for victims. If that is their single source of truth, it would be like trying to nail jelly to the wall in terms of how busy police are and what they can do within a shift.

The other thing is thinking about the duration of a process. We were burgled on New Year's Day 2022. I got the letter from Youth Justice this morning to say that the matter is all resolved or finished. Imagine a police officer holding that case for that length of time. I looked on the ABS earlier—I will bring it up here—and 89,469 offenders were proceeded against by police in Queensland in 2021-22. That was for the investigative and the prosecutorial side of things. Imagine if they had to try to track that? Who would? Is it the constable who gets the job that morning or is it the detective who fills the brief of evidence and does the investigation? You would have to restructure the Police Service in order to be able to account for that. If you think about it, what we are really saying here is understanding grief, having full systems literacy, client assessment, case management, referral—these are skills that I think are a bit outside the remit or the expectation of a police officer.

The other thing that I probably did not mention in responding to Sandy's remark, but I think about it now, is that there is the meta service system. There is the intuitive service system that might provide direct supports, but with a lot of the work that I do to support victims I find myself in the meta service system. I find myself speaking to guidance counsellors at schools to create programs of return to assist young people to get themselves back into education. If you start pulling on this thread as a police officer, where does it end and at what point do you refer on?

Having really clear service system stratification—a really clear ability to, as I say, assess, case plan, refer and review—is a particular skill set that does not sit within the police. You would have to restructure police quite significantly. They would need stages of grief training. They would need case management training. I think that would be too much for police to take on. I think it would distract police from their core duties and I think it would probably lead to greater frustration.

CHAIR: Thank you for your time today, David.

FERRY, Mr Mark, Chief Operating Officer, Ted Noffs Foundation (via videoconference)

CHAIR: Welcome. I invite you to make an opening statement of up to five minutes, after which committee members will have some questions for you.

Mr Ferry: The Ted Noffs Foundation is one of the largest providers of drug and alcohol treatment to young people in Australia, specifically to Queensland. We operate in the south-east corner in the five HHSs, providing drug and alcohol treatment to young people aged 12 to 25. We are in the process of setting up a residential rehabilitation centre in Caboolture and we are also in the process of setting up what we call a street university, which is also a drug treatment centre, in Townsville. I have about 30 years experience working with young people, so my comments and everything today are going to be focused around working with young people. My organisation has a long history of working with young people who have drug and alcohol problems. We talk about drug and alcohol problems, but they also include mental health, violence and criminogenic aspects. There are a whole range of aspects that go in to make up a young person who is primarily seeking drug and alcohol treatment.

I had a really good think about the victim, which is the focus of your inquiry. One of the first things I wanted to put out there was this notion that a lot of the young people we work with take on a bit of a dual role in this scenario. A lot of young people we work with are perpetrators of crime and come to our centres because of their crime—having been directly referred through the police, youth justice or a variety of areas—but quite often they are also victims of crime in and of themselves. It can be quite a complicated matter when you are looking at a young person and understanding that they may be facing some criminal charges but quite often they are also a victim of crime themselves. It is really trying to understand how that fits when they are a victim. One of the things that can happen is that the impact of them being a victim of crime can be lessened because they are also involved in committing crimes themselves. It is trying to work out how we separate that out but also manage it together, if that makes sense.

In thinking about this, I also thought about what works. In my experience, one of the really powerful things for victims and the perpetrators themselves is restorative justice. There are a lot of different versions around, and I think the other one that I really like is the circle sentencing. It really allows for the victims to possibly have a bit of closure, possibly gain an understanding of the person who has committed the crime, but also really get across the impact the crime has had on them.

A lot of the time for the perpetrator going into the restorative justice process, it is a faceless crime. They may have broken into someone's house or stolen their car, but they do not see the real-world consequences that can have. Seeing and hearing from the victim can have a profound effect on the person who has committed the crime, which in turn quite often has a really good impact on the victim because they felt heard and listened to and they got a chance to put their side across. In a lot of other justice processes, unless it goes to court and they do a victim impact statement or something, their voice is not heard in what has happened. It can be that there are lots of hidden issues and problems for the victim. The classic one we see is a lot of people are victims of trauma from previous episodes in their life and then they may be assaulted, and that can retraumatise them. Being able to get that across is a really good mechanism for everyone to understand where it is for that person.

The final point I want to raise is what I loosely called stereotypes. A lot of the young people we work with are drug users and can be behaviourally quite negative in the way they come across, especially towards justice, police or authority figures. However, when they are a victim, they can be either discriminated against or just dismissed because they present as a stereotype, as something that does not fit.

If you take a 16-year-old person who has the support of their parents and was the victim of crime, a lot of support can be put behind that young person, whereas if you have a young person who is homeless or estranged from their parents or their parents are not in a space to support them then the young person can be further marginalised in that process. The stereotype is, 'You present as someone who is a bit chaotic, a drug user; therefore, you are not "worthy" of the support.' In terms of the idea of them being a victim, the thought might be that they deserved it or they put themselves in the situation, so there is an apportioning of the blame that can go to the victim. It is a really difficult and complex area, but it is looking at how that can be better managed.

In this case, I think the police have to wear a lot of hats at different times. They have to be a police officer, they have to be a social worker and they have to manage so many different aspects of it. I think there is a role in there. I know that there are specialist youth roles within the police force, but there is a place to look at how those young marginalised populations who are victims can be better managed.

CHAIR: Mark, are you able to expand on your background? How did you end up doing what you do?

Mr Ferry: I studied psychology way back when and sort of fell into this work. I started working with homeless young people and then moved to London and worked overseas, predominantly with young people but also with homeless people, and I moved into the drug and alcohol area. I have worked for the Ted Noffs Foundation for nearly 25 years. I started out running the residential rehabilitation centres for Ted Noffs and then I have moved, and it feels like I have done every job in Ted Noffs now. I have the dual role of managing the day-to-day affairs as the chief operating officer but I have a clinical background working with young people.

CHAIR: Where is your office?

Mr Ferry: Our head office is based in Sydney.

CHAIR: Do you have branches in Queensland?

Mr Ferry: We do. We have five centres in Queensland. We have one in Logan, one in Southport and one in Caboolture. We are setting up a residential rehabilitation centre in Caboolture as well, and we are opening up a centre in Townsville. We have been in Queensland for coming on 10 years.

Mrs GERBER: Thank you for your oral testimony. It is really helpful. In relation to the terms of reference for this inquiry, there are essentially two parts. We are looking at how victims of crime are treated and how they might be better supported through the investigation phase, the criminal justice prosecution phase and even beyond in relation to perhaps bail or the Parole Board. The second limb is around the Victims of Crime Assistance Act and how victims of crime are treated under that act and whether any improvements can be made there. Does your organisation support victims of crime in relation to making applications for financial assistance under the Victims of Crime Assistance Act?

Mr Ferry: Not regularly but we have done. Our predominant focus is with treatment and we probably work more with offenders. However, there was that dual role that I mentioned earlier, and then we do have a lot of young people we also work with who are victims in and of themselves.

Mrs GERBER: I am probably most interested in that dual role that you are talking about—a child who is a victim of crime but has also been a perpetrator at some point. I am interested in how the system treats them, particularly in relation to the support they might receive through the criminal justice process and also under the Victims of Crime Assistance Act. Do you have any experience that you could tell the committee?

Mr Ferry: I think the youth justice department does a very good job of working quite closely with the young people, but inherently the system would probably see them as an offender first and a victim second. I think there is a—

Mrs GERBER: I am probably not talking about the cohort of perpetrators who have been victims in the past. I am talking about the cohort of victims—so they are a victim of crime—who have a criminal history or in the past they have been a perpetrator. I think that nuance is important.

Mr Ferry: Yes, but I think in the same instance they would still be seen possibly as a perpetrator, especially if they are known to the system.

Mrs GERBER: That is what I am getting at.

Mr Ferry: They are seen as a perpetrator first and as a victim second. I think the young people themselves take on that role. It is trying to separate that: 'No, you are a victim of crime and you need that support in terms of treatment and information.' I think information about their case is always one of the biggest things that young people lack. We know things can be dragged out and can take a long time. It is about getting information across to them about where the case is up to and what is actually going on—what are the nuances of what is going on. A lot of young people do not find their voice to say, 'I don't understand.' They will nod along. I think there is a piece of work there around making sure young people understand the process and what is actually happening to them, whether it is a single court date that they are going along to or whether it is a long, protracted—

CHAIR: We just lost you, Mark.

Mrs GERBER: We cannot hear you at all, Mark.

Mr Ferry: I am not sure what happened then.

CHAIR: No. We missed a big chunk of that.

Mrs GERBER: We left off basically having the victim needing someone to inform them about court processes and hold their hand through that process as a support as opposed to the police or the DPP.

Mr Ferry: I was using an example of where a young person has been sexually assaulted. They can be quite complex cases that take a very long time from the alleged act through to the so-called sentencing. It is really important, I think for their treatment but also for them as people, to understand what is going on and why. That can be lost, especially if the young person is marginalised in other areas of their life.

Mrs GERBER: I have one final question. It is about this inquiry itself and the time frame that has been given to this inquiry. We are having this inquiry to hear from victims of crime. We have heard a lot from organisations that have been able to rally quickly to appear but, in my view, we have not heard a lot from actual victims of crime. I wanted to get your view on the time frame for the inquiry. Six weeks is all the state government has given for this inquiry. By comparison, the Mental Health Select Committee inquiry was given six months to inquire into mental health and deliver a report and table it in parliament. In your view, do you think this inquiry needs more time so that we can better consult with victims of crime and formulate recommendations?

Mr Ferry: Yes, definitely. I know that my invitation to attend came quite late in the piece—and finding out about it. It felt to me like it had been a little bit rushed.

Mrs GERBER: Can I clarify that this bears no reflection on the committee secretariat. They have done everything they can within the time frames.

Mr Ferry: No, not at all. I am sorry if I implied that. I did not mean that at all. I think hearing from victims—and, in my case, young people themselves—is vital. I am talking from my experience and from a structural point of view. There are many different views that victims will have. I think it is imperative that their voice be a part of this. It is probably the most important voice.

Ms BOLTON: Just to follow on from the member for Currumbin's question and what you were speaking about in terms of the youth that you are working with, how does peer group pressure apply and impact them being prepared to report when they are a victim of crime? Even where I grew up, you were not part of the gang or the crew if you told.

Mr Ferry: Yes, there is a term young people use called 'dogging'. It is a prison term as well as probably a street term. It is about not talking to authorities. You deal with issues yourself and things like that. It only goes so far, especially when it comes to victims of violence and especially sexual violence. There is a whole other consequence for those young people. It only goes so far, but it definitely has an effect. I think probably one of the effects it has is the timing of it. It can take a long time for someone to report a crime. Then they still have all the effects of being the victim over that period that they have not been involved in a process. The mere fact of reporting a crime sometimes can be a relief to some young people. They have the voice of their peers strongly in their ears.

Ms BOLTON: You mentioned restorative justice and practices. Our previous witness had some concerns around the practice, more so with repeat offenders and where there were elements of violence. Have you encountered any positive stories that might reflect that there have been some good outcomes in that situation?

Mr Ferry: Over the years across three states we have worked with lots of processes around restorative justice. I think the best outcomes for everybody are where there has been really good preparation for that in terms of both the process and what is going to happen. Not everybody should go through a restorative justice process. For most victims I think it is probably a good thing. However, you really need the perpetrator to be (1) understanding of the process and what it means and (2) willing to undergo it. If they go in there and do not respond how the victim might think, it can do a bit more damage and, as you alluded to, if it gets aggressive in there it is almost retraumatising. I think the preparation can be a really good process. Some of the circle sentencing work, where you have elders from community in there as well, is really powerful, because there are different senses of power within the room that the young people are possibly more receptive to.

Ms BOLTON: I was led to believe that it has to be agreed by both the perpetrator and the victim, so it is not something that you have to do. It is offered and either accepted or rejected.

Mr Ferry: That is my understanding as well. I think it goes back to my earlier comment about the people involved being fully informed about what it means. The concept is great, but it is about walking them through what it means when you go into that room and you sit down. What are the expectations from every person in that room? I think I am probably talking a little more from the perpetrator's point of view here, but if they are not prepared for what is going to happen in there then sometimes they will go in and start arguing and blaming and that is not helpful. It is about the preparation side of things and making sure the preparation is done for everybody going in there—what your role is and whether you are going in as an organisation to support either the victim or the perpetrator. It is not about trying to predetermine the outcome but to really have the preparation done as best as possible.

CHAIR: This is probably a little outside the remit. I notice on your website you have listed—

Treatment By The Numbers Source: Qld Government, Youth Justice Strategy 2019-2023 and Noffs Internal Data Collection and Analysis

Is that a document that is available?

Mr Ferry: Yes. We have done some research that at the moment is being published using our Queensland data showing reductions in drug and alcohol use, improvements in mental health and improvements in criminal justice aspects.

CHAIR: Where is that available, Mark?

Mr Ferry: I do not think I can give it to you yet because it is currently being peer reviewed, but I am happy to check.

CHAIR: No, that is okay. I can subscribe to your webpage.

Ms BUSH: I was taking some notes when Sandy asked her first question, so stop me if she has asked this question. Your response sounded like she may have asked something similar. I am really interested in how the state responds to offenders who are also victims and who are incarcerated—either those who are incarcerated where a custodial officer might detect that they have also been a victim and what referrals are made, or those who are incarcerated and then are victimised and assaulted or sexually assaulted whilst they are incarcerated and the response around that. Are you able to make any observations around how well that functions or where you have seen it function well where offenders are assaulted and have been supported whilst detained and what that looks like?

Mr Ferry: It is an interesting question. When you say 'whilst detained', I think the system works quite well providing access. For instance, I have staff members who go into the Brisbane Youth Detention Centre and we are working with them in a program at Caboolture and then they are arrested for something and go inside. They do have access. Like anything, it comes down to the individual and some of the predisposed ideas of 'You deserved it,' or 'If you hadn't done this, this wouldn't have happened to you.' The same happens inside detention centres. Judgements are made. Regardless of the reason someone was assaulted, they should not have been assaulted; however, their behaviour leading up to that may have contributed or been negative. It is trying to sort that out.

I find the Queensland youth justice teams to be quite centred on the young people and really quite responsive. I know that is a fairly general response. I do not work on the day-to-day level with them. I tend to work more at the management level. Reports from my staff and our experience across the last decade have been that, while youth justice have that criminogenic focus, they are also looking at the whole person and trying to deal with the different issues that arise.

CHAIR: There being no further questions, that concludes this part of the hearing. Thank you, Mark. Thank you for your good work and keep up the good work.

COSTIN, Ms Melissa, Private capacity

CHAIR: I welcome Melissa Costin.

Ms Costin: Thank you for this opportunity. I am sorry, I am so shattered. I used to be an emergency medicine doctor. I used to be able to locum, fly out into any country hospital—Broken Hill—and take on the emergency department on my own and the wards with the flying doctors, receiving ambulances, dealing with everything, until this.

I was adopted. I was vulnerable. I went through DV as well. I ended up on DSP for mental illness and in public housing, in a vulnerable persons unit. In that unit, that is the crime I want to talk about. I had my door kicked in when my daughter was visiting from New Zealand for one week, because I would not remove my furniture from under the window of our neighbour, who did this to place another seat there so she could eavesdrop on my private conversations after her mother had just died.

I was in a bad state. My daughter flew to New Zealand. I was lying in the sun to try to get some solace, and this woman started yelling at me. I mentioned I was going to call the police about the damage she had done to my door. She came down, strangled me and tried to end my capacity. Another person in the unit opposite ended up in a head injury unit, so she had watched that. She wasn't playing. The police attended—Matt Bower. He would not take a statement. He told me to get in the ambulance, that I was wasting everybody's time. I tried to tell him about everything.

I told the doctor at the hospital who stitched me up that the police told me I deserved it and wouldn't take a complaint. I went to the Magistrates Court the next day with the hospital report and my photos and I had to go back to the police. I went to Roma Street. I was told to go to Hendra. I left everything at Hendra. I never heard from police again.

My father died. This woman continued at me. She lives two floors above me. Her best friend was opposite me. She wanted my unit, to run me out. She got two other women out—units 3 and 4—from persistent attacks. I was next. Housing never helped me. Housing would not even fix my broken front door. I had to barricade myself in. I finally got some money from my father's estate and bought a car. They ripped the handles off that, called me out to see it and tried to initiate another fight. That is when I found out from another neighbour whose car was damaged by them that while I was unconscious they continued to hit my head on the concrete until they were dragged off me. The police did not even speak to that witness.

I finally got help in northern New South Wales to go to the CCC. The CCC got from the police that I never wanted a complaint. I was told I had no complaint and to go back to the police. I went back to the police. They still wouldn't accept my complaint. They told me I had provoked it, even though the person who spoke to me at this time would not even let me explain the incident, did not know where the person lived and did not know anything about the incident. She had decided I was guilty and that was it.

In between that, this person kept not letting me in my apartment. I tried to talk to QPILCH and LawRight at the New Farm Neighbourhood Centre and I was dragged off by police and knocked out for three weeks on antipsychotics. I was told I was delusional and that it never happened, even though I was treated at the Royal Brisbane Hospital. The hospital has the notes on record. I thought they must have deleted them. How could they not believe me? For 10 years the psychiatric department of the Royal Brisbane Hospital treated me as though I was delusional, paranoid and psychotic and as though this never happened. There is a circle between police.

I finally made a peace and good behaviour application, after she and her son cornered me. I was running down the side path, jumping a five-foot fence to get to my back door to avoid her. Anyway, the son blocked that path as well. I had contacted QDI for help and they put me on to Psych, and because Psych were coming back she decided that she was going to have another attempt to take me and stop me talking to psychiatry. I put 460 pages of photographs and reports of what she has done to me in a peace and good behaviour application in 2018. The magistrate referred me back to police and the police wouldn't touch it.

I went to the royal commission. I dealt with QPILCH, LawRight, Your Story Disability, Caxton. I have spoken to every service possible. They all say it is criminal, except the police say it is not and that I have to go back and make another private complaint. I have to do a private prosecution against this woman. Finally, she is gone. I got QSTARS with Communitify and a social worker, using a form 11 breach on housing, for her waiting outside the letterbox for me, doing a whole lot of abuse and then waiting in the car to run me over as I walked through the driveway. They finally acted on that, because I was going to take it to RTA.

She lived two floors above me. She would watch me leave and set up an obstruction for me to get back in. I had four against one on her last attempt, with pillows ready to smother me, waiting down the side fence—all exits and entrances. I had to jump over the neighbour's back fence to get in. I would have to leave my property a certain way so I can get in the back door. I had to be prepared to jump through a fence to be able to get there. For 11 years I have had to walk around with a video camera, not knowing where she is going to ambush me from. Every time I have been told it is my fault.

Psychiatry has told me that I am paranoid. They tried to call me schizophrenic. I had to fight an involuntary treatment order from the Mental Health Review Tribunal after five weeks. Most people only get held in a psychiatric unit for seven days. I was held for five weeks—the day I filed a peace and good behaviour application. That peace and good behaviour application was not psychotic; it was heard by the magistrate. Thank you for listening. I can now open my eyes. I thought you would ignore me because I had been so much. The magistrate heard me. She did not say I was psychotic. She did not say I was delusional. She did not say I was not reporting serious offences. She was saying, 'Go back to the police.' I went back to Tony O'Neill. I have spoken to police over and over—all levels up, as I said before—and to the royal commission. Katarina Carroll's offsider was at Sam Watson's funeral in Musgrave Park. I even introduced myself there as wanting to talk to police about vulnerable persons.

I am here because I am not the only vulnerable, mentally ill, DV, anxious person in public housing. I am not the only woman in public housing who has been violently assaulted by groups of people who enjoy it. There is this thing called mouse utopia where, when you get a certain number of crowding, the mice turn on each other and become violent, even if they have food, water and everything. Public housing gets like that.

We also have hard drugs moved in. There was that girl, Helen in unit 10, who had the head injury—never came back. She was replaced by a woman who in partnership was stealing ice. Her partner was in jail. They were sending ice cooks out of jail on parole into her unit. She was getting the other people in the units to supply her with her Sudafed. She was cooking up the amphetamine and supplying them to the units. I was listening to the woman above me getting raped. I was listening to women they got online getting assaulted and then the mother would say, 'No, no. She's just crazy because she's on ice.' She would get locked up in the psychiatric ward and the abuser would get away with it—over and over and over.

There are so many older women living in cars in northern New South Wales who have had public housing who have been stabbed and blamed. We sleep, and when we wake up the car is surrounded by men in other cars. You have to run from that. There is no place to get help. In the latest incident, the police keep calling me saying, 'What's your motivation?'—not, 'What happened?' Every single one of these incidents they dismiss and then they treat each new report as an isolated case, as a minor offence: 'Oh, she's just parking. She's just going to the letterbox.' There were years that I could not even go out for groceries. I would go out at 2 am. I was living off—

CHAIR: Melissa, thank you for telling your story. The deputy chair may have some questions for you.

Mrs GERBER: Thank you, Melissa, for being here and for sharing your experience with the committee. You are not alone in your experience in public housing. We have heard from another victim of crime about the situation in some public housing complexes—about how they were not supported and they did not receive either financial or emotional support to deal with the crime.

Ms Costin: They threatened to evict me every time I complained. The police would lock me in the psych ward.

Mrs GERBER: Are you in public housing in Queensland or northern New South Wales?

Ms Costin: Fifteen years in the same place. It is on Kedron Brook. It is where I grew up as a kid. It is the only thing I have. I am an enforced adoptee. I have no family. The creek is my home. The kept saying to me, 'Why wouldn't you leave?' They would not even believe me for the first years to even give me a transfer. Then finally with the royal commission they tried to drop me into a shoebox. I used to have an old Queenslander. I have a house full of antiques. Even the royal commission said, 'Move into that and we'll sort out all your stuff.' They were going to take all my property and keep it and move me into something I could just fit a bed into.

I have lost everything. My kids have not come to see me for 10 years since this, because I keep thinking, 'This time they'll charge her. This time it'll be over. This time it will be safe for them to visit.' They think their mum is a nut case. They could have had a mother who was a doctor who could have sent them to private school. I was re-registered in 2007. I could have been something. Even with this medical cannabis, I could have helped people get off opiates, get off speed—saving lives, doing good.

In the end, I have been left with a fight to the death. I expected to die. I never expected that I was going to survive this. I knew that one day my luck was going to run out: I was going to get run over or something.

My answer is: the vulnerable persons unit that they have decided to invest in with the police needs to not just be DV. DV needs to be extended to include housing. That is domestic. When somebody lives with you, they can see you coming and going. It does not matter if you have a front door; they can get you. When this all started in Ipswich, it was just a women's service. You could walk in and they would help you with anything. It was the same with Nimbin and the neighbourhood centre at Murwillumbah. You could just walk in and anyone would help you. They were not even professionals; they were retired older people who could just call CCC because you were a little bit distressed and help you use the photocopier—just help you get through it. I have seen 15 agencies. All of the agencies send me to somebody else. The bottom line is that I bounce to psychiatry, where I am drugged, or they try to hypnotise me or get me to do mindfulness—anything but justice. I just needed justice. This woman is laughing at how she was allowed to do all this. Even when I did a peace and good behaviour application, they said that this was caused by me pushing her and she pushed me and I fell over. You cannot fall on the top of your head. The police have even allowed her to change her story and lie to get away with not prosecuting her.

I think there needs to be some sort of look into this. The CCC sided with the police and the police Ethical Standards sided with the police. There needs to be somebody who can obviously see that this person has suffered a crime and needs access to the justice system. At this stage, I am happy to do a private prosecution. I will have to file my complaint, give the whole thing to the police and then they will wipe out 10 of the 11 years and just say, 'She was just banging on your door. That's nothing. You're not going to get a prosecution for that.' Everything else has been investigated and dismissed. They treat it as—

CHAIR: Melissa, thank you. I am just conscious of—

Ms Costin: Sorry.

CHAIR: No, do not be sorry. I have the unenviable job of trying to move the proceedings along, but do not stress. It is just that some of the other members of the committee may have a question. I want to go to the member for Noosa, who is on video link.

Ms BOLTON: When this all started, from what you have said, if there was support for people besides those experiencing domestic violence—if there was a vulnerable persons unit, what do you believe they could have done at that time?

Ms Costin: They could help me get my evidence and they could get my story straight and they could sit with me. While the police are saying, 'Shut up. You're mental. You're psychotic. You're paranoid,' they could say, 'No, she's not; she's traumatised.' Trauma causes psychosis. High levels of adrenaline are the same as high levels of speed. Most of the people with severe mental illness are traumatised.

I have had to tell this story for 11 years to so many people. With trauma, the more you wire it you fire it. You heal by doing something else, so you are just caught in the trauma nonstop. It is like psychological torture. It is helping get through the hurdles that allow people to deny you justice, to keep you in the system. When they are saying, 'You need to go to Housing. This is a housing issue,' they can say, 'No, this is a criminal issue.' Instead of any of the lawyers saying, 'It is not criminal issue. We can't help you,' they say, 'You going here, here and here.' They make the referral and they make sure that the person they are sending you to actually is the person who is appropriate to help you. I have been sent to people who will send me back to that one. I get a list from Housing of all these services. I say, 'I have tried that one, that one, that one and that one.' What could be more important than violence against vulnerable people? Apparently, nobody's funding covers that because it is a criminal issue and it is only police. If police do not help you, you are denied access to anything in the system.

Ms BOLTON: Thank you, Melissa. You have been really helpful.

Ms Costin: People who are really distressed need somewhere they can walk into and say, 'Help me,' and for someone to say, 'Okay, we can help you.' When you have PTSD, when you are triggered and you are emotionally dysregulated, you are stuck in your brain stem; you are stuck in your lizard brain. You are just looking at fear. When you calm down and you relax, then you can get into your cortex and that is when you get your critical thinking. That is when you can do your analysis and when you can be articulate. When you are dealing with a police person who is not going to help you, after years of not being helped by police, you just go straight into a fear centre and you cannot even speak. You cannot even say, 'But I have evidence,' when they are saying, 'There is no evidence.' Lived experience is important—somebody who has been through the system who has had to stand up while the person who is trying to take your life is there.

CHAIR: Melissa, the member for Cooper would like to ask you a question now.

Ms BUSH: Thank you, Melissa, for coming in. I know that it would have been really difficult for you to come in here and speak with us today.

Ms Costin: It is a bit therapeutic, actually.

Ms BUSH: Good. I am glad. I think I speak on behalf of everyone when I say that we see you and we hear your story today. It has been really helpful, I think, for all of us. I want to thank you for that. I am not dismissing you; I am just setting it up. My question for you is in relation to housing. Answer it if you can or you want to, but what is your relationship with Housing generally, with your housing officer?

Ms Costin: I think when it started, the woman next to me had a relation in Housing so they had the ear of Housing. I was in the hospital getting my head stitched up. They were there breaching me for the damage to property. She ripped my chair apart—I could not stop her standing at my window—and I was breached for that. It was horrendous. It was fear, fear, fear, fear, fear. When I got to the royal commission I finally got, 'We'll transfer you. You've got seven days.' I had no chance. I had myself boarded and barricaded in. I had fully lost it because they had broken the door in. They were very dismissive. With the royal commission support person, one of the managers came into Housing with me. I am showing her the photos, going, 'I have to play Over Red Rover with a woman who, when she gets her hands on me'—because she did it twice. She grabbed me by the hair and another time she dragged me into the concrete as well. I was aware of it that time and I could stop it. That is her technique because she is low gravity; that is her strength.

I was saying, 'I have to do that.' I had a breakdown. I was not going to leave Housing until they did something to help me, so they called the police. I had the police standing there, ridiculing me about being mental, telling me that I need to go to the hospital to get medical treatment so I can get a support person to help me with Housing when I am standing there with the royal commission support person and with the manager of Valley Housing. I went to the ambulance and was admitted to the hospital.

That is the other thing: there is a lot of money spent with people hospitalised in psychiatric wards. It is \$2,000 a night. Homelessness or housing issues? I get better recovery in a \$25-a-night backpackers because I am not treated like a mental case. I am not drugged and I am not put in the same room as somebody who has just come out of an amphetamine binge and jailed for stabbing somebody.

Ms BUSH: Did you make a complaint? I hear that you went to the police, which is excellent, and I am sorry that you did not get the response that you could have got from them. I am interested in the housing department's obligations.

Ms Costin: I got told by Housing that I am harassing them.

Ms BUSH: Do you they know what has happened? You have told them?

Ms Costin: I have everything from every occasion and I send it to them. They said to me to stop sending it to them because I am harassing them. I rang QAI and told them about this. They said, 'No, you've got to take evidence of every episode and give to them.' I said, 'Well, they have told me to stop because that is harassment.' They made me feel like they were going to evict to me because they said, 'Your letters are so long and they are so hard to read that it is taking us all this time.' I am like, 'Yes, but I'm in a very distressed state and I'm having to relive 11 years of what has happened that you are pretending is not happening.' It took them, I think, until the royal commission before they even admitted that a head injury occurred.

Ms BUSH: Do you have a service working with you at the moment? It might be a service that is helping with your health.

Ms Costin: Communitify. I was sent to the public health network after a time that she tried to run me over coming back from groceries. She was waiting outside the shops for me. He spent a year trying to get me to do crafts and put me on NDIS to totally and permanently write me off. I could not get out to the shops and all those sorts of things when I filled in the forms, but I can now because she has gone. I feel like I am going to be done for falsifying NDIS. I do not even want NDIS in particular, but they are trying to move me to the garbage bin. I am like, no, I am trying to go back to uni and maybe do some writing—or law almost now, because I have read a lot of human rights for the royal commission submissions and I have done submissions on all sorts of things. At the moment, I am trying to stop them dragging me into the loony bin. I call it kindergarten, where you sit there and paint rocks. I do wire wrapping with my old surgical ligature, and they are trying to get me to do stuff like I am on antipsychotics and I really have no fine motor skills. It is degrading all the time.

CHAIR: Melissa, we are going to have to bring the hearing to a close. Thank you for coming along today. Thank you to everyone who has participated today and over the period that we have been conducting our hearings. Thank you to all those who have organised today. A special thank you to our Hansard reporters and a big thank you to the secretariat and all the hardworking staff in that office. A transcript of these proceedings will be available on the committee's webpage in due course. Melissa, if you want to look at your evidence, speak to Kathryn and she will send it to you.

Ms Costin: My key thought is that emergency departments need to be able to identify victims of violence and start them on the process, not the police. If somebody has been seriously injured, if you have a head injury, start there. That is how you identify them.

CHAIR: Thank you, Melissa. I declare the public hearing closed.

The committee adjourned at 1.49 pm.