LEGISLATIVE ASSEMBLY
FOR THE AUSTRALIAN CAPITAL TERRITORY

STANDING COMMITTEE ON JUSTICE AND COMMUNITY SAFETY
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Submission Cover Sheet

Inquiry into Immediate Trauma Support Services in the ACT

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Submission to the Inquiry into Immediate Trauma Support Services in the ACT

December 2023

This submission is intended to offer the Inquiry a front-line perspective based on my 28-years as a sworn member of the Australian Federal Police (AFP), as a first responder and investigating officer (14 years), an AFP Coroner's Officer (12 years), and as the Welfare Officer for ACT Policing (2 years).

In these roles I directly and indirectly observed the impact of numerous incidents resulting in death or catastrophic injury resulting from motor vehicle accidents, suicides, overdoses, and other accidents.

My comments are based on this first-hand experience from multiple perspectives over many years, particularly the task of delivering to families what is often the worst news of their lives.

While addressing most items in the Inquiry's Terms of Reference, my submission relates most closely to items 2, 4, and 6.

The human face of traumatic death and injury

It is impossible to understate the impact of a sudden death or traumatic injury can have on any individual. For example,

> *Mr Gary Seary, [the father of a 19-year-old casualty], told the court that his life had been divided into two stages: before the accident, and after. He explained his grief is compounded every time he sees others suffering in the wake of road trauma.*
>
> From the *ACT Policing: 2021-22 Annual Report*, p.61.

To understand the complexity and variety of needs that arise from traumatic incidents, it is worth looking at some examples. These examples are necessarily general as publishing more detailed case studies, even if anonymised, may trigger mental health impacts for the people involved many years after the event.

At the scene of a traumatic incident

As first responder, I observed numerous occasions when family members, friends, Good Samaritans, and other witnesses to a traumatic death were left to deal with their grief on their own.

Witnesses to deeply disturbing events were left to process the sights, smells and sounds without any professional help. Frequently I observed people who could not be assisted at the time later required extensive interventions by ACT government agencies.

In my role as the AFP Corner's Officer, I observed follow-on suicides linked to previous deaths from drug overdoses, motor vehicle fatalities, and suicides.

While detailed statistics would require access to the National Coronial Information System maintained by the Coroner's Office, I suggest that increased intervention by specialist support services coincided with fewer follow-on suicides, fewer threatened suicides, and fewer domestic violence incidents where a prior traumatic death or injury appeared to be a factor.

Children

It is difficult to convey the trauma to families experienced from the death of a child. Measures such as the post-mortem process and retaining tissue and organs for additional testing which can be incredibly traumatic for parents. The trauma can be amplified where cultural practices must be impeded or denied.

There have been instances where children have been witnesses to deaths and injuries, with the resulting risk of ongoing mental health impacts. Equally seriously, there have been incidents where parents faced with the loss of child have been unable to care properly for each other or other children in the family.

With death by suicide, there were incidents where a child discovered the deceased. The surviving parents are not always equipped to manage the significant impact on the child's wellbeing while simultaneously navigating their own grief and trauma

Closure

In a major accident, news often spreads quickly to near relatives of those who are impacted, and frequently relatives will converge at the location.

A common situation is family members, in denial about a death, are desperate to ask questions and to view the body.

Viewing the body at the scene would impede emergency personnel and so is impractical, particularly as the body may be disfigured or decomposed. Even viewing away from the scene can be problematic in such cases, giving rise to strong needs for counselling and, at times, alternative means of obtaining closure.

Final disposition a deceased person

Coronial requirements, postmortems, and similar processes can be distressing for any family. For example, there may be necessary delays in releasing the body, and sometimes some of the remains must be retained for further testing.

Such procedures may be especially disturbing for families with strong cultural or religious obligations around the timing and practices concerning the final disposition of the deceased. The inability to meet such requirements and delay to funerals proceedings, can be devastating for an already-distressed family.

Mental health impacts on police

Another dimension is psychological impact on attending police.

As first responders attending highly traumatic incidents on a regular basis, dealing with highly emotional witnesses and family members adds to the psychological burden police carry.

While police are able to identify priorities and are aware of the level of aid they may reasonably offer, they are still subject to empathy for people affected by trauma and to the behaviour of traumatised members of the public may display.

Consequently, we observed incremental and cumulative PTSD issues for police first responders. Many members delayed seeking mental health treatment due to fear of this impacting their workplace.

Can police provide on-site support effectively?

Given police manage the safety and forensic issues for a serious incident, are they best-placed to deal with the needs of members of the public impacted by the event?

At the scene of a major incident, police must assist those with life-threatening injuries, secure the scene, make the scene safe, preserve the scene for collection of evidence and related material, record witness details, and take statements relevant to the incident/event.

Without access to a support service, police are also faced with the need to provide for the welfare and emotional support to witnesses and family members. Expecting police to manage their core duties safely and competently while addressing the complex needs of members of the public involved in the incident is untenable.

While many police have relevant training, the instruction is not intended to provide the intensity, currency, fluency, and support service connections available from a professional support specialist.

Even if police had more time at the scene, they could not provide the depth of support and referral often needed by members of the public in response to traumatic situations.

Police have a level of cultural awareness training but cannot adequately address less common cultural sensitivities.

Knowledge of support services and related procedures may not be current or may be too general, which can and does result in outdated or incorrect advice.

There can be significant challenges assisting members of the public who have aversions to dealing with police.

Most importantly, police training does not equip officers to provide the complex counselling needed by a traumatised individual beyond a “first aid” level.

Past approaches to trauma support

Police dealing with members of the public caught up in traumatic incidents regularly encounter intense needs for someone to:

- provide information about what happened and the consequences,
- provide accurate information, advice, and support during police procedures, coronial processes, postmortems, and similar matters,
- help navigate complex cultural concerns and needs,
- help identify and organise help for practical needs, and
- spend time offering kindness and compassion.

The Appendix to this paper summarises the way support for police and members of the public during trauma has evolved.

At the beginning of my police career there was negligible support offered to member of the public following a traumatic incident.

When attending a home address to notify next-of-kin of the sudden death of a family member, attending police could only offer to call another family member, a friend, or a religious advocate to attend the home and offer solace. Police then returned to duty and left the family members to deal with their grief without any further contact.

For a limited period of time in 2005, additional support was provided by hospital social workers. This support was extremely effective but was highly siloed as it was available only for deaths, and only where the death occurred in the hospital.

During 2006, the Accident Support Squad arranged for SupportLink to begin providing support services at the site of fatal accidents. Within a few months, the Coroner’s Office agreed to expand the arrangement to include all high impact deaths and injuries. Unlike previous arrangements, the scope could include witnesses where required. There were some initial reservations by police (myself included) about the potential for on-site support to disrupt police processes. However, that did not emerge as a significant problem. Since support workers became conversant with Police and Coronial processes and liaised strictly with the investigating officer or the Coroner’s office, Police concerns were quickly allayed.

While I cannot speak authoritatively about the detail of current arrangements, there is certainly no longer a specialised trauma support service available at the scene of an incident.

Inevitably this will lead to profound personal needs remaining unaddressed and significant additional burdens being imposed on police and other first responders, burdens for which they have neither the training nor the resources to address.

Observed benefits of effective support services

When the SupportLink Trauma support service was implemented, it quickly became apparent that the arrangement was able to meet support needs at a level impossible for police.

A number of benefits emerged.

Flexible onsite support offered help based on the unique needs of the client and the situation. A specialist trauma/counselling service at the scene provided families with a dedicated point of contact for information. As much as police try to keep the family and witnesses updated about the progress of any investigation, many times the investigating officer may not be available to answer calls due to leave, shift changes, transfers, etc.

Having a separate entity available to police which could address the welfare and support needs of the witnesses and family members became a must. It allowed police to complete their duties in a timely and professional manner, while ensuring members of the public received quality trauma care/psychological first aid (PFA) as soon as possible.

Conclusion

While we are good at servicing our responsibilities towards the deceased, we have significant gaps in our support for the living.

The value of the services provided by the Coroner's office, and the services currently provided to police by SupportLink is well-established. Thirty years of practical experience has shown that those needs may also be experienced by other members of the public including family, witnesses, and "Good Samaritans" who assisted at the scene.

Consequently, while acknowledging the excellent work currently undertaken on behalf of those impacted who fall within the scope of existing services, I invite the Inquiry to note the extensive gaps. Practical experience has shown that the diversity represented by out-of-scope clients and situations, particularly at the scene, calls for a solution to provide the flexibility in scope (who may be assisted) and services (the nature and timing of assistance) for those impacted by major incidents.

I would be willing to appear before the Inquiry should elaboration on my comments be helpful.

Declaration of interest

I have served as a voluntary member on the Board of SupportLink Australia from 2015 to the present.

Appendix – evolution of support for those involved in traumatic incidents in the ACT

Timeframe	Support available at the Scene	Support after the incident for		
		Impacted Families	***At Risk Witnesses and "Good Samaritans"***	***Police, particularly First-Responders***
Late 20th Century	Negligible	Informal only (e.g., call a family member, friend, or religious advocate) **Scope:** Sudden death only; person notified of death only; at time of notification only	None	None Typically, the officer returned to duty without any opportunity to follow up.
2005	Negligible	Contact by a hospital social worker. **Scope:** Death only. Must have occurred at a hospital.	None	None
2006	SupportLink[1] (established the Trauma Support Service) could be asked to attend fatal motor vehicle accidents.	Flexible follow up and support through SupportLink (advice, material support, referral to social support services). Acted as a liaison (or bridge) between supporting the needs of those impacted and the police requirements to process the scene. **Scope**: Fatal motor vehicle accidents only	Flexible follow up and support through SupportLink (advice, material support, referral to social support services). **Scope**: Fatal motor vehicle accidents only	• Check in at the scene of attending ACTP members. • Liaised with ACTP Welfare Team (with consent) to follow up members if needs were identified. • Demonstrated and modelled trauma informed practices, psychological first aid, responsible language, and actions. • Enhanced ability for attending police members to carry out their core duties • Support and personal resilience training for police members.
2006	The scope of the SupportLink arrangement was expanded to include attending all incidents of sudden deaths and/or major incidents.	Flexible follow up and support through SupportLink. **Scope**: All critical incidents in the ACT.	Flexible follow up and support through SupportLink. **Scope**: Major incidents.	As Above

Timeframe	Support available at the Scene	Support after the incident for		
		Impacted Families	***At Risk Witnesses and "Good Samaritans"***	***Police, particularly First-Responders***
2016 [2] To Current	Nothing I am aware of beyond police and ACTAS Negligible	The Coroner's Court provide information to the next of kin during an open coronial inquiry. The Coronial Counselling Service offer therapeutic counselling to the next of kin while a coronial case is open. This service has waitlist. *The only people eligible are the primary next of kin, if there is a sudden death that is the subject of a coronial investigation and it's an open case and people are ready for therapeutic counselling, (which often they are not)	None	Support and personal resilience training for police members Nothing else that I'm aware of

Notes:

1. The role of SupportLink was to assist police to deal with members of the public impacted by an accident. The scope included both those directly affected and witnesses. At risk witnesses were included since they may experience traumatic impacts (for example, the death of someone to whom they had administered CPR).
2. SupportLink involvement ceased because after advocating for many years, Supportlink was unable to continue to fund the 24/7 service without financial contribution from the ACT Government.