

The A/Principal Research Officer
Community Development and Justice Standing Committee
Legislative Assembly
Parliament House
4 Harvest Terrace
WEST PERTH WA 6005
lacdjsc@parliament.wa.gov.au

Dear Ms Walker,

Re: Inquiry into the Protection of Crowded Places from Terrorist Acts.

Thank you for the opportunity to contribute to the above Inquiry. Australian Red Cross is particularly interested in the psychosocial impacts of terrorist acts, and hopes that this submission will result in further consideration of the impacts on survivors, witnesses and people connected to these places, in the ongoing Inquiry. Red Cross has recently been involved in some challenging events that differ from the more traditional natural disasters that we are more familiar with responding to, and draw upon this experience and research to inform our submission.

The terms of reference addressed by this submission include:

1. state-based emergency management framework; and
2. implementation of mitigation and protective security measures.

Through a long commitment, since 1914, to supporting Australians through major and minor disasters, Australian Red Cross has direct experience in actively supporting people to reduce the psychosocial impacts of emergencies at every stage; through preparedness actions, by uniting families separated by emergencies, and reaching out to affected communities in recovery to provide information, support and connection.

Our continued strong connection with the Australian community, with over 700 branches and 30,000 members and volunteers nationwide, with blood donors and financial donors, supporters numbering well over 1 million, act as a conduit to the community.

Red Cross is a pillar of the Western Australian emergency management arrangements. Our practice is guided by both access to local knowledge, afforded by the networks described above, and being part of the International Federation of Red Cross and Red Crescent Societies.

Our commitment to evidence informed practice, as both a member of the Bushfire Natural Hazards Cooperative Research Centre, a partner in the University of Melbourne's Beyond Bushfires research project into the health trajectories of the 2009 Black Saturday Bushfires, and a founding member of the Australian Business Roundtable for Disaster Resilience and Safer Communities, also informs our practice.

Thank you again for the opportunity to contribute to this important inquiry. Our intent is to draw attention to the psychosocial impacts of collective trauma events acts of terrorism, and how to best support people to recover. We urge you consider this submission when developing the final report. In addition, research into best practice application of support to individuals and communities experiencing collective trauma is still ongoing, however we are happy to share with the Committee the results of the research to inform the next stages of this inquiry.

If you require more information, please contact either Erin Fuery, WA State Manager, Emergency Services on [redacted] or [redacted] or John Richardson, National Resilience Advisor on [redacted] or [redacted]

Yours sincerely,

Linda Crumlin
Director

Psychosocial impacts of terrorism: long term, community wide impacts

Red Cross has recently been involved in some challenging events that differ from the more traditional natural disasters that we are more familiar with responding to, and draws upon this experience and research to inform our submission. We seek to influence both the state based emergency management framework to ensure that psycho-social impacts are considered at all stages of the incident, and that implementation of mitigation strategies also considers individual and community resilience building.

Western Australia's Emergency Management Arrangements are well tested through a series of natural hazard emergencies over the past decade. From Red Cross' experience both nationally and internationally, we believe enhancements can be made in the provision of psycho-social support, including psychological first aid and the reunification of people separated by emergencies.

This submission covers:

- Response to specific areas under the terms of reference
- Red Cross experience

1. Addressing the state emergency management arrangements

a) Psychosocial impacts of terrorism and collective trauma events

The psychosocial dimension of emergencies has long been recognised, and integrated into Western Australia's existing arrangements. With an act of terror, or what Red Cross calls a collective trauma event, the existing support arrangements should still apply. However, the context for the event will clearly be different, and the approach from emergency management agencies will need to be cognisant of the level of horror, as well as community wide impacts. Public responses to emergency events have been changing, with telecommunications and social media making emergency events more accessible to many people, and more openness with public emotion and grieving.

Terrorist or other such incidents in crowded public spaces can have a high element of horror and fear, leading to severe mental health consequences, as well as impacts on community cohesion. People may have been exposed to high levels of trauma, and distress; which may be particularly high among witnesses or survivors. The community wide impact is likely to be significant.

Red Cross is calling these incidents, 'collective trauma' events, which can be described as a "blow to the basic tissues of social life that disrupts the bonds attaching people together and changes the prevailing sense of community". This acknowledges that there may be both

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positive as well as negative dimensions of the incident¹. These events may impact our previously taken for granted assumptions about public locations, routines and values. Commonly occurring elements of these events include, witnessed violence, horror, public grief, intense media coverage, high political interest, judicial or public enquiry process, and personal identification with victims or the locations.

b) Psycho-social support

Psychological First Aid (PFA) is an important first step in a continuum of care in the provision of psychosocial support in these events². PFA is recognised as a best practice early intervention psychological support provision following an emergency. PFA is a “humane, supportive response to a fellow human being who is suffering and who may need support”. It includes basic principles of support to promote natural recovery. This involves helping people to feel safe, connected to others, calm and hopeful, access physical, emotional and social support, and feel able to help themselves³.

Personnel trained in PFA and who have the appropriate experience and temperament should be deployed at the earliest appropriate and safe time to help stabilise the psycho-social impacts of a collective trauma event. As these events are indiscriminate in their impact, they will affect a diversity of the population. Personnel will need to be skilled and experienced in working with children, CALD communities, and Aboriginal and Torres Strait Islander communities.

As one of the principles of PFA is connection, there need to be a clear pathways for referral into the mental health services for people who are affected by the impacts of a collective trauma event. Rates of Post-Traumatic Stress Disorder and Major Depression are significantly higher than so-called natural disasters⁴. On top of that there will be people who do not have a diagnosable condition, but are still struggling to cope with the situation. Clinicians and sub clinical personnel will need to be experienced in dealing with trauma to support and treat those affected.

In Western Australia, Psychological First Aid is not recognised in the WA Emergency Management Plan, and hence the benefits of providing evidence informed early support to people affected to mitigate long-term psychosocial impacts of the emergency are not realised. The community will benefit from all response and recovery personnel being trained in Psychological First Aid to support survivors. At the moment, Psychological First Aid is not listed as a service that should be offered in an emergency.

¹ Erickson, K. (1994). *A New Species of Trouble: The Human Experience of Modern Disasters*. NY: Norton

² National Child Traumatic Stress Network and National Center for PTSD, *Psychological First Aid: Field Operations Guide*, September, 2005.

³ Burke, S Richardson, J.F and Whitton, S (2015) Psychological First Aid: An Australian Manual 2nd ed

⁴ [Antonius, D \(2015\) : When fear is a weapon: how terror influences mental health The Conversation 4 December 2015](#)

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Recommendation:

Psychological First Aid is recognised in the WA Emergency Management Plan.

Personnel skilled in Psychological First Aid should form the basis of a psycho-social response.

Personnel trained in psychological first aid need to be selected for collective trauma events on the basis of skills, experience and temperament.

Pathways need to be clear for affected people to enter a health system that has appropriately skilled clinicians.

Expertise in working with Aboriginal and Torres Strait Islander communities in a culturally appropriate way is required, this includes working with Aboriginal Elders and cultural brokers and utilising local Aboriginal staff to support Aboriginal people affected.

Expertise in working with CALD and migrant communities is also essential, along with having established relationships with key stakeholder groups.

c) Supporting public grief

Events such as the Lindt Café Shooting (NSW), and Bourke St (VIC) had significant media exposure and public outpourings of grief. Their nature can shatter people's fundamental sense of safety, leaving people with the feeling that places are not safe, or that "it could have been me".

Public grieving has been evident in these events. At the heart of healing is ritual, which can sometimes be expressed through public memorial services. These may be held in places of worship or they may be in civic spaces. Public memorial services are generally organised by the government/s to demonstrate support for those affected by the emergency⁵. The recovery system needs to be able to facilitate sensitive formal and informal memorial events.

Another form of ritual has been the creation of temporary public memorials, where members of the public are able to pay respects and reflect on what has happened. These places are regarded as secular spiritual places, in that they hold meaning for people. Temporary memorials are a "public archive of feeling", meaning that the feelings and emotions of the public are embedded into memorial items.

Temporary memorials may be in place for days to weeks after the event, and attract a range of visitors. Some people who attend the memorials may have their own challenging needs,

⁵ Eyre, A (2007) Remembering: Community Commemoration after Disaster In Rodriguez, H, Quarantelli, E.L, and Dynes, R.R (2007). *Handbook of Disaster Research* Springer

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having experienced their own traumas that are not directly related to the event, but trigger emotional reactions to their own life experiences⁶.

Permanent memorials may be called for to provide a place of remembrance, reflection, and education. These are community owned places, and the call for their establishment needs to come from the affected community itself. It is important to note the community is not only the bereaved, but also the survivors, the responders and witnesses, who all have an interest in a memorial. Sensitive consultation should be undertaken with all parties to validate their experiences⁷.

The site of the incident will also require sensitive management. Particularly if it has taken place in a commercial facility, where there will be a tension between the site as being a place of death, injury and horror, and the need to operate the commercial facility. The bereaved and survivors will feel some form of ownership over the site, imparted upon them by the events, and the public nature of their grief or their suffering⁸. Engagement with these groups is important in any decisions to reopen the facilities. Care should be given not to rush to reopen to appear to get back “to normal”. Equally, consideration should be given to sensitively screening the site while it remains closed, so as not act as a constant reminder, e.g. the Grenfell Tower in the UK.

Recommendation:

Temporary memorials are a focal point for the community and require sensitive management. Support should be available for those that attend, and the decommissioning of the memorial handled with care.

Permanent memorials should involve consultation with the bereaved, survivors, and those that responded.

Recommissioning of sites of incidents requires sensitivity and involvement of those affected.

d) Reuniting separated family members

Separation from family members is one of the most stressful aspects of disasters. Research suggests that it can also lead to long term mental health issues.⁹ One strategy of the response to a suspected terrorist event may be to shut down telecommunications. It will therefore be imperative to provide the ability for family members to check in with each other and be

⁶ Whitton, S (2018) Post disaster temporary memorialising: psychosocial considerations for disaster managers publication date Feb 15, 2018 publication description Community Recovery: Australian Journal of Emergency Management Monograph

⁷ Richardson JF 2010, *Disasters and Remembrance: A journey to a new place*. **Grief Matters**: The Australian Journal of Grief and Bereavement, Vol. 13, No. 2, Winter 2010: 49-52

⁸ Tumarkin, M (2005) *Traumascapes*. Melbourne University Press

⁹ Richardson JF, Snowdon E, Gallagher HC, Gibbs L, Block K, Lusher D, Kellett C, MacDougall C, Smith M. [Separation and reunification in disasters: the importance of understanding the psycho-social consequences](#). In Adenrele Awotona (Ed). *Planning for Community-based Disaster Resilience Worldwide: Learning from Case Studies in Six Continents*. Ashgate Publishing Limited. 2016: 357-372

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reassured they are safe. This may be achieved by registering people through the Register.Find.Reunite system in the affected area (in areas deemed safe by relevant authorities), taking enquiries from friends and families about people in the affected area (in areas deemed safe by authorities), taking registrations and enquiries from people over the phone through a State Inquiry Centre, reconnecting loved ones through the matching function of the system, or assisting police to identify missing persons through tracking numerous enquiries for specific individuals.

For Register Find Reunite to function as it is intended, it requires early activation of Red Cross resources, and inclusion in state public key messages to promote it's availability and purpose.

In every state and territory except WA and SA, Register.Find.Reunite. is activated by the Police service of that state. With regard to acts of terrorism in particular, and the lead role of Police, it is important that there is early activation of Register Find Reunite, to enable a reduction in stress on the system and reducing long term impacts. Consideration should be given to what role that WA Police play as a 'commissioning agency' for the service, given the time critical nature of these events, and the need to quickly establish the Register.Find.Reunite.service.

Recommendation:

Ensure that Register Find Reunite is activated at the earliest possible time and included in key public communications.

Explore the role Western Australian Police can play in the activation of Register Find Reunite

e) Supporting local government planning

Local government is responsible for managing recovery following an emergency. The psychosocial impacts on the community, however, are often not given as much attention as rebuilding infrastructure, or other tangible impacts. There is an opportunity in WA to build local government capacity to support their communities, whether this is through the provision of Psychological First Aid, a recovery plan that considers community actions such as managing memorials, or how to best communicate with members of the public before, during and after a major crisis.

Recommendation:

Ensure local government considers collective trauma events as part of the emergency management planning process, and builds capacity to address the challenges

f) Mobilisation of community service volunteers

Red Cross is one of many community service organisations with trained volunteers ready to support community members in times of emergency. Community service volunteers, however, are not often considered in planning for collective trauma events or other emergencies. The National Principles for Disaster Recovery recognise that, for recovery to be

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successful, coordinating agencies need to acknowledge local knowledge and capacity to allow the community to actively lead and participate in their own recovery¹⁰. Unfortunately, there has been a move away in recent years of acknowledging, supporting and engaging volunteers from the community sector, which in turn is eroding existing capacity.

In an era of shared responsibility, and resilience being greater than the traditional emergency management agencies, the lead hazard management agencies should examine ways of engaging community agencies to build and support community resilience in response to these types of events.

Recommendation:

Explore opportunities for include community service organisations and their volunteers in extending the reach of government into response and recovery planning.

2. Implementation of mitigation and protective security measures

a) Building personal resilience capacity

There is a commonly held assumption that people cannot prepare for a terrorist or other collective trauma event. However we have seen in many recent events that it is [citizens who are first responders](#), applying first aid before the emergency response agencies arrive. Increased training of community members in first aid, can build capacity in responding to the impacts of major emergencies.

In addition, undertaking an all hazards, consequence focused psycho-social preparedness approach, such as [Red Cross's Rediplan](#), prepares people for the types of issues that may be faced. This may include being cut off from family and friends, needing to deal with death and injury, planning to get home when transport is cut off. As an illustration of this Red Cross last year ran preparedness sessions in central business district offices of one of our corporate partners. The types of events that are subject to this inquiry were one of the threats identified by participants. There was a very positive response to the sessions. After the session, the number of people just thinking about preparedness dropped to 33% (from 50%), and, importantly, the number intending to take action rose from 23% to 44% (almost doubling). After the session there was only one person (3%), who was still not thinking about preparedness at all. Nearly 82% identified they were most or highly likely to do something about preparedness as a result.

Increasing investment in the National Partnership Agreement for Disaster Resilience, a Federal/State financial agreement, along the lines of the Productivity Commission's Inquiry into Disaster Funding recommendation of \$200million annually, can also have a protective

¹⁰ National Principles for Disaster Recovery

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effect for non-natural events, such as collective trauma events. Increasing disaster resilience programming, as suggested above, will have a broad based benefit for all hazards.

Recommendation:

Increase levels of first aid training among residents and employees of places identified as being at higher risk. Integrate this with personal resilience building sessions, such as Rediplan, and an adapted Psychological First Aid training in workplaces.

Increase investment in disaster mitigation across all levels of government, including implementing the Productivity Commission's recommendations on disaster mitigation investment.

The role of Red Cross and our experience

Red Cross has been involved in supporting individuals and communities following collective trauma events. In incidents such as Bourke St and the Lindt Café Siege, Red Cross had multiple roles. We also have staff with operational experience of supporting communities after the Bali Bombings and 9/11, nearly two decades ago.

In Western Australia, during 'Response', Red Cross provides Register.Find.Reunite. and personal support services (Psychological First Aid) under the State Welfare Plan. In 'Recovery' and 'Preparedness', Red Cross provides a number of services including Psychological First Aid, phone and field outreach, preparedness education (Rediplan and Pillowcase Project) for adults and children, and psychosocial advice to local governments and other emergency management and community stakeholders. We are also members of the State Emergency Management Committee subcommittees for Community Engagement and Recovery, the Perth Aerodrome Committee, and a large number of local emergency management committees.

In WA we have over 350 staff and 1800 volunteers and 1800 members across the whole state from Kimberley in north to goldfields in east and great southern regions. The key support Red Cross can provide includes:

Preparedness

Red Cross can provide preparedness education sessions in areas identified as being of high risk, eg CBD, Suburban shopping malls. The Pillowcase Project for primary school years also helps children cope with fear. Through downloading the [Get Prepared app](#) or accessing [Red Cross' Rediplan](#), people can become more resilient to the impacts of collective trauma events and other incidents in crowded places.

Reunification through Register.Find.Reunite.

Register.Find.Reunite. is the national registration and reunification system that is managed by Australian Red Cross in every state and territory. The purpose of the system is to alleviate

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the stress and anxiety caused by losing touch with loved ones during an emergency, as well as reducing additional pressure on response agencies such as the WA Police. Red Cross can provide volunteers to register affected people at designated sites, and operate an inquiry centre to facilitate reunification.

Provision of Psychological First Aid

Red Cross can have trained psychosocial support to affected people in various locations (e.g. relief centres, places of refuge, outreach to homes, businesses, vigils, community meetings). Following events throughout the country, Red Cross has looked at our capacity to respond to future events and has identified staff and volunteers with the appropriate skills and resilience to deal with these high pressure situations. All Red Cross Emergency Services volunteers are trained in Psychological First Aid.

Memorials

Red Cross has expert advisers on temporary memorial management, operational support for memorial management and removal, long-term memorial advice through assistance with personnel having provided advice for Bali Memorial in Melbourne, the Bourke St, Martin Place, and Dreamworld tragedies.

Recovery

Red Cross has the capability to provide expert advice, training and education for community leaders and local agencies to further develop their recovery capacity and capability. This was demonstrated in advice provided to the City of Melbourne and Victorian Government in the aftermath of the Bourke St and Flinders St tragedies. Red Cross can also connect communities with experts to help make sense of the events. A partnership with the Australian Psychological Society enables disaster recovery support groups to be run.

Appeals

Appeals can be a positive instrument to harness community goodwill and meet needs that are not met through other forms of assistance. Red Cross has the capacity and capability to run large-scale appeals, and support their distribution. If appropriate, Red Cross can also provide advice and support to government or other agencies regarding appeals.

Policy advice

Red Cross has been undertaking a research project to determine good practice in the provision of support at a community or collective level after these events. Over 300 responses have been collected from a range of sectors, including sector expertise in health, sociology, geography, social work, urban planning, and criminology. Red Cross will be happy to share the results of this research with the committee once finalised.