

## **Inquiry into the Management of Child Sex Offender Information**

### **CONTACT DETAILS**

**Phone:**

**Email:**

**Organisation Name:**

**Organisation Postion:**

**Address:**

**Suburb:**

**State:**

**Postcode:**

**Your age group:**

### **YOUR SUBMISSION**

**Submission:**

I believe that as a child (7 -8) I was the victim of a pedophile ring.I would like to know if there are systems in place that offer counselling in this area of trauma. .

**Are you interested in appearing before the committee in person to talk about your submission?**

Yes

### **FILE ATTACHMENTS**

**File1:**

**File2:**

**File3:**

**Confidentiality:**

**Signature:**