Legislative Assembly for the Australian Capital Territory
Standing Committee on Justice and Community Safety

Inquiry into immediate trauma support services in the ACT

Legislative Assembly for the Australian Capital Territory
Standing Committee on Justice and Community Safety

Approved for publication

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About the committee

Establishing resolution

The Assembly established the Standing Committee on Justice and Community Safety on 2 December 2020.

The Committee is responsible for the following areas:

- ACT Electoral Commission
- ACT Integrity Commission
- Gaming
- Minister of State (JACS reporting areas)
- Emergency Management and the Emergency Services Agency
- Policing and ACT Policing
- ACT Ombudsman
- Corrective Services
- Attorney-General
- Consumer Affairs
- Human Rights
- Victims of Crime
- Access to justice and restorative practice
- Public Trustee and Guardian

You can read the full establishing resolution on our website.

Committee members

Mr Peter Cain MLA, Chair

Dr Marisa Paterson MLA, Deputy Chair

Mr Andrew Braddock MLA

Secretariat

Ms Kathleen de Kleuver, Committee Secretary

Ms Alicia Coupland, Assistant Secretary

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About this inquiry

Under Standing Order 216, a standing committee can self-initiate an inquiry into any subject area it is given responsibility for by the establishing resolution. The Standing Committee on Justice and Community Safety resolved to conduct an inquiry into immediate trauma support services in the ACT on 18 October 2023.

The Committee informed the Assembly of its intention to conduct this inquiry on 26 October 2023.

Terms of reference

The Committee will inquire and report on immediate trauma support services in the ACT with particular reference to:

1. What immediate supports are offered to people in the ACT following a traumatic incident?
2. What type of immediate supports are needed by people who have experienced a sudden or traumatic incident?
3. At what point do Victim and Coronial Support services engage in the process following a traumatic incident?
4. What challenges/role do ACT Police and Emergency Service members face at the scene of an accident or a traumatic event to support affected community members or family members or witnesses?
5. What immediate trauma support services are available to ACT Police and Emergency Service members who may witness or experience a traumatic incident?
6. What is best-practice, evidence based, 'trauma informed' immediate trauma support service response to community members, witnesses, family members etc who may be involved in a traumatic incident?
7. Any other related matter.

Contents

Acronyms & Abbreviations

Acronym or Abbreviation	Long form
ACT	Australian Capital Territory
ACTCOSS	ACT Council of Social Service
AFP	Australian Federal Police
The Committee	Standing Committee on Justice and Community Safety (JACS)
HRA	*Human Rights Act 2004*
HRC	Human Rights Commission
MLA	Member of the Legislative Assembly
NSW	New South Wales
QON	Question on notice
QTON	Question taken on notice
The Territory	The Australian Capital Territory
VOCC	Victims of Crimes Commissioner
VSACT	Victims Support ACT

Recommendations

Recommendation 1

The Committee recommends that the ACT Government urgently implement a Trauma Support Service in the ACT.

Recommendation 2

The Committee recommends that the ACT Government clarifies the Ministerial responsibility for the provision of an immediate trauma support service in the ACT.

1. Introduction

Conduct of the inquiry

1.1. On 18 October 2023, the Committee agreed to conduct a self-referred inquiry into immediate trauma support services in the ACT and issued a media release inviting the community to participate in the inquiry by making a submission.[1] Invitations to make submissions to the inquiry were also emailed directly to stakeholders.

1.2. The Committee received 12 submissions. These are listed in **Appendix A**.

1.3. The Committee held a public hearing on Tuesday, 26 March 2024. Witnesses who appeared at the hearing are listed in **Appendix B**.

1.4. The Committee had three Questions Taken on Notice from the public hearing. These are listed in **Appendix C**.

1.5. A breakdown of witnesses at the public hearing by gender identity is given in **Appendix D**.

1.6. In this report, references to Committee Hansard are to the Proof Transcript of evidence. Page numbers may vary between proof and final official transcripts.

Background to the Inquiry

1.7. In 2022, the Committee commenced an inquiry into dangerous driving. The inquiry found that there was support available in the longer term through various government-funded and charitable counselling services, but there was a gap in immediate trauma support at the scene of an incident.[2]

1.8. During that inquiry, the Committee received evidence from victim-survivors of dangerous driving which demonstrated the need for an immediate trauma support service.

1.9. Ms Camille Jago, mother of Blake Corney who was killed as a result of dangerous driving, identified that while there was support in the longer term, having a trauma support person available at the scene would have made a significant difference. [3]

1.10. Similarly, Mr Tom McLuckie, whose son Matthew McLuckie was killed as a result of dangerous driving, told the Committee that having sufficient support in the early stages of being informed of a loved one's death is crucial. He shared the challenges he experienced accessing support and information, informing the Committee that 'after the police left the house, there really was no support'.[4]

1.11. The evidence provided during the *Inquiry into dangerous driving* led to the Committee making a recommendation for an immediate onsite trauma support service:

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[1] Standing Committee on Justice and Community Safety, Media Release – New Inquiry into Immediate Trauma Support Services in the ACT, 18 October 2023, p 1.
[2] Standing Committee on Justice and Community Safety, *Inquiry into Dangerous Driving*, April 2023, p 51.
[3] Ms Camille Jago, *Committee Hansard*, 26 October 2022, pp 10–11.
[4] Mr Tom McLuckie, *Committee Hansard*, 27 October 2022, p 71.

> **Recommendation 22**: The Committee recommends that the ACT Government urgently fund a trauma service that is available at the scene of an accident and a 24-hour hotline to help victims and their families.[5]

1.12. In response to the *Inquiry into dangerous driving* report, the ACT Government 'noted' recommendation 22. The response concurred that the period following a road accident is extremely traumatic for victims and their families and recognised that the Committee found a gap in the availability of immediate support services at the time of the accident.[6]

1.13. The Government response reiterated a commitment to amending Regulation 24 of the *Victims of Crime Regulation 2000* to ensure that individuals who suffer harm as a result of the death of a family member caused by a driving offence are eligible for assistance under the Victim Support Scheme in the ACT.[7] At the time of writing this report, the Committee notes that Regulation 24 was amended on 31 May 2023.[8]

1.14. The ACT Government also stated that additional funding had been provided to Victim Support ACT (VSACT) to provide counselling to family members of those killed in a motor vehicle accident involving a driving offence.[9] Ms Heidi Yates, the Victims of Crimes Commissioner, confirmed this during the public hearing on 26 March 2024 and advised that, along with the change to the Regulation, it had made 'a huge difference' to the individuals who had chosen to access this support.[10]

1.15. The ACT Government response to the *Inquiry into dangerous driving* observed that support services were already in place in the ACT, including:

a) **Coronial Counselling** which provides free counselling to those bereaved following a death under investigation by the ACT Coroners Court;

b) **Access Mental Health** which operates a 24-hour telephone counselling and referral service;

c) **Lifeline**, a charitable organisation providing 24-hour crisis support to Australians via a phone line; and

d) **Victims of Crime Team**, an ACT Policing service that offers support to victims of crime.

1.16. In response to recommendation 22 of the *Inquiry into dangerous driving*, the ACT Government stated it would work with ACT Policing to facilitate access to the existing services listed above.[11]

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[5] Standing Committee on Justice and Community Safety, *Inquiry into Dangerous Driving*, April 2023, p 53.
[6] ACT Government, *Standing Committee on Justice and Community Safety Report No. 16 Inquiry into dangerous driving – Government Response*, August 2023, p 27.
[7] ACT Government, *Standing Committee on Justice and Community Safety Report No. 16 Inquiry into dangerous driving – Government Response*, August 2023, p 27.
[8] *Victims of Crime Amendment Regulation 2023 (No 1),* s 5.
[9] ACT Government, *Standing Committee on Justice and Community Safety Report No. 16 Inquiry into dangerous driving – Government Response*, August 2023, pp 27–28.
[10] Ms Heidi Yates, Victims of Crimes Commissioner, *Proof Committee Hansard*, 26 March 2024, pp 15–16.
[11] ACT Government, *Standing Committee on Justice and Community Safety Report No. 16 Inquiry into dangerous driving – Government Response*, August 2023, p 28.

1.17. On 18 April 2024, the Committee wrote to the Minister for Community Services, Seniors and Veterans to seek guidance on whether responsibility for an immediate trauma support service, or a substantive part of it, would fall under their portfolio. On 13 May 2024, the Committee received a response from the Minister advising that the provision of such a service would not sit within their portfolio.[12]

[12] Ms Emma Davidson MLA, Minister for Community Services, Seniors and Veterans, correspondence received 13 May 2024, pp 1–2.

2. Trauma support services in the ACT

2.1. The ACT Government submission to this inquiry advised that trauma support services are delivered by a range of government-funded services, free national support services and privately-run services.[13]

Immediate support

2.2. The ACT Government submitted that immediate support at traumatic incidents attended by emergency services is 'largely delivered in the ACT by members of ACT Policing with the support of emergency services members'.[14]

2.3. The Government also noted that people could contact Access Mental Health, Lifeline and Beyond Blue, which all operate 24-hour telephone services, for additional support.[15]

Short to longer term support

2.4. The ACT Government further advised that short- to longer-term support services are available through a number of other services, including:

a) ACT Policing, including a Victim Liaison Officer (VLO) and a Victims of Crime Team;

b) ACT Coronial Support Services, which operate a coronal counselling service;

c) Victim Support ACT (VSACT), which provide counselling and assistance navigating the court system, as well as a financial assistance scheme;

d) Canberra Health Services (CHS);

e) the Community Services Directorate (CSD); and

f) the Education Directorate.[16]

ACT Trauma Support Service 2006 – 2016

2.5. Between 2006 and 2016, SupportLink delivered the ACT Trauma Support Service, which provided 24/7 trauma support at sudden and unexpected deaths in the ACT, as well as long-term practical and emotional support.[17]

2.6. In its submission, SupportLink provided the Committee with a case study of an unexpected death for which it had provided immediate support. The case study demonstrated the breadth of support provided to the victim's family, friends, neighbours, and colleagues. A total of 33 individuals were supported by the Trauma Support Service during the incident cited.[18]

2.7. Supports provided by the ACT Trauma Support Service included:

[13] ACT Government, *Submission 9*, p 2.
[14] ACT Government, *Submission 9*, p 2.
[15] ACT Government, *Submission 9*, p 3.
[16] ACT Government, *Submission 9*, pp 4–7.
[17] SupportLink, *Submission 3*, pp 3–4.
[18] SupportLink, *Submission 3*, pp 14–17.

a) **practical supports**: phoning friends and families, liaising with police, coordinating immediate needs such as collecting children from school or organising food, supporting people to identifying the deceased and take part in police interviews;

b) **providing information**: explaining the coronial process, identifying different police roles, providing information to families, answering questions, and repeating information as needed;

c) **emotional support**: providing comfort and normalising trauma responses, encouraging self-care, exploring both formal and informal support networks, helping make sense of what has happened.[19]

2.8. The Trauma Support Service was self-funded by SupportLink from 2007 until 2013. The ACT Government contributed funding for the service for a further two years, until 2016.[20]

2.9. The ACT Government advised that funding ceased in 2016 after an assessment found that:

> … there was duplication of some existing government services and when the Trauma Support Service ceased, people affected by sudden and unexpected death in the ACT were likely to remain supported within existing Government services.[21]

2.10. However, SupportLink argued that the cessation of funding for the Trauma Support Service had created a gap, and that individuals no longer received 'immediate, practical, wrap around support in the immediate aftermath following a traumatic event'.[22]

2.11. During the public hearing on 26 March 2024, Mrs Donna Evans, Executive Director of SupportLink, informed the Committee that, although SupportLink no longer provides the ACT Trauma Support Service, they continue to have a contract with the Australian Federal Police for ACT Policing to provide a referral service for people identified by the police as needing additional support:

> Our role is to establish partnerships within the community with agencies that are funded to deliver support. We get the agency that is funded to provide the ongoing support for that person to make direct contact with them, because our client group are not necessary in a position to consider support as an option or to navigate the social support sector to find what they need. […] Our role is to establish and maintain those partnerships. It is also to look at every referral that comes through our system to make sure that the right provider is initiating contact with that client and that it is done in a timely manner, to represent the conversation that has been had with that police officer, so that nobody falls through the gaps.[23]

[19] SupportLink, *Submission 3*, pp 3–4.
[20] ACT Government, *Submission 9*, pp 2–3.
[21] ACT Government, *Submission 9*, p 3.
[22] SupportLink, *Submission 3*, p 4.
[23] Mrs Donna Evans, Executive Director, SupportLink, *Proof Committee Hansard*, 26 March 2024, pp 1–2.

3. Immediate supports needed at a traumatic incident

3.1. SupportLink submitted that 'the needs of those impacted by trauma are vast and encompass biological, psychological, and practical needs', and cautioned that those affected by an unexpected death were likely to have additional needs related to the grief process.[24]

3.2. Noting that the needs of people following a traumatic incident are complex and varied, submissions to this inquiry identified that the following type of supports would usually be needed:

a) medical care;[25]

b) clear and empathetic communication about what has happened; [26]

c) ongoing information about police procedures and investigative processes;[27]

d) information about support services;[28]

e) attending to practical needs, such as phoning family or arranging transport, food and medical support;[29]

f) kindness, compassion and emotional support, including normalising the person's trauma response.[30]

Best practice, evidenced based, trauma-informed support

3.3. The ACT Government submitted that while some people may require additional support and intervention, 'the majority of the time people have the natural resilience to address these issues or existing support networks that can assist'. As such, best practice would be for first responders to 'mobilise existing support networks and natural resilience' in people affected by trauma.[31]

3.4. Conversely, SupportLink advised that even people with normal coping mechanisms who are otherwise resourceful can be impaired by a traumatic incident. It advocated that 'all impacted individuals should be called for a general check in and informal needs assessment', including psychosocial, physical, and practical needs.[32]

[24] SupportLink, *Submission 3*, p 5.
[25] ACT Government, *Submission 9*, p 7.
[26] See, for example: Name withheld, *Submission 1*, p 4; SupportLink, *Submission 3*, p 5.
[27] See, for example: Name withheld, *Submission* 1, p 4; SupportLink, *Submission 3*, p 5; Victims of Crime Commissioner, *Submission 4*, p 4; ACT Government, *Submission 9*, p 4.
[28] SupportLink, *Submission 3*, p 5.
[29] See, for example, Name withheld, *Submission 1*, p 4; Victims of Crime Commissioner, *Submission 4*, p 4; ACT Government, *Submission 9*, p 8.
[30] See, for example: SupportLink, *Submission 3*, p 5; Victims of Crime Commissioner, *Submission 4*, p 4; ACT Government, *Submission 9*, p 7; Australian Institute of Health and Safety, *Submission 10*, p 6; Amar Dhall, *Submission 11*, p 4.
[31] ACT Government, *Submission 9*, p 11.
[32] SupportLink, *Submission 3*, pp 9–10.

3.5. This was supported by several other submissions, which advised that trauma could trigger a range of biological changes and stress responses, including:

a) reducing a person's capacity to think clearly or make good decisions;[33]

b) disassociation and aggression;[34] and

c) feelings of fear, confusion, and loss of control.[35]

3.6. SupportLink advised in its submission that best practice would be the provision of psychological first aid, the essential elements of which are 'to promote a sense of safety, a sense of calm, connectedness to others, self-efficacy, and a sense of hope'.[36]

3.7. Dr Amar Dhall, Centre Director of the Trauma and Wellbeing Centre, suggested in their submission that trauma first aid should attempt to 'normalise' the patient's trauma response; 'stabilise' the patient so they regain capacity to meet their environment; and 'contain' the patient, returning them to a sense of 'being in their body' and recovering capacity for cognition.[37]

3.8. During the public hearing on 26 March 2024, the Committee heard from Ms Sandy Lukjanowski, Chief Executive, Injury Matters, which delivers the Road Trauma Support Service in Western Australia. Ms Lukjanowski advised that the Road Trauma Support Service operates within a person-centred, trauma-informed model. Some people receive a brief intervention involving mental health first aid and those who need it receive longer term supports. Although the service does not operate 24 hours per day, initial contact with the affected individual often takes place on the same day of the incident.[38]

3.9. In their submission, the Australia College of Road Safety recommended that a similar dedicated service to be established in the ACT.[39]

3.10. Kerrie Gallagher, a therapist with previous experience working at the ACT Coronial Counselling Service, emphasised the importance of people being 'connected with in a kind and compassionate way' by someone 'who is there to do this and only do this' without competing priorities.[40]

3.11. Similarly, Mrs Donna Evans, Executive Director at SupportLink told the Committee that the 'gold standard' for care at a traumatic incident would be immediate dedicated personal assistance, whereby:

> … somebody comes and sits with you in that space, whether that is in the gutter or on the side of the road. They stay with you through all of what happens, for the entire time, answer your questions, see what you need, help you figure out the

[33] See, for example: Kerrie Gallagher, *Submission 2*, p 4; Australian Institute of Health and Safety, *Submission 10*, p 5.
[34] Amar Dhall, *Submission 11*, p 4.
[35] Mental Health Carers Voice, *Submission 6*, p 3.
[36] SupportLink, *Submission 3*, p 9;
[37] Amar Dhall, *Submission 11*, p 3.
[38] Ms Sandy Lukjanowski, Chief Executive, Injury Matters, *Proof Committee Hansard*, 26 March 2024, pp 26, 31.
[39] Australian College of Road Safety, *Submission 8*, p 1.
[40] Kerrie Gallagher, *Submission 2*, p 6.

> way forward, and they are independent of an investigation or a legal body. That is your best outcome.[41]

3.12. In its submission, Mental Health Carers Voice advised that, after mental health crisis incidents, carers often had difficulty accessing immediate trauma support due to 'siloing, privacy barriers, and limited knowledge of service availability, particularly when priority is given to navigating the crisis at hand for the consumer'. It advocated for immediate, in-person postvention support for families and carers in the aftermath of suicidal crisis.[42]

3.13. Several submissions acknowledged the benefits of offering support to family members, carers, or colleagues in the wake of a traumatic incident.[43] Kerrie Gallagher's submission included a research paper that found families often felt unable to support their loved ones effectively due to a lack of information-sharing and support provided in the wake of a suicidal crisis.[44]

3.14. Evidence provided in submissions indicated that when people do not receive appropriate support at the scene of a traumatic incident, they may need extensive interventions at a later stage.[45] Ms Sandy Lukjanowski of Injury Matters told the Committee that there were measurable positive outcomes when an investment was made to support people after traumatic incidents.[46]

3.15. This was supported by Mrs Donna Evans of SupportLink who considered that when the ACT Trauma Support Service was in operation it reduced need for later police interventions:

> The police were invested because it reduced the time that police might have to come back to a situation. If people return to work, if their mental health becomes more stable, if they are not going down a path of drugs and alcohol or family violence, then there is an invested interest in that outcome as well.[47]

3.16. Amar Dhall's submission advised that the training needed to provide trauma-informed care need not be overly complex and lengthy, and that the basics could be taught in 'several days (at a minimum)'.[48] Similarly, SupportLink indicated that psychological first aid training was readily available.[49]

3.17. In its submission, ACTCOSS expressed the view that staff across the emergency response and justice system would benefit from training in trauma-informed practice, indicating that improving community wellbeing and recovery outcomes across social intersections would require a 'whole-of-system approach rather than one that exclusively depends on trauma specialists'.[50]

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[41] Donna Evans, Executive Director, SupportLink, *Proof Committee Hansard*, 26 March 2024, p 4.
[42] Mental Health Carers Voice, *Submission 6*, pp 3–4.
[43] See for example: Kerrie Gallagher, *Submission 2*, p 26; Amar Dhall, *Submission 11*, pp 5–6; Mental Health Carers Voice, *Submission 6*, p 3.
[44] Kerrie Gallagher, *Submission 2*, p 26.
[45] See, for example: Name withheld, *Submission 1*, p 2; Injury Matters, *Submission 5*, p 6.
[46] Ms Sandy Lukjanowski, Chief Executive, Injury Matters, *Proof Committee Hansard*, 26 March 2024, p 31.
[47] Mrs Donna Evans, Executive Director, SupportLink, *Proof Committee Hansard*, 26 March 2024, p 6.
[48] Amar Dhall, *Submission 11*, p 6.
[49] SupportLink, *Submission 3*, p 9.
[50] ACTCOSS, *Submission 7*, p 2.

4. ACT Policing and emergency services

4.1. Several submissions to this inquiry highlighted the competing pressures placed on emergency services at the scene of a traumatic incident.[51]

4.2. A submission by a retired member of the Australian Federal Police (AFP) highlighted the number of tasks that the police must attend to at major incidents, including providing assistance to people who are critically injured, ensuring safety and processing evidence:

> 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. [52]

4.3. They observed that, when no trauma support service was available, police were also required to provide support for witnesses, victims, and their families, which could conflict with their other duties:

> 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.[53]

4.4. Kerrie Gallagher shared a similar view, highlighting that many first responders feel compelled 'on a human level to offer some level of emotional support', despite this being outside of their 'true role', as there is no other support available.[54]

4.5. Mr Doug Boudry, Deputy Chief Police Officer for the ACT, confirmed there was a gap in the provision of immediate trauma support, but that police do the best they can to fill this gap:

> I think from an ACT Policing perspective there is a gap in that at the moment. Police do the best they can. In terms of dealing with it, as it stands at the moment, we do the best that we can, and it is an expectation on our officers that they can do it or that they do do it. Is it the best way? There are probably models that could be explored.[55]

4.6. As noted in the previous chapter, the support needs of people who have just experienced a significant trauma are varied and complex. SupportLink highlighted in its submission that first responders were not always best placed to meet these specific needs:

> These needs are likely to be beyond what can be provided by police or paramedics in attendance and the opportunity for them to identify and prioritise

[51] See, for example: Name withheld, *Submission 1*, p 3; Kerrie Gallagher, *Submission 2*, pp 3–4; SupportLink, *Submission 3*, p 3.
[52] Name withheld, *Submission 1*, p 3.
[53] Name withheld, *Submission 1*, p 3.
[54] Kerrie Gallagher, *Submission 2*, p 3.
[55] Mr Doug Boudry, Deputy Chief Police Officer for the ACT, ACT Policing, *Proof Committee Hansard*, 26 March 2024, p 34.

> the needs of those present is limited. Despite their care and empathy for the needs of the distressed, first responders have a multitude of responsibilities and do not have the time, resources, and often expertise, to meet all the needs of those impacted.[56]

4.7. Mr Boudry agreed, telling the Committee in the public hearing that dealing with trauma and grief is a specialised skill set that does not necessarily sit with the police:

> … I would not propose that you get a frontline police officer being expected to be trained not only in the investigation but also in terms of being able to manage and deal with grief and trauma. Also, in terms of capacity, depending on the size of the scene and how complex it is, that resourcing implication may come into effect—depending on how large and how complex the scene is.[57]

4.8. Amar Dhall of Trauma and Wellbeing Centre submitted that different perceptions of the police by members of the public could in some cases 'heighten the impact of trauma rather than support its minimisation or resolution'.[58]

4.9. During the public hearing, Mrs Donna Evans of SupportLink, confirmed that when the Trauma Support Service was in operation, it had alleviated the pressure on police to manage potentially large numbers of traumatised witnesses and allowed them to focus on their primary tasks:

> Often you would attend a job and police then take an active step back. Whether there is conflict or significant trauma, it eases the pressure and allows the police to continue with the job they have. [59]

4.10. Injury Matters shared a similar view in their submission, advising the Committee that 'access to additional services would significantly help Emergency Service members at the scene of a traumatic event'.[60]

4.11. The Deputy Chief of Police confirmed this during the public hearing, advising the Committee that ACT Policing had positive feedback on the work of SupportLink when it was in operation:

> Feedback from ACT Policing is highly complimentary of the trial that was done with them. In terms of having an appropriately qualified response, they did provide that and they provided it across an operational time frame that police work to, which is a 24-7 operation. If I were talking from an ACT Policing perspective, having that appropriately qualified response is highly important.[61]

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[56] SupportLink, *Submission 3*, p 6.
[57] Mr Doug Boudry, Deputy Chief Police Officer for the ACT, ACT Policing, *Proof Committee Hansard*, 26 March 2024, p 35.
[58] Amar Dhall, *Submission 11*, pp 4–5.
[59] Mrs Donna Evans, Executive Director, SupportLink, *Proof Committee Hansard*, 26 March 2024, p 5.
[60] Injury Matters, *Submission 5*, p 4.
[61] Mr Doug Boudry, Deputy Chief Police Officer for the ACT, ACT Policing, *Proof Committee Hansard*, 26 March 2024, p 37.

Effects of trauma on first responders

4.12. Several submissions drew attention to the impact of traumatic incidents on first responders.[62]

4.13. One submitter informed the Committee that regularly attending traumatic incidents contributes to an increased psychological burden on first responders and could lead to 'incremental and cumulative PTSD issues'.[63]

4.14. This was reiterated by the ACT Government, which acknowledged that research suggested that repetitive exposure to traumatic incidents could increase the risk of psychological harm.[64]

4.15. Amar Dhall's submission advised that first responders attempting to offer trauma informed care might themselves carry unprocessed trauma, which could impact their ability to provide effective interventions.[65]

4.16. In its submission, Injury Matters stated that emergency service members were more likely to witness road traffic incidents, and that therefore it was important to be especially careful to 'monitor the cumulative effect of road trauma, vicarious trauma and prevent burnout […]'.[66]

4.17. In its submission, the Australian Institute of Health and Safety informed the Committee that employers of first responders have the same responsibility as all employers under the *Work Health and Safety Act (2011)*.[67] During the public hearing, the Australian Institute of Health and Safety elaborated that, while it is impossible to 'cocoon' first responders from the impacts of traumatic incidents, their employers need to ensure that their staff have the right skills and training to deal with such incidents, as well as ensuring appropriate support such as counselling and debriefing is in place.[68]

4.18. The Deputy Chief of Police advised the Committee that a number of measures are in place to support the wellbeing of the police workforce:

> ACT Policing has a welfare officer network alongside what we call SHIELD, which is for further services that are available to be given to our members in terms of making sure that they are safe. That includes both physical and psychological treatment in dealing with their exposure to traumatic incidents.[69]

4.19. In its submission, ACTCOSS emphasised that frontline workers across the community sector were likewise exposed to cumulative and vicarious trauma. This could lead to stress and burnout, impacting their ability to provide services to the community. ACTCOSS advocated

[62] See, for example, Name withheld, *Submission 1*, p 3; Injury Matters, *Submission 5*, p 4; ACT Government, *Submission 9*, p 8.
[63] Name withheld, *Submission 1*, p 3.
[64] ACT Government, *Submission 9*, p 8.
[65] Amar Dhall, *Submission 11*, p 5.
[66] Injury Matters, *Submission 5*, p 5.
[67] Australian Institute of Health and Safety, *Submission 10*, p 7.
[68] Mr David Segrott, Policy and Advisory Committee Member, Australian Institute of Health and Safety, Proof *Committee Hansard*, 26 March 2024, p 12.
[69] Mr Doug Boudry, Deputy Chief of Police, ACT Policing, *Proof Committee Hansard*, 26 March 2024, p 37.

for increased funding for frontline sector organisations to support their staff with programs such as regular supervision, peer support and external Employee Assistance Programs.[70]

[70] ACTCOSS, *Submission 7*, p 2–4.

5. Short to longer term supports

5.1. Several submissions acknowledged the work of services providing short to longer term supports but expressed concern that people may fall outside the eligibility criteria for support.[71]

Coronial Counselling Service

5.2. The ACT Coronial Counselling Service offers support to people affected by a death that is subject to a coronial process. Available support includes counselling, liaison with coronial staff, support at coronial hearings, information about grief and trauma, and referrals to other support services.[72]

5.3. In its submission, the ACT Government stated that support is available from the time of death until three months after the inquest process has been finalised.[73] However, Kerrie Gallagher, who worked for the ACT Coronial Counselling Service from 2019 to 2023, observed that, in practice, in could be several weeks before counselling started.[74]

5.4. The Victims of Crime Commissioner confirmed at the public hearing that the Coronial Counselling Service 'experience[d] significant delays and limitations in meeting families' needs, due to the funding remit that they have'.[75]

5.5. The value of the Coronial Counselling Services to those who have experienced a traumatic incident was demonstrated in Ms Camille Jago's submission to the Committee's *Inquiry into dangerous driving*:

> We had access to the counselling service provided by the Coroner's Court, due to our sons' death. We had access to this support from the beginning even though it would take almost 2 years for the criminal process to conclude so that the coronial process could begin. I am so grateful for this service. Please ensure it is properly funded to continue the much needed support for families going through the coronial process.[76]

Victim Support ACT

5.6. Victim Support ACT (VSACT) provides support services to victims through the Victim Services Scheme and the Financial Assistance Scheme.[77]

5.7. The Victims of Crime Commissioner's submission outlined that support is provided by case coordinators from the Victims Services Scheme to people who are victims of crime,

[71] See, for example: Name withheld, *Submission 1*, p 6; SupportLink, *Submission 3*, pp 4–5.
[72] ACT Government, *Submission 9*, p 4.
[73] ACT Government, *Submission 9*, p 4.
[74] Kerrie Gallagher, *Submission 2*, p 4.
[75] Ms Heidi Yates, Victims of Crime Commissioner, *Proof Committee Hansard*, 26 March 2024, p 23.
[76] Camille Jago, *Inquiry into dangerous driving, Submission 21*, p 9.
[77] Victims of Crime Commissioner, *Submission 4,* p 2.

including facilitating access to free counselling and providing advocacy to people navigating the criminal justice system.[78]

5.8. During the public hearing the Commissioner elaborated on the range of support available:

> We provide a wraparound service that starts with saying, "How can we help?" and goes from there to offer a broad range of supports and financial assistance. That might be assisting people to take time off work to attend court or coronial proceedings. It might be about making sure that they have safe and secure housing or providing financial help for lost wages due to the impacts of the loss of their loved one. There are all sorts of things that we can provide.[79]

5.9. The Commissioner submitted that, under the *Victims of Crime Act 1994*, VSACT were unable to provide support to people following a traumatic incident if the incident was not the result of an offence.[80] This results in inequity for those families who may still need to navigate coronial proceedings.[81]

5.10. The Commissioner further noted that VSACT was not a crisis service and did not provide immediate trauma support:

> VSACT operates within standard business hours (9am to 5pm, Monday – Friday). VSACT is not a crisis service, and is not specifically resourced to provide an immediate trauma response to victims. Case Coordinators do not provide immediate support onsite following a traumatic incident. They support clients to navigate the complexities of the criminal justice system over time.[82]

5.11. At the hearing, the Commissioner emphasised that there remained a 'gap' of immediate onsite support, as identified by both victim-survivors and emergency services personnel during the *Inquiry into dangerous driving:*

> … there is still a gap outside business hours, in terms of having someone attend whose sole duty is to account for the needs of a victim-survivor or a witness to that traumatic event.[83]

ACT Policing

Victim Liaison Officer and Victims of Crime Team

5.12. In its submission, the ACT Government advised that ACT Policing has a dedicated Victim Liaison Officer (VLO) who acts as a link for victims with the investigating officer; provides information about support services; and who can assist in making victim impact statements or applying to the financial assistance team. ACT Policing also have a Victims of Crime Team

[78] Victims of Crime Commissioner, *Submission 4,* p 3.
[79] Ms Heidi Yates, Victims of Crime Commissioner, *Proof Committee Hansard*, 26 March 2024, p 16.
[80] Victims of Crime Commissioner, *Submission 4*, p 3.
[81] Ms Heidi Yates, Victims of Crime Commissioner, *Proof Committee Hansard*, 26 March 2024, p 23.
[82] Victims of Crime Commissioner, *Submission 4*, p 3.
[83] Ms Heidi Yates, Victims of Crimes Commissioner, *Proof Committee Hansard*, 26 March 2024, p 16.

who can provide support to victims, including counselling. The ACT Government advised that these services are available in the days following an incident.[84]

5.13. At the hearing the Deputy Chief of Police advised that VLOs did not always provide a 24-hour service, 'so there may be a delay between the actual incident and the VLO capability kicking in'.[85]

Other community support services

5.14. The ACT Government submitted that the following organisations can also provide trauma supports to people within their remit:

a) Canberra Health Services (CHS) offers onsite EAP support to staff and their families;

b) the Community Services Directorate funds a range of domestic, family and sexual violence services supporting victim-survivors of domestic family or sexual violence; and

c) the Education directorate can provide education support services where a public school is impacted by a sudden death or life-threatening injury.[86]

5.15. In its response to the *Inquiry into dangerous driving*, the ACT Government also highlighted that Access Mental Health and Lifeline are available to Canberrans, providing 24-hour telephone support to people experiencing distress.[87]

5.16. During the public hearing, the Victims of Crime Commissioner stated that the provision of phone support 'may well meet the needs of some people, but we think that the in-person support is crucial at that initial moment, for many'.[88]

5.17. In its submission, the Victims of Crime Assistance League observed that community sector services often supported people who did not meet the criteria for government services.[89]

5.18. Similarly, ACTCOSS highlighted the importance of services provided by the community services sector in managing trauma, particularly 'community mental health services; domestic, sexual and family violence services; homelessness services; legal assistance services; alcohol and other drug services, and a variety of crisis and disaster response services'. [90]

5.19. However, ACTCOSS expressed concern that inadequate funding levels had created 'severe resource limitations' impacting the ability of these services to meet the needs of the community. ACTCOSS cautioned that this had flow-on consequences for homelessness services, legal services, and alcohol and drug services.[91] ACTCOSS, and the Victims of Crime

[84] ACT Government, Submission 9, p 4.
[85] Mr Doug Boudry, Deputy Chief of Police, ACT Policing, *Proof Committee Hansard*, 26 March 2024, p 40.
[86] ACT Government, *Submission 9*, pp 4–7.
[87] ACT Government, *Standing Committee on Justice and Community Safety Report No. 16 Inquiry into dangerous driving – Government Response*, August 2023, p 28.
[88] Ms Heidi Yates, Victims of Crimes Commissioner, *Proof Committee Hansard*, 26 March 2024, p 22.
[89] Victims of Crime Assistance League, *Submission 12*, pp 2–3.
[90] ACTCOSS, *Submission 7*, p 2.
[91] ACTCOSS, *Submission 7*, pp 2–3.

Assistance League both urged the Committee to consider the need for increased funding for community sector services to continue providing trauma support services.[92]

[92] ACTCOSS, *Submission 7*, p 4; Victims of Crime Assistance League, *Submission 12*, p 2.

6. Gaps in support provision

6.1. Ms Melanie Thompson, Referral Coordinator, SupportLink, told the Committee that, despite the breadth of community services available, many people affected by a traumatic incident might not be eligible for any of them:

> A lot of people will not fit into the mainstream services. We partner with over 50 services, so it is not that we have a lack of partnerships. It is just that trauma is a broad, unique experience for people and there just are not the broad services that can provide the timely, trauma-informed response if people do not fit into their box.[93]

6.2. Similarly, Ms Jacqueline Hickman of the ACT Human Rights Commission, told the Committee that the types of supports needed at the site of an immediate trauma may differ from the services currently available. Highlighting Mr McLuckie's submission to the *Inquiry into dangerous driving*, Ms Hickman told the Committee that tailored immediate information for victims was needed:

> As wonderful as the services that [the Justice and Community Services Directorate] have identified are, they cannot necessarily address that gap that Mr McLuckie and, indeed, other submissions were talking of. That gap is a more specialised and tailored assistance where they are able to see the relevant stakeholders and what is occurring, and they are able to have an individual there present who knows who is there, what is happening and can assist with those immediate information supports. That is something that, in particular, Mr McLuckie called for, and he should be listened to.[94]

6.3. At the hearing on 26 March 2024, Mr Mick Gentleman MLA, Minister for Police and Crime Prevention and Minister for Fire and Emergency Services, acknowledged a gap in immediate support:

> But I think what we need to look at is that gap immediately after the very first response. And when we look at trauma, it is that experience you see, as you indicated, at a road accident, for example. Whilst police can do the best they certainly can, there could be the gap immediately afterwards.[95]

Committee comment

6.4. It is the view of the Committee that there is a gap in the provision of immediate trauma support at the scene of a traumatic incident in the ACT.

6.5. Evidence to this inquiry suggests that the provision of immediate, face to face support provided by a person trained in trauma informed practices, who is present solely for that

[93] Ms Melanie Thompson, Referral Coordinator, SupportLink, *Proof Committee Hansard*, 26 March 2024, p 7.
[94] Ms Jacqueline Hickman, Manager, Victim Rights and Reform, Victim Support ACT, ACT Human Rights Commission, *Proof Committee Hansard*, 26 March 2024, p 22.
[95] Mr Mick Gentleman MLA, Minister for Police and Crime Prevention and Minister for Fire and Emergency Services, *Proof Committee Hansard*, 26 March 2024, p 34.

purpose, would ensure the best recovery outcomes for people affected by trauma. Emergency services personnel, first responders and staff in the criminal justice system would also benefit from regular upskilling in trauma-informed practices.

6.6. The Committee recognises that emergency services members, policing, and other frontline community support workers are at risk of experiencing cumulative or vicarious trauma. Noting that it is not possible to completely remove this risk, the Committee considers that establishing a fully resourced immediate trauma support service in the ACT would alleviate some of the pressures on first responders. They would also benefit from increased capacity to tend to their primary tasks.

6.7. The Coronial Counselling Service provides a valuable service to those it supports, however the Committee notes that those affected by a sudden death not subject to a coronial inquiry cannot access this service. The Committee also notes that the Coronial Counselling Service is not equipped to provide immediate trauma support, but rather, short to medium term support.

6.8. The Committee recognises the importance of Victim Support ACT (VSACT), Victim Liaison Officers and the Victims of Crime Team. However, the Committee is concerned that many people who experience a traumatic incident may fall out of scope for these services if the trauma experienced is not the result of a crime. The Committee also notes that these services generally only operate in standard business hours so may not be able to provide an immediate response.

6.9. The ACT benefits from a range of community sector services that provide trauma supports to people across various settings, including mental health services; homelessness services; sexual, family and personal violence services; and alcohol and other drug services. The Committee acknowledges the value of these services in providing trauma supports to the Canberra community. Considering the reliance on community sector services to provide a vast array of support needs, the Committee is of the view that these services need to be adequately supported. However, the Committee notes that while community sector services provide support to people who fall within their scope, there remains a gap in the provision of immediate onsite trauma support, regardless of surrounding circumstances.

6.10. The Committee is of the belief that re-establishing an immediate trauma support service is much needed to fill a gap in existing supports and be of immense value to people who experience a traumatic incident.

Recommendation 1

The Committee recommends that the ACT Government urgently implement a Trauma Support Service in the ACT.

Ministerial responsibility

6.11. The Committee wrote to Ms Emma Davidson, MLA, the Minister for Community Services, Seniors, and Veterans, on 18 April 2024 to seek guidance on whether responsibility for an

immediate trauma support service, or a substantive part of it, would fall under their portfolio.

6.12. The Committee received a response on 13 May 2024 advising that the Minister is responsible for Social Recovery following an emergency, but that this 'is not a mechanism for providing first response or immediate critical incident services'.[96]

6.13. Regarding their other portfolios, the Minister advised that ACT Health Directorate does not provide immediate trauma support services but does fund Relationships Australia to provide Coronial Counselling Services.[97]

6.14. The Minister advised, therefore, that the provision of immediate onsite trauma support services do not sit within their portfolio.[98]

Committee comment

6.15. The Committee considers that the provision of an immediate onsite trauma support service falls within a gap between ministerial responsibilities. Whilst an immediate trauma support service would work closely with police and emergency services, it would also work with other community services. Traumatic incidents are not limited to road trauma or criminal activity, but can span across mental health crises, domestic and family violence or any number of other circumstances.

6.16. The Committee seeks clarity from the ACT Government on which ministerial portfolio the responsibility for an immediate trauma support service would fall into.

Recommendation 2

The Committee recommends that the ACT Government clarifies the Ministerial responsibility for the provision of an immediate trauma support service in the ACT.

[96] Ms Emma Davidson MLA, Minister for Community Services, Seniors and Veterans, correspondence received 13 May 2024, p 1.
[97] Ms Emma Davidson MLA, Minister for Community Services, Seniors and Veterans, correspondence received 13 May 2024, p 1.
[98] Ms Emma Davidson MLA, Minister for Community Services, Seniors and Veterans, correspondence received 13 May 2024, p 2.

7. Conclusion

7.1. The Committee would like to acknowledge those who have endured significant trauma and loss yet continue to advocate for changes and improvements for others who may go through similar circumstances.

7.2. The Committee would like to echo the words of the Victims of Crime Commissioner, Ms Heid Yates, who stated:

> … I recognise the importance of all public policy being informed by those with lived experience. I recognise that there are victim-survivors who are watching these proceedings today, and I recognise that the advocacy that they take on as an act of public service occurs having experienced significant and irreparable loss. I thank those individuals for the fact that, in the aftermath of horrific harm, they are choosing to come forward and talk about how we can make the system better for others.[99]

7.3. The Committee makes two recommendations.

7.4. The Committee would like to thank all those who participated in this inquiry for the valuable contributions they made in informing the Committee's deliberations.

Peter Cain MLA
Chair
May 2024

[99] Ms Heidi Yates, Victims of Crime Commissioner, *Proof Committee Hansard*, 26 March 2024, p 15.

Appendix A: Submissions

No.	Submission by	Received	Published
1	Name withheld	29/11/23	06/12/23
2	Kerrie Gallagher	29/11/23	06/12/23
3	SupportLink	08/12/23	13/12/23
4	Victims of Crime Commissioner	08/12/23	13/12/23
5	Injury Matters	08/12/23	13/12/23
6	Mental Health Carers Voice	08/12/23	13/12/23
7	ACTCOSS	08/12/23	13/12/23
8	Australian College of Road Safety	08/12/23	13/12/23
9	ACT Government	15/12/23	20/12/23
10	Australian Institute of Health and Safety	15/12/23	20/12/23
11	Amar Dhall	16/12/23	20/12/23
12	Victims of Crime Assistance League (ACT)	27/03/24	03/04/24

Appendix B: Witnesses

Tuesday, 26 March 2024

SupportLink

- **Mrs Donna Evans**, Executive Director
- **Ms Melanie Thompson,** Referral Coordinator

Australian Institute of Health and Safety

- **Mr David Segrott**, Policy and Advisory Committee Member

Human Rights Commission

- **Ms Heidi Yates**, ACT Victims of Crimes Commissioner
- **Ms Jacqueline Hickman**, Manager, Victim Rights and Reform, Victim Support ACT

Injury Matters

- **Ms Sandy Lukjanowski**, Chief Executive

ACT Government

- **Mr Mick Gentlemen MLA**, Minister for Police and Crime Prevention, Minister for Fire and Emergency Services
- **Mr Doug Boudry**, Deputy Chief Police Officer for the ACT, ACT Policing
- **Ms Megan Davis**, Acting Assistant Commissioner, Corporate, ACT Emergency Services Agency
- **Mr Ray Johnson**, Acting Deputy Director-General, Justice and Community Safety Directorate
- **Mr Wayne Phillips**, Commissioner, ACT Emergency Services

Appendix C: Questions Taken on Notice

Questions Taken on Notice

No.	Date	Asked of	Subject	Response received
1	26/03/24	SupportLink	Previous budget proposal	03/04/24
2	26/03/24	SupportLink	Research and data to inform potential trauma support model	03/04/24
3	26/03/24	Australian Institute of Health and Safety	Recommendations on immediate trauma support	05/04/24

Appendix D: Gender distribution of witnesses

Beginning in April 2023, in response to an audit by the Commonwealth Parliamentary Association, Committees are collecting information on the gender of witnesses. The aim is to determine whether committee inquiries are meeting the needs, and allowing the participation of, a range of genders in the community. Participation is voluntary and there are no set responses.

Gender indication	Total
Female	3
Male	6
No data	2