

# TRANSCRIPT

## LEGISLATIVE COUNCIL LEGAL AND SOCIAL ISSUES COMMITTEE

### Inquiry into Victoria's Criminal Justice System

East Melbourne—Monday, 20 September 2021

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Mr Tim Quilty

Dr Samantha Ratnam

Ms Harriet Shing

Mr Lee Tarlamis

Ms Sheena Watt

**WITNESS** (*via videoconference*)

Reverend Jim Pilmer, PSM, OAM, OStJ.

**The CHAIR:** Hi, everyone. Welcome back. I am very pleased to say that we are joined by Reverend Jim Pilmer, who has been a police chaplain for many years. We are very grateful that he could join us today.

Jim, if I could just let you know that all evidence taken is protected by parliamentary privilege, and that is provided by our *Constitution Act 1975* and further by the Legislative Council standing orders. Therefore the information you provide during the hearing is protected by law. You are protected against any action for what you say during this hearing, but if you were to go elsewhere and repeat those same comments you may not have the same protection. Any deliberately false evidence or misleading of the committee may be considered a contempt of Parliament.

This is a public hearing, and we are recording this. Hansard are sitting at the back listening to every word. They will provide a transcript to you, which I encourage you to have a look at to make sure we have not misheard you or misunderstood anything that you have said today. Ultimately, and very gratefully, your evidence will form part of our report.

If you would like to make some opening remarks, then we will open it up to committee discussion. Thank you.

**Rev. PILMER:** Thank you very much, Chair. Firstly, thank you for the opportunity; this is much appreciated. The submission calls for the creation of a unit with the capacity and the flexibility to respond rapidly to a very wide range of situations and incidents on a 24/7 basis. I have sort of broken that up into two main arms. One is that of giving support to our police and paramedics and firefighters—so basically it is a support to first responders. They obviously attend for the reason they are called for but are not really able to look after a wide range of people who are around the fringes of that particular incident. So it is really looking at that aspect too.

In the submission you will see that I have given some examples of where in my experience as a chaplain over the years the police in particular have asked me to provide some support as a chaplain, which technically, if you are a police chaplain, you are not there to do. You are there to support the police officers. I know the paramedics and sometimes the fireys get into the same situation, where they just feel they have got to turn their backs on people and walk away or go on to the next job and leave a lot of people floundering or distressed. So it is that sort of support to the first responders. And often around an incident you have onlookers or workmates or family members, passers-by who see all sorts of things that are confronting and extremely unpleasant and then are just left to find their own way after that. So it is really seeking to provide support for secondary victims, as I would call it, and those secondary victims in many instances are often ignored.

There are some distressing examples which you could give, and I will not necessarily detail them here, but people do see suicides on railway stations. We have had instances of a person rolling off the Flinders Street platform years ago in a wheelchair and going under a train in the peak period, and hundreds of people get involved and caught up in those sorts of things. So that first responder support aspect is one that is very much in my mind. It takes pressure off first responders, I think, if they know there is going to be some follow-up or backup for them to follow up the personal issues that go on around all the different sorts of things that they attend.

I think it would be of huge support, of course, to the individuals themselves who seek support in that way. We might think of a major incident like the Gargasoulas Bourke Street incident, where hundreds of people, literally, got caught up in that, witnessed deaths and injuries and were confronted in various ways and then went back to the office or got on a train or tram and went home. Then maybe days or weeks later they sort of think, 'I don't think I'm travelling so well', and then do not quite know how to seek support—or even in those early days realise that they are going to need support. There is obviously a shock element, and then other things unfold out of that.

It is really about practical support, comforting support, guidance, information for people who are impacted by crime or tragedy in different ways, and I thought I would just very quickly paint a little picture of what daily life can be like in Victoria. I might say before I do that that the Metropolitan Police in London, the Met, have been doing this sort of thing for years. They have community liaison officers who go out to families and individuals after particular events and just make sure that they have got the information and guidance they need. I know we

do not do it in Victoria. As far as I know we do not do it anywhere in Australia. In Victoria on average each week there are five road fatalities—we are talking about on average here—two workplace deaths; 13 suicides, two-thirds of which are in the metropolitan area; and due to all causes we have 133 deaths a week in Victoria that are reportable to the coroner, so 19 a day. Behind those deaths there are all sorts of stories and stresses and griefs and often people just operating in a vacuum of hurt and bewilderment.

This submission really says we could have people on the scene for many of those issues very, very quickly. There are, of course, other support services that are available right across the community, but some of them are available in working hours, some of them are available when you can get a booking. If we go back to Bourke Street, for example—and we are not always going to have incidents that big, hopefully, but when you go back to a big incident like that—some people could not get a booking for three or four months to get help. This is where even if we give information at that point in those settings—and this is one of the hopes of this program—then you can help people and they feel they have got a link to somewhere to ring a person to talk to, to get back into: ‘How can I get help? I do have a phone number and a contact’. And that is one of the important things we can do.

I am just saying when we consider the number of people affected we are potentially talking about hundreds of people each week, as when, as I said earlier, witnessing suicides or you drive past a car fatality. People pulled up when a tree fell on a car up in the Dandenongs a few weeks ago; a number of people saw that. And then they just go home. And what you do with that? You internalise it, and you do not necessarily get any help. That happens quite often. My point is that apart from those big incidents there are lots of daily incidents. And just going back to Bourke Street for a moment, I believe that the people who sought help were only considered to be about one-fifth of those who actually saw what went on. So in the submission I have listed a number of situations in which a rapid response unit would be of assistance, and I think what I am saying is there would not be any shortage of work for a unit of that type.

Another point I would like to make—and I will not go on for much longer—is that respect for religious beliefs and traditions and customs is important for community cohesion, and we have seen some examples of that just in the last week or so. Misunderstandings and tensions often arise between first responders and the public, not only where deaths have occurred but during domestic violence calls and in other encounters. Police may turn up to people of a particular background and not realise that you do not touch people or throw your arms around the women in the house. Even when comforting people you can get it wrong. Those things need to be respected and understood—that sometimes in certain cultures there is a head of the house who you speak to et cetera, et cetera, et cetera. So culture is a huge issue. We are a very religiously diverse state, Victoria, but those issues of religion and respect for religious traditions and customs, particularly around the time of death, are often I would not say ignored; I think they are often just not known. It is basically an ignorance thing: ‘We would have treated you with respect if we’d known we were supposed to do this particular thing’. It gets complicated. So my suggestion is that that aspect could be included in our rapid response team, where you have a rabbi, an imam, a Christian clergy person et cetera, et cetera. They do not all need to go to every job, but they can be triaged in effect to go to the jobs that are relevant to them. But it would avoid an awful lot of stress and also be able to provide good links between, I think, the government, the community and various religious groups and create goodwill. It is basic policy, this thing, but why wouldn’t you do that when we so often see examples of it all going wrong?

So that is the sort of multifaith, religious dimension of it. Victoria Police have been operating a multifaith chaplaincy team across the state for years. It works very, very smoothly. There are three full-time staff—chaplains—normally. This is to look after the police members and their families, not the public. And then there are 60 volunteer chaplains right across Victoria, who all work very harmoniously and look after people of various faiths. So what I am saying is: this is not something that I suggest in theory; it works. And we could draw on those chaplains. We could draw on the St John Ambulance chaplains, who are also across the state. We could draw on the Victorian Council of Churches chaplains. They are trained, they are accredited and they know what they are doing. So, you know, it is not like we have to start from scratch. There are a whole lot of resources out there that we could bring together to create a unit of this kind, and I think it would be a tremendous asset to the people of Victoria but a tremendous backup to our own regional services members too.

Finally, I would say that this sort of program could really be introduced in sections. We do not have to try and do it all at once. A pilot program, to my mind, would make sense where we ascertain what the needs are, what the responses are and just sort of see what the demand for service is and actually build from there. But I think you would find—I believe you would find—that there was a tremendous constant demand for the services of a rapid response team. I am not getting all caught up in what you would call it, but I am saying a rapid response

unit of some type. There would be a demand for that team from right across the board and across the state. But the hope would be that it would self-deploy, similar to what police or ambulance paramedics do. So when there is a call of a certain type, you go to it. You do not wait until you are called because by then it is usually over and people have gone. But you go and you see what the need is, and again that can be directed in a certain way according to a set of protocols and handled correctly. But it is important that people who go to these things are accredited. We have had examples in other parts of the world where, after disasters of certain kinds, people turn up saying they are chaplains with a vest on just with 'Chaplain' written on it, then you find out later that they have been there to take advantage of vulnerable people. So we need a process where it is handled by government, I think, and where we do have proper accreditation and training standards, then everybody is safe in the system.

**The CHAIR:** Thank you, Jim. I think it is a really interesting idea, and it is probably an area that to date we have not—we have been thinking about victims of crime, but we have not thought about those bystanders who are also victims in a way of—

**Rev. PILMER:** Yes, I refer to them as 'secondary victims'.

**The CHAIR:** Yes. Secondary victims. We will certainly look into the community liaison officer program that occurs in the United Kingdom that you met with. It seems to me this is a bigger picture. You need that cultural element, but sometimes I think that, in thinking about that Bourke Street event, you actually need people who are trained social workers or counsellors. They do not necessarily need probably a religious outlook on that. It would be someone there to be able to know some of the first things to say and also the referrals.

**Rev. PILMER:** Absolutely. No, the religious part is just one of the strands of it. But I think that is often a strand we leave out.

**The CHAIR:** Yes. And I think it is really important, and even today we just talked about the lack of cultural training, the lack of cultural knowledge that disadvantages our multicultural community in our justice response to them. I think it is a terrific idea. Can I just get an understanding—you are in the Boroondara police service area. Does every police service area have a chaplain?

**Rev. PILMER:** No, not all of them, but a large number do. The ideal would be that that would be where we were headed, but no, unfortunately not. But they are now trying a lot of chaplains based on service areas is my understanding. I am now a voluntary chaplain to Boroondara and that happens around the suburbs and in country areas.

**The CHAIR:** And I really hear you. When you have got a disaster happening or a terrible tragedy and you have got police having to deal with that and having to turn their back on family and people who have just witnessed the most awful thing in their lives, to be able to respond very quickly to that with a trained person seems a terribly sensible idea and I am surprised we do not—

**Rev. PILMER:** There are actually just some very basic things: with a death notification, you might go as a chaplain or a police officer goes to a home to do a death notification after a road crash. Well, they do that, and then they have to leave. That does affect you. You know, the people do not know what to do, who to contact—probably do not know the first thing about ringing a funeral director, whether you can just ring any funeral director or whether you have got to ring a certain funeral director. So all of that gets very hard, and people in very many instances are just doing that by themselves at home until some relatives arrive from Mildura or wherever.

**The CHAIR:** That is right.

**Rev. PILMER:** There can be great loneliness and fear around that, a traumatic time. So just someone to fill that gap, I think, is what—

**The CHAIR:** I know. I love it. As someone who has had personal experience in that area, I would have really liked a liaison person or someone who knew what was next. So thank you. Tien Kieu.

**Dr KIEU:** Thank you. Thank you, Reverend Pilmer, for appearing here today and presenting some very interesting and innovative ideas, and also thank you for your service over the years. I would like to have two questions for you. The first one is about what you call a rapid response unit to support the public as well—you call them secondary victims. I think that they are necessary. For example, in Italy not so long ago, last year,

doctors and medical staff had to make decisions on who to save and who not to save in the COVID environment, and that must have a lot of impact on them psychologically and mentally. And also some nurses even now in the US have been the only person next to a dying person because the family could not come in, and so that would have a very long-lasting effect I would imagine.

So the first question is: there must be some support services that already exist either professionally or non-profit or government or non-government; how do you think that the rapid response unit that you are proposing would integrate with that? And the other question is more about religions. As the Chair, Fiona, just mentioned, we talk about cultural, we talk about background ethnicity support. Now, religion is a very important element of one's life and path. This is not about the rapid response unit but more about: how, from your experience, do you think it necessary and effective that faith play a role in supporting the victim and even the offenders—not to come back to the old way that led them to problems in the first place?

**Rev. PILMER:** Well, if I am reading your question correctly and if I take the second part first, what happens often with traumatic situations is that people have their sense of meaning destroyed. So if you have a set of beliefs and you think the world is safe and all is well and then suddenly a loved one is killed on a Saturday night in a car crash or even in very different situations—you know, they are caught in bushfires or floods or they go missing in the forest or right across the board—this is where your understanding of what it is you believe according to your particular faith background can be challenged. And that is where you can have someone with you of your own background through a system like this to be with you to guide you and to comfort you, and that may be around grief in the immediate aftermath of an incident, but it might actually lead to you working through some issues around just your own beliefs and how you recover from that in the long term in months afterwards.

So that is my understanding of how this would work, and obviously the chaplains in this unit would put you in touch with somebody of your own either cultural or religious background to help you work through that, because your culture can be shattered as much as your religious beliefs can be shattered when you are in a different country. It is complex, but it is really saying: let us try and do this, let us see if we can broach this and work with one another to understand and build bridges, especially when people are traumatised and hurt and grieving. When the unexpected comes out of left field, suddenly you find you are in the middle of this crisis which just hours before you did not know was going to hit you. I just think that even if, as I have mentioned in the submission, you had someone to go with you to identify a loved one at the Coroners Court—and a lot of people do not have that comfort or someone to partner them, that sort of thing—we could arrange for someone to go with you who is of your own background, or we could have someone go with you who knows the ropes at the Coroners Court, and—

**The CHAIR:** Yes, is qualified.

**Rev. PILMER:** we can tell you what is going to happen next so this is not all totally mind-blowing for you. It is playing it by ear, to a large degree; that is what you have to do when you are working in these sorts of areas, because no two situations are the same.

**The CHAIR:** Thank you.

**Dr KIEU:** How would you integrate your proposal with existing service providers at the moment for secondary victim support?

**Rev. PILMER:** Well, let us take domestic violence as an example of that. The police already provide, as much as they can, good support after domestic violence incidents through the domestic violence work, which has been really wonderfully ramped up in recent years. But I think that they could then say to this particular team, 'Look, there's been an incident at such and such in such and such a suburb. There's a wife and kids out there who are terrified and need someone just to be with them or to go and drive them to their parents' place, to grandparents—to organise just making them safe and getting them out of that situation'. That is not necessarily something which police are going to have time to do or the resources to do. So this unit would be made available to the police to ring up and say, 'Look, we need some help with this'. So it is not replacing existing services. Really it is complementing and supporting the existing services. I mean, it does replace them in some instances, but basically it is there to be a backup.

**Dr KIEU:** Thank you.

**The CHAIR:** Tania.

**Ms MAXWELL:** Thank you, Chair. Reverend, thank you so much for joining us today. I would suspect that something like this, what you are referring to, would work in existence with some of the victims organisations that we already have. We have heard from other hearings where for victims, when they may have experienced the death of a loved one or any sort of quite serious dramatic event or crime, it can take time for that victim support worker to finally get in touch with that family, and in the meantime it can be very difficult for them not knowing what it is they need, who they need to talk to—and, as you said, walking someone through the Coroners Court so that they can gain some information about what is going to happen.

Obviously that information has to come to them at a time when they are actually open to be able to receive it, acknowledge it and determine what they would like to do with it. I think one thing that is missing is that reclassification of secondary victims as well. We do not have anything in the justice system that recognises secondary victims—so a reclassification, for example, of children who have witnessed what might be some horrendous domestic violence, family violence, a murder. There is not a lot of instant support for those children either, because they are often not classified in their own right as victims. They become embedded just with the family. So for me, it seems there are some other ways to sort of explore this rapid response unit. They are also things that I am wondering whether you think need to be considered, that reclassification of victims. And I guess you would have to have a centralised hub, a little bit like D24—someone to call, who I guess would be that rapid response unit, and say, ‘We’ve got some people in this area. Who have we got who could go and support them straightaway?’. Is that sort of how you envisage that working?

**Rev. PILMER:** That is correct. Towards the end of the submission I have mentioned just what the staffing might be like, a broad outline of how it might work, with a general manager, trauma/grief counsellors, psychologists, multicultural workers, social workers and chaplains—and I would suggest Jewish, Islamic and Christian chaplains. It is really saying that, yes, you do need a headquarters, but I also suggested that one of our existing organisations that I work with, St John Ambulance, has a comms room which is set out already for emergency work. It is quite a sophisticated communications centre. But you do need that sort of area, I think, where the calls are centralised and then dispensed to various areas as needs be. That is one of the reasons I think that a pilot program in the early stages would be good because it helps you to get your head around what might be the main categories of need and then how you dispense those to other organisations or you send out your own crew to deal with them. And staffing is an issue that would need to be discussed down the track. But yes, you need a staff like any organisation, and you need a headquarters and a communication system. There would be a lot of learning in that because you are starting to learn yourself what is out there in terms of other support services and how you can actually coordinate and work with that.

**Ms MAXWELL:** Thank you, Jim. I am just wondering—as we go through more hearings we may actually have more questions for you—are you happy for us to, through the committee, send you further questions if we do have them?

**Rev. PILMER:** Absolutely. It would be a privilege. Yes.

**Ms MAXWELL:** Fabulous. And I just want to thank you very much for the service that you have provided over many, many years. Thank you.

**Rev. PILMER:** That has been a privilege too.

**The CHAIR:** Thank you. Sheena.

**Ms WATT:** Thanks, Chair, and thank you, Reverend, for being with us today and for your very esteemed service to the Victorian community in really tough times. I truly am very grateful that we have folks like you out there providing that service. I had a question, which was: does your proposal extend as far as coronial support? And you have mentioned now that it indeed has. I just wonder, then, if you could talk to us about: what are some of the most immediate supports that people are looking for during these critical incidents? Just very practically at these moments of really acute critical incidents, what are people looking for? What do they need?

**Rev. PILMER:** I think they need information primarily at that point. Even quite soon after somebody has had the worst possible news given to them, before they start to process grief or any of that, they are really wanting to know: ‘What do I do now?’. They can really be—and most of us, I think, can actually be—quite logical and process that sort of information in the early stages before we start to actually react to the grief that goes on. So under this system information would be provided early. My view is that when you hand people

printed matter you have not necessarily communicated with them. It is a bit like when a memo goes around the office and the boss thinks he has communicated, but having it in print is not necessarily communication.

And I think that often you need someone to just physically be there. Maybe leave a leaflet and business cards and all of those sorts of things as well, but you really need to say, 'Look, you know, this is what's going to happen. This is who might contact you in the next few hours. Tomorrow you might be required to go to the Coroners Court and identify your loved one', and then be able to say, 'And if you'd like, I'll come with you'. I think that is where the comfort and the strength can be given to people, that they are not going to say, 'I don't know who's going to take me, and I would like you to come with me because you know what the procedure is'. It is not just about 'I'll meet you there'. For goodness sake, pick them up and take them—pick them up in the car and be pastoral and be caring about it, and then drive them home again and make sure there is somebody there to be with them.

The other side of that is just sometimes making sure people have got someone to be with them during the night, the first night after they have had that terrible news broken. That is part of their own safety. You never know in some cases what they are likely to do in terms of self-harm, and circumstances vary widely, of course. So I think information is the primary thing. As I have indicated, in saying that, some practical support sometimes, you know, 'Have you got any food in the house?'—all sorts of things come out of it. So you never know in what direction things are going to go family wise or personally after you have broken that sort of news to somebody, when they say, 'I can't cope'. 'Well, what is it you can't cope with?'. And then you might bring in some others or get them to bring in the local GP or a social worker they need. Just think about what is going on for that individual, rather than stamping on them what you think they need, because they need to tell you what they need, and then you are there to help facilitate that.

**Ms WATT:** Thank you so very much.

**The CHAIR:** Thank you. Matt.

**Dr BACH:** Chair, to tell you the truth—after having listened to you, Mr Pilmer, and to the responses to the questions—I do not have anything further. I think I have a decent grasp of your proposal, and it has been good to hear you talk about some other issues. My father-in-law, Reverend Pilmer, is an Anglican cleric, like you, and he currently volunteers at Barwon Prison. And so from my many conversations with him I have a deep appreciation of the role that chaplains play, and like Ms Watt said and the Chair said at the beginning, I think we are all apprised of the significant work you have done in the community over a long period of time. So thank you. Again, I concur with the comments of the Chair at the outset, that we have not heard many proposals quite like yours. Our focus has largely been elsewhere. So it is great to hear something different and undoubtedly which touches on a real area of need as well. So thank you very much for your presentation today.

**Rev. PILMER:** Thank you very much. Give your father my regards. Yes, I just think that there are so many ways in which this can go, and obviously I am not suggesting you would ever be able to do them all at once, but it is how to lay a foundation for this sort of community support—first responders, whatever you want to call it—and then I think it will go where it needs to go.

**The CHAIR:** That is right. It will become what it needs to become as well, yes.

**Rev. PILMER:** And I think that is the best way to get it to happen, just take it slowly and go with the flow. I would also want to emphasise the domestic violence support aspect of this because I know that is a big aspect of our community life that is a big concern, and I think it could be of tremendous support to the families who are victims of violence. This is where you can see how it supports both the police and the families.

**The CHAIR:** That is right. And I think connected to the police it means that someone may not be having to retell their story, that that information has been provided to whoever that person might be.

**Rev. PILMER:** Yes. Over time there would be a building up of contacts through this. You would have your strands of support that you would refer to, a wide range of referrals, and then you would back off and you would leave that to professional people in different areas. There is a gap between when the incident happens and then there is that vacuum for people, and I think this fills the vacuum.

**The CHAIR:** Yes, lovely. Thank you so much for this really thoughtful submission. It has been actually really enjoyable having this conversation during this part of the hearing. In fact it is a lovely way to finish today's hearings.

**Rev. PILMER:** You must all be weary by now.

**The CHAIR:** Well, I think you may have reinvigorated some of us, so thank you for that. Thank you to everyone who has been watching. Jim, thank you very much to you. You will receive a transcript, as I mentioned. Committee, thanks. I think it has been a really interesting and informative day, and see you same time tomorrow. That concludes the public hearings for the Legal and Social Issues Committee's inquiry today. Thank you.

**Committee adjourned.**