

**SUBMISSION RE: CREATION OF A RAPID RESPONSE UNIT TO SUPPORT VICTIMS
AND SECONDARY VICTIMS OF CRIME,
ROAD TRAUMA AND DOMESTIC VIOLENCE *inter alia*.**

31.8.2021

Reverend Jim Pilmer PSM OAM OSTJ

Senior Chaplain Victoria Police (Retired)

Police Chaplain, Booroondara Police Services Area (Current)

State Chaplain, St John Ambulance (Victoria)

[REDACTED]

[REDACTED]

I write to request that consideration be given to the creation of a Rapid Response Unit which would provide **immediate** on-call support to the general public in the aftermath of the wide range of distressing or traumatic incidents which occur daily across our State.

Currently, there is no accredited multi-skilled unit to self-deploy to the scene of traumatic incidents or to which emergency services workers can refer members of the public.

Particularly at times of death, including road trauma, suicide or homicide, the attending emergency services members need to focus on their role and then move on. In the process they relate professionally (but fleetingly) to next of kin or secondary victims but are not in a position to support them beyond the specific task at hand. Police members have often expressed to me their frustration and embarrassment at having to literally walk away from distressed individuals or families with complex needs in tragic or dangerous circumstances.

In my role as police chaplain, for example, I had police call me from the scene of the suicide of a 13 year old late at night to say that the family needed urgent support at home to deal with a number of issues confronting them. These were not only about shock and grief but they were obviously factors. I attended, but this is not really the role of chaplains to Victoria Police, Ambulance Victoria, Fire Services Victoria or the SES whose role is to support emergency services workers, not the general public.

LEGAL AND SOCIAL ISSUES COMMITTEE INQUIRY INTO VICTORIA'S CRIMINAL JUSTICE SYSTEM

(In public incidents the Victorian Council of Churches volunteers are only called out if a *state of emergency* is declared and, even then it's a very slow process to get people to the scene).

On 20th August this year a mother and her two children died in an horrific road incident in Flemington Rd, Parkville. This was in an area frequented by pedestrians, other motorists and those on public transport. It was overlooked by offices and other buildings.

Members of the public who were witnesses, and scores of people who watched on helplessly from a distance, were affected to varying degrees by what they saw. The visual and emotional impact of witnessing such an incident can be devastating but smells and sounds have a long-lasting impact also. Secondary victims are mostly overlooked in the way we perceive the effects of such incidents on members of the public.

A few days after the Parkville incident 2 children were allegedly kidnapped from a home in Blackburn North. This incident was vastly different in nature and the effect on witnesses and local residents contained differing responses, including concerns for personal safety at one point. These too had their after-effects.

When distressing incidents occur in local neighborhoods the scene itself can be a constant reminder of the incident. I know of people who have moved house to make an emotional break from such locations.

Another example of the need for a readily available response team is the death of a young woman pedestrian in the CBD. Her boyfriend arrived at the scene to discover her body on the roadway. For some time he was left alone, sitting on the edge of the gutter in grief. Police were heavily involved with traffic/pedestrian control and other issues (including interviewing a traumatized truck driver) and could not care for the young man adequately. Eventually the woman's workmates arrived but they too were shocked at what confronted them. Scores of members of the public saw the victim's body on the road before covers were available and calls were made to radio stations remarking on the distress evident amongst onlookers.

A trained on-call team could have been at the scene quickly, provided comfort and information for members of the public and arranged privacy for those most deeply affected. The following day a team member could have transported, accompanied, guided and comforted the young woman's parents when they visited the scene of her death. Requests for such visits are common and help those in grief to accept the reality of the death.

The Bourke Street, Melbourne (Gargasoulas) incident of 2017 highlighted the areas of community need which flow from tragedy. Hundreds of people sought counselling in due course but hundreds more could have had information provided rapidly in the immediate vicinity as to what their reactions might be. Literally hundreds more boarded public transport home or returned to their offices without contact points for future support. There are several ways to disseminate information at a major incident which a Rapid Response Unit could

coordinate. Early 'intervention' is clinically more effective for individuals and more cost effective for the public purse.

In many such instances there is a need for pro-active and accredited multi-Faith pastoral care and spiritual support. We are a religiously diverse community. I emphasise *accredited* because of the necessity to protect members of the public from those who, on occasions, take advantage of vulnerable people. People need to know that a support person is authorised to provide assistance in such circumstances.

I was involved in providing victim support for the Homicide Squad and Major Collision Unit for 8 years which, in addition to my 13 years as senior police chaplain, convinced me that emergency services members themselves find such backup extremely valuable. It frees them to concentrate on their work without the emotional involvement with victims' families or friends which is often very taxing and for which they are not trained. In addition however, I know from personal feedback that the recipients of such care feel they have a reference point, someone who is seen as part of the emergency services network and who can relate personally to them in the days (and usually months) following tragic events. Again this relieves the various emergency services of subsequent phone calls and enquiries from distressed relatives and friends. From experience I know that although these can be frequent and time consuming they are extremely supportive.

After such incidents many people inevitably become involved in dehumanizing and mystifying *systems*, either with police, the legal system or the coroner's processes. It has been well documented that such processes actually add to peoples' grief and distress. Someone to physically accompany them or advise them at such times is an invaluable way of providing a broad-based and government authorized community service. Again, this also provides protection for emergency services members against unqualified or otherwise inappropriate intervention in certain circumstances.

Finally the matter of religious diversity and religious customs comes to the surface at times of death and bereavement. May I stress that the following proposal is based on a totally multi-cultural and inter-Faith model designed to be an on-the-spot resource for emergency services workers and the wider community, including when dealing with religious issues in distressing circumstances. The deaths of Sikh, Christian, Muslim or Jewish etc. members of the public raises issues regarding the insight and knowledge required by first responders in a diverse community. The Support Service as proposed would provide a valuable resource for them (including an educative component) and potentially enhance the public image of our emergency services in general as they demonstrate increased sensitivity and awareness in their day-to-day work.

Situations in which the Unit would self-deploy or work in conjunction with other services.

An on-the-ground presence in times of bushfires, floods, natural disaster.

Members of public witnessing confronting scenes in public places. Eg. Railway suicides.

Post suicide family support e.g. guidance re contacting funeral directors, information re Coroner's procedures.

Assistance to police with official death notification, especially where religious background or language spoken may be a complicating factor.

Post road death or post life-threatening injury.

Post homicide next of kin support.

Post family violence or sexual abuse calls to police. On call to Vicpol Sexual Offences Unit.

On-scene support in the early stages of searches for missing persons. (Bushland, snow etc).

SIDS deaths. Referral to specialist Sids counsellors. (Includes sudden unexpected death in infants which is not SIDS).

Coronial Services Unit. Accompany individuals or families during identification procedures.

Drug overdoses. Family support immediately after death.

Workplace deaths or injuries.

Liaison with Emergency Services chaplains re specific follow-up requests.

The Unit could eventually provide awareness training to Emergency Services staff regarding victims' issues, including the area of religious custom, rituals and expectations at the time of a death.

Instant availability in conjunction with other agencies should a state of emergency be declared.

Response times.

That aim would be to respond to pre-determined categories immediately in the metropolitan area and from 30 minutes to one hour in Regional Victoria.

Staffing.

The proposal envisages a multi-disciplinary team in the metro area comprising a General Manager, trauma/grief counsellor, psychologist, multi-cultural worker, social worker and three chaplains (Christian, Jewish, Islamic). Inter-faith chaplaincy is not a new concept and functions very smoothly in several Australian police forces, including in Victoria.

Regional Coordinators (who would be involved in field duty also) could be based in Ballarat, Wangaratta and Traralgon (for example) which allows outreach to surrounding districts. The use of newly trained volunteers plus authorized and suitably qualified volunteers from existing organisations could cover many country areas. On call volunteers, paid on a per call-out basis, could cover more distant locations such as Mildura, Portland etc.

The program could be outsourced to an organization such as St John Ambulance (Vic) with appropriate funding from the State government. Outsourcing would reduce administrative costs considerably.

St John Ambulance (Victoria) has a network of volunteers in various parts of Victoria and a Communications facility in Melbourne which is on standby for major incidents. I believe that *St John* would be open to discussing their part in exploring the merits of this submission. St John already provides 24/7 services to the State Coroner in metropolitan Melbourne and Geelong.

Summary

This proposal aims at providing on-scene response and rapid support in the range of circumstances described above. I believe it fills a gap in existing services and would bring a new level of support to both emergency services workers and the general public alike.

It is generally accepted that traumatized people do not readily seek help. Often they wait for symptoms to deteriorate before doing so. Early intervention, the identification of those affected in various ways and the provision of information and referral to appropriate professionals has huge mental health benefits for the individual and cost benefits for the community in general.

The restorative value of relatively informal contacts is also recognized in the program's approach. It means that as a community we uphold the principles of compassion and respect for the human dignity of those going through difficult times or life-changing events.

Jim Pilmer

