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NORTHERN TERRITORY OF AUSTRALIA

CORONERS COURT

A 51 of 2019

AN INQUEST INTO THE DEATH

OF KUMANJAYI WALKER

ON 9 NOVEMBER 2019

AT YUENDUMU POLICE STATION

JUDGE ARMITAGE, Coroner

TRANSCRIPT OF PROCEEDINGS

AT ALICE SPRINGS ON 29 NOVEMBER 2022

(Continued from 28/11/2022)

Transcribed by:
EPIQ

THE CORONER: Yes, Dr Dwyer. Take a seat, everyone.

DR DWYER: Your Honour, I apologise for that delay this morning. I'm just getting the livestream technology issues sorted out.

THE CORONER: Yes.

DR DWYER: But happily, that's been done, thanks to Jess, our court officer, and Patrick who has assisted us from afar. Before we call our first witness today, might I just deal with some housekeeping matters, your Honour. As your Honour knows, we have not yet finished the inquest, but we have been able to secure dates for next year.

We have the dates of 27 February 2023 through to 10 March. So, two weeks of sittings to hear any additional evidence next year, including Constable Rolfe and a number of senior police officers who are yet to give evidence, for example, including the assistant commissioner. So, they will be listed at that time.

And then the dates of 26 to 28 April are available so that we can use that time for oral submissions from parties. And then your Honour will of course retire after that to consider and then deliver your findings.

Your Honour, in between those dates of the last evidence hearings and the oral submission dates, a timetable will be set for written submissions with counsel assisting going first with written submissions and other parties having an opportunity to reply and we'll advise of those shortly.

The only other additional housekeeping I wanted to note before we call the first witness is that there are a number of outstanding decisions for your Honour in relation to nonpublication orders.

THE CORONER: Yes.

DR DWYER: And I expect that, when they become available, when your Honour has the opportunity to do that, they will then be made available on the website and the relevant parties will be informed.

We are also, of course, waiting on the decision of her Honour, Kelly J with respect to an appeal that was lodged on behalf of Constable Rolfe and obviously Bauwens. And when that decision becomes available, we will put that on the website for this inquest, so that everybody can be kept informed.

THE CORONER: Thank you.

DR DWYER: I should note also that in the interim period between now and the next hearing dates, of course, myself, Mr Coleridge and Ms Walz are available to assist any parties or future witnesses with anything that they need.

THE CORONER: Thank you very much. And our first witness – or our final witness for these sittings - - -

DR DWYER: Yes, is a very important one, your Honour, if I may say, who has some really interesting and important evidence to provide us with; and that is Ms Kerri-Anne Chilvers, and I call Ms Chilvers.

THE CORONER: Thank you.

KERRI-ANNE CHILVERS, affirmed:

THE CORONER: Thank you.

Dr Dwyer.

XN BY DR DWYER:

DR DWYER: Ms Chilvers, could you please tell the court your full name?---Kerri-Anne Chilvers.

And you're based here in Alice Springs. Is that right?---Yes.

What is your currently occupation?---I'm a trauma and addiction counsellor with Alcohol and Drug Services Central Australia.

We've got a number of statements that you've provided in order to assist the court.

Your Honour, they're found at 8-10, 8-11 and 8-11A.

THE CORONER: Thank you.

DR DWYER: In those statements, I should say, the first is 17 June and the second is 30 June 2020, they're both very similar?---Yes.

And then you've provided a supplementary statement recently dated 28 November?---Correct.

Ms Chilvers, in your statements, you assist us by setting out your significant qualifications. I won't go through all of your CV, we would be here for a long time. But just so those listening understand some of your qualifications, you are of course a trained psychologist?---Mm mm.

And your current position is a trauma and addiction counsellor with Alcohol and Other Drugs Services, Central Australia?---Yes.

So your current employer is Northern Territory Health, is that right?---Yes.

You are currently the project lead for integrating trauma informed practice into those alcohol and drug services, is that right?---Correct.

And you have had a significant amount of training and experience in assisting people who are dealing with intergenerational trauma, is that right?---Correct.

And I will come back to that shortly, specifically focussing on Kumanjaya and what he would was experiencing. You note that you are also co-facilitator for group therapy program called, "Be the boss of your feelings?---Yes.

What is that program?---My co-facilitator, Nikki McCoy(?) who is in the room, it's about through a trauma lens display, it's looking at domestic violence and alcohol consumption through a trauma lens, so it's about helping men to understand the link between trauma and their use of substances and violence.

And is that program delivered to men at the correction centre?---Yes.

How long has that program been running for?---We've run the first pilot program of 10 weeks here and we plan on running them again next year.

Is that a program that is available outside of Alice Springs at this stage?---No.

Is it - so the first pilot program this year and then there are plans to run that program again next year, is that right?---Yes.

You also run your own private practice, is that right?---Yes.

What is that practice?---I see individual clients, so one on one for trauma specialist therapy, somatic experiencing in particular. I also do - I am developing trauma informed practice training, I am in the process of that and that is going to be on-line training and I also do consultancy work as requested.

That's the Red Centre Healing?---Correct.

So, in relation to your training work, you are aiming to deliver a model to train people to go out and do that work themselves, is that right?---Not to be trauma specific therapists because that takes a lot of years of training, but more like - so anybody working with people who have experienced trauma, teaching them how to be trauma informed in their practice.

Would that trauma informed training then be relevant to people like lawyers at this bar table who have been working with people who have experienced trauma?---Yes.

And police officers who have come into contact?---Yes.

And judicial officers, for example?---Yes.

And clinic staff?---Yes.

You also note that you volunteer at the community liaison and program advisor for SevGen, they are a modern (inaudible) project?---Yes.

What is that?---SevGen is an Aboriginal founded organisation in Queensland. It is a social enterprise model and so they are not funded by government, they encourage people to - through social enterprise they create money to do good with young people, so they work with young people and Kumanjayi spent six months over there.

In your statement - I will come to this shortly, you note that Kumanjayi did really well when he was based at SevGen in a structured program?---Yes, yes.

Was that your first involvement with SevGen?---I had met Terri before I went to Yuendumu, so we had done an entrepreneurial training together, that's where we met and we just sort of connected, so I was staying connected with her and it was - you know, with Kumanjayi it was like there was nowhere that he could go that was going to help him and so I actually reached out to Terri and said, you know, "Can you help?" And she said "Yes".

That is Terri Waller, is that right?---Yes.

And she ran and still runs the SevGen program?---Yes. It's not - it's not a program, it's more like a philosophy and it's - like it's surrounded with love and respect and valuing culture.

We know that when - I will come to this shortly, but when Kumanjayi went up he actually went with Leanne Oldfield, one of his mums, for the whole six-month period? ---Yes, and that was the part of their requirement is that Warlpiri young people - so we created - or co-created that - that's how the modern song lines project came about and part of Terri's requirement was that the young people come with a family member, a carer, yes.

I will return to that shortly. Can I just start by asking you then about - just before I come to Kumanjayi actually, your history in Yuendumu - because you've had a very long term connection to the Northern Territory?---Can I - can I take you back to a correction in that affidavit?

Certainly, sure?---Yes, thank you.

Sure. So I think there was something that you reminded me you would like to correct in your most recent affidavit?---Yes.

That's the affidavit dated 28 November 2022?---Yes, and also in the statement on page 2 of the trauma assessment report. It's written, the clinical impression, it's got "Complex Developmental Disorder" that should read "Complex Developmental Trauma".

So "Complex Developmental Disorder" should be replaced by "Complex Developmental Trauma"?---Correct. Thank you.

And you are referring there to a - your most recent statement of 28 November?
---Yes.

And a diagnosis effectively that you assist her Honour with in terms of what Kumanjayi was suffering?---Correct.

And, your Honour, that is the significance, as Ms Chilvers tells us, so we will get that corrected before that goes up on the website.

THE CORONER: Thank you.

DR DWYER: Can I ask you about your first involvement with Yuendumu?---Yes.

How old were you when you went to Yuendumu first?---I was 11 years of age.

And how did that come about?---My mother was school teacher and she took my sister - my two sisters and I from Gympie in Queensland, out to the middle of nowhere and yeah, that's how I first came to experience Yuendumu.

Was Gympie where you had grown up?---I lived in Brisbane for the first six years of my life but after my father died we moved to Gympie because that's where my mum's family was.

And had your mum had any connection with the Northern Territory before she came to Yuendumu?---No. My mum was an adventurous woman.

So do you know how she came to be working at the school?---Well, I imagine that she applied for a job and she got a job as a teacher at the Yuendumu school.

So does that mean that you and your siblings were enrolled in the school too?
---My mother was the school teacher for all of the Kartiya kids and I was in year 7 and so my younger sister was at school. I was in year 7 and my older sister was in year 8 so we did distance education. But we were involved in the school, we participated in the school stuff.

And how long did you - so you lived out at Yuendumu for that period obviously?
---Yes.

How long did you live at Yuendumu from when you were 11?---So I lived there that year and then I went away for boarding school and then I came back in 1980 and my first job was at The Big Shop in Yuendumu and I stayed there until some time during 1981.

Can you tell us, when you were 11 in Yuendumu, do you have a perception of how many people lived in the community?---I - from memory I think it was - it was - there was still about 800 people living there. It was still quite a large community but back then it - like Yuendumu was developed in - well, established in 1946 so it was only

lime 30 years old when I went there and it was very different then to what it is now. It was a real community and it was the first time in my life I ever got to experience what it was like to be part of a community and have a sense of belonging.

Can you tell her Honour what that was like then, for you as a kid?---It was the best year and the happiest year of my life.

When you were there as an 11 year-old, you were meeting Yapa people for the first time?---Yes.

Did you develop strong friendships?---Yes. It was - when we first arrived like the - we were - a 17 year-old young Warlpiri man knocked on our door - by the name of Otto Jumarayi Simms(?) and he took us under his wing and introduced us all to his families, the Spencer family, the Nelson family and the Simms family and we spent all of our weekends with the families collecting bush - and they actually provided us with a cultural induction. So they - they weren't paid to do that but they - they just surrounded us with support and love and connection and we were never broken into. Our car was taken up the street one time but the community members - "Oh, you got to come get your car back" and brought our car back, so it was - yeah, it was very happy memories. And - and most of the - the Aboriginal community members worked. The school had lots of Aboriginal staff. The health clinic had lots of Aboriginal staff. And I - when I went to back to work in the big shop, I worked alongside Alice Granites. And you know we sit side by side all day in the checkout chucks, you know, at the big shop. So, it was different.

It was - it sounds like you - for you, as a child, it felt like a very safe community is that right?---It was a safe community.

Were you given a skin name when you came to the community?---Yes.

And what did that mean to you?---It's kind of like a - it puts - the skin name puts you in relationship to everybody else. And you know, everybody still calls me by my skin name.

And does that give you a relationship, in effect, to everybody in the community?---It does.

And so you know where you - how you fit in, in relation to everybody else, the 800 people in the community?---Yeah, more or less, yeah.

When you came back into community to work, as I'm going to take you to later - - - ?---Yeah.

- - - in terms of a therapeutic role for WYDAC, did it - did you feel conflicted in any way because you had a skin name?---No.

Can you explain why that is?---I think, like because my - my strongest point, like my strongest advocacy, was for young people. So they were first and foremost.

And you – when – you weren't put in any compromising positions - - - ?---No.

- - - as a result of your skin name? When we were speaking outside the court room, you explained to me that you were there working in the big shop until about 1981. You then left and went up to Queensland. You came back to the community in 1992?---Yes.

And you were shocked - - - ?---Yes.

- - - because there was petrol sniffing, and you have never seen that prior to that time?---Yes.

So what was that like? What did you see? How did it become evident to you?---So I have flashback memories of that period of time. That it was – I remember seeing – the community itself was a mess. There was like rubbish all the way out the fences in the streets, and – and kids were walking around with their arms around each other. And they had little tin cans, with little holes, with string. So the – they were held by the string. And so they were just walking around the community sniffing. It was – it was heartbreaking.

Did that affect how you connected with the community?---It did. And – and I left – I never came back to the community for 20 years after that.

So – just please take your time, and Patty's going to give you some water?---And I actually forgot those memories. I forgot them. And it wasn't until I went back to Yuendumu 20 years later that those memories started coming back into my head. And I was remembering them.

When you first went there in 1992, was there any program available for - - - ?---I don't know. I didn't go there to – I just went there to visit a little Aboriginal girl that I had looked after when she was a baby.

Ms Chilvers, I'm about to ask you about Kumanjaji - - - ?---Mm mm.

- - - and one of the things you say in your statement, the very first statement that you did. You've known him since he was 12 years of age?---Yes.

You've known him because of the – came to know him because of the various roles that you've held - - - ?---Yes.

- - - in professional positions in Central Australia. And you knew him right up until very shortly before he passed away?---Yes.

And you've obviously come to know a lot of young people through your work, but you had a particular connection with Kumanjaji, is that fair to say?---Yeah, there's – there's a couple, but particularly Kumanjaji.

You've got long standing connections with his family?---Yes.

Both on mum's side, the Lane family, and dad's side, the Walker family?---Yes.

And you've also got a long standing connection with the Brown family?---Yes.

And you note that Leanne Oldfield, who he called mum, had a particular important role that you pay respect to in your statement?---Yes.

So his life, and his tragic passing, has had a profound impact on you?---Yes.

If you need to stop for a break at any time when I'm asking you these questions, please let us know. How did you first come to know him? What are your first memories?---My first memory was when I was in the role of Mount Theo Outstation Coordinator, and I for – working for what we used to develop Aboriginal Corporation. And we were hosting the 20-year celebrations of the Mount Theo Program. And Kumanjayi was there.

And I'll just put some dates around that. You were the Mount Theo Outstation Coordinator for WYDAC from January 2013 through to June 2015?---Correct.

And there was the 20 year anniversary during that time?---It was in August 2013.

So Mount – you would have come to know then the history of Mount Theo as an outstation?---Yes.

Had you met Andrew Stojanovski, also known as Yakajiri prior to that time?---Who is present in the room today, and I want to acknowledge him. Yeah, I hadn't – like we'd met, but we – we'd – it was a very busy time at that time. So we had kind of met. We knew who each other were, but we had never had a – like a real conversation.

You came to know that Japaltjari and a significant number of Yapa had been involved in - - - ?---Yes.

- - - the Outstation earlier?---Yes.

The Yapa who were involved, they were at the 20-year anniversary as well I take it?---Yes.

And did you have relationships with them, prior to coming to run that facility?---No – oh, no, I was mostly connected with the Ngaliya Warlpiri group, so South Camp mob.

Okay?---I did – I went to school with Jean Brown. We went on school trips together to Uluru. So I knew them as young people, but I – and I remember Peggy Brown was a cleaner at the school when my mum was teaching there. So I would have known them, but I – I didn't know them well.

So when you took up that role, from June to – January 2013 to June 2015, did you take it over from somebody?---A lady by the name of Melia(?) was running before I was there. I don't think it had been running effectively, because there'd been a lot of community disruption in a couple of years prior, and the community was still recovering from that.

In your statement, you set out what your history is, and what led up to you taking on these positions?---Mm mm.

I just want to note then, in terms of your history, you were – you began practising as a psychologist in December 1998?---Yes.

At the Alcohol, Tobacco and Other Drug Services in Townsville?---Yes.

And you did that role until May 2001?---Yeah.

From 2003 to April 2004, you practised as a counsellor and psychologist at the Gympie Women and District Health Centre in Gympie?---Yes.

And you had worked as a psychologist in private practice, or you later worked as a psychologist in private practice from 2008 to 2011. So by the time you become the Mount Theo Outstation Coordinator, in January 2013, you'd had significant amount of experience as a counsellor and psychologist?---Yeah.

So to perform that role, as the Outstation Coordinator, where were you based?---My husband and daughter and myself were based in Yuendumu.

And what are your first memories of Kumanjayi during that period?---On the January celebrations was, oh my god, what is – this is – I hope this kid never comes to Mount Theo. He was running wild.

You were – you say that in your statement, you'd held the position for eight months, because you started in January?---Yeah.

The celebrations of 20 years were in August. And prior to the August event, you'd coordinated three Mount Theo runs?---Yeah.

A one week camp with a group of eight young people. A three month program - - - ?---Mm mm.

- - - for four young males. And a six week program for eight young people?---Yeah.

At that time, in spite of your experience as a counsellor and psychologist, you did not have the development trauma training is that right?---Correct.

When you – just before I ask you again about Kumanjayi, when you – when you describe those different experiences, there's – a one-week camp is an option for some, and then a three month program an option for others. So did it vary,

depending on the needs of the young people?---I think it varied more, depending on the staff capacity.

Okay?---Yeah.

When you were out there in 2013 to 2015 - - - ?---Yeah.

- - - who were the key Yapa staff assisting?---Rex Forest, who's also in the room here today. SM, they call Japanunga(?) SM, and Paul Marshall Japanunga, were the primary kind of like carers. And then there were Eddy and Lottie, who – who would attend quite regularly. And then the Elder crew, which was the old ladies. So, - and then old Japangardi.

When you first meet Kumanjaya, this is how you describe him in your statement. He was 12 at the time. His behaviour was what you considered then to be out of control?---Yeah.

He was running around the building, playing games with other young people. He wouldn't listen to you and he wouldn't listen to Yapa. Is that right?---Mm mm.

And you remember thinking to yourself, I hope he doesn't come out here because I don't know how I would manage that behaviour?---Correct.

Were there other young people in that position as well, or did Kumanjaya really stand out?---Kumanjaya really stood out, yeah.

Do you remember at the time speaking to Yapa about him and why he was behaving like that?---No. We were - it was busy, yeah.

In early March 2014, Kumanjaya was 13. He came to the Mount Theo outstation for the first time as a program participant?---Yes.

How long was the program there, that he was going there?---It was over four or five weeks.

Okay. And you explain your first interactions with him as part of that program, he was in the back of the Troopy with some other people?---Mm mm.

When you arrived at Mount Theo, you opened the back of the Troopy to let him and the others get out. Everybody else got out and Kumanjaya didn't. What was he doing?---He was seated in a foetal position in the car, in the Troopy and he wouldn't move and he wouldn't speak.

And did you understand at all what was going on for him at that time?---I didn't understand. I was surprised by that behaviour. It was like, I don't understand because we have taken lots of kids out there by then and you know, as soon as you get there, the first thing they want to do is jump out and run around and yeah. But he didn't move. He stayed.

And was there family for Kumanjayi out there at the time?---His grandmother and he is connected, yes there was, yes.

And did Yapa come and speak to him?---They did.

And were they able to coax him out of the car?---No.

What happened eventually in terms of getting him out?---So, it got dark and we cooked – I kept coming back and just checking in on him and, you know, a bit speaking kindly to him and then we'd cooked dinner and he must have been hungry and I just came back and I said, "Come on mate, you know. We've got dinner. Come on, it'll be all right." And he hopped out and he was all right after that.

Could you speak any Warlpiri?---I can understand more than I can speak.

Okay. When you were speaking with Kumanjayi, would you speak English?---English.

What was his ability to understand like?---He can understand.

And when he came out then and he was actually able to communicate, when he came out there?---He didn't really communicate much, yeah. He just came out and you know, he ate and was there.

Over the period of time, that five weeks or so, he did settle in?---Yes.

Did he come to communicate?---Yes. Yes, we spent lots of wonderful moments together. Yeah, we had a lot of fun. I got to know him. I feel blessed.

You explain in your statement that, in terms of his behaviour in the Troopy, you didn't understand it then, but you do understand it now - - -?---Yes.

- - - as being in a state of dorsal vagal shutdown?---Yes.

Can you tell us what that means?---So, when human beings are so overwhelmed, they will shutdown and that was what that was to me. And it's the – Deb Dana refers to that state as basically being "scared to death".

So, it's a freeze - - -?---It's a freeze response.

- - - response. And is it a trauma response?---Yes, it is.

Do you know, in that moment when he was in the back of the Troopy, of course nothing externally, as far as we can see, is happening to him that's traumatic?---No.

But what is being triggered there for him? What was that?---It was a new environment for him, like – and I'm not sure if Leanne was in community, but Leanne

wasn't with him and Leanne was his like main stable stability. So, his primary connection, I would say. So, it was just overwhelming for him.

Over that five weeks or so, then you say he settled. You would spend, on average, five days and four nights a week at the outstation and a lot of your time there was spent interacting with Kumanjayi?---Yeah and the other young people there.

And you described him as being mostly well-behaved, to your surprise?---Very well-behaved, to my surprise.

He engaged in all one on one programs. What sort of programs would you do with him one on one?---So, we were doing a little bit of schooling. We had some sheets from the school, so a bit of education. We were just – I did a couple of little assessments on him. I did the Westerman Aboriginal Symptom Checklist for Youth and I did a – he was most fascinated by the learning style assessment that I did. He really was quite interested in it and he understood himself to be auditory, preferring auditory. So, you know, talking story, listening; it was his way of learning. And he demonstrated that he was able to learn when in that structured safe environment.

We understand that Kumanjayi had some difficulties at school. How does that environment compare to school? Why would he be able to respond positively to you there and not at school?---Well, when he was there, I think we only had three other young people there and they were a little bit older than him. I think in the school context, it's too stimulating and so, he would be distracted. And also because of his emotional immaturity, he was teased a lot and you know, kids used to have fun teasing him because he would react. And yeah, so school wasn't – he would have been too hyper-aroused to be able to actually concentrate and learn at school.

You also refer to some group activities that he participated in, including culturally based activities?---Yeah.

And he was able to do that with the other kids?---Yeah, yeah, yeah. I remember taking them out to – there's a soakage out near Mount Theo. It's called bawdi bawdi (?) and we would go out there 'cause it was hot and we would go out there for swims. There was a lot of water there at the time and there was some little duckies there. And all the kids were playing with the little duckies and Kumanjayi was very, very gentle with them. He came to show me in the car and he was like really gentle with these little duckies. And then of course, the duckies were stressed from being handled and one of them did pass away and he dug a little grave and buried it and made it all pretty.

So, you were out there on your own – sorry, I withdraw that. You were out there with Yapa staff, of course?---Yes.

And during that five week period, would you say that – well, what was the different between him from the start to the finish?---Well, the start, him being in a freeze state to, on the front of my report, I shared a picture with permission from Leanne to share that picture of him being a happy, happy, happy young boy.

We've got that picture here. Is it appropriate if I show that picture to - - -?---With Leanne's permission. Is it all right with you, Samara? Yes, thank you.

Then, I'll just ask Jess if she would put that up. That's at page 1 of the document called, "Trauma informed assessment and recommendations", it's page 10. Ms Chilvers' statement of 28 November?---So, this is how I know him.

So, he's 13 there - - -?---Yeah.

- - - Ms Chilvers? And where are you there?---We're at Mount Theo and he's digging a hole to plant an orange tree and they had to dig the hole big enough to fit the flower bucket in it.

So, that's obviously a beautiful photo and a happy memory?---Yeah.

Was that how you remember him being?---That's how I remember him, yeah.

That can come down now, Jess, thank you.

You say that although he was childlike in his level of maturity, he functioned well in that relatively safe environment?---Yeah.

He was definitely different to the other young people that came to the outstation?---Yes.

In what way?---Just in his emotional maturity and his – I guess his reactivity to when being teased.

At that stage, were you aware of any background he had in terms of substance abuse, either his own use or his parents' use when he was in utero?---He shared with me during that period that he had witnessed – he had witnessed substance abuse, and he'd been exposed to substance abuse, and – and witnessing family violence.

You say in your statement that across the seven years that you knew him, and even back to that early time, he definitely presented with what you are now able to recognise as symptoms of trauma - - - ?---Yes.

- - - is that right? And that includes Hyper-arousal, difficulty sleeping, irritability - - - ?---Mm mm.

- - - outbursts of anger, that triggered off him by him being teased - - - ?---Mm mm.

- - - difficulty concentrating, he was distracted, hyperactive, hyper-vigilant - - - ?---Mm mm.

- - - poor impulse control, and an exaggerated starting response?---Yeah.

What's that last one? Can you explain what happens there?---So from a – it's like if you – when – animals do it to, like, you know, humans and animals. If – if a threat appears, we go (No audible response) like that, that's a startle response. That's our first biological response to threat, and then we move to orienting. Which is looking around, checking for what's – is there danger, is there danger. And then once we've assessed that there's no danger, our systems will calm back down again. But sometimes kids and adults who have experienced significant trauma, their kind of stuck like this a little bit. And through somatic experiencing, you have to work with those nervous systems, to help them to come out of that – that startle response.

What is somatic experiencing?---Somatic experiencing is a body based trauma recovery modality, developed by Peter Levene. And it – it understands trauma from a nervous system perspective. And so we work with people's nervous system. So we don't – it's different to counselling. We don't talk story, you know what happened to you. That's not really – really what's important. What's important is what's going on in your nervous system.

And so you speak during the course of your outline of evidence about getting Kumanjaya to breath, and to notice his breathing?---Yes.

Is that part of that somatic experiencing?---Yes. Yes, so that part is inter-reception. It's helping people to become aware of what's going on inside of their body, so that they are actually able to learn how to manage their own responses.

And I'll come back to that, because I want to talk about Kumanjaya's experience with his hands. If you had known, back then, when he was just 13, that this was a trauma response, would you have done anything differently, in terms of working with him?---I would have done a lot differently, yeah.

What – what, Ms Chilvers, would you have been able to do?---I wished I had the knowledge I have now back then, yeah. I just – you know, I would have done, like in my report, I do a – a proposed treatment plan. That's what I would have done.

These – those words “trauma informed response” and “trauma before training”, it's a relatively new concept for - - - ?---It is.

- - - for workers here in Australia, is that fair?---Yes, that is fair.

When did you start to develop that – or to understand that, as part of your training?---Well it was because of the anomalies that Kumanjaya particularly, presented me with, that I got curious about, what's going on here, you know, what's happening here. I don't – I want to understand this. And so I started learning about trauma. And then – and I've been learning about trauma ever since.

You reference a particular book, “The Body Keeps Score”?---Yeah.

And the name of that author - - - ?---Bessel van der Kolk - - -

- - - (inaudible)?---Yeah.

And was that really the beginning of the development of an understanding?---That was, yes.

You note that unfortunately back then, it was WYDAC's policy that once a young person had completed their time at Mount Theo, and returned to the community, your involvement with them stopped - - - ?---Yes.

- - - as the Mount Theo Coordinator?---Yes.

What – what's the impact of – well, I'll go back a step. Did you develop a relationship with Kumanjaya - - - ?---Yes.

- - - in those five weeks?---Yes.

Would you ideally then continue to have a relationship with the young people when they leave the Outstation?---That would be idea.

What - - - ?---I – I certainly did, but not in my work role. All of the young people that attended Mount Theo, when I was there, I've been watching ever since. I can tell you where most of them are.

And have you tried to maintain contact with them - - - ?---Yes.

- - - wherever possible? This might sound like a very obvious question, but for somebody like Kumanjaya who had experienced that – what he had done, throughout his life, what's the significance of being able to maintain the connection?---So important in healing trauma, relationships are key. So important that continuity of care.

It's a particular challenge in the Northern Territory - - - ?---It is.

- - - where we have a work force that is more transient?---Which is why we need local – a local work force.

Why Yapa need to be trained?---Correct.

Can I just come now to the SevGen connection. You note in your statement, mid 2014 early 2015, your role at WYDAC expanded - - - ?---Yeah.

- - - to included – include outreach work and case coordination?---Yeah, so I created the Outreach Counsellor position. So I established that position.

And at that – during that time, at some point, Kumanjaya went into youth detention, and you were able to get involved in his case again?---Yeah.

You then advocated along with others, to have him be able to attend the SevGen Program?---Yes.

He was there for six months - - - ?---Mm mm.

- - - in a structured, supportive, loving environment?---Yes.

It was away from country. It was in Queensland?---Yes.

Did you go and visit him during that time?---No.

Were you getting regular reports - - - ?---Yes.

- - - back? Who was that through?---From Terri Waller, and from Leanne.

And you note in your statement, not only was he – did he stay out of trouble in Queensland - - - ?---Mm mm.

- - - at SevGen, but he also remained out of trouble when he came back to Yuendumu - - - ?---He did.

- - - for a significant period?---Yes.

What was – what is it then about the SevGen Program that enables that success?---He was – he – his self-identity as Warlpiri young man was really valued. And he got to share his culture with other kids, like Aboriginal kids from Queensland. He shared his culture. So he had that sense of pride. He was also able to engage in a lot of activities. He learned how to surf, or did some surfing. And he also was – they have a – they had an art gallery. And he was the one who decided where the pictures would go. So he was treated with utmost respect, culturally, and as a human being, mm mm. And he had Leanne with him.

Is there any program like that, to your knowledge, operating in Central Australia?---Not to my knowledge.

Would it be possible for a program - - - ?---Yes. Yes.

What would it take? What would it look like if you were designing it and - - - ?---Well that's a big question, yeah. I think children – Children's Ground does a really good model – has a really good model here in the Northern Territory as well.

Is Children's Ground somewhere young people can go and stay for six months at a time?---No.

Do you think that it's necessary to have that long term - - - ?---Yes I do.

- - - culturally informed - - - ?---Yes I do.

- - - place available - - - ?---Yes I do.

- - - and can I suggest to you, if you were doing it, ideally, it wouldn't just be one place located away from country, there would be a number of places close to country, that young people could go?---Like my thoughts, my most recent thoughts are, it's like, you know, Mount Theo is only for certain young people.

Yes?---It's not for all young people. And when I was most recently working with WYDAC, I purchased an off-road like camper van. And my thoughts were, as part of the Youth Diversion Program, was actually to have – instead of taking a bunch of kids somewhere, you take the kid and the family, and you take them on their country. And you take Elders with you, and you stay on country for a period of time. And then it also needs that, I think trauma specialist input, into designing the activities that help the brain redevelop. And that can be cultural activities, like tool making. Anything that's like really rhythmic and – and just surrounding that person with love.

Some of the training that you have done involves culturally informed training - - - ?---Yes.

- - - trauma training, is that right?---Mm mm.

Who's that delivered by?---So I did – I've done numerous, but the most significant one, the one that I think you're referring to is a Post-Graduate Certificate in Trauma Indigenous Recovery Practises. So that is using Indigenous healing practises.

And where is that – where was that taught through?---Through the University of Wollongong.

THE CORONER: Through the University of Wollongong?---Wollongong, yes.

DR DWYER: One of the reasons we have heard for Mount Theo being successful at different periods of time, is the involvement of Yapa, particularly Yapa Elders and other younger people in designing it and in delivering that program?---Yes.

You said it wasn't for everybody?---Yes.

What do you mean by that?---Well, some - some families don't want their kids to go to that country because it's not their country.

Sure. So it just underscores what you just said, doesn't it, that you need then another place - or other places - where it is appropriate country for the family group, is that right?---Yes, so you just need some mobile - some four wheel drive mobile facilities, that can go anywhere.

In going through a chronology with Kumanjayi after that period of time in SevGen when he came back, in March 2016, you had changed roles, you were a case coordinator, program facilitator with the Tangentyere Domestic Violence Specialist Children's Service?---Yes.

That involved case coordination and psycho-educational support for young - Aboriginal young people who were impacted by domestic violence?---Yes.

Experiencing domestic violence - and included working with young people who were using violence in their relationships?---Yes.

Did you come to work with Kumanjayi at all as a result of that role?---I did. I did.

And where was he based int that time?---He was at the Youth Centre - the Youth Detention Centre in Alice Springs.

So at that stage were you able to work with him in any therapeutic way, based on his trauma?---There is no capacity at the youth centre - at the Youth Detention Centre at that time to do therapeutic work so you - I would go and visit him and I would be shoved in this little horrible room with him and yeah, it was horrible but I did the best that I could.

Are you aware of whether that situation has changed at all?---Well, I would hope so. They have just spend millions and millions of dollars on redesigning the Youth Detention Centre. I am not sure that they were - I know they were prioritising educational facilities, I am not sure what their intentions were with regards to therapeutic services at the detention - I would hope so.

There are obviously limits to what therapy can be provided within the detention centre?---Yes.

But what is best practice as far as you are concerned, in terms of allowing a practitioner like you to deliver therapy?---To have a soft room, like you know, to be able to have a soft room that is comfortable, that is a nice - just a nice space to be in, to allow the nervous system to kind of relax and of course, to have privacy and free from like you know, people walking past and banging noises.

You visited Kumanjayi on a number of occasions in the detention centre and you note in your statement he surprised you with his ability to articulate what the effects of violence were on other people?---Yes.

I will come to the assessment that you did on Kumanjayi and some traumas that he experienced and what the impact was but in terms of his ability to empathise and show insight, was that - - -?---He had extreme levels of remorse.

You did a particular diagram with Kumanjayi where you said he was able to understand the cycle of violence and also able to talk about what was going on for him in terms of his body and how he experienced emotions?---He wasn't able to talk about that, yes.

I see?---He was able to talk about the cognitive - like he was able to talk about the impacts of violence on his partner, on family members, on children witnessing, so he

could see through their eyes and he could report but when it came to what was going in inside you, that's where it stopped.

So I might ask Jess, if you could put this diagram up and it's from Ms Chilver's first statement. It's 8-10, it's the statement of - a statement from 2020, 17th - and if you could have a look please at paragraph 6.6?---I've done this activity, I was facilitating the Men's Behaviour Change Program for Tangentyere for a period of time and I've done this activity with many of the men and so it's like a body map and you just ask them to explain or describe "What is going on inside their body when they are feeling angry or wild or about to use violence"? And most of the men, they'll put like a - like steam blowing out their ears and hot head and they'll have their heart racing and they'll have all of this energy happening in their bodies and that was what Kumanjayi - that's not his actual drawing but that is a recreation of his drawing of what he thought - and all he was able to sense into was his hands - there was - it was energy in his hands - which told me that he had no - he had no capacity for interoception - so as we have perception on the outside that allows us to see outside, we have interoception which helps us to connect with what is going on inside of us. That was missing and that is not uncommon in people who have experienced significant early developmental trauma.

So at that time - or after that time you attempted to do some breathing exercise for him and what can you tell us about that?---So again, he was always a source of great learning for me. It was like I asked him, "Can you - when you breathe in can you feel the breath coming into your body?" I wanted him to show me on the outside of his body where he could feel the breathing coming into - and he couldn't - he couldn't sense the breath coming into his body. So I said, "Can you blow out onto your hand, like that?" So he would do that and he could feel the breath on his hand but he had no - it was going to be a long journey to teach him how to be able to use his breath to calm his nervous system.

And by that time, in 2016, had you become aware of trauma informed factors?
---I had started to, yes. I had started my learning journey.

One of the things you note is that Kumanjayi escaped from Youth Detention three times?---Yes.

And on one of those occasions he had been placed into hospital with multiple dog bites as a result of the arrest and not long after that his mum, Leanne Oldfield - one of his mums - rang you distraught, wanting you to help Kumanjayi hand himself in?
---Mm mm.

And you remember thinking to yourself, "How could he escape again when he'd just been through this terrible trauma"?---Yes.

What does that tell you about his - about what was going on for him?---That tells me that his need to escape was greater than anything else - there was something significant going on for him. It also tells me that that part of his brain in the limbic system that is connected to - that we have that - "Well the last time I did that this is

what happened" - that wasn't working at that time. He was not thinking about what happened last time when - he was only in that moment when he just made that call to escape again.

And you describe that as likely to be him having - or recognition that he had frontal lobe damage?---Yes.

Cognitive impairment?---Yes, there's a disconnection between memory and consequences, planning - thinking about the consequences.

So I might just come now to the diagnosis that you have been able to do based on your understanding of Kumanjayi?---Yes, so I have to qualify that.

Sure?---It is a clinical impression - Complex Developmental Trauma is not yet recognised by the Diagnostic and Statistic Manual as being an actual diagnosis.

Okay?---And I am glad for that because it's not a mental illness, it's neurological disruption.

That is extremely helpful for you to help us clarify because understanding it as a neurological issue rather than a mental illness helps structure the appropriate therapy, is that right?---Yes, that's right.

So you refer to this in your most recent statement dated 28 November and I just want to show you a particular page from it. Of course, Ms Chilvers, we've got this whole statement and it is in great detail. I will just get Jess to put that up on the screen, that's 28 November, and if you turn please to page 10 which is the page we saw with the photo of Kumanjayi. And Ms Chilvers, as I understand it, you say this is what you would have liked to have done soon after you met Kumanjayi so that you had a full understanding of what he was experiencing?---I'm not sure what you're referring to, sorry.

This trauma informed assessment and recommendation - - -?---Yes.

And it's in front of you on the screen as well?---Yep, yep, yes.

So, a summary of your key impressions and diagnosis for Kumanjayi, is a complex developmental disorder?---Complex developmental trauma.

Thank you very much?---Yep, yes.

And that's the clinical impression that was formed by Kerri-Anne Chilvers, sorry by yourself?---Yeah.

Does that fit with what you understand to have been a diagnosis for him in 2017?---It does. It's not – it's different. I think that diagnosis just only talks to the cognitive, so that frontal lobe impairment. Whereas, I'm looking at it through a trauma lens from a nervous system and brain stem, limbic brain impairment.

So, you then go on to note the other part of your impression or diagnoses is intellectual disability, intellectual developmental disorder of mild to moderate severity and that's the diagnosis of Kate Crawley?---That's the diagnosis of Kate Crawley.

Which you adopt effectively?---I agree with that.

THE CORONER: Keep going down and focus on the diagnoses there.

DR DWYER: You provide a definition of complex developmental - - -?---It should be trauma.

- - - trauma. I think it does say trauma?---Yep.

So, if you have a look - - -?---At the next paragraph.

Paragraph 2.1. That's there. If you wouldn't mind just reading that out?---Sure. "Complex Developmental Trauma is defined as exposure to multiple traumatic events that occur within family and community systems that are chronic and begin in early childhood. And it's important to continue to say the impact of which is greater than it is for any other type of trauma, because it occurs within the context of family and community, which is systems that are meant to provide a source of safety, support and stability for children."

So, it shakes the foundations for a child?---It shakes the foundations, neurodevelopmentally.

The key defining features of complex developmental trauma, as opposed to other forms of trauma - - -?---Yeah.

- - - are proposed by, that's the author we referred to earlier, Bessel Van der Kolk, who wrote, "The body keeps score." And then you set those out in table 1?---Yes.

One of the issues there is persistent altered attributions and expectations, "A loss of trust in social agencies to protect"?---Yes.

Is that something that's important for people who are working with those who've experienced trauma to understand?---Yes.

That there will be a need to take extra care to build some trust?---Yes.

Is it possible - - -?---Yes.

- - - to build trust?---Yes.

I'm just going to go to – appreciating that you spent all that time setting that out and that that's available to her Honour, I'm going to ask you to focus specifically in relation to Kumanjayi. And if you look at page 18, there's a chart there which refers

to some experiences, it's the one that's labelled - - -?---This one?

- - - page 18 at the top. That's the one?---Yes.

Is that meant to indicate various issues that Kumanjayi experienced?---Yes.

So, you obviously set these out and you made a point of saying how much respect you have for Kumanjayi's family. There's no criticism involved. But the fact that he experienced these issues as a young child meant that he had – that it was extremely difficult for him throughout his life. Is that right?---Yes.

In terms of the adverse childhood experiences, they include prenatal exposure to substances and parental substance abuse, physical neglect, emotional neglect, prolonged exposure to domestic violence and substance abuse, disconnected from his maternal family and the fact that he was bullied and teased by other young people, including family, he was called, "Wanderer(?) Mad One". Is it the case that if you're working with a young person and their family, the whole family needs to understand - - -?---Yes.

- - - what the young person is experiencing?---Yeah.

So that you can stop that teasing?---Yeah, yeah. At the outstation, there was one of the other members out there was teasing him and he got upset, and I growled that other young fella. He didn't speak to me for three days. But we have a good respectful relationship to this day and he became – you know, he used to always come back out and want to work at Mount Theo all the time. I think he's still offering to work at Mount Theo, so yeah.

In terms of the impact on the brain stem functioning, that's set out in the next box, "Higher base level, parasympathetic nervous system activation", that that's the shutdown, the freezing?---Yeah, and dissociation. So, dissociation is that disconnection from his body. So, like a disconnection from a felt sense of the body.

So, in terms – does that relate to the diagram with the hands?---Yes.

"Core Affect Regulation", what does that mean?---Core Affect Regulation means an inability to regulate his emotions or even his brain stem, like his arousal system.

Hypervigilance, hyperactivity, impulsivity, automatic flight, escape or response to threat, if he's thwarted, he'll resort to fight?---Yes.

How does that relate back to his trauma?---Well, we all have innate survival responses and we – I wish I could show you a snowman video. You can see people, there's like a snowman and he's in a snowman little thing and he's standing really still. And when people walk past, he goes blip, he moves and he goes like that, and human beings respond differently. They will either respond with fight. Some will come out with punches, like punch the snowman. Some will come out like a gazelle, they'll do a big leap, they'll do a flight. And some will just either freeze or they will

collapse to the ground.

I think I've seen that video?---Yeah, it's very hilarious.

So, some people get a genuine fright, other people find it funny, other people respond with anger - - -?---Yeah.

- - - in response to being frightened like that?---And that's just their initial nervous system surviving response.

So, what you're saying is that for somebody who has experienced trauma from a very young child, like was set out in that first box, there's a particular response and that includes automatic flight, wanting to escape to - - -?---Well, that's for Kumanjayi. So, other people might respond differently.

I see?---Yeah, so Kumanjayi's primary survival response was flight, which means that he would run away. He would try to avoid or escape the situation. That was his primary response. And then if you – what I mean by thwart that, if you prevent him from being able to run away, he's left with only fight. That's what he's left with as a survival response.

THE CORONER: And then is the next step that shutdown, freeze?---Yes, yes, yes. So, I can tell you that, you know, in 9/11 where the people that were on some of those buildings up there that made the decision to jump out of those buildings, they would have been passed out before they hit the ground. They would have been – the nervous system just can't cope with that level of stress and it has the survival response of shutdown to self-preserve.

If you are a trauma-informed caseworker out at Mount Theo working with Kumanjayi, is it important to understand what he's going to experience in terms of - - -?---Yes.

- - - confronting him?---Yes.

So, for example, you wouldn't want to dress up in a scary outfit and scare him?---No.

And you, if you wanted to get him into a car to go somewhere with you, is there a particular strategy that you would adopt for him, knowing those experiences that he's had?---Yes.

What would that be?---It would be kindness and gentleness and walking side by side with him.

If you are a police officer coming to detain Kumanjayi for a particular thing, do you think it's important to understand those issues?---Absolutely.

What approach would you recommend if you were advising police who needed to detail him on a warrant?---I would have recommended that they did the opposite of what they did. I would have recommended that they went through Derek Williams,

they went through the local police, who had a relationship with Kumanjayi and that they went through family, and he would have come peacefully.

In terms of trying to minimise the risk of harm to him, and to others - - - ?---Yes.

- - - is that important?---That's very important. That's what trauma informed practice is. Minimising the harm to the person and to others. And including the police themselves, and staff themselves.

I'm going to show you a video now of the arrest of Kumanjayi, leading up to, and so I just want to give a warning about that - - - ?---Thank you.

- - - we'll stop that, hopefully before there's any fatal shot fired. But it's really just to ask you about the approach. I'm grateful, the video's been edited, so that won't happen. So I'd just ask you to watch this now. This is a body-worn video from Constable Rolfe.

DVD PLAYED

THE CORONER: Have you seen this before?---I have.

DVD PLAYED

THE WITNESS: You know, for a start there, if I may, I just think, like to be walking through with guns like that when there's little children around is – that's traumatising, for those little children that witnessed that.

THE CORONER: Sorry, I'm going – I want to come back for that, because you've got that document here, "Adverse childhood experiences"?---Yes.

And I want to find out a little bit more about that?---Yes.

There's obviously family exposure, but we're also talking about community exposure?---Yes.

And we're also talking about responsibility of everyone living, working, and exposing themselves to children, particularly children who are likely to already have adverse childhood experiences?---Yes.

The responsibility they have?---Yes.

In relation to not contributing?---Yes.

And there might be another video that we want to play in relation to that as well. We've got a difficulty with the sound.

Do we need to adjourn, so that you can fix that up?---I can share another story with you at the detention centre of a video clip that I witnessed. It wasn't in relation

to Kumanjaya, but it was another young traumatised person. And they wanted to – the youth officers wanted him to be moved from this room over here, to this room over here. And so what they did, was the five of them stood out to the – to the door. They were standing in a semicircle around the open door. And so this kid had no – like that's like enclosing him, and caging him in. So his response to that, was to barge through them.

DR DWYER: And you think there's an ability to give those people trauma informed training - - - ?---Yes.

- - - which would mean that they step back - - - ?---Yes.

- - - and minimise the risk?---Yes. So you know, they could have stood away from the door way, and – and moved around, so that he didn't feel so threatened. And he would have been able to – there was nowhere he could go. So he could have just walked out, and they could have had the other door open, and he would have more than likely, just walked over into the other room. But it created an incident, for which he was punished. You know, that's not fair.

Is that a convenient time to take a short break to try and fix the technology?---Thank you.

THE CORONER: Yes.

WITNESS WITHDREW

ADJOURNED

RESUMED

KERRIE-ANNE CHILVERS:

THE CORONER: Dr Dwyer?

DR DWYER: Thank you, your Honour.

Ms Chilvers, before the break I was asking you to have a look at some of this footage that relates to the failed arrest of Kumanjayi. The first footage I want to ask you to look at is video 2. It's footage from the body-worn video of officer Eberl and it relates to a conversation he had with community member Elizabeth Snape shortly before Kumanjayi's arrest?---Mm mm.

DVD PLAYED

DR DWYER: If that can be - I will just pause it there. If that can be paused? Ms Chilvers, if I can ask you to assume - it's difficult to hear that?---Mm mm.

- - - because the video was looping, but there is an officer with a long arm in the community, an - what's known as an AR-15, and you see there a young woman with a baby, there's a toddler also in the area, whose crying. And the lady, Ms Snape, is questioning one of the officers, as to why they have that gun - - - ?---Mm mm.

- - - he says it's - we don't have a holster for that. And she says "It looks like you're going to shoot somebody"?---Mm mm.

He says, words to the effect of "Somebody probably shouldn't run at police with an axe." Do you have a comment on that, from a therapeutic perspective?---That is an - like, just the - you could see in her body language, you could see the - you know, I could sense the distress in the children. And so they would have been picking up on the distress of the adults. And you could see in her body language, she's - she's like - like moving - moving away from, even though she was communicating with him, but you could sense in - in that, there was fear. And I think it was a totally inappropriate comment to make.

Can - and to be fair on the police officer, he's acknowledged that - - - ?---Yeah.

- - - and has apologised for it?---Yeah.

To - in - can an interaction like that, with a police officer, for a child, have a long term - - - ?---Yes.

- - - impact on their trust of police?---Oh yes.

And if a child has experienced trauma in their life - - - ?---Mm mm.

- - - along – in the sort of trauma that you set out, in relation to Kumanjayi, where they have had exposure to family violence from an early age, for example - - - ?---Mm mm.

- - - or experienced the death of a parent, or being disconnected from family members, can an incident like that further traumatise?---Yes. Trauma is – the impacts of trauma is cumulative. So it's – it's – the more trauma the – the greater the impact. And that was a – that was – those children will be traumatised.

THE CORONER: And if they – if children who have cumulative, complex trauma, don't receive the correct and sufficient interventions, you would envisage that that will play out in their behaviour, in the future?---Yes, 100 percent.

And it will play out in negative, not positive behaviours?---Yes.

Which may lead to increase engagements with police?---The evidence supports that completely.

DR DWYER: Does the evidence support – in terms of what sort of attitudes people – or behaviour people develop towards others in authority, does it lead to experiences of fear of people in authority?---Yes.

And hostility towards people in authority?---Yes.

I just want to show you the second video - - -

THE CORONER: But it's deeper than that, isn't it? It's that inability to regulate your neurophysiology - - - ?---Yeah.

- - - so you are very reactive - - - ?---Yes.

- - - in ways that outsiders don't understand?---Yes.

And it appears to be kind of, to an outsider, it might appear to be deliberate, or poor behaviour - - - ?---Yes.

- - - naughtiness?---Yes.

When in fact, it is behaviour derived from that developmental interruption - - - ?---Yes.

- - - of those systems in your body?---Yes. And I mean if you think about, if you're driving along, and you know, it happened to me the other day. I was driving along, and I could hear the sirens of an ambulance. And you know, you can't see where the ambulance is, so you – you're looking around, and you don't know what to do. So I'm driving up on to the round-a-bout, because I didn't know where to go, and my heart was racing. So you know, that's just my response in that situation. Yeah.

A person who has not had a significant – I'm not saying you haven't had any - - - ?---Yeah.

- - - because we already know that you've had trauma experiences that you've told us about?---Yeah.

But a person who – hasn't had that very - - - ?---That deep developmental trauma.

- - - continued - - - ?---Chronic.

- - - chronic early - - - ?---Yeah.

- - - trauma - - - ?---Yeah.

- - - and the trauma that you have experienced has also been in the context of a – from – just from what you've told me - - - ?---Yeah.

- - - like I only know what you've told me - - - ?---Yeah.

- - - but from a well-functioning family unit, with very strong attachment in relation to - - - ?---I wouldn't go as far as saying that - - -

- - - okay?---But yes, certainly not the same level of trauma.

Right?---Yeah, and I've also done a lot of trauma recovery.

And I've also definitely been – okay. I definitely am aware of the trauma that you've told us about?---Yeah.

Thank you. But I'm not aware of anything further than that. But for children who don't have those very kind of safe permanent attachment relationships, the problem - - - ?---Yeah.

- - - there's – there's limited opportunity for healing?---Yes. Yes.

DR DWYER: So just before I show you the next video, I just want to remind those listening what you – what you've explained to be the known adverse childhood experiences that Kumanjaya had?---Mm mm.

And this is set out in table so I don't need to take you to it. Prenatal exposure to substances?---Mm mm.

Premature birth. Failure to thrive, pneumonia, and other health and social issues as an infant?---Mm mm.

Experienced neglect. Exposure to substance misuse from early age, and through his childhood - - - ?---Mm mm.

- - - there was abuse. He – there was exposure to family violence from an early age, and through his childhood and abuse?---Mm mm.

There was removal from the care of his mum as an infant?---Mm mm.

So there was an attachment problem and disconnection. Death of both parents as a child, tragically?---Mm mm.

And he was raised in kindship care and disconnected from his maternal family?---Yes.

Despite the best intentions?---Yes.

And in terms of the impact on – on him, you note that's – that had a negative impact on neuron development?---Yes.

That meant that he experienced that vagal shutdown?---Mm mm.

Or freeze. He could – he had difficulty with affect(?) regulation?---Yes.

Hyper-vigilance. Hyperactivity. He was impulsive?---Yes.

And he had an automatic flight, or escape response to threat?---Yes.

And if he couldn't escape, then he would resort to fight when he was in that circumstance of fear?---Yeah.

And then after that might come the dorsal overwhelm when he just completely shut down?---Yes.

Can I then show you the video of the lead up and attempted arrest of Kumanjayi.

That's video one for (inaudible) where he just completely shut down?---Yes.

Can I then show you the lead up - - -

We'll have to stop there, we'll have to fix that technical issue Jess.

THE CORONER: Do you need me to go off the Bench Jess?

I'll adjourn briefly while that's being sorted out.

WITNESS WITHDREW

ADJOURNED

RESUMED

KERRI-ANNE CHILVERS:

DR DWYER: I think we have got those technological issues sorted out, your Honour.

HER HONOUR: Great.

DVD PLAYED

DR DWYER: And then, Ms Chilvers, tragically we know what happens next, but Kumanjayi took a pair of scissors from his pocket and Constable Rolfe's evidence is that he was then stabbed in the shoulder and we see the wound mark that suffered and then Kumanjayi was shot. What are your reflections on the approach to Kumanjayi in those circumstances?---I will just like reflect on my physiological response to - to watching that and it was like as - like when he is pushing him and you know, takes his hat off and that - like there are other ways to do that.

What would - knowing Kumanjayi, what would have been going on for him first? So one of the officers removes Kumanjayi's hat?---Yes.

Constable Rolfe uses his hand to press against Kumanjayi's chest and says the words, "Relax, stay there." First - to be fair on Constable Rolfe, he didn't know the background of Kumanjayi?---Yes.

Are the words, "Relax" of any comfort to Kumanjayi in those circumstances?---No.

Why not?---Because when people's arousal systems are heightened their cognitive brain goes off line, they can't hear those words and he is saying them in the tone - "Relax - come on - relax". Does that sound relaxing to you?

So what would - I will ask you first, what would have been going on in Kumanjayi's mind, to the best - give - - -?---He would've been going, "I want to get out of here - how can I get out of here" and you can see him moving towards the exit, yeah.

Is he likely to have perceived the officers as a threat?---Yes.

A physical threat?---Yes.

And then you have drawn that picture that he did for you while he was in custody, of his hands?---Yes.

And something going on in his hands?---Yes.

What did that - is that likely to have been still a factor that was operating on him at this time - something going on in his hands?---He may or may not have been

consciously aware of anything that was going on inside of him but I can see from his movements he is looking to escape - he wants to get out of there. Yes.

And his ability to escape is blocked?---Yes.

At the time where Constable Rolfe says, "Put your hands behind your back"?

---Yes.

It's clear to him he's going to be detained?---Yeah.

And he can't get out?---Yeah.

So what is going on for him at that time?---The only response left for him was fight.

And is that a conscious response?---No.

Again, drawing on your expertise about an understanding of trauma, what happens in the body in terms of the unconscious response?---It moves into survival. Like the thinking brain has gone off line so he - he would have never have had the intention to stab Constable Rolfe, it's just he wasn't able to get away and so he would have gone into that survival mode. "My next option is - is fight" an that wouldn't have been a thought - he wouldn't have thought that, he would've just - "This is it" you know, it's like - and I - he would just respond - just react, not respond.

So it sounds - the way that you describe it, as your physical body hijacks your brain in other words?---Yes, that's -.

Do you think that Kumanjaya would have had any perception of the fact that he was in danger if he acted out physically?---No. I mean, he already would - like I imagine that in between - he knows that he's in danger being arrested, beforehand, but all of that goes off line when he is being arrested.

Do you think that - well, is it your opinion that for Kumanjaya, with his traumas, he is capable of computing in that moment, "I can't lash out here and injure a police officer because then I might get shot"?---No, he did not have the capacity to have that level of reasoning at that point in time.

So, drawing on your knowledge, if you were instructing police who were going in to detain him at that time, what is the appropriate way to do that to minimise risk to the mand to Kumanjaya?---As I said before, that would have - like, I think there was a plan that was already developed. I think that Derek Williams should have been involved, that it should have been organised with family and that he should have been allowed to give himself up. And that way he would, you know, he is prepared for that and he would have.

We understand that in terms of the plan for the 5 - that there was a plan for a 5 am arrest that would have involved Felix Alefaio who wasn't family but was somebody who Kumanjaya knew and had been happy to come with in the past. I appreciate

that's not ideal from your perspective but is that still better than going to the house with no officer who has had any - -?---Yes, I mean going - yes, the timing was really also awful too, you know, the funeral had been going on in that day. It just - yes.

Ms Chilvers, while we are on the videos I am going to show you a third video and ask for your opinion - your expert opinion as a psychologist in terms of the potential impact on this child. This is a different child. I won't name him, but it's a young person who was then aged 14 and it's an incident where Constable Rolfe is looking for this young person who was hiding in a bin. So this is video 3, so Jess will show you.

DVD PLAYED

DR DWYER: And could you go to the 11 minutes 25 seconds frame? That's fine.

DVD PLAYED

DR DWYER: Okay, that's probably enough there. I'll ask you to assume that that young person was in the care of a minister (inaudible) and had also experienced trauma. On that day, he'd run from court and he was being detained and being brought back. What do you - well, do you have any opinion to offer in terms of whether or not that would be a trauma for that child to be arrested in that manner?---That would be very traumatic, yeah, for anybody to be arrested in that manner, particularly the throwing the bin down on the ground like that, because that would have come as a shock to their system. They might not have been expecting that. They knew they were in the bin, so that's one part of it, that the slamming the bin down on the ground, that would have not been expected.

If they knew they were in the bin, I'm not sure if you noticed it from viewing it on that one occasion, but when Constable Rolfe first approaches the young person, he makes a clicking noise?---Yes.

He then puts the bin lid down?---Yeah.

Is that appropriate from your therapeutical perspective?---I wouldn't want to be in the position that he was in, in what is the right way to go around arresting somebody according to the circumstances that are around, but I think that demonstrates a lot about his attitude, like click, we've gotcha, like that.

In terms of whether or not there is a long-term impact on a child who has already experienced trauma of being arrested in that manner. Are you able to offer an opinion?---It was very disrespectful. It would be a further addition to that young person's cumulative trauma and it would also not create - it's about that creating trust with social agencies. It's not going to support that young person's ability to have good relationships or respect for police.

To be fair on Constable Rolfe, there's no evidence that he had had any trauma-informed training offered the Northern Territory Police?---Yeah.

But you would have heard the young person say, "I'm sorry, sir."?---Yes.

"I'm sorry for running, sir"?---Yes.

"No need to be rough"?---Yes.

And you hear Constable Rolfe say, "You don't need to talk to me, but anything you say can be used against you."?---Yeah.

Is there any – from a - - -?---How old was that kid, 14?

Yes?---14, yeah. You see, that's - - -

And he had an intellectual disability and a history of trauma?---Right.

If you were training police as to the appropriate way to respond, putting aside the physicality, what – are there words that should be spoken in those circumstances?---You would listen and you would speak in a calm and soft – it's the tone of the voice and the pace of the voice in the communicating that would – that helps the nervous system to regulate. So, you would speak in a soft and calm voice.

And would you – if you were training on how police officers should deal with that, even if you need to physically detail somebody, would you train them that they can use words of reassurance, like, it's all right, mate?---Yes.

You don't need to panic. You're not in any physical danger. We just need to – and explain what you're actually doing?---Yes. If you were to explain each step of the way and listen. Like, he was using his social engagement system to – that was a safety mechanism on his behalf too. He was going, "I'm sorry. I'm sorry. I didn't mean to run." So, he had submitted and that's partially that dorsal vagal shutdown. So, that child had implemented his safety system to do that to plead, you know, "I'm sorry. I'm sorry", so he wouldn't get hurt.

And you would expect a response to that?---Yes. So, that would have been really appropriate, would be, yeah, I know, mate, I know. You know, I'm sorry this is how it is and you know, let's go.

And in terms of asking for that young person to grow up into an adult who respects authority, are those interactions an opportunity to have either a positive or a negative impact - - -?---Yes.

- - - on a young person?---Yes.

And that interaction?---Was a negative.

Given that we have evidence of those interactions, do you think that underscores the importance for Northern Territory police officers to be trained - - -?---Yes.

- - - in the longer term impact?---Yes.

And what they can do to contribute to social cohesion?---Yes.

THE CORONER: Are you able to provide any insight in relation to the percentage of children who come into engagements with the police, how many of those children are likely to have trauma or cognitive impairments?---There is some research into that. It may be included amongst my materials. There is – it's very high, like really high. It's almost inevitable if that process isn't interrupted in many ways, or that child doesn't get trauma recovery. It's almost inevitable.

So, the starting point for any interactions by police with children is a presumption of trauma or cognitive impairment on the part of the child?---That is correct. That is, in trauma informed practice, we – like in the alcohol and drug services, 90 percent of all clients entering an alcohol and drug service report at least one trauma, but about two-thirds report multiple traumas. So, we assume, in trauma informed practice, we assume that everybody has experienced trauma and we treat them accordingly.

So, all training in relation to engagements with children by police should commence with the presumption that there is a trauma or cognitive background in issue and in play?---Yes, yes.

DR DWYER: Ms Chilvers, you – as I asked you earlier, continued to engage with Kumanjayi for various reasons, as you set out in your statement in your various roles, right up until the time when he was 19 and shortly before he passed. Can you tell her Honour about the last time that you saw Kumanjayi?---The last time I saw Kumanjayi was when – was on 1 November and Leanne rang me. She was very distressed. She said, "Kumanjayi's run away from CAAAPU. Can you come and help me. He wants to go back to CAAAPU." And so, I was working at the Youth Detention Centre at that time. I was on my way to work, but I went around to Jimmy's Furnitures in – over near Elder Street there and Kumanjayi was there with his - with Leanne and with Leanne's partner, and Kumanjayi just sort of like leaned against my car and I spoke with Leanne. And Leanne said, you know, he'd run away. He wants to go back. And I – so I rang CAAAPU and I said, "I'm here with Kumanjayi and Leanne and he wants to come back to CAAAPU. Can he come back to CAAAPU?" And they – Adrian answered and he said that they would have to hold a meeting to determine whether or not they would have him come back. And I had to get to work, so I gave him Leanne's number and I said, can you – after that meeting, can you please ring Leanne and let her know what that outcome is.

And did you speak to Kumanjayi on that day?---Yes. As I was leaving, I said, "Oi, give me a look at you." And he turned around and he looked at me and he smiled at me. And I said to him, "It's so good to see your face."

And did he seem to be quite calm that day?---Yes.

And then, I'm not going to take you through this in any detail, but in relation to the

night that he passed away, you received a phone call on 9 November from one of his grandmas, Kelly?---Yes.

And she was very distressed and she told you that her grandson had been ,shot?---Yeah.

And you then, obviously, were turning into Facebook and trying to find out anything you could about what happened. You were based in Alice Springs. Is that ,right?---Yep.

You set out in your statement, a number of people you spoke to. You rang Leanne, who was clearly distraught, of course?---Yeah.

And you went up to Alice Springs Hospital to try - - -?---Yes.

- - - and find out what was – had gone on?---Yes.

What time did you arrive at the hospital?---I think it was about 1:30 in the morning. But you know, when you're in the midst of that, it's really hard to remember the exact times. You're not looking at your watch, but it was early in the morning.

And did you speak to any clinic staff?---I spoke – I went to the Emergency Department and I spoke to whoever was behind the counter. I did not get any names.

Sure?---And I just asked about Kumanjayi and they told me he wasn't a patient.

And then sometime the next morning, you found out that tragically he'd passed?---Well after that I went straight to the police station.

I see?---Yeah.

Did you speak to anybody there?---I spoke to somebody there, and I asked the same question, where is he, and they went out for a long time, and came back out and said, we are not able to give you any information. And I had to go home.

And you actually found out from Terri Waller the next day - - - ?---Yes.

- - - that Kumanjayi had passed. You go on to talk about the aftermath of Kumanjayi's death, and the impact that it's had on family, community, yourself. For young people in Yuendumu, what is the likely impact for them, in terms of their relationship with agencies like the police?---You know kids, they – they – like they will say, you know, you'll get shot now, like, it's had a significant impact. And because there hasn't been – you know there's been as much – well there – I don't know. I mean, I don't know what is needed, but it's – it's – if these are already traumatised kids, that's not going to help develop their relationships with police.

And we have heard from a number of community based police, who care

deeply - - - ?---Yes.

- - - about building relationships, but is it the case that it takes a while to rebuild trust in a community after an incident like this?---I think it's going to take years.

Ms Chilvers, after Kumanjayi passed away, you came to work back in Yuendumu for a period?---Mm mm.

And you set that out in your statement. You explain that from – I'll just get the timeframe. From November 2020, through to May 2021, you took six months leave, to return to WYDAC - - - ?---Mm mm.

- - - as the Clinical Governance and Program Development Officer. Your main responsibilities were to provide clinical expertise, community experience and community development skills, to re-develop WYDAC's Youth Diversion Program?---Mm mm.

What motivated you to go back, a year after Kumanjayi had passed?---To help facilitate the change that was needed within the organisation, so that, like they would be more trauma informed. And family inclusive, as well as culturally based.

In the year after Kumanjayi passed, had you visited Yuendumu?---Only for his funeral.

Did you – did you form a view as to how WYDAC was going in that year?---Well I've had – from January 2018 to July or June in 2019, I was working as a Community Psychologist with Department of Health, and I was – my main community was Yuendumu. So always – whatever, I had an opportunity to connect with Yuendumu I would always take that opportunity. So like my view of WYDAC is that after Suzie and Brett left, it – it – it had a really solid structure back then, and staff were well supported. And then that seemed to fade away.

And you name these people in your statement. So that's Suzie Lowe was the former CEO, and Brett Badger who was the former Operations Manager?---Yes.

There was a period of time when they were there at WYDAC, working alongside Yapa, and it was functioning well?---Yeah.

And then they left - - - ?---Yes.

- - - the organisation. In – do you know when they left?---It was either 2006 – I think one – I think Suzie left before Brett, I'm not sure I can't remember, but it was around 2016.

And then after that, there was a deterioration in service - - - ?---Yes.

- - - provision, is what you say in your statement?---Yeah.

You also say that the provision of purchase orders, which are vouchers to be used for food, drinks, petrol, etcetera, to clients - - - ?---Mm mm.

- - - rather than therapeutic services, appears to have become common place within the organisation?---During that period, yeah.

During that period. What do you say about that? What impact does that have?---Well I will give an example of a family – a young person who – that I witnessed digitally sodomise his younger brother. And I sought the support of WYDAC for family therapy, they had a family therapist in there in terms of family support service. That – that incident went to a mandatory report of course. It was investigated, and found unsubstantiated. And it's like, how can you say it's unsubstantiated when I witnessed it with my own eyes. And so I followed up with WYDAC and asked them what they were doing for the family, because they – those boys, you know, that's significant trauma. And you know, where did that one learn to do that to another young one. And they were very non-communicative with myself at that particular point in time. And I asked the family what support was being offered, and they said they're not getting any support except purchase orders.

When you returned – in terms of the purchase orders, if people are hungry, or they don't have petrol, one might empathise with an organisation trying to help out there?---Yeah.

But your belief is that it creates a negative – it has a negative - - - ?---It creates dependency. It does – it creates dependency. Whereas the SevGen model is a model of social enterprise, that creates enterprise, and entrepreneurial ship and the sustainability, and the social capital that exists in Yuendumu, like, is enormously valuable.

When – going back to when you were a kid at 11, and you said, you made a comment that when you returned there, in 1992 - - - ?---Mm mm.

- - - there was rubbish everywhere in the community?---Yeah.

Do you remember that as a child, or did – or was that not the case?---No it wasn't like that. No, it was – it was – you could walk around bare foot. I used to walk around bare foot. And used to – like they were teaching me how to identify peoples foot prints, like tracking people. So you know, I knew, I could look at the ground, and look at people's foot prints, and know who'd walked that way.

Do you remember as a child going into other people's houses, into Yapa houses?---They were more like donkey houses back then, and yes.

What do you mean by - - - ?---Donkey houses are like little Besser block brick, with a round roof like that. Yeah they – they were sort of around the outer edges, and in – and in the community. They call them donkey houses.

Did you have a perception of them being places that you'd like to go into?---I spent a lot of time, yeah, with my friends, in their house, and they spent a lot of time in my house.

We've heard about the levels of overcrowding in houses now?---Yes.

And in fact you refer to those – some of those social problems. Was that the same perception – was that a perception you had as a child, or has it got worse over - - - ?---I think it's gotten worse. And I think it gets worse with when you know, the mobility of families, and so, you know, in that – the house there at this – you know one house might only have a certain number of people, and then family from Nyirripi might come over, and then there's only one toilet in that house, and there's like, you know, 23 people. And some of those houses, there's up to 18 to 20 people, with one toilet, and one bathroom.

And that wasn't the case when you were a child, that you can remember?---I – like, overcrowding wasn't a thought in my head when I was a kid. It was just like fun.

But you didn't have a perception of it being a place that was – well that you didn't want to go into?---No. No, I loved going in there. And I loved sitting down and drinking billy tea and damper, yeah, with the families.

One of the things you mentioned to me outside the court room is that when you were a kid, there was no such thing as iPhone, there was no television, is that right?---No television. There wasn't even telephone.

But there was a sense of real community and social cohesion?---There was.

When you came back to WYDAC, you make a number of observations of your experience. You tried to have that issue of vouchers dealt with?---Yeah.

Were you successful?---No.

For new people coming in who have a problem with the voucher system and can see – well, you've said that voucher systems create an issue of dependency?---Yes.

Is that the only problem with them?---It's also the power, the power differential. You know. These people – a lot of – a lot of people build their relationships on the basis of being able to give a purchase order, rather than actually developing real relationships. And that's not a real – that's not a real relationship, that that creates a power structure, that's unhealthy.

For a staff member who then comes in and wants to break that cycle, and has your level of understanding about that, are there difficulties?---Yes. There are.

Because you're suddenly saying no, I'm not going to give you that?---Yes.

You returned to WYDAC, as I said, over that sort of six month period, a year after Kumanjayi's passing. Was there any therapeutic intervention available for family or community experiencing the level of trauma that they had done from Kumanjayi's passing?---No.

One thing that you told me about is - - -?---Hang on, sorry. Can you repeat that question?

Sure. During that six month period, was there any therapy offered or counselling services for the trauma?---No. I know that they brought – when the trial was on, they had Garner Healing coming and that was very supportive.

I see. So, I'll ask you about that. The trial was earlier this year in February?---Yeah.

And you referred to Garner Healing, we understand that Garner Healing is based in Bundjalung country?---Yeah.

Did you have anything to do with Garner Healing coming?---I was speaking with Chris Tudor(?), who was the manager of the Children and Family Services program and we talked about it and she organised it, yeah.

And have you spoken to family and community members who participated in that healing?---I think it was very positive. I've spoken to Garner Healing about it.

Okay. Is that an – I want to come now to some recommendations - - -?---Yeah.

- - - to end on what is a hopeful note, or at least something, a strength-based note. You have a number of suggestions for what might be developed to help Yapa people in Yuendumu?---Yeah.

And to empower them. When you were in – at WYDAC for that six-month period back in 2020 to May 2021, do you recall how many board members there were?---Well, there's always – there were something like 50, yeah.

And do you know the rationale for having so many board members for a not for profit?---I think it was to be inclusive of all of the different clan groups.

You have a lot of respect for many of the board members?---Yes.

Is that right? You were mentioning, for example, Warren Williams. You have an enormous amount of respect for the work that he does in community. So, I'm not asking you to name any names or to suggest any criticism, but what do you think is the best way to make sure that everybody in the community can have a say and get a service from - - -?---I think Steven Wanta Patrick is the best person to speak on that.

Okay?---So, I can only share with what – with you what he shared with me as his recommendation and that is to go back to cultural lore. That is, to go back to the

kinship systems and make sure that it's all – all the Kitter(?) and Kudumulu(?). So, the Kitter are the traditional owners and the Kudumulu are the – like the policemen type thing that make sure the traditional owners are doing the right thing. To go back to that system, to apply that system and have equal representation from each of the communities. Like if WYDAC is going to service four communities, the Warlpiri communities, then there needs to be equal representation from those four different communities and using the kinship system of accountability.

And we can ask if he's available, Steven Wanta Patrick, to assist in that regard. But it's about Yapa-led programs?---Yes.

Is that right?---Yes.

And in terms of any services or therapies available to the community, are you able to say from your perspective as a trauma counsellor what should be available?---I think because, you know, well Warlpiri mob have not – nobody – you know and you wouldn't wish that experience upon anybody. So, like – and I do talk in my report about the impacts of colonisation.

Yes?---And it's like, I think we need to – Warlpiri people haven't had to deal with this kind of stuff, so they haven't. And I mean, I've only just learned about – not only just, but I've been studying intensely developmental trauma which also, you know, comes intergenerationally as well. So, we've got to look all the way back and then we have to find the solutions on the ground and from the ground up and from the brain stem up.

So, it's not just helping a young person in crises, it's helping their entire family and communities?---Yes.

I'm just going to ask Jess to go back to the statement of 28 November and I will just put up figure 5, which is at par 7.2, page 12 of the first attachment and it's a figure where you look at colonisation and some of the impacts of colonisation and you make the point that we need to understand those impacts?---Yes.

And empower Yapa to understand and address them?---Yes. Empower the white systems to understand.

Yes?---Yeah.

Thank you, Jess.

You say this describes the bigger picture story of what happened to Kumanjayi. Can you see Kumanjayi. If you look closely, you'll see him in almost every box beneath the word "colonisation". So, starting with colonisation, what flowed from that was the loss of hunter/gatherer lifestyle due to loss of lands and the formation of fixed settlements like Yuendumu. And you go out from that marginalisation from Kartiya society, white society, poor communication and discrimination, unemployment, poverty, poor education, alcohol and substance abuse, domestic violence, accidents,

deaths in custody. In fact, every single one of those boxes was relevant to Kumanjayi?---Yes.

Following from colonisation and the loss of hunter/gatherer lifestyle, you note, poor nutrition, low birth weight, diabetes, hypertension and cardiovascular disease. In fact, from the time he was born premature, Kumanjayi experienced poor nutrition and failure to thrive?---Mm.

We also know about his hearing loss, which related to education difficulties. And from colonisation, you note, fixed settlements, fringe camps, urban ghettos, poor housing, poor hygiene, overcrowding and infectious diseases, respiratory disease, ear disease, rheumatic heart disease and renal disease. Are you really saying, Ms Chilvers, that if we are serious about addressing or about preventing death in traumatic circumstances like Kumanjayi, we really need to look at addressing those underlying impacts on - - -?---Yes.

- - - intergenerational trauma?---Yes.

Thank you, your Honour. I might stop there and give my learned friends an opportunity.

THE CORONER: Yes. Are there any other questions for Ms Chilvers? Yes, Ms Pincus.

MS PINCUS: Hi, Ms Chilvers, my name is Julie Pincus. I am representing the – one of the lawyers representing the Walker, Lane and Robertson families. Is it okay if I call you Ms Chilvers?---Yes.

Is that – right, okay. You were clearly very fond of Kumanjayi and had developed a very close relationship with him and he and Leanne trusted you. And you paint a very powerful picture in your statements of someone who, in a safe and structured environment, could have been a very good – was a very good son, friend and partner. And I know you've given a lot more information about positive things about him, but what you may or may not be aware, is that in the criminal trial, there was an incredible or an inordinate amount of negative stuff said about Kumanjayi. So, I was just wondering if there's anything else you'd like to add to sort of perhaps readdress – address that balance in terms of positive aspects. I mean, I know you've given a lot already. Is there anything else that you'd like to add?---He was a young man with a big heart. He was a caring young man.

Okay, thanks. Have you had any conversations with the families about the impact of that negative picture having been painted at the trial, impact on them?---I talk to Leanne from time to time. I don't try to like bring back any of the negativity, because I don't want to talk – like she's traumatised from this whole process. I talk to Terri Waller about the fun times that he had over there and the good things. Sorry, I missed your question.

No, that's fine. It was more just the impact, it's just it was - - -?---Yeah.

I'm not sure of the extent. I know from my clients that they were very distressed about - - -?---Yes.

- - - the emphasis on the negative?---Yes. I haven't really spoken to them about it, because that's just like, Leanne's had enough. That's why she's not here today.

Yes?---She can't do anymore.

Yes?---And I can relate to that, because I feel it myself. I'm really glad that today has come. It's been three years of my life and I can't begin to imagine what it's been like for the family.

You also in your statement talk about his primary learning style being auditory?
---Yes.

And you are clearly aware of his hearing issues?---Yes.

Are you aware whether that - that analysis of his learning style was passed on to the school?---I don't know.

No, okay, just in terms of the communication between the different agencies?---Yes.

Secondly, just talking about the phone call, 1 November, in your statement, that you had in the presence, when you called CAAAPU in the presence of Leanne and Kumanjaya , just confirming, it was definitely you who made that phone call?---Yes.

And you gave them Leanne's number to let her know the outcome and you say that you don't know the outcome, you confirm that again?---Yes.

At what stage did you hear that CAAPU was not willing to - - -?---I never got that outcome because I had to go - I think I went the next day up to Darwin for work, so Leanne would mostly just contact with me when she needed my support and it's not like we talk every day on the phone or anything like that, so I was - I was travelling up to Darwin to - I was working with the Youth Detention Centre then.

Okay?---So I left - I empowered Leanne by leaving it, you know, by leaving it there, so I would've imagined that - there was really no need for her - I don't know - I don't know. Yeah.

No, no, that's what I mean, it's more just now that you do know that, does that surprise you that they said he can't come back? I mean clearly, given you asked the question, you're anticipating that the answer could have been "Yes"?---Yes, I was hoping that it would have been "Yes".

Yes?---Yes, I never knew what happened and because the next time I spoke to Leanne was after he'd been shot. It was no longer relevant to talk about it.

The next thing is that at the time - at the time you made that phone call you were also aware that there was a funeral coming up that he wanted to attend?---Yes.

And you're clearly aware of the importance of sorry business and his attendance. So are you aware - so had he been allowed back - are you aware that in addition to the logistics and some distance issues with attending sorry business that there are potentially people in places like CAAAPU who might be reluctant, given the cost. Do you have any information about that? The costs that may be imposed?---Well, I've done it with other young people before and, you know, I would've reached out to WYDAC in that instance to - or CAYLUS - CAALAS would be a great support in that event, so if it had've been that they accepted him back and other young people I've had permission for them to attend a funeral and so, you know, I've liaised with CAALAS or with WYDAC and they can organise to pick up that young person and take them and supervise them and then to bring them back. So it was not a logistical issue.

But have you had any experience with an organisation like CAAAPU saying "Yes, that person can attend"?---Yes.

"But it's going to cost x thousand dollars" or something?---No.

No, it's always left for it to be organise by someone else?---Yes.

So it's not - I was just thinking in the sense that they might - what I have heard is they need to be accompanied by someone, so it may not be just a case of being picked up?---Well, in that - like they would be accompanied by, for example a WYDAC employee.

Yes?---So WYDAC would then take on the responsibility of their supervision during that period?

Okay?---I have done that before.

Right, okay. And then you've given evidence about your view that - a number of times about him -Kumanjayi would've been happy to hand himself in had Derek Williams been involved?---Mm mm.

Also in relation to the funeral, is it - do you agree that had he been also provided with assistance to sort of navigate handing himself in, with the assurance that he may get bail to attend the funeral but that - then he definitely would've been happy. Do you have any feel for that- that is that additional assistance that was necessary for him to navigate the system?---Yeah. Yes.

Okay?---Yes.

So in your letter to the magistrate in 2018 you talk about how the reason he ran away - this is from Youth Detention Centre, was that he didn't like the treatment he

had received from the guards and you identify clearly in your statement that "He thrives in a structured environment but really struggled in youth detention"?
---Mm mm.

"Given it was overcrowded, understaffed, a tension environment"?---Yes.

So is it your view that youth detention, you know, from everything you've told us and you know about Kumanjayi that youth detention would be the worst possible environment for Kumanjayi?---A trauma informed youth detention centre he would probably have been okay in if they were trained in trauma informed practice because of the structure that it provides, but a chaotic centre where 26 kids, overcrowding in the cells - absolutely not okay.

You mention in your statement the incident of the dog bites after the police dog had attacked Kumanjayi when he escaped the second time from youth detention. He would have been 16 years old at that time. What is your view about the appropriateness or otherwise of using dogs to help bring in young people?---Well, we all would've known exactly where he was going. He was on his way to Warlpiri Camp. There's no need to implement such extreme measures. He was not a - he was not a person who was intent on going and hurting anybody, he was just going home. And so yes, he's breaking the law by - by escaping detention, I acknowledge that however that was an unnecessary response because you could just find him a couple of hours later at Warlpiri Camp.

But more generally does the use of dogs - I mean, even if you didn't know where he was going to end up, just using - - -?---I think it's extreme.

Yes?---And particularly for a young person.

Yes. When you went to the Alice Springs Hospital on the night of the shooting or the morning after, you said you think about 1 - 1:30 on 10 November, did you come across any of his relatives and have any interaction with them at the hospital?---No.

No, okay. You also talk about, in another part of your statement, there was frustrating that at no time you had access to all the information about Kumanjayi?
---Yes.

I'm just keen to hear your thoughts on how you think that sort of transparency and open communication could happen between agencies more clearly - given privacy concerns and other concerns, have you got some thoughts about that?---Well, like - I think when it comes to young people it's really important that like to have all of the information. This - you know - this person holding this information - like the report written by Kate Crawley was written in 2017 and in 2000-and I think it was 18, I'm arguing to the Magistrate for a cognitive assessment to be done but one had been done but I didn't know about it. Like, yeah.

And so how do you think - can you think of a way that that might be structured that it's - - -?---Better collaboration and integration of service delivery and holistic case

plans and multi-disciplinary team meetings that involve family and community as well as stakeholders.

Yes. And so that - yes, I suppose that leads to your other suggestion that there just be one person who has a complete picture, but presumably that not being someone who is a corrections-based case-worker?---Yes.

Which was sort of - I think what was happening here, that the only person in the middle was the parole officer, potentially, who also presumably, didn't have all the information?---Yes.

Yes, so what I am reading from your statement is that you were probably the closest person to being that one person but that was only as a result of sort of a combination of serendipity and your incredible conscientiousness and hard work which means that, you know, you managed to stay in contact with him over seven years and three different jobs?---Mm mm.

But that was only because of your relationship?---Yes.

So again, I mean, I suppose you've sort of answered this already, but in lieu of someone like you, how do you see that? And that just comes to the - do you see it working just as long as there's collaboration - that you need the appointment of one person?---Yes. Yes. Well, you know, a team, like a small team because, you know, like Brooke mentioned, if you only have one person and that person goes.

Yes?---And they're not like me, then that information is lost. So - - -

Yes, that's true - - - ?---Yeah.

- - - and then the problem with the team is it might fall through the cracks, yes?---Yeah. Yeah, I mean it is a difficult logistical thing. But there does need to - I think there needs to be just more collaboration.

No further questions, thank you?---Thank you.

THE CORONER: Any other questions?

MS MALANEY: I think I'm next, your Honour.

THE CORONER: Yes.

MS MALANEY: My Maleny, and I'm appearing for the Brown family. I probably have about 20 minute of questions. So I'm not if your Honour would prefer to break first.

DR DWYER: I've been asked by Mr Hutton, if it's possible to continue. I think that's the witnesses preference. But I wonder if we might just check from the Bar table what - - -

THE CORONER: How many – how long – how many other people wish to ask questions, and for what length of time?

DR DWYER: I think Mr Derrig has 30 minutes, and Ms Malaney has 20.

THE CORONER: Yes. It's a long period of time, when it's now 1 o'clock.

A PERSON UNKNOWN: Could we possibly have a short - - -

DR DWYER: Would your Honour excuse me for a moment?

THE CORONER: Sure.

DR DWYER: The witness has asked if we could continue, your Honour?

THE CORONER: Yes, all right.

XXN BY MS MALANEY:

MS MALANEY: Ms Chilvers, my name's Maxine Malaney and I appear for the Brown family, which of course includes Leanne Oldfield. By 2019, did you know the Brown family and Ms Oldfield fairly well?---Yes.

You've said in your statement that your first impression upon meeting Kumanjayi at the Mount Theo Program was that the family had difficulty controlling and managing his behaviour?---Yeah.

You obviously have told us that you didn't fully understand his behaviour at that point in time. Did you later come to appreciate that the situation with Kumanjayi's behaviour and his history was much more complicated than you knew at that time?---Yes.

And you came to learn that after further education and experience?---Yes.

You've stated in your third statement that when looking at Kumanjayi's situation, "One must also take into consideration the role of the collective transgenerational, intergenerational and historical trauma"?---Yes.

And that Kumanjayi's family are themselves victims, and not to be blamed for what happened to him?---Yes.

You stand by that?---Yes.

Apart from the family's own trauma, the family themselves did not have the resources or the professional support to give Kumanjayi everything he needed?---That is absolutely correct.

Despite that, they did do many things to try and help him though?---They did.

To give a few examples, one of course is the Mount Theo Program where you met him?---Yes.

And the Brown family supported him in being there for four weeks?---Yes.

And of course, you'd know, they were very involved in the Mount Theo Program?---Yes.

And Peggy Brown has an Order of Australia - - - ?---Yes.

- - - for being one of the founders, along with Jakajeri(?) and others. Another example is of course the SevGen Program, where Leanne joined Kumanjayi - - - ?---Yes.

- - - for six months. And a few weeks again later?---Yes.

And are you aware that Ms Oldfield still has a relationship - - - ?---Absolutely.

- - - with Ms Waller today?---Yes.

Another example is the assessment for Foetal Alcohol Syndrome. You tried many times to get him assessed for that?---Yes.

And Leanne was always very supportive of that?---Yes.

Did Ms Oldfield also contact you for help managing his behaviour generally?---It wasn't for managing his behaviour, it was when he was – there was a warrant for his arrest.

So normally when he would break out - - - ?---Yeah.

- - - from his detention or CARPU for example?---Yeah.

And there was of course the occasion in March 2017, when he was bitten by the dog - - - ?---Yes.

- - - when she called you. And there was another escape in July 2018, where she called you - - - ?---Yes.

- - - and you wrote a letter to the court on that occasion?---Yes.

And then of course we've heard about November 2019, when she called you again. And was it always very distressing to Ms Oldfield?---Very.

And was she usually supportive of getting Kumanjayi back to where he'd come from?---Absolutely.

Ms Oldfield was also quite involved in going to court, and supporting different - - - ?---Mm mm.

- - - solutions that were offered to the court. Sorry, you just need to respond to that I believe for the transcript?---Yes, yes.

And she – there was – she also supported the suggestion, in fact she might have made the suggestion, that he spend some time in Papunya to connect with his biological family?---She did.

And she agreed at times, for Kumanjaya to be paroled to her house in Warlpiri Camp?---Yes.

And of course, attended court in person to support him?---She did.

Have you had any contact with Ms Oldfield recently?---Yes.

And how – how do you think she feels about the loss of Kumanjaya now? It goes without saying she feels that loss very deeply?---She feels that loss very deeply.

And that she and the family loved him very much?---She certainly did, and they did.

And with the limited resources, and the support that they had throughout Kumanjaya's life, they certainly did the best they could to help him?---They did.

You mention in one of your statements that if the report that was ordered by Community Corrections in May 2017 had been passed on, it should have made Kumanjaya eligible to be on the NDIS?---I would imagine so.

Are you able to tell us what sort of supports Kumanjaya may have been entitled to, if he'd been successful in getting on the NDIS?---He – well he would have been entitled to a disability pension. So that would have provided some level of financial security. So that food security. He would have been – may be entitled to like occupational therapy, which would – you could work with that brain stem development through occupational therapy. Yeah, he would have been, you know, entitled to my services, I would imagine.

I want to ask you about a different topic now, how Kumanjaya coped in the custody environment. You've told us a little bit about what his behaviour was like when he was in a supportive, stable environment?---Mm mm.

And I won't get you to repeat all of that?---Mm mm.

But generally, you've – I guess you've told us that his personality was calm and shy when he was around you and family, is that right?---Mm mm, or funny.

Funny?---Yeah, playful, childlike, yeah.

He used to like to play with the younger kids?---Yeah.

Yes, and listen to music?---Yeah.

You've told us in today, and in one of your statements, I think you used the words "That it was exceptionally difficult to engage with Kumanjayi in the custody environment." Is it - - - ?---Yeah.

- - - generally the case that he didn't cope well, in that environment?---I think that comment related more to issues with the environmental setting, you know, you're in – you're in like in the – the youth detention centre, there was just this horrible little room that they would put me in with him. And then in the adult detention centre, they would just put me in the visitors room with him. So there may be other people sitting over there.

And so outside of your visits with him at the correctional centres, or the youth detention centres, did you have any knowledge of how he coped generally, in the correctional centres?---I don't think he coped well in the correctional centres.

And is that going back to the point of it not being a supportive, stable environment?---Yes.

And perhaps too much chaos - - - ?---Yes.

- - - in the Correctional environment?---Yes.

Obviously we know he broke out a number of times. On that occasion in 2017, when he was bitten by the dog - - - ?---Yeah.

- - - Leanne called you very distraught about that, didn't she?---I – I'm – yes. Yes, she did. Otherwise I wouldn't have known about it.

Do you know how Kumanjayi coped with that instance of being bitten by a dog?---Well I went to the hospital to visit him, but he was actually in surgery when I went up to visit him, so I didn't see him at the time. And then the next time I saw him, I asked him about it, but he – it's like as if it didn't happen. It's like as if, oh yeah okay. You know, that's that dissociation, dissociated from it.

Are you aware of whether that would have had any lasting impacts on him?---I would imagine so. Even if it's not consciously recognised, it would be in his body.

You describe in your statement, I think what you describe is the third time he broke out. You said that Ms Oldfield called you, and she was terrified of what the police might do to him?---Yes.

And you said that "Kumanjayi was too distressed and he would not listen to you"?---Yes.

Do you recall why he was distressed on that occasion?---I – I think he was afraid of being arrested, and he was so distressed, and I should have rephrased that word from, it's not that he wouldn't listen to me. He was listening to me, to the best of his capacity. He just didn't have the capacity to – to listen properly, because he was so distressed.

And do you know why he was so afraid of being arrested?---Yes.

Can you explain that?---He was afraid, for the same reason that Leanne was afraid. He was afraid of what – of being hurt.

And I believe that's the same occasion where you wrote the letter to the court saying that he'd been mistreated, or badly treated, while in custody?---Yes.

As a person who had no ability to self-regulate, as you've described, if he feared the police or the going back into custody, it's right then that he was only able to respond irrationally, using his survival instincts, as you've described?---Yes, but I do want to acknowledge him. He was standing there at the fence, and I was standing a little distance away, so that he could sense my presence, and I could communicate with him. And I could see him trying so hard, to bring his own regulation down. I saw him trying, yeah.

I want to ask you a little bit more about the arrests, or attempted arrests by the police - - - ?---Mm mm.

- - - on the sixth and 9 November 2019. Have you had the opportunity to review the report from Dr Laura Scott?---No.

I might just read out a couple of sentences of what she said. Dr Scott has said this about her conversation with you?---Yeah.

She said, "When asked why, she", being you, "Believed that Mr Walker sometimes coped with arrest, and sometimes resisted strongly, she felt this depended on whether the arrest was carried out in a trauma informed manner. Ms Chilvers asserted that Leanne had always encouraged Mr Walker to turn himself in to police. She would gather family around, once he'd calmed down, and they would take him in. In this context, she felt the arrest was able to occur more safely"?---Mm mm.

And your Honour, that's at item 10-13B on page seven.

You recall saying that - - - ?---Yes.

- - - to Dr Scott? I want to ask you about the 6 November arrest first. I'm assuming you've seen the video footage of that from what you've said?---I've seen aspects of it.

From what you've seen, is that an example of Kumanjaya using the flight

response?---Yes.

You made a comment earlier today that the police, when asked by Counsel Assisting, that the police should have done the opposite of what they did. Was that in reference to this incident?---Yes.

Given Kumanjayi's cognitive impairment, are you able to identify any problems with the way that the police engaged with Kumanjayi on that occasion?---It's – it's – you know, I just want to say, the whole thing was done wrong. That's all I can say, is that done wrong in every way. They barged – that barging in, no consultation with the family. It just wasn't the right way to do it at all, from either a cultural perspective, or from a trauma informed perspective.

In particular, apart from the things you've just mentioned, is there any issue you see with the police making physical contact with Ms Robertson?---Yes, yes.

And what's that?---With Kumanjayi Walker?

Making the contact with Rakeisha Robertson, touching her on the arm to remove her from the doorway?---Sorry, I was not – I was not thinking of the same incident that you're referring to. Are you talking about the axe incident, yes.

Yes. Which incident are you talking about?---I was - - -

The 9 November?---Yeah.

Would you prefer to watch that footage?---I don't want to watch it. I know I have seen it, and I don't think it's appropriate for them to manhandle Rakeisha.

Do you see any problem with that, from the perspective of how Kumanjayi would have reacted?---I guess so. I mean I guess you could say, well that's his partner, and they're using force on his partner. He would have felt defensive.

What about blocking the doorway when he was - - - ?---That is not a good thing to do.

And why is that?---For the example that I gave earlier with that young person in the detention centre. You are caging a person whose primary survival response is flight. So when we're working with young people like that in a therapy room, we make sure we positioned them near the doorway, so they can access the door if they need to leave. We don't block the doorway. Blocking the doorway is a threat.

What about the fact that there were family members like Lottie Robertson present, who weren't engaged in the process?---That's not helpful.

And Kumanjayi in fact said to the police officers that he wanted to speak to Lottie Robertson?---Yeah.

And they – the response was something to the effect of, after we handcuff you. Do you see any problem with that?---I think by that stage, he just wanted to run.

It was too late at that - - - ?---It was too late.

- - - point to de-escalate the situation?---Yeah.

I want to ask you a little bit more about 9 November arrest. So this is - - - ?---Yeah.

- - - obviously the one with Constable Rolfe. Counsel Assisting has already asked you quite a bit about this, but there are a couple of other parts of the arrest that I'd like your comment on. Do you see any issues with the police directing Kumanjaya to stand against the wall, and standing in close proximity to him?---Yes.

Is that for the same reasons you've - - - ?---Yes.

- - - already identified? What about the fact that they make physical contact with him?---That's not okay. That's not appropriate. That was – that was an aggressive act, the way that that was done.

What about the fact that his mother, Ms Oldfield, was just outside the house, but she was not spoken to – or she was not involved in the arrest?---Inappropriate.

The fact that we can see in that video, Kumanjaya's told not to put his hat back on - - - ?---Mm mm.

- - - and he immediately puts his hat back on - - - ?---Mm mm.

- - - is that one of the indications to you that he was not comprehending the words that the police were telling him?---Yes.

You've spoken a little bit about Dereck Williams, and how he should have been involved in the arrest, from your perspective. Have you heard anything – any of the evidence that Mr Williams gave, about his approach to arresting people, and to arresting Kumanjaya in the past?---I heard a brief little bit of him speaking, and that's all.

A couple of the things, I'll just outline a couple of the things - - - ?---Thank you.

- - - that he said, and I'll ask for your comment on them. Some of the things that ACPO Williams said he would do, is he'd often speak to Elders or the family first?---Mm mm.

He would explain to both the person being arrested, and the family, what they're being arrested for?---Mm mm.

He would often use the families to encourage that person, either to hand themselves in, or to help facilitate the arrest. And he said he'd often tell Kumanjayi to jump in the front of the car, rather than in the back seat - - - ?---Yes.

- - - because that could make him anxious. And he said sometimes it would take him up to 40 minutes to have this conversation with someone he was arresting like Kumanjayi - - - ?---Yes.

- - - and explain the process. Is that a type of approach that you would think is effective in dealing with someone with cognitive impairment?---I've got goose bumps. That is trauma informed practice at its best.

And presumably you'd agree that's better than the approach taken by the police?---Correct.

On the sixth and 9 November. Is that approach of ACPO Williams similar in some ways, to what you did at Mount Theo in encouraging Kumanjayi to get out of the truck?---Yes, it's giving him his space, and doing it calmly.

Taking the time - - - ?---Yes.

- - - as long as he needs, gently, encouraging him?---Yes.

Reassuring him that he's safe?---Yes.

How important do you think communication is in that process of arrest?---Vital. It's like when you go to the doctors, and they're doing a procedure, if the nurse or whatever explains what they're about to do, before they do it, it alleviates your anxiety. Because you know what's happening.

I want to ask you about a different topic, the phone call on 1 November, which was after Kumanjayi absconded from CAAAPU?---Yes.

Ms Pincus has asked you a little bit about this - - - ?---Yeah.

- - - phone call already. Did you call CAAAPU from your phone?---Yes.

And that call was not on loud speaker?---No.

And the person you spoke to, was that Adrian Atkinson?---Yes.

Have you read or - have you read or heard about what Mr Atkinson had to say about that phone call?---No.

I will just summarise it for you briefly?---Sure.

And if you need to see his statement I am happy to show it to you. Your Honour, this is statement 8-0A and it's at pars 12 and 13 on page 5. What Mr Atkinson says in summary is that Kumanjaya said to him, on this phone call, "Sorry that I took off, can I please come back?" Mr Atkinson said he'd have to speak to his supervisor to check. He put the phone call on hold, spoke to his supervisor, came back on the call and then said, "Sorry, we can't take you back." He also said that the phone was handed to a female who pleaded with him to take Kumanjaya back and he repeated that Kumanjaya wasn't allowed to come back and then Mr Atkinson then notified Kumanjaya's parole officer?---Mm mm. I'm not aware of that phone call.

Ms Oldfield says about this phone call - she doesn't remember whether CAAAPU said they could take him back or not. She does remember that you handed the phone to her and the person on the phone told Ms Oldfield that she had to take Kumanjaya to his parole officer?---Yes, yes, yes.

Do you recall that as being part of the phone call you've described?---I do now.

Is it right that at no point on the phone call CAAAPU said they would take Kumanjaya back?---At no point on the phone conversation I had CAAAPU said they would or wouldn't take.

Do you recall handing the phone to Ms Oldfield at some point?---I can't recall. If I did hand it - I didn't think I actually did hand it to her because my recollection of that phone call was that they said they would have to have a meeting so I - maybe I passed it to her to give him her phone number but I don't recall that and I certainly - Kumanjaya was not on that phone call at any time.

Is it possible that Ms Oldfield did - that you did - that you did hand the phone to her and she did speak to him briefly?---It is possible, yes.

Is it possible that they told her on that conversation that she should take Kumanjaya to see his parole officer?---Yes.

And is it possible that perhaps even if it was not your understanding of the conversation, that Ms Oldfield and Kumanjaya were left with the impression that CAAAPU would not take him back?---It is possible.

Did Kumanjaya say anything to you about how he felt about going back to CAAAPU?---He didn't say anything.

Did he say anything to you about how he felt about going - the possibility of going back to prison?---He didn't say anything at all.

Do you have any idea - other than from speaking to him about how he might have felt about going back to prison at that time?---Well, I can tell you that he wouldn't have been there and stayed there if he wasn't in agreement with the plan to go back to CAAAPU at that stage, so I don't think going back to prison was in his mind.

I think he was about "I need to go back to CAAAPU" was in his mind because that was the purpose of the meeting.

Would it surprise you to hear that after this phone call when Ms Oldfield took Kumanjaya to go see his parole officer, that he ran away?---That wouldn't surprise me.

Would that be consistent with the flight response you've described?---It would be, yes.

Particularly if he thought that CAAAPU weren't going to take him back?---Yes.

I want to ask you finally about the events on 9 November after the shooting, the conversations you had with Ms Oldfield and Ms Waller?---Mm mm.

Ms Waller rang you first and told you that Ms Oldfield had rung her, is that right? ---Leanne actually texted me - not Leanne, sorry - Terri Waller texted me and asked me to ring Leanne. Because Leanne wanted me to ring her.

And then when you spoke to Ms Oldfield, did she ask for your help?---She did.

With finding out what was going on at the police station?---Yes.

Did she say anything else that you can remember?---I can't recall. That as the main - I mean, I was in a state of shock at the time too, like yeah. The main - she wanted me to find out what was going on and I said to her, "You should go to the - like they should let you in, you should be able - you're his mother, you know, you should be able to be with him".

Do you recall what information she had about Kumanjaya's wellbeing at that - - -? ---She had no information.

Do you recall how she seemed to you, emotionally?---She was distraught and she - like I told her I would go to - we will wait, we will see what happens and I will like allow that time for them to bring him in to Alice Springs, which is why I went to the hospital so early in the morning because I allowed for three hours to travel into Alice Springs and then I went in and so after I went in I rang Leanne and told her that he's not there.

And so that was at about 1 to 1:30 am you went to the hospital?---Yes.

Why did you think he was being taken to the hospital?---Because the ambulance had - was there - well - in my heart of heart I felt he had already died, but I was in hope that he would have gone to the hospital, so you know, the ambulance was there, the Royal Flying Doctor's plane came, so you know, we had to hold on to hope what - that he may still be alive.

And when you say the ambulance and the Royal Flying Doctor's plane was there are you talking about in Alice Springs or in Yuendumu?---In Yuendumu.

So had somebody communicated that to you or have you seen it on Facebook?
---I was watching Samara's live Facebook feed.

And after the hospital you went straight to the police station?---Yes.

And they - how long did you wait for the police there?---It was cold and I was freezing so it was a little - it would've been about 15 minutes or so - maybe 20 minutes.

And did you explain to the police who you were?---Yes.

And what your relationship was with Kumanjayi?---Yes. I thought I would use my white status and credentials to be able to get some information.

And did they give you any reason as to why they couldn't give you information?
---They just said that they cannot give me any information.

Are you aware now that around 9:30 pm that night the sergeant in charge of the Yuendumu Police with others, had created a ruse involving the ambulance travelling to the airstrip so the Yuendumu community would think that Kumanjayi was still alive and getting medical treatment?---I am now aware of that. I wasn't aware of that at the time.

Are you also now aware that the police forward commander in Yuendumu spoke to Eddie Robertson just after midnight and lied to him and told him that Kumanjayi was still alive?---I am not aware of that.

How does it make you feel now, that at 1:30 - 2 am, that five or more hours after Kumanjayi had already passed away, you were driving around to the hospital and the police station, waiting around, trying to find out how he was doing?---Upset.

Thank you, Ms Chilvers. Those are my questions.

THE CORONER: Are there any other questions?

XXN BY MR DERRIG:

MR DERRIG: Good afternoon, my name is Derrig?---Good afternoon.

I am from NAAJA?---Hello.

Would you like to take a moment?---I will just wipe my tears. I will be all right.

Your evidence shows the many difficulties that Kumanjayi had, but you were also able to talk about his insights?---Mm mm.

And insights into his (inaudible), you had insights into the way violence affects people?---Mm mm.

And he could articulate those things. Not to take away any of his difficulties but could you let the Coroner know some of other of Kumanjaya's other strengths? ---He loved animals and you can see by how healthy red dog is that he cared for animals. He was a – you used to hang around the little kids because of his level of emotional maturity, but they really looked up to him. So, in some ways, he had some leadership qualities. He loved music. He was very stylish in how he dressed really. He was quirky and he was funny. He had a good sense of humour and he had a gift for – he had a good eye for that – like setting out the art gallery. So, that's some of the other strengths. Thank you for asking.

That's quite all right. Now, I want to ask you a little bit about cultural programs and community control programs. So, you worked at both Aboriginal-controlled organisations such as WYDAC. Then you've also worked at mainstream services?--- Yep.

And in both of those roles, would it be true to say that you've at least helped Aboriginal people in both of those services?---Yes.

What do you see as the benefits in service delivery for Aboriginal people when you're working through an Aboriginal-controlled organisation?---Bottom up, like cultural programs, empowerment, lots of benefits.

Okay. Do you think some of the benefits could include that it's more likely that there might be a culturally appropriate and safe service provider?---Yes.

And perhaps the management might have a better understanding of their own clientele?---They should, yes.

And do you think generally, there might be – these kinds of things might create a greater level of trust?---Yes.

Okay. Now, you noted that Kumanjaya Walker thrived the first time he went to SevGen?---Yes.

And I believe part of that, you mentioned, how culturally supportive they were?---Yes.

Can you expand on what made SevGen so culturally appropriate?---I think because they really – because they're Aboriginal people that have big hearts and on - like really respect the importance, understand and respect the importance of culture as healing. So, they made a big – and you know, a lot of the communities on the east coast, the kids are disconnected from their culture. So, to have somebody come with cultural knowledge and be able to share that knowledge was beneficial two-ways for those other young kids, but it also gives that pride. It was more about

giving Kumanjayi pride in himself as a Warlpiri young person.

You mentioned that, and it's an interesting point, that's obviously one thing that was very specifically valued by Kumanjayi, as it seems. What other things – why else do you think it was specifically important for someone like Kumanjayi or particularly for Kumanjayi Walker?---Because it's relationship-based as well. And you know, healing comes through relationship.

And would those kind of benefits be important for Aboriginal people more generally who might need these kinds of services?---Yes, for all people who need these kind of services.

Thank you. Okay, now you noted that Leanne Oldfield stayed with Kumanjayi for six months - - -?---Yes.

- - - at SevGen. And that's over in Queensland, isn't it?---Yes.

That's quite a big trip?---Yes.

It's uprooting her life for six months?---Yes.

So, that's quite a significant commitment?---Commitment, yes.

Now, I know that SevGen required a carer to come or a family member to come. What value do you think it was for Kumanjayi having Leanne there with him?---She was his secure attachment. So, that was – she was the most important person in his life. So, that gave him that level of security to have her with him. So, that would have helped to stabilise – you know, it's a safety in that connection.

Okay. And so, would it be fair to say that it might be important for Aboriginal people in general to be close to their peers and family when they receive these kinds of services?---Vital.

And is this because of, in the least, the fact that they've got that language support with them?---That's an important part of it.

And also, with the cultural support?---Yeah, the family. You know, family is really important and they too need the healing and support.

And would that lend prudence to the idea that it would be fantastic if these kinds of services could be carried out on country?---Yes.

For those same reasons?---Yes.

Okay. Do you think if Kumanjayi had have had the right kind of rehab services and support services available in Yuendumu, it would have increased the chances of him being able to receive the kinds of - fully receive the benefits of the kinds of services that he might have required?---Yes.

Now, you note in your evidence that there's a breakdown in services in the transition for a young person going into adulthood, particularly if they're in prison or something like that. Because some services stop when someone's 18?---Yes.

Could you let the court know what kinds of difficulties, practical difficulties, this can cause?---Well, if you've had a young person who has been in juvenile detention, I thinking of a specific example, not Kumanjayi, from the age of 14 to the age of 18, and then on his 18th birthday, he's transferred over to the adult detention centre, that is a shock. That is like – yeah, that is a shock. That is - - -

And so that's - - -

THE CORONER: Is it a humane way to treat a young person?---No.

If there is a requirement that children move from youth detention into the adult custodial environment, is there a way that that could be done that is more humane than simply uprooting overnight, sometimes?---Yeah, well I had one young fella, he only had like a couple of weeks to go on his sentence past his 18th birthday. And I pleaded for them to not send him to adult detention for that time. Let him finish those last couple of weeks in juvenile and that request was denied.

And if they are going to transfer a young person, is there a better way of doing it?---Yes. I think if they are going to transfer a young person from the juvenile centre to the adult centre, then young – most of our young people have family members in the adult centre and it may have been - you know, it requires a little bit of work, but to have a family member brought over to the juvenile centre to sit with them and explain it and transition them over there, that would be one way to make it less terrifying for a young person. That's just one I'm thinking off the top of my head.

Is removing a young person from youth detention and then simply placing them into adult detention without any preparation for that move trauma-informed?---No.

Is it the opposite of trauma-informed?---It is.

MR DERRIG: Thank you.

I might ask you now for a little bit about Kumanjayi's experience in youth detention and how it might have affected him moving forward in his life. Now, there's records before the Coroner that show that Kumanjayi Walker was transferred between Alice Springs Youth Detention Centre and Don Dale on a number of occasions. One was in around about 2017. What I wanted to ask you about was, on or around 28 August 2018, and at that stage, he was engaged in your services with you around trauma counselling. Do you recall that?---Yes.

And it seems that on 7 September 2018, you raised an objection – sorry, after the event, you noted your objection to the transfer via email - - -?---Yes.

- - - and not being consulted on that?---Yes

Now, were you aware that, by that time, the Royal Commission into child protection in youth detention in the Northern Territory had made this following recommendation, and I'll read it out to you?---Mm mm.

“A child or young person is to be placed in detention facility nearest to the place of their residence, or his or her family, her carer. And that consultation prior to transfer occurs, and this consultation take place in a fair, and transparent manner, with the primary factor being the well-being and interest of that person”?---Mm mm.

Now is it fair to say, that given you were providing him with medical services, you might have had an opinion on that transfer, and the effect it might have had on his medical and social well-being?---Can we remove the word “medical” out of there. So therapeutic services, absolutely. Why would you – a young person is being provided with a therapeutic service and a support of somebody that's trusted to him, and then you just rip him up and take him up to Darwin. And family can't even come and visit him.

Okay. Now the other thing is you – are you aware that also the Royal Commission into Aboriginal Deaths in Custody, also made a similar recommendation in (inaudible). And noted the value of the – of Aboriginal people being close to their family – close to their residence. That idea of being close to residence as possible, what would have been the benefits if Kumanjayi Walker had remained as close as possible to his usual residence? What's the value of being that close?---Family can visit.

And when he did get transferred, how did that affect the way that you were able to provide services?---I could no longer provide services.

And did that have an effect on the progress that you were making? I know that sounds like a dumb question?---Of course.

Now, as I understand it, at the time you were also working with him in the context of domestic violence services, is that right?---May be – I'm not sure that was – if that was before January 2018, yes.

No it wasn't, so?---Yeah.

Okay. Okay, now I know you've had a couple of questions already about event that have occurred for Kumanjayi Walker in detention - - -

THE CORONER: Just before we go to that. Sorry to go back. The – you've – we were talking about 18-year olds being moved from youth detention to adult detention. We've also talked about, or heard a little bit about the impact of moving a young person from one detention centre to another, in this circumstance, further away from family?---Mm mm.

Just on the trauma informed side of things, we talked about the impact that that has on the child who is moved?---Yes.

What impact does it have on all the other children, when something like that occurs?---I'm not sure I can answer that, because I don't know – I don't know the answer to that.

Do you think it could be a traumatic situation, to have one of their cohort - - - ?---I guess it depends on the relationships between them.

Right?---If they were – if they were a support for each other, then yes, it would be. But the kids in youth detention, they're all, you know, I would say, a 100 percent of the kids in youth detention, are kids with developmental trauma of some sort. And I say that from my experience working there. They're mostly – like they're – they're in survival mode being in there anyway, so they're so used to things coming and going, coming and going, and people coming and going as well. So I would just – I would say that would probably impact more when a young person has a connection with another young person, and that's a support, or a family member, and that – then they take one, and they don't take the other. But apart from that, I can't really answer that question, because I have never asked a young person that question.

I'm just thinking it might add to that sense of chaos and uncertainty?---It does that.

That at any stage you can be moved - - - ?---Yes.

- - - and taken away?---That does. Yes I've had – worked with young people that they're talking about sending them to Darwin, and then they – then they don't send them. So they get used – they get used to the idea that they're going to be sent to Don Dale, and then they're not sent. And so they're destabilised again. And then – then all of a sudden they get sent, you know. It's not trauma informed.

MR DERRIG: Thank you.

I'm about to ask you about some specific incidents. Some of these that are on the Coroner's records of the brief of evidence. Some of these are – might be disturbing. So I might just give a bit of a warning - - - ?---Sure.

- - - for family member that's present, as well as anyone watching. And I might just give a couple of seconds - - - ?---Sure.

- - - before you start answering my questions. I possibly won't even go into explicit details on some of these points, but there are at least one incident of Kumanjaji Walker – or a number of Kumanjaji Walker threatening self-harm. Clearly, based on that, I can go into more detail if I think it's necessary. So the first three incidents clearly that kind of conduct, or behaviour, suggests that youth detention was a place of trauma for someone like Kumanjaji?---Yes.

And then, just to add for the record, there were also two incidents where he physically manifested that self-harm. Okay, now there - - - ?---And I was not aware of that.

There was an incident where he was – after self-harming, he was placed at risk, and the record itself doesn't provide this, but you might be aware from your time working in detention, that that means that he would be put in a solitary cell for observation?---Mm mm.

What do you think the kind of effect would have been on Kumanjayi in these circumstances?---That would have – he would – he would – that would have been overwhelming, negative. You know, I worked with other young kids in – I wasn't working in the detention when Kumanjayi was there. When I was working, some of those kids have got cuts all the way up their arms from self-harm, in detention.

And for Kumanjayi, being alone in a cell, even if it's for the purposes of observation - - - ?---Terrible, frightening, scary, scared to death.

- - - could it potentially exacerbate the problem?---Yes.

There is also a record, that on 28 July 2018 - - -

THE CORONER: Can I stop you.

So the at risk response, you say, is not trauma informed?---Yes.

What would it look like to have a trauma informed at risk response, in a youth detention centre?---To have someone come and sit with them. Someone trauma informed in their practice. Somebody that they trust, and feel okay to be with, to – just to come and sit with them. I know that requires a lot of resources. I understand that, but so does a young person harming themselves require a lot of resources, so, yeah, they just need to have someone come and sit with them.

You talked about soft rooms?---Yeah.

My understanding is an at risk room would not present as a soft room?---No.

If a child needed to be moved to a different part of the centre, so that they could, for example, be observed - - - ?---Mm mm.

- - - if they were – if they did have someone sitting with, or near them, would it be appropriate, from a trauma informed point of view, that the room that they were located in was what you've described as a soft room?---Yes. Yes.

MR DERRIG: Thank you.

Now, Kumanjayi Walker spent, according to the brief of the evidence, Kumanjayi Walker spent a considerable time in youth detention?---Yes.

Which also coincided with the reporting period of the Royal Commission into Youth Detention in the Northern Territory?---Yes.

And by my calculation it appears that might have been about 375 days?---One year and five months.

I am going to talk - now I am going to talk to you about a couple of findings from the Royal Commission and just ask your opinion of these things that happened to Kumanjayi, what kind of effect that might have had. So one of the findings was Youth Detention Centres used during the relevant period were not fit for accommodation, let alone be rehabilitating children in them?---Correct.

The inadequate facilities put children and young people's health and safety and wellbeing at serious risk?---Correct.

Contrary to the Youth Justice Act at the time there was a practice of requiring all detainees who received a family visit to be randomly subjected to unclothed searches which meant he would have been strip searched a number of times?---I am not aware of that, no, I didn't witness that, so I can't comment.

The approach to isolation of children and young people in the Northern Territory detention centres is indicative of a system in crisis?---Yes.

The health care needs of children and young people in youth detention with alcohol and drug addiction or experiencing inter-cultural issues are not adequate?---Correct.

To your knowledge, did Kumanjayi Walker suffer from many effects of these kinds of conditions?---He experienced those so he would have been impacted by those experiences.

Would you be able to provide an opinion what kind effect that might have?---It would have been the added effect of institutionalisation with that, so that was why it was hard for he had people like the institutions making all the decision for him doesn't help his decision-making processes. And that is traumatising, so it's just that cumulative trauma.

You have probably answered this question, but this effect, could that have been a long term effect?---Yes.

And in these conditions that we've just described, spending all those days in detention, is it likely that it would have actually assisted in ensuring that Kumanjayi - that kind of conduct and conditions would have actually assisted in ensuring that Kumanjayi Walker wouldn't have offended again?---Those conditions will not help somebody - there's no addressing of their criminogenic needs in that environment.

And my understanding of your evidence is Kumanjayi Walker experienced trauma by actually being in detention?---Yes.

What do you think the added effect of this kind of trauma might have had on him (inaudible)?---It is a cumulative effect - it is an additive effect.

Now, do you think this could have affected Kumanjaya Walker's decision making and choices when confronted by state authority figures such as the police, as in his experience in youth detention and guards might have had an impact on how he - - -?---Yes.

Now, given all these difficulties, would it be fair to say this is a reason why all opportunities should be taken to divert young people away from contact with the criminal legal system?---Agreed.

And if ultimately a child does have to go to detention or interacts with the police? ---Mm mm.

Shouldn't these institutions be set up in a way that minimises these kinds of traumas?---They should.

Now, this might sound like a dumb question, but just to avoid all doubt, what is the relationship between these kinds of traumas and the likelihood that a person would commit an offence or reoffend?---If criminogenic needs aren't addressed then they are going to reoffend. So that would increase the likelihood of reoffending, if there is no rehabilitation.

And if someone is in youth detention, in a sense, that could be an opportunity to receive medical assessments and things like that. And potentially create treatment plans that you've referred to previously. Is it potentially those treatment plans could identify triggering points for people like Kumanjaya Walker?---Yes.

And ways to avoid those kinds of - - -?---Yes.

And ways to deescalate a situation?---Yes. We used to develop positive – we called them “positive behaviour support plans” in the Youth Detention Centre. So, it would be to get to know those particular young people, what their triggers are and how best to respond to them.

And for example, that child that you mentioned (inaudible)?---Yes.

If they had have had an assessment, they might have identified that that might have been the wrong way to do it?---Yes. And that's just basic common-sense really, that one. There's no assessment needed.

I want to talk very briefly about that situation with Kumanjaya and the dogs?---Yep.

We've heard evidence in this inquest that the police use dogs in part to hope for compliance from the person they potentially use the dogs on. Do you think that would have worked for someone like Kumanjaya?---No, he was in flight mode. That's

a survival mode.

So, it wouldn't have had the desired effect?---Correct.

And you've previously talked about the amount of high proportion of children who have developmental trauma difficulties and things like that?---Yep.

Would it be fair to say that it wouldn't have worked – there's a decent chance that wouldn't work for a number of those kinds of children either?---A number, yeah. It depends on their survival response. If they freeze, it might work. Like if, in that moment, they froze, it might work, but it just depends on the individual's survival pattern.

THE CORONER: But we don't really want to adopt techniques that create a traumatic response?---Yes. That is called retraumatizing.

MR DERRIG: Now, in your evidence, you note the value of police being trauma-informed, which I will ask you about in a moment. And I'll ask you to extend upon the value of that. But would it be fair to say that this use of police dogs and things like that, that wouldn't be trauma-informed at all?---It would not be.

And would this suggest that then perhaps there may be some limitation to the extent the police can be truly trauma-informed in the sense that police might do their job in an entirely good faith manner, but at the end of the day they are, by the nature of their job, still maybe required to use when imprisoning people?---Yes.

There is essentially a built in limitation on trauma-informed the police can be?---I don't think there's a limitation on how trauma-informed that they can be. And you know, I've – the example is, you know, if someone like Derek can respond in that way and have a successful outcome, yeah, I don't think there's a limit.

Fair enough. But perhaps for Aboriginal people in terms of their own trauma responses, there is a history of discriminatory practices that may affect any interaction with the police to cause a sense of fear and anxiety?---Yes.

And you spoke a little bit previously - - ?---Yes.

- - - this morning about - - ?---Yes, and so if you're trauma-informed, you know how to respond to those trauma responses appropriately.

Okay?---I mean, it does make the job difficult. I respect that.

I suppose ultimately, what I'm getting at is that, ideally, is it possible that other professionals, including someone like Derek, who's let's say more a mainstream or an Aboriginal Community Police Officer or social works or someone else might be best placed to be the first responders when there's an incident of someone who's suffering from trauma?---Yes.

Now, in your evidence, you noted that it's your opinion that if the police had been trauma-informed in training on the night of 9 November - - -?---Yes.

- - - then the death could have been avoided?---Yes.

For the benefit of the Coroner and the court, could you expand on why you think this might be the case?---Because if they had have been trauma-informed in their practice, they wouldn't have triggered a traumatic stress reaction in Kumanjayi. So, he wouldn't have had to – he wouldn't have reacted by using the scissors and then he wouldn't have been shot, I would hope.

Now, there has been evidence before the Coroner that there sometimes are warning information on police systems for individuals who might have cognitive or mental health impairments. But assuming that this can't happen all the time, can police be trained to be able to identify someone who has suffered from trauma?---Yes.

And what kinds of things should they be looking out for?---The behaviour of the nervous – the reaction of the nervous system. You could see him using his social engagement system in the first instance, yeah.

Okay?---You can see in the behaviour.

Now, are you aware that Recommendation 25.1.5 of the Royal Commission into youth detention, it says the following and I'll read that out, "That all Northern Territory police receiving training in youth justice, which contains components about childhood and adolescent brain development and the impact of cognitive and intellectual disabilities, including FASD and the effects of trauma, including intergenerational trauma. So, essentially, the Royal Commission suggested this kind of - - -?---Right.

- - - training for police. Now, I'm not aware of anything from the brief that says, one way or another, whether or not police have implemented this training, but is it fair to say that, at least in this instance, if there was that training there, that it was inadequately (inaudible)?---100 percent.

Going back slightly to the police computer systems and the warning systems, what kinds of information should be sort of readily available to police if they're going to have a full understanding of - - -?---Even if it – like just, there was a history of his arrest. He was arrested on multiple occasions. So, there would have been a – there should have been notes related to how he was likely to respond and how to respond to not create a negative outcome.

All right, thank you. Now, would this assist, if the person was - at some stage, individuals at some stage to give consent to something like this, would it assist if a particular diagnosis such as FASD or PTSD be included on there? Things like whether or not someone has an aggravated startled response or poor impulse control. Is that all helpful information?---I guess so. But you know, it's hard to get in – like the respect and trauma-informed practice doesn't require that, but it may be helpful.

Last set of questions. Just talking about your recommendation for the need for better collaboration between the two - - -?---Yes.

Is there a – now I think your evidence is that there should be someone who takes the lead on this. Is there a particular agency or group that might be best fit for that position? Like if there's a number of agencies, is there a particular type of agency that might be best placed to take a lead in these kinds of collaborations?---I don't – I think there needs to be a primary – like in Kumanjaji's case, I think the primary organisation should have been WYDAC. So, there needs to be somebody within WYDAC that's – that has that high level of clinical skills, trauma-informed practice and that case coordination. It's really important to have those really strong case coordination skills. So, if it could have been somebody within WYDAC, that would have been wonderful.

And do you think it's necessary that the child or the young person to have input into this process?---Yes.

And how would you ensure that? What's the best way to ensure that?---Sitting down with family and the young person.

My next question was whether or not there'd be some value in family being involved in this?---Yes, very important.

And how about having Elders or - - -?---Yes.

- - - other community members?---Yes.

And what's the best way to ensure their input can be gathered and respected and valued and (inaudible)?---I think if you develop a cultural-based care plan that, you know, part of that is, who are the people that need to be involved with this young person. And you have those young people – those people present so that everybody gets to contribute, including the young person.

THE CORONER: Can I just ask, you mentioned that a person, if there was such a person employed by WYDAC, someone with high-level clinical skills and case coordination skills would be the ideal kind of person and location for the primary contact point for care for someone like Kumanjaji?---Yeah.

What sort of caseload can someone like that manage?---Possibly, I would imagine not very many. I would put the caseload at maybe five, no more than eight.

MR DERRIG: You noted one example, well potentially one example where collaboration might have been successful in Kumanjaji's case, and that's the first time he went to SevGen?---Yes.

And you mentioned that CAALAS, the family – CAALAS, if I'm pronouncing that correctly - - -?---Yes.

- - - and yourself worked together to make sure that that - - -?---Yes.

That was quite successful?---Yes.

So, all that good work done from CAALAS along those lines?---Yes.

Why was that successful? What can you learn from that particular experience?--- Collaboration. It was like magic when organisations collaborate with each other. It feels really good. It's like magic, magic happens. So, it's magic.

So, potentially in that case, it was maybe somewhat organic?---It was organic and it was relationship-based, good relationships between the people in those different services.

Okay. Thank you very much for your time. That's all my questions?---Thank you.

MR MCMAHON: Could I have 30 seconds, your Honour?

THE CORONER: Sure.

XXN BY MR MCMAHON:

MR MCMAHON: Ms Chilvers, you spoke about an example, and I just want to make sure that we understand the example properly, you said there was an 18 year old person who was in youth detention and when turning 18, the question was whether that person should be moved over to the adult prison and you advocated for the young person to stay in youth detention for several weeks until the completion of sentence?---Mm mm.

Have I got that right so far?---yes.

But despite that, that person was moved over to the adult prison?---Correct.

So, the first question is, apart from sentimentality, which I presume is not your basis for acting in that case, is there a good reason that you asked for the young person to stay in youth detention?---Yes.

And can you just explain what that was?---So that he's not exposed to the trauma of entering the adult detention centre and he was only going to be there for a couple of weeks. Why would you traumatise – add that trauma to that young person's experiences.

So, it's a trauma-informed advocacy from – to the - - -?---Yes.

- - - youth detention. Was it to the youth detention - - -?---To the youth detention.

- - - and (inaudible) to the adult prison management?---Youth detention.

And the decision to move the 18 year old was a youth detention decision?---Yes.

And were you advised or informed of any sound or sensible reason by the young person was moved over to the adult prison?---It was just policy.

Policy?---Yeah.

Policy which, in effect, was cruelty?---Yes.

Thank you.

THE CORONER: Yes, Dr Dwyer.

DR DWYER: Your Honour, just briefly.

REXN BY DR DWYER:

DR DWYER: In relation to some questions about Mount Theo, I appreciate that you haven't – well, you've had an opportunity to work in Mount Theo from 2013 to 2015, and you've given some evidence that there – that Mount Theo alone is not enough. Is it your view, however, that the Mount Theo program is an important one?---I do believe it's a very important one.

And it should continue to run, if at all possible?---I would like to see it continue to run.

And are you aware of some recent efforts to try and have it running again?---Yes.

With the assistance of Elders, of course?---Yes.

One of the difficulties we've heard about is that Ochre cards are being required for all Elders there, is – are you aware of any way in which that can be worked around, if not all Elders who might be eligible can get – sorry, if not all Elders, who would be of assistance, are eligible for an Ochre card, is there – do you see a value in having them there in some capacity?---I do see a value in having them there. And I think, you know, if you wouldn't – you know, there's various reasons why people don't have Ochre cards. But it's like, if there is somebody always there that does have an Ochre card, I – and that child is under the main supervision of – of other people, I don't see an issue, unless it's a child sex offence or something like – depending on the reason why the person can't get an Ochre card.

Sure, but in terms of – clearly, a risk assessment needs to be done - - - ?---Yes.

- - - to make sure there are suitable adults?---Yes.

But then, does there need to be some sort of flexibility - - - ?---Yes.

- - - so that risk assessments can still allow for Elders to be present, on Mount

Theo - - - ?---Yes.

- - - even if they can't jump through those formal hoops like an Ochre card?---Yes.

You talked about the need for community healing?---Yes.

And the need for organisational cohesion?---Yes.

Is there a need in fact for healing to take place at an organisational level?---Yes.

After Kumanjayi's passing?---Yes.

And who is best placed to deliver that, or to assist with that?---I would probably, my first recommendation, recommend Garner Healing, and – and whomever they would recommend.

But to – so those people would come into community, and stay with – work with the organisations - - - ?---Yeah.

- - - to teach them how to work their way through difficulties?---Yes.

Similarly, in terms of the ongoing conflict in community, which we – which her Honour has heard something about - - - ?---Yes.

- - - is there a need for culturally informed mediators - - - ?---Yes.

- - - based in community?---Yes.

Would you – are they present there currently?---I'm not aware, they may be, I don't know.

If they are going to be culturally informed mediators in community, do they need to live in community? At least for a period of time?---If they were going to be working to resolve the issues, yes I think so, yes.

Is Garner Healing that you spoke about, an organisation that does that sort of mediation work?---They did the – they came and supported the community through the trial period. So they do have the – some strong connections. I – I wouldn't like to say that they're – I would like to ask them - - -

Yes?---And get their recommendations.

Is that – in terms of the focus – you're aware that her Honour has a power to make recommendations, as part of the inquest, would you be happy to assist us, just in terms of looking at any draft recommendations, and adding your expertise?---Yes.

Thank you, your Honour. Nothing further.

THE CORONER: Ms Ozolins?

MS OZOLINS: Yes, your Honour, nothing further.

THE CORONER: Ms Chilvers, thank you very much for bringing your expertise, but also your personal and lived experience with Kumanjaya. And sharing that with us, it is – we are – you are on a lifelong learning curve. I think we're a long way behind you on this, but we are very interested in learning, and understanding, trauma informed engagement?---Mm mm.

And I'm sure all the organisations involved in this inquest, are on that same learning path?---Wonderful.

And in fact, waiting for your on-line training program, so that we can - - - ?---Well there needs to be more than just me. It's a big need.

But thank you for the contribution that you are continuing to make in this area for the Northern Territory?---Thank you very much.

Thank you.

WITNESS WITHDREW

THE CORONER: That completes our evidence today. I note the time, it's two o'clock. We've been sitting for a long time today. As indicated earlier, our next sitting day is 27 February 2023. I want to thank everybody here for their commitment, dedication, and significant contribution to this process. There are some important people who have been contributing as well, who are not here today, and I extend my thanks to them.

I'm not going to mention people by name, but I particularly wish to thank the parties, their representatives, and their background teams, that have been supporting their participation. I want to thank the court officers who have been managing large numbers of counsel, and also some tricky electronic equipment. I want to thank the security officers, who have been here every day and assisting with that heavy door, along with other things. I want to thank the media representatives who have been very dedicated to the inquest to date, and getting very important information out to the wider community through the reporting that they've been participating in, or facilitating.

I want to thank the investigating police. I want to thank the community, and the Parumpara Committee, for the very significant engagement that they facilitated for the inquest, and for all of the parties. That was a magnificent contribution to understanding, and engagement of very important people, who would otherwise have found it difficult to be so connected to the process. And I really appreciate that. Of course, special thanks to the counsel assisting team, Peggy, Paddy, and Maria, who will continue to be working very hard and solidly in relation to this matter, as

they have been, during the adjournment break, and season's greetings to all of you, very warmly from me.

And I hope you benefit from some time with family and friends. We'll adjourn.

ADJOURNED