Commission of Inquiry into the Tasmanian Government's Responses to Child Sexual Abuse in Institutional Settings

WITNESS STATEMENT OF DR KATE JOANNA BRADY

I, Dr Kate Joanna Brady of 207 Bouverie Street, Carlton in the State of Victoria, Research Fellow – Community Resilience, Melbourne School of Population and Global Health, University of Melbourne, do solemnly and sincerely declare that:

1.   I make this statement in my personal capacity.

2.   I make this statement on the basis of my own knowledge, save where otherwise stated. Where I make statements based on information provided by others, I believe such information to be true.

BACKGROUND AND QUALIFICATIONS

3.   I have the following qualifications:

   (a)   Bachelor's Degree with Honours, Sociology and Industrial Relations / Human Resource Management from the University of Sydney; and

   (b)   Doctorate of Philosophy from the Melbourne School of Population and Global Health in the faculty of Medicine, Dentistry and Health Sciences from the University of Melbourne with a focus on disaster recovery.

4.   My research concerns the impacts of disasters at an individual and community level (i.e. in non-clinical settings), with a specific focus on community recovery after disaster or upheaval. In my various professional capacities I have focussed on establishing, critiquing, and implementing best practice guidelines after disasters and collective trauma events.

5.   My experience includes the following:

   (a)   I was the Bushfire Recovery Coordinator for the Australian Red Cross following the 2009 Victorian Bushfires for 2.5 years.

   (b)   Following this, I was the head of the Australian Red Cross Disaster Recovery program as part of the National Emergency Services team for 10 years (2011-2021), during which time we developed the Collective Trauma Guidelines.

   (c)   Since November 2021 I have been the Technical Adviser to the Australian Red Cross Emergency Services team. This work includes advising on traumatic events and disasters in the Australian

community, such as bushfires, flood events and earthquakes and other mass trauma events such as acts of violence.

(d)   Since 2020, I have been a Research Fellow at the University of Melbourne's School of Population and Global Health.

(e)   I have previously held management roles at non-profit organisations MEAA (Media, Entertainment & Arts Alliance) and the CREATE Foundation.

6.   I have been granted the following awards and honours:

(a)   2015, Mary Fran Meyers Scholarship by the University of Colorado Natural Hazards Centre for outstanding commitment to disaster research and practice and the potential to make lasting contributions to reducing disaster vulnerability;

(b)   2014, EMPA Fellowship by Emergency Media Public Affairs in recognition of my achievement and commitment to emergency media and public affairs and the emergency management industry;

(c)   2013, Resilient Australia Award by Emergency Management Australia for the Australian Red Cross' nationally significant project, the Community Recovery Information Series;

(d)   2011, Australian Safer Communities Award by Emergency Management Australia for the Australian Red Cross' nationally significant project, the Communicating in Recovery Project;

(e)   2011, IAEM Award for Public Awareness by the International Association of Emergency Managers recognising the significance of the Australian Red Cross' Communicating in Recovery resource and training;

(f)   2011, New Zealand Red Cross Service Award for assisting New Zealand Red Cross to contribute to the recovery of the 2011 Canterbury Earthquakes;

(g)   2010, Australian Safer Community Award by Emergency Management Australia for the Australian Red Cross' nationally significant project After the Emergency Resources for Young People;

Commission of Inquiry into
the Tasmanian Government's
Responses to Child Sexual
Abuse in Institutional Settings

(h)   2010, Churchill Fellowship by the Winston Churchill Trust which
        allowed me to study disaster recovery services and investigate best
        practice psychosocial recovery interventions;

(i)   2010, IAEM Award for Innovation by International Association of
        Emergency Managers recognising the Australian Red Cross'
        innovative approach to emergency management; and

(j)   2010, Red Cross Meritorious Award by Australian Red Cross for
        meritorious services contributing to the recovery of the 2009 Victorian
        bushfires.

7.   I have authored publications including journal articles and research reports.

8.   I am the host and researcher of the ABC *After the Disaster* podcast.

      Attached to this statement and marked **KJB-1** a copy of my Curriculum Vitae,
      which includes a list of academic works published by me, alone or in
      collaboration with other persons.

UNDERSTANDING COMMUNITY TRAUMA

9.   Collective trauma events are characterised by a shift in the way a community
      understands how the world works. When developing the Collective Trauma
      Event guidelines we drew on the work of well-regarded American academic Kai
      Erikson. The definition used in these guidelines was based on his work and is:

> *"A collective trauma event (CTE) is an event, irrespective of the
> hazard, which results in a blow to the basic tissues of social life that
> damages the bonds between people and impairs the prevailing sense
> of community. Such events may impact things we previously took for
> granted about public locations, routines and values.*
>
> *Commonly occurring elements of CTEs include:*
>
> - *Witnessed violence*
> - *Horror*
> - *Public grief*
> - *A strong sense of injustice*
> - *Intense media coverage*
> - *A highly politicised aftermath*
> - *Judicial or public enquiry processes*
> - *Identification with victims or locations*
>
> *Not all disasters are CTEs. To meet the definition above, CTEs must
> have an impact on the broader community and challenge people's
> typical understanding of the way the 'world works'."*

Commission of Inquiry into
the Tasmanian Government's
Responses to Child Sexual
Abuse in Institutional Settings

Attached to this statement and marked **KJB-2** is a copy of the collective trauma guidelines titled Best Practice Guidelines: Supporting Communities Before, During and After Collective Trauma Events.

10. Whether a community experiences a collective trauma event is not about the type of event necessarily, but about whether it fundamentally alters their world view. For example, a community that regularly experiences bushfires is less likely to have their fundamental worldview shifted when a bushfire similar to previous events occurs. However, if the fire occurs somewhere that had never experienced a fire or considered that it was likely to occur, this can have a different level of impact.

11. The experience of collective trauma events can differ from person to person, and from community to community. Community dynamics are complex – you can have large disparities between communities and between individuals within communities. An event might be perceived differently in different areas or locations or by different people. The experience of collective trauma events also depends to some extent on the nature of the disaster event, particularly whether it was a natural hazard event or caused by humans. Acts that are deliberately caused bring additional complexity and people who experience these events may be at a greater risk of negative impacts such as poorer mental health outcomes. Events where there has been a deliberate intention to cause harm can be harder to reconcile than events that can be perceived as freak accidents or events that are sometimes characterised as an 'Act of God'.

12. The best practice responses to collective trauma events are underpinned by principles and guidelines that take into account these complexities.

PRINCIPLES AND GUIDELINES FOR RESPONDING TO TRAUMATIC EVENTS

13. It is not common for organisations to know how to respond to the impacts of collective trauma events or critical events. In my experience, where organisations are prepared for collective trauma events, it is usually because they have experienced such an event previously and learned lessons from their past mistakes, or because they have been affiliated with an organisation that has been affected in some way.

Commission of Inquiry into
the Tasmanian Government's
Responses to Child Sexual
Abuse in Institutional Settings

14.   Examples of key principles that lie at the centre of best practice responses to collective trauma events, include:

(a)   mass trauma intervention principles; and

(b)   crisis communication guidelines.

15.   These principles and guidelines, as well as related concepts, are discussed below.

Mass trauma intervention principles

16.   In 2007, a panel of international experts identified a set of evidence informed principles to help guide intervention policy and practice following mass trauma events. These were published under the title 'Five Essential Elements of Immediate and Mid-Term Mass Trauma Intervention: Empirical Evidence'. These mass trauma intervention principles seek to provide psychosocial support by promoting: 1) a sense of safety, 2) calming, 3) a sense of self and collective efficacy, 4) connectedness, and 5) hope. Attached to this statement and marked **KJB-3** is a copy of the journal article, *Five Essential Elements of Immediate and Mid-Term Mass Trauma Intervention: Empirical Evidence.*

17.   Psychological first aid is an intervention directly based on these principles. Psychological First Aid is referred to as a 'humane, supportive response to a fellow human being who is suffering and may need support.' It is characterised by active listening, meeting immediate needs and promoting the principles listed above in paragraph 16. This is an intervention supported by organisations such as the World Health Organisation. The current (3rd edition) Psychological First Aid guidelines published by the Australian Red Cross and the Australian Psychological Society are based on the work of the International Federation of the Red Cross, Red Crescent and World Health Organisation. Attached to this statement and marked **KJB-4** is a copy of the Psychological First Aid guidelines titled *Psychological First Aid: Supporting people affected by disaster in Australia.*

Crisis communication guidelines

18.   There are a range of crisis communication guidelines that can be used during and following collective trauma events. A commonly used practical guide is to use a messaging structure that regularly communicates:

Commission of Inquiry into
the Tasmanian Government's
Responses to Child Sexual
Abuse in Institutional Settings

(a)   this is what we know;

(b)   this is what we don't know;

(c)   this is what we are doing; and

(d)   this is what we need you to do.

19.   These guidelines have been used in disasters all around the world, including in the immediate aftermath of the September 11 attacks in the United States of America. Significantly, these guidelines seek to build trust by communicating what is not currently known as well as what is known. This is a departure from more traditional, top-down crisis communications approaches which are based on communicating what is known only. This approach also allows for regular messaging that can be updated as more information comes to light.

20.   The historic approach to only communicate when organisations feel they have all of the information can be detrimental as people affected are not able to simply suspend their desire for more information until they receive official updates. Rather, people affected by a collective trauma event event will fill the gaps by finding information wherever they can. Often this can be false information. In this environment, myths and rumours can easily spread.

21.   Most critically, the guidelines direct individuals to useful action. Immediately after an event or disaster, bystanders or individuals who want to render assistance will usually experience a surge of adrenaline and a desire to help. Providing guidance for useful action assists this desire to help to be directed. If people are not given opportunities to assist or if action is prevented in some way, the repercussions can lead to anger, frustration and mistrust.

22.   If managers or those in charge of a situation are able to identify helpful courses of action or directions at the outset, this enables people to help in safe, beneficial and efficient ways. For example, after the Boston marathon bombings, one of the suggestions reported was, "if you feel safe to do so, let runners who are yet to finish the race into your house to warm up with a shower or jumper or let them use your phone". The instruction gave people an opportunity to directly assist marathon runners who were not able to access their personal items or reassure loved ones that they were safe. The suggestions went further to say that if people were unable or uncomfortable

Commission of Inquiry into
the Tasmanian Government's
Responses to Child Sexual
Abuse in Institutional Settings

inviting runners into their homes, they could still assist by unlocking their Wi-Fi so that others could use it.

23. These are examples of how to give people clear and tangible actions so that they can direct their well-intended desires to assist productively in the circumstances. Doing so directs people to helpful action that does not cause harm. In my experience, almost everyone will follow practical, meaningful direction because, ultimately, people want to be helpful.

Australia's Principles for Disaster Recovery

24. Australia has held a set of nationally endorsed Principles for Disaster Recovery (**national principles**), which are:

   (a) Understanding the **context** – successful recovery is based on an understanding of the community context;

   (b) Recognising **complexity** – successful recovery acknowledges the complex and dynamic nature of emergencies and communities;

   (c) Using **community-led** approaches – successful recovery is responsive and flexible, engaging communities and empowering them to move forward;

   (d) Ensuring **coordination** of all activities – successful recovery requires a planned, coordinated and adaptive approach based on continuing assessment of impacts and needs;

   (e) Employing effective **communication** – successful recovery is built on effective communication with affected communities and other stakeholders; and

   (f) Acknowledging and building **capacity** – successful recovery recognises, supports and builds on community, individual and organisational capacity.

25. These principles speak to agencies and governments trying to help respond to a crisis and remind them to position communities at the centre of any work they do.

26. It is my observation that much of the recovery planning in Australia is still approached in terms of a geographically bounded community. Recovery managers typically divide responsibilities by geography, because both hazard

Commission of Inquiry into
the Tasmanian Government's
Responses to Child Sexual
Abuse in Institutional Settings

events and agencies are often geographically-based. The impacts of disasters are not geographically bound and may extend to people well beyond the site of the event. Additionally, events such as the 2017 Bourke Street attack and the 1996 Port Arthur shooting are examples that show the significant dispersement of impact following such events. Most people affected at the site of these events did not live in the location of the events, they lived and had their networks in other places. Tracking affected individuals in order to target appropriate responses is currently a challenge in disaster recovery efforts in Australia.

BEST PRACTICE RESPONSES TO COLLECTIVE TRAUMA EVENTS

Communicating as soon as possible

27. The first part of a best practice response involves communicating with everyone affected as soon as practicable, to advise affected individuals of the following:

    (a) That a significant event has occurred;

    (b) Articulating as much as possible the specifics around the event;

    (c) Where appropriate, acknowledging that individuals may have been privy to the circumstances leading to the event (if applicable);

    (d) Acknowledging that the event is likely to affect them;

    (e) How they can help themselves and each other;

    (f) Offering support (both as a collective and individually), such as providing psychological support for an extended period of time; and

    (g) Providing further information on common reactions.

28. Where possible, it is helpful to provide a place for people to gather and connect.

29. When a collective trauma event occurs in settings such as a workplace, the people who are responsible for managing recovery are often not trained in disaster management. Accordingly, they will need clear guidance on the steps to be taken, as outlined above. Different jurisdictions have differing arrangements regarding which agencies may be available to provide support. Other information, such as the Australian disaster recovery principles, the

Australian Community Recovery Handbook, the Collective Trauma Event guidelines and the Psychosocial Guidelines for Temporary Memorials can be accessed through the Australian Institute of Disaster Resilience.

30. In particular, it is important to empower managers to treat people as affected community members first, and as legal witnesses second. In my experience, I have observed that some managers and organisations can be so concerned about what they are 'allowed' to say or what the legal ramifications of any communications are that it impairs their ability to think about responding as humanistically as possible.

The importance of peer and professional support

31. Following a collective trauma event it is important that people feel that they are not alone. Opportunities to gather and to share how they are feeling and to have their reactions normalised is helpful. This is part of the reason why events such as memorials and commemorations are common in both the short and longer term. These events not only have a symbolic element; they also serve to harness people's natural desire to come together and support each other after a traumatic event and to feel connected.

32. Immediately following a collective trauma event, the type of support that is required is akin to psychological first aid and basic psychoeducation. It is something quite distinct from critical incident stress debriefing or clinical interventions, which would be carried out by a highly specialised expert in a more structured and formal way.

33. Support groups are examples of mechanisms that can be established to support the various communities of impact following a collective trauma event. It is important to have different groups or different reasons for groups to come together where people can self-identify as to what is the best fit for them. For example, people who witnessed an event may have different needs than bereaved families or people who were injured.

34. Skilled psychologists should be made available on an "as needs" basis. In my experience, the quality of EAP providers can be variable. Australian Red Cross has a partnership with the Australian Psychological Society (**APS**), which gives it access to a network of psychologists across Australia who are interested in volunteering to help run groups after disaster events or specific collective

Commission of Inquiry into
the Tasmanian Government's
Responses to Child Sexual
Abuse in Institutional Settings

trauma events. APS runs training sessions and screens its psychologists to ensure the APS psychologists engaged to support these groups are equipped with the necessary skillset.

35.   The term moral injury refers to the impacts people experience when they are affected by a serious event that involves a betrayal of their deeply help moral beliefs. Where this occurs, people may need support to understand what has happened and how to access support. Organisations can access advice and support on how to address this, including how to provide information about what moral injury is and how people can look after themselves and access support if this has happened. Examples of guidance around moral injury can be found through organisations such as Phoenix Australia (Australian Centre for Post Traumatic Mental Health).

Considerations for commonly marginalised groups

36.   Recognition should be given to the additional complexities that may be faced by commonly marginalised groups in the aftermath of a traumatic event. These groups can include First Nations peoples, people who belong to cultural and ethnic minority groups, people with a disability, people who are members of the LGBTIQA+ community and other people who experience systematic disadvantage. Members of these groups are disproportionately exposed to trauma, and also face systematic inequity when accessing supports.

37.   To support these groups it is important to understand which organisations are trusted and to partner with them to identify needs and offer support, especially if the organisations charged with leading recovery have a history of mistrust or abuse.

Challenges and opportunities of trauma recovery in small communities

38.   The prevalence of gossip within small communities is usually seen as a negative quality. However, "gossip" can be seen as a sign of community connection. If a community, particularly a small community, is well connected, it means that valuable and accurate information can be quickly and successfully distributed. Important information can be spread within these communities incredibly quickly. This has strengths and weaknesses but its strengths far outweigh the weaknesses when the information is trusted, accurate and constructive. When no credible or trusted information is provided, this does not

Commission of Inquiry into
the Tasmanian Government's
Responses to Child Sexual
Abuse in Institutional Settings

prevent information from spreading. In these instances speculation, misinformation and rumour can spread easily.

Responsible journalism

39.   Good media reporting during collective trauma events focusses on trying to give messages of safety and fact.

40.   During and after a collective trauma event it is not uncommon to see repeated footage of distressing images. It is less common to see comprehensive reporting of the long-term impacts of collective trauma events. This can give the false impression that the impacts of collective trauma events and other disasters are short lived.

REBUILDING COMMUNITY TRUST

41.   For an organisation to rebuild community trust after breaching this trust, there must be an acknowledgement of that failing and the subsequent impact on people. The organisation needs to say: 'we did something wrong, and we understand the damage this has caused you'. There must be an openness and a willingness to ask, and answer, difficult questions. The community should be reassured that lessons have been learned, and that the same mistakes will not occur again.   This sort of process takes time, but deliberate, open actions and communication can enable a community to rebuild trust and confidence.

42.   Organisations always have an opportunity to recover down the track if they don't respond well initially, though the longer an organisation takes to do that, the harder the task will be. However, it is never too late to do the work to repair damage to a community's trust. Any idea that communities simply forget about a major breach of trust and move on without proper acknowledgement and repair is misguided.

43.   A complete failure to acknowledge mistakes can indirectly impact future generations and compound problems experienced by members of the community.

44.   There are many examples to learn from where organisations or institutions have not responded well to collective trauma events and the road to recovery has been fraught. One much examined and reported example of this is the 1989 Hillsborough Disaster in the United Kingdom where 96 men, women and children were killed in a football stadium crush. Police initially claimed that the

**Commission of Inquiry into
the Tasmanian Government's
Responses to Child Sexual
Abuse in Institutional Settings**

behaviour of football fans had been the cause of these deaths. This was later found to be a lie. The last inquest findings for this event were released in 2016, 27 years after the event, and found that a failure of policing on the day lead to the deaths. The lies and prevention of justice has been attributed to decades of additional trauma for those affected, including the families and loved ones of those who died. Examples of where support and communications have been handled masterfully include the New Zealand Prime Minister Jacinda Ardern's response to the Christchurch Mosque attack in 2019. There are many well documented examples of both excellently and poorly handled collective trauma events.

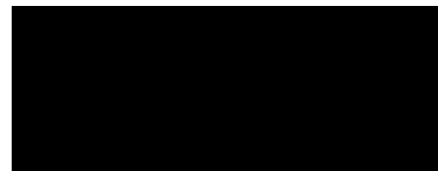I make this solemn declaration under the *Oaths Act 2001* (Tas).

Declared at Woronora NSW
on 4 July 2022

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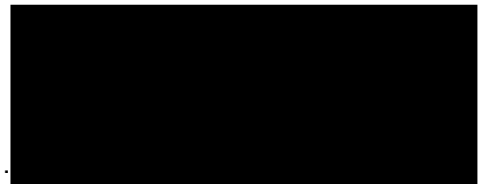
Kate Joanna Brady

Before me ▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮

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Sophie Louise Uhlhorn

An Australian legal practitioner within the meaning of the Legal Profession Uniform Law (Victoria)