

**COMMUNITY DEVELOPMENT AND JUSTICE  
STANDING COMMITTEE**

**INQUIRY INTO THE RECOGNITION AND ADEQUACY  
OF THE RESPONSES BY STATE GOVERNMENT AGENCIES  
TO EXPERIENCE OF TRAUMA BY WORKERS AND VOLUNTEERS  
ARISING FROM DISASTERS**

**TRANSCRIPT OF EVIDENCE  
TAKEN AT MELBOURNE  
TUESDAY, 3 JULY 2012**

**SESSION FOUR**

**Members**

**Mr A.P. O’Gorman (Chairman)  
Mr A.P. Jacob(Deputy Chairman)  
Ms M.M. Quirk  
Mr I.M. Britza  
Mr T.G. Stephens**

---

**Hearing commenced at 2.27 pm**

**GAZIS, MR JOE**

**Clinical Adviser, Welfare Services/Peer Support, Victoria Police,  
Level 2/128 Jolimont Road,  
East Melbourne 3002, examined:**

**BODYCOAT, Insp. DANNY**

**Wellbeing services at time of 2009 Victorian bushfires,  
Level 2/128 Jolimont Road, Victoria Police,  
East Melbourne 3002, examined:**

**SPINKS, MS MICHELLE**

**Social Worker, Police Psychology, Victoria Police,  
Level 2/128 Jolimont Road,  
East Melbourne 3002, examined:**

**The CHAIRMAN:** Good afternoon. Thank you for agreeing to come and see us today. Can I just ask you to give us your name and your title.

**Mr Gazis:** Joe Gazis, clinical director at Victoria Police peer support program at the time of the fires. I am now currently the welfare services clinical adviser of Victoria Police.

**Ms Spinks:** My name is Michelle Spinks. I am a social worker for then police clinical services, now police psychology of Victoria Police.

**Insp. Bodycoat:** Inspector Danny Bodycoat. At the time of the fires, I was the manager of wellbeing services area. I am currently the manager of the 2014 Australasian Police and Emergency Services Games.

**Ms M.M. QUIRK:** I take it they are being held in Melbourne this year, are they?

**Insp. Bodycoat:** In two years' time.

**Ms M.M. QUIRK:** Oh, right. Goodness me!

**The CHAIRMAN:** Can we just get you to give us a bit of an outline of your particular roles that you undertake currently and what you were doing at the time of the fire?

**Mr Gazis:** Currently I give psychological clinical advice to the welfare services branch of Victoria Police, which is mainly staffed by police members. I am also responsible for the coordination of the Victoria Police peer support program as part of my function as well. That was at the time of the fires; I was the clinical director of the peer support program. Since that time, my roles have been spread across further areas.

**The CHAIRMAN:** Can you tell us what the peer support is in terms of Victoria Police?

**Mr Gazis:** Peer support is a voluntary program. We select nominated police members and unsworn or VPS employees to partake in a five-day training program, after which they are able to represent the organisation on a voluntary basis with respect to supporting people who approach them with issues in their lives. That was the main focus of the program when we started.

**The CHAIRMAN:** So you get 15 500 members, officers. How many peer supporters are you getting?

**Mr Gazis:** Four hundred and thirty.

**Ms M.M. QUIRK:** Joe, that was the main focus. Has it changed?

**Mr Gazis:** We are more aware of disasters now. We were even aware of it before the fires, because, as Danny at the time would remember, we were writing programs up about how we would respond to a terrorist attack. That was our focus at the time, so we were gearing the program up and preparing peers for a potential disaster. Danny in fact at the time said, “Let’s us just call it a large-scale incident—just in case it is something else.” Of course the fires came along.

**Mr I.M. BRITZA:** Prophetic.

**Mr Gazis:** Yes, but it was not really the focus of the program by any means.

**The CHAIRMAN:** How does peer support work in the organisation? When something happens, how do they swing into action?

**Mr Gazis:** If it is a critical incident, if it is something like the fires, peers are expected to become involved. If it is a personal issue, peers are expected not to approach a person but for the person to approach them. If the person is crying in the corner of course, we do not let them cry in the corner; we approach the person. You have to use your commonsense and good judgement. They are the two main rules in the program. If it is a critical incident, like the fires, during the fires, for example, we did something extraordinary which we would not normally do. Inspector Danny Bodycoat organised for us to get all the names of the members who were involved in the fires. The only way we could find that out at the time—correct me, Danny, if I am wrong—was through their employment. Could you clarify that?

[2.30 pm]

**Insp. Bodycoat:** That is perhaps getting involved in the nitty-gritty of our response.

**The CHAIRMAN:** It is one of the things we are actually interested in, because lots of organisations do not have regularly available records as to who was there, how long they were there and how many tours of duty that they did. You capture that through your operations.

**Insp. Bodycoat:** If we look at the whole response to the fires, and as it unravelled, the area that we were involved in, the wellbeing area, is made up of peer support as one part of it. Michelle represents a team of clinical psychologists. There is also our welfare team, internal witness support team and our chaplaincy. There is a whole host of people there to provide wellbeing support. As we got further involved in the response to the bushfires, that is where our reach with our centralised team was such that we needed to engage the help and assistance of the peer support network. In a perfect world, you would think and especially in pressing organisations that you would be able to basically go to a button and somebody you will be able to tell you the list of names of every person deployed and what time and what location. If we look at room for improvement, that was to my mind the Achilles heel that we had to deal with in our response, our wellbeing response to our Victoria Police employees.

We got feedback in various forms and various degrees of certainty. The only way that we could really tell, subsequent to some 10 days after the event, was by going to our records of how people sign on, the electronic sign-on system, that nominates what your duties were for that day. One of those codes of course was bushfire-related duties. We then found that we had over 5 500 of our employees in some way, shape or form were engaged in bushfire-related duties.

Besides all the other work that we will tell you about that we had been doing, we then orchestrated the system to make sure that individual contact was made with every one of those 5 500 people and not just once—on a few occasions—to check into their wellbeing.

**The CHAIRMAN:** Your peer supporters as well, they might have been rostered on to attend at the bushfires as well, as part of their normal duties as well as being peer supported.

**Insp. Bodycoat:** If they were deployed to bushfire duties directly as part of their operational role, we did not have them perform the peer function. We brought in peers from outside of that immediate response area largely to deliver the work that we needed them to be able to deliver. Too busy dealing with the grief of what they had in their own backyard. People who were employed there.

**Ms M.M. QUIRK:** Can I just go back to that 5 000? Obviously the degrees of involvement would have ranged quite substantially from someone starting a roadblock 40 kilometres from the key events through to someone who was actually physically having to evacuate people. Did you do some sort of a triage process when you rang people?

**Insp. Bodycoat:** Right from the minute that it became evident that what we had we basically self-activated these services. We do not wait for the organisation to say, “Hey, we’re going to need the support of these people.” We could see the writing on the wall and we activated and we established a control room at our office just down the road here in Jolimont. We actually kept communication of everything that took place as far as what we are doing. Keep in mind, our purpose is about the wellbeing of our people. It was not about the community. We are not being disrespectful to the community at large. Our focus was our people.

We had people either self-activating into contact with us, or we had people being referred by immediate managers into us. We had people out in the field through a whole range of visitations to every workplace and briefing of people before they were deployed out into the field, making sure that this little white card—every one of our officers has one of those in what we refer to our “Freddy”, our identification. That is a 24 hours, seven days a week, means of contact with the on-call wellbeing support team. There is no point changing things; that is the way to access our people, and so we made sure that that was continually fed out to our people. Then when we got to the 10 days later, going back to those people, yes, some of them were already engaged in receiving professional help. Someone, you would contact would say, “Listen mate, I was on a roadblock 40 kilometres out. I only did one shift there. It is sad, but it did not affect me.” Some would say, “You know what? I have just been waiting for this phone call. I’ve just been waiting for someone to reach out to me.”

This is the valuable part of our peer support program. In training them, we say to them, “In a week’s course, you are not a professional counsellor as Michelle is.” You are simply a trained listener. You should be able to understand and know when to be able to put your hands lightly on somebody’s shoulder and say, “Do you know what? I know where you can get some help”, or “Would you like me to make the phone call to help you get this help?” Sometimes people would shun us the first time and just say, “I’m okay. Don’t bother ringing me again.” But we would ring again. We would leave it for a couple of weeks and go back and sometimes they would say, “You know what? This has affected me more than I thought it would.” We know with our welfare team, we have a sergeant—Sergeant Martin Park is an apology for today—Martin was responsible for a team of six other uniform senior constable welfare officers. In the normal day-to-day operations, those people were dealing with, we have a young child who is really sick in Mildura who needs to be flown to Melbourne. Parents put up in a hotel in town. They will deal with those major welfare issues in the organisation. Lower-level welfare issues we hope are dealt with out at an individual’s worksite. In this case of those 5,500 people that were deployed to bushfire-related duties, the welfare team ended up with about 530 individual welfare files where they would keep tabs of either somebody referred, or somebody self-activated into that help and assistance. Through the teamwork of the peers, the welfare team and the counselling team, we go back to then November. After the bushfires, there are only still eight active welfare files that were still in existence. Again, that is to the credit of the team that I worked with there. Making sure that none of that was left to chance, to working systematically through those people.

**The CHAIRMAN:** Danny, you contacted all 5,500 people that showed up for duty to the bushfires and ramped up levels of service one way or the other. In the normal day-to-day operations, you get your officers that show up at vehicle accidents and they see trauma every day. Do you keep a log of when officers show up to those traumatic events. Is there a time where you talk to them about, “Maybe it is time you had a break” or something like that.

**Insp. Bodycoat:** A longstanding system that we have in place is that, if we have double fatality on the Hume Highway this morning, the officer responsible for that incident has the responsibility to put together what is referred to a critical incident fact sheet that lists the basic outline of what has taken place. It must list every person and their registered number who have had any involvement and engagement in that event in any way shape or form. The welfare team, the first job they do of a morning is to go the critical incident fact sheets from the day before and make email contact. It is really important this issue—that it is email contact to everybody that is listed on that sheet. Some ill-informed will say, “That is not good enough. Why do you not speak to them personally?” In policing circles, there is a really, really good reason why you would not do that. That is, let us say this accident happened at Benalla and you ring. The chances of the person actually being there is about one in six anyhow due to shift work and leave and night shifts et cetera. Invariably you would end up having to leave a message in the message book there. It becomes public domain: “Joe Gazis is out. How come Bodycoat, the welfare guy, is making contact with you? What is wrong with you?” It becomes a public debate. Or, if you ring and you are in a watch-house area where there is other police members and I am to say to you, “Constable Smith. I see you in this fatality. How are you travelling?” What is he going to say if somebody else is present: “I am okay”.Closed.

[2.40 pm]

We send email, and we say, “Look, we are aware that you have attended this incident. We notice this is the third one that you have attended in the last six weeks. We remind them of the range of services that we do have and how they can engage into those services. We get one of three responses as a rule. One saying, “Thank you very much, but I am okay, but gee, I really appreciate the contact.” Excuse the colloquialism, but sometimes it is “Piss off. Leave me alone. This is my job. Don’t annoy me.” It is often powerful language like that. Occasionally it is, “You know what? I’ve been to a number of these, and this one has really hit me. Thank God you made contact.” Again, that is when we hook in the support. That process, as I said, of email contact means that they can get back to you at a private time that suits them or they can nominate a private time or a mobile number that you can make their contact. It then does become a private communication.

**The CHAIRMAN:** Is there still a culture of stigma attached to having any kind of counselling?

**Insp. Bodycoat:** No; a lot of that has been broken down over the past 15 or 20 years. Now, I am not saying there are not certain blokey aspects of organisations such as ours in which that sort of culture will still exist, but, largely, there has been a breakdown of it. To the credit of our police association, it is one of the only organisations in the world I am aware of that goes out and engages a mirror service, so that if we do have distrusting people who feel if they go and see Michelle or part of her team they are in some way going to be tainted, the association provides another means by which people can go to seek professional help. Again as far as our team here is concerned, we do not give a damn where that help comes from as long as the people who need the help are getting the right help.

**Mr I.M. BRITZA:** I know there are some people within organisations like this who are very cautious towards a compulsory attitude. However, I saw firsthand—

Not everything good comes out of Texas, but my wife comes from Texas so I am very biased, but when I was in Houston I spoke to the chief psychologist there and I think this is their third or fourth year where it is compulsory for any officer who has witnessed, partaken in, gone to an accident—I think there are three or four scenarios—and within a 24-hour period, every officer has to ring and

make an appointment. From there, it is gauged. There was resistance initially; now, over 95 per cent thank God that is a compulsory issue.

**Ms M.M. QUIRK:** Ian, there are some issues with that, I think in terms of the union having issues with that if it was a shooting. There are some issues in terms of incriminating oneself and all of that. That is a bit of an issue I think.

**Mr I.M. BRITZA:** I think when it is within the department, it is a whole different deal. You would not go outside the department but because it is a department directive, that department does not make those files open to the department. It is purely dealing with, “What have you seen?”, not with who is right or wrong. That is not the issue, the issue is the mental state around what has happened. I was there the week an officer had pulled someone over and a vehicle had hit him while he was taking the report and he was in pieces everywhere. When the three officers came, they were picking their colleague up from all over the place and it went into system straight away. They had two people out there immediately with those officers. It is understood procedure now. I do not think the issue was that way. I feel for that and I feel for the resistance, but the stigma of going to the psychologist or counsellor or whatever is certainly not there.

**Insp. Bodycoat:** I understand there are pros and cons with that. I know the professional team here beside me. If we go back maybe eight or nine years ago when we had this process where there would be a formal debrief relating to a critical incident, we were forcing people to go to this debrief, again, thinking we were doing the right thing in providing what we thought was a supportive framework to help people through this, when in actual fact, in some instances, we were traumatising people further by making them relive in a public way a lot of the things that had transpired. There has been a lot of professional debate within psychological and social work about the whys and wherefores of doing that. Michelle you might like to —

**Ms Spinks:** Yes, we certainly offer only a voluntary service after critical incidents. In saying that, for high-level incidents like the one you have described, like police shootings, major operational incidents involving threats to members or anything like that, it would be highly unusual that we would not be involved. Generally, we are called in and we do an immediate response. That response is based on psychological first aid models, which is theoretically, part of the best practice in terms of our literature and our profession in managing that. Our response is multi-layered, so we do individual work with those members if they want to talk to us. If they do not want to talk to us, particularly around stigma or worries around mental health professionals, they may speak to a peer or they may speak to a chaplain. We are quite creative in ways of engaging with those members. A lot of our response is about working with managers in the workplace, setting up with managers plans to monitor those individuals to work in with us if they have got concerns—consult with us in that way. There are a few reasons we do not have compulsory attendance. The first is about some theoretical material around psychological first aid and that sense that most people will recover by accessing their own natural resources. We encourage that. We encourage people to not necessarily speak to a mental health professional but to their friends and family and their colleagues to do the things they would naturally do to recover. As Stanley was alluding to, some of the literature from the practices we did in the past is asserting that we may cause harm if we do too much unpacking, I guess, or asking people to speak too much in those early stages of an incident. The other issue is around defining what is a critical incident. That is really tricky for us because what is critical for one member is not critical for another. You might have someone attend a suicide, for example. Our members attend suicides all the time, and 99 per cent of them will not even consider that a particularly big deal. It is a routine part of their job. They see it quite regularly and actually get irritated if they have to consult with us after every kind of event like that; whereas for one member it may be particularly distressing. Part of the issue is also defining what is a critical incident, in many ways, and how we do that and the other issue is purely around resourcing. There is no physical way we could do compulsory debriefing.

**Mr I.M. BRITZA:** I am certainly not a professional, but I do take the surprised response that none of the officers want to go back. That was in Houston and, of course, they are seeing whatever we have got—triple it or whatever it is. I hear all the people say all that they do but I am hearing the so-called tough boys saying, “There’s no way they would head back.” But it is only within the 24-hour period. I do not know what form that is. I think it is fairly informal because it goes from there to whether it goes any further. But it is certainly seen. There are only three criteria from memory. It is what they define it.

**Ms Spinks:** As a critical incident.

**Mr I.M. BRITZA:** You have shot someone; you have seen it or you are attending it. I think it is those three.

**Mr Gazis:** We would pretty much almost use ours as almost compulsory without being compulsory; that is, we will get around and make sure we have put up the inference —

**Mr I.M. BRITZA:** They do not use that word but I know what you mean.

[2.50 pm]

**Ms Spinks:** So for high-level incidents it would be very unusual for us to not do some sort of response. My experience clinically is that we get very low refusal from members to talk with us. It is only very occasionally that a member will not engage with us and if they do not we are pretty creative in working out something else.

**Insp. Bodycoat:** One of the things, through the on-call system we have in place, if we have an incident in the middle of the night and be it a police shooting, again one of the uniform welfare staff will be activated, as will one of the on-call clinicians. One of the things that has worked really well for us in the past is that the clinician at that time will not do their best work. Their best work will be done in the days and weeks thereafter. What is really important is that if they go to this police shooting site, the uniformed officer helps break down the barriers or the potential barrier that could be there by saying, “This is one of my work colleagues; this is Michelle; she is a clinician; she will be able to follow up later,” and just soften that interface between the uniform member and the professional. Then some two or three days later when it is time that, say, there is a debrief that Michelle goes back to, the perception of the police officer is that, “Oh, how good was that; she was here at our time of need.” Even though she did not do anything much that night at that time, there is this reflection, “Hold on; she responded when we needed her.” Now it is a lot easier for them to go in and professionally connect. That has been one of the really important aspects, I think, of the 24-hour service we deliver—that combination of the uniformed officer with another professional. It just makes the fight a whole lot easier.

**Mr I.M. BRITZA:** Was there any difference with the bushfires?

**Insp. Bodycoat:** No; with the bushfires, obviously there was a mammoth response and we had a whole series of teams set up. We hooked up a welfare officer with a peer support officer or a welfare officer with one of the clinicians; a number of roving responses around the state and whenever there was a briefing session of people to go out to the field, we would make sure they were there to do that. At times it was important that we had one of the clinicians doing that, say, for our disaster victim identification team. Before any of them were deployed we would make sure they were briefed by a clinician before they went out and sometimes when they came back. A mass of those arrangements went on in the background while this unfolded.

**Ms M.M. QUIRK:** How many clinicians have you got, all up?

**Ms Spinks:** We have fewer now. At the moment we probably have something like eight or nine effective full-time—not many for 15 000. Back then we probably had a few more—I think we had 14 effective full-timers.

**Ms M.M. QUIRK:** Do you do the hands-on clinical work? You do not send that out to employee assistance programs?

**Ms Spinks:** We also have an employee assistance program that works in with us.

**Ms M.M. QUIRK:** What is the criteria for doing one rather than the other?

**Ms Spinks:** The employee assistance program does only counselling, so we do all the critical incident immediate responses and sometimes do the ongoing parts of ongoing counselling, particularly around large-scale events. But the employee assistance program does ongoing counselling—six sessions model of counselling for a whole range of things, not just work related, but personal related as well.

**Ms M.M. QUIRK:** Your group within would have a bit more expertise maybe on post-traumatic stress than the EAP people would have?

**Ms Spinks:** I would think that we would, yes.

**Ms M.M. QUIRK:** To go back to the fire and the 5 000, have you now got some system to capture that if there is a future large event at any time?

**Insp. Bodycoat:** There is what we referred to as regional operational centres and their whole means of capture and deployment has been largely improved. It was identified through the royal commission as well. That whole deployment process is an area we needed to improve, so certainly it is a whole lot better now if we were to have disaster of some kind

**Ms M.M. QUIRK:** I think that will need to form part of our recommendation to say you capture the people affected.

**Insp. Bodycoat:** Yes. We have the grand final coming up. We would know every police officer who will be deployed on duty at the grand final. We would plan it down to the last —

**Ms M.M. QUIRK:** I guess there are a few who would want to be deployed who will not be.

**Insp. Bodycoat:** As we know, it was an event that no-one dreamed of the enormity of it. Yes, hopefully, some good has come out of it and that is that we have improved in that regard.

**The CHAIRMAN:** You have basically four different areas, the peer support, the chaplaincy, the psychs and the EAP.

**Ms Spinks:** Yes and the welfare teams.

**The CHAIRMAN:** So what is the cost to Victoria Police to run the welfare of their officers?

**Insp. Bodycoat:** I looked through some papers before I came here. If we looked at what it costs specifically to the event, it would be near impossible. It is more about having this service in place and going all the time. When the bushfire was on, we actually brought back previous welfare staff. We seconded them back in the short term, and some of them for six months thereafter, so that we could do the follow-up with these people.

**The CHAIRMAN:** Are they retired staff?

**Insp. Bodycoat:** No. A senior constable transferred from Mildura. Mildura was not affected by the bushfires, so we sought permission to bring three or four of those people back into this role so that we did not have to re-educate them and they could just hit the ground running.

While this is fresh in my mind, before these bushfires, each year coming into the bushfire season Joe and I would go to each region and select four or five peer support officers within each region who were not going to be on leave during the bushfire season, which is largely January and February. We made sure that the assistant commissioner was prepared to release them at the drop of a hat so that if these peers were from Gippsland and there were bushfires in the north east of the state, they could be released to perform their peer role. Every year we would and get those permissions and have them on file so that we were not left scurrying. As soon as we knew there was



a bushfire—bang!—we knew that they were the peers to go to in order to fulfil that role. We had all that in place; we just did not think that instead of needing 20 peers, we would need 100 to do what was needed.

**The CHAIRMAN:** For your section, I suppose, what is the cost of running that, on an annual basis, not just for a bushfire, but on a recurrent budget?

**Insp. Bodycoat:** I have been removed from this area now for the last 18 months or so, so I am not able to give you a direct figure. If we go through all the wages of all the psychologists and the welfare team et cetera, it is probably in the vicinity of \$3 million to provide that service.

**The CHAIRMAN:** And the training for the peer supporters—at a guess? We will not hold you to it.

**Mr Gazis:** It is about \$20,000, but that does not include the wage; that is just the cost of actually arranging the program and finding accommodation, food and guest speakers. The wage is on top of that. That amount is only a proportion of my wage and only a proportion of what I do. There are three other people in the peer support program. One is a sergeant, one is a senior constable and one is a reservist. That was the make-up at that point. You are looking at needing four positions. The peers need constant training and monitoring. You have to make sure they get out to jobs, follow-up with them afterwards and make sure they are connected. As you said, there is a filtering system. They sometimes do the initial stuff and they will refer them straight on to the welfare team, to the psychologist, and they will continue to be in the background making sure that the person has been looked after in between sessions, because sometimes, especially in the country areas, you are not always able to support people the way you would like to but their peers are there looking after them all the time.

**The CHAIRMAN:** Do you ever use retired officers to come in as peer support officers?

**Mr Gazis:** I would love to.

**The CHAIRMAN:** Okay; tell us about it.

[3.00 pm]

**Mr Gazis:** We have spoken about it. I have been told that there are issues around occupational health and safety and workers' comp. There are a whole lot of legal ramifications for bringing them in, but it would be a great idea.

**Ms M.M. QUIRK:** A legal excuse is usually an excuse for not wanting to do it.

**Mr Gazis:** They are very good value.

**The CHAIRMAN:** The reason we are asking is when we went to New Orleans and New York, it was the retired fireys—yes, they were contracted through somebody else—who were the peer supporters. They led us to believe it was very valuable.

**Mr Gazis:** We actually did bring in a couple of peers at the time who had just retired and who were happy to pop into a station of their own free will, not because we asked them. They just said they would go down and see how things were.

**Mr I.M. BRITZA:** I can see how positive it would be for you to just grab three, four or five of them in a crisis.

**Mr Gazis:** Absolutely.

**Ms M.M. QUIRK:** Danny, are your cost figures a bit on the conservative side because you have the union—the Police Association—apparently running a bit of a parallel set-up anyway?

**Insp. Bodycoat:** Again, I stand to be corrected with those figures that I have provided to you. Certainly Victoria Police would give you some formal figures as to what the true cost will be.

**Ms M.M. QUIRK:** We might write to them to get that.

**The CHAIRMAN:** But it is good value for money. It is money well spent.

**Insp. Bodycoat:** Yes. One of the important aspects that Joe fulfils in the clinical director role he has with the peer support program is about not only recruitment and the training of peers, but also to make sure that the welfare of the peers is monitored. Once someone is trained as a peer, it does not mean they will be here forever. Because of their own personal life, such as a crisis they may have, peers sometimes need to put up their hand and either step away from the program completely or step back from it for a short period. That is where Joe and his team monitor the welfare of those people. They need to train them regularly to make sure that they are current with what is going on. It gets to the point where there is a finite amount of time that he has to monitor those people. You just cannot keep on training peers to the point where you cannot monitor their wellbeing and welfare. It is a fine balancing act that the team has in doing that.

**The CHAIRMAN:** When you are training recruits who are coming in to the force do they get any training in psychological first aid or resilience?

**Ms Spinks:** Yes, they do. We are actually changing the model. Previously they had what was called a stress inoculation model, so they were educated about critical incidents and what their response might be in a critical incident. They were exposed to photos of quite distressing material and then taught to manage their arousal, for want of a better word, of that. We have changed that somewhat. We are instigating a new program that is actually based on something the military does, which is called Battle Smart. We are adapting their model, which is also about inoculation, but it is not exposing them so much to explicit material. We have taken some of that explicit material out of the recruitment phase. That was done because some recruits were complaining about that. We are now doing a whole range of other activities, scenarios and stress management techniques. In saying that, though, it is one lecture, so it is certainly not as comprehensive as we would like it to be.

**The CHAIRMAN:** Are there annual health checks for the officers?

**Insp. Bodycoat:** One of my focuses over my whole career has been the area of health and fitness and having health and fitness appraisals for our people. In around 2000 we introduced compulsory health and fitness testing for our operational people. In theory, that was to be done every three years, but resourcing is such that it is near impossible to enforce that. That was accepted with relatively little resistance. As an organisation, we are accepting of the fact that policing will have a physical impact on you and you need to monitor your physical health along the way. As part of the rules of engagement, every recruit who joined Victoria Police from 1 July 2010 presents for a fitness test every six months when they do their operational fitness training, but we do not have compulsory psychological tests. Victoria Police is not on its own. It is interesting that it is socially acceptable to accept physical testing but the psychological areas are too out in the ether.

**Ms M.M. QUIRK:** Some jurisdictions have effectively tagged on the end things that appear to be physical symptoms, as you know; it does not take a leap of logic to know that you can extend it without it being too problematical. Do you have random alcohol and drug testing here?

**Insp. Bodycoat:** Yes, we do.

**Ms M.M. QUIRK:** If someone who has gone from being reasonably under-abusing to suddenly coming up positive on these tests is that sometimes referred to you lot?

**Ms Spinks:** Absolutely. We definitely have a welfare focus first and foremost in that. We actually did have a dedicated alcohol and other drug team that was disbanded a couple of years ago because of funding. Now that has been absorbed into our area, and we do have a specialist alcohol and other drug counsellor and we will organise detoxification treatments or facilitate referrals to counselling, as required.

**Ms M.M. QUIRK:** In terms of Black Saturday, it is probably too early for the post-traumatic stuff to have peaked, but are there any common themes—from the exposure all of you have had, I suppose, in different guises—that come through in terms of police personnel?

**Ms Spinks:** There appear to be very low rates of post-traumatic stress from the fires. I think there are a couple of reasons for that. Certainly we did a lot more intensive support with the members who were actively involved at the time and were working in the locations where the fires were, and they were seeking that support. Trauma is often about levels of preparedness. What happened for a lot of our members who were doing the post-response was they were well prepared for what they were going to see. As Danny said, we were there at the disaster identification meetings letting them know what they were actually going to find when they got up there, so there was a level of preparedness for that. We let them know how to deal with that and what resources were available for coping. I actually think that it is because of the level of preparedness of those people for the fires that we are seeing low rates of post-traumatic stress. Mostly the things that are coming through vary, but it is threat-to-life sort of stuff—those people whose lives were directly threatened. We know in trauma criteria that the more direct the threat to life, the more likely the person is to have post-traumatic stress, so that makes sense. We are not seeing a lot. It is three or four years since the fires. Certainly in our referrals now it is very rare that anything about the fires will come up.

**Mr Gazis:** Another thing that I think probably made a difference to the low rates that we are seeing is that there was no loss of Victoria Police life. Because we had zero deaths, I think that also makes a difference.

**Ms Spinks:** Yes. I can guarantee there would have been a lot more in that scenario.

**Ms M.M. QUIRK:** And also, I suppose, the blame was very much pointed at the CFA and the firefighters' management rather than the police. I think if there was that feeling of not wanting to be valued —

**Mr Gazis:** And feeling that you had not done a good job can sometimes trigger traumatic episodes.

**Insp. Bodycoat:** Certainly the immediate focus on day one of the whole thing was: had any of our officers lost their life? Thankfully, no. Had we had anybody seriously injured physically? No. We had seven officers whose houses burned down and within 24 hours we were able to ensure that there was \$2 000 transferred into their bank accounts, which the police association matched within 24 hours as well. So in the background we were concentrating on those sorts of things before we then went out into the field doing what we are doing.

[3.10 pm]

Again, I think as I said at the start, I was brought up on a farm. I worked on a farm for 45 years and was a member of the CFA as a volunteer for 25 years, so I had a real connection and understanding with what was going on. I think one of the errors that often people sitting in ivory towers make is that the mass of electronic communication that you are going to, you know—by creating an email or creating a site that you are getting all this information out. In actual fact, the last thing on earth the people out in the field would ever want to do, after dealing with their main job, is try to elbow somebody out of the road to find a computer to access information. That is where the face-to-face work—the work of the people out in the field, touching bases, going around regularly—is just so important. You have people out there doing that work, identifying, touching and feeling all those people, as opposed to somehow mysteriously being able to access this communication that is being produced electronically. All the people doing that are doing it with good reason and a whole lot of good communication was developed, but at the time of the battle, so to speak, that is where the face-to-face personal contact I think is just imperative.

**Mr Gazis:** That is one of the reasons why Danny's idea was to get the names of people who had actually been deployed. Then we sat down with those 5 000 names and divided them up across all our peers. So, all of our peers have had about 50 names on a list they were emailed and told, "Go and touch this person on the shoulder and say, 'How did you go with the fires?'" Some of the peers were members who had been in the fires themselves. We did not want that, but they insisted. They said, "No, I want to look after my mates. I'm doing fine thanks, Joe." The rule was that if they were

affected they were to stand down and to let me know, and they did that. Several peers said they were not able to be involved. So, there is a whole range of responses here that we are talking about happening at the same time. It might sound a little bit awkward but it felt really chaotic at the time. Thanks to the organisational skills of Danny and the other police members they made it all run smoothly, but that is what you really need—good coordination at that time. I take my hat off to them.

**Ms M.M. QUIRK:** And that sort of template from what you said earlier should be able to apply equally if it is a terrorist attack or an earthquake or whatever.

**Insp. Bodycoat:** We had had some experience, say, we go back to the Cairo bus crash that took place, now going back seven years or so ago where we had one member killed and others seriously injured and whatever, so there was a whole impact both community and policing-wise. So, we had had the practice in setting up this controlled control room. Similarly, when we had the World Economic Forum in Melbourne, the same routine; we had a whole lot of police officers injured out of that. There were more injured out of that than we did out of the bushfires. Again, we basically had the system on a smaller scale that we were able to employ. But I guess looking at the state of Western Australia—you have the biggest policing jurisdiction in the world—it is relatively easy for us to do what we did in this state. For you to be able to replicate the same sort of service in yours is just mind-blowing.

**The CHAIRMAN:** We have got a third of the number of officers; we have got about 5 500.

**Insp. Bodycoat:** It is mind-blowing; it is such a big jurisdiction.

**The CHAIRMAN:** We were told in the US that you need to plan for how bad things can be and not what normally threatens. So what is the worst disaster that Victoria Police now plans for?

**Ms M.M. QUIRK:** Collingwood winning another grand final!

**Insp. Bodycoat:** The terrorism bit is—and the fact that you are going to New York—that certainly cities such as this could be brought to their knees. If the three dam walls and the major dams that service this city were blown up this afternoon, this city would be at its knees within two days. There is a whole big issue that Victoria Police need to deal with as far as the community response to that. But, again, the focus of this team, the wellbeing of staff, is not about the community; it is a more, you know, closed focus about what you need, so in the circumstances what do we do for our people and their families? We cannot be everything to everybody. The Department of Human Services et cetera have that community responsibility; we are largely looking at what we need to do for our own.

**Ms M.M. QUIRK:** We have had evidence that suggests that there might be some merit in having a group or organisation that effectively services all the emergency services whether it be fire, police, rescue or whatever. I think the downside of that means you get out of that family stuff and maybe a bit on the trust side. Do you see that there is any merit in a suggestion like that?

**Mr Gazis:** Look, we have thought about that. The peer support programs across Victoria have joined forces into an organisation called VESPA, which is the Victorian Emergency Services Peer Alliance. One of our goals in the long term—these things always take a long time—is to actually work more closely together so that we can have a more coordinated response and use each other's peers because they all work together, they all know—especially in the country areas they are happy to look after each other—that we have a more coordinated better communicative response. We meet together three times a year if we can. Just before the fires, we almost did run our first training for bushfires but it fell through. We were going to have 100 peers from three different organisations to practise, so it is on the board. We have not done anything since then; I think the organisations are still recovering from the fires, to be honest with you, psychologically. So we need to get that up and going again, but that is certainly I think a really precious idea.

**Ms Spinks:** I think there would be a lot of merit actually in doing that, but you do lose that small focus. Then of course it requires very careful planning around all the politics—who gets to run the show, from what service. That stuff can often be very problematic, as you know.

**The CHAIRMAN:** Aside from the major traumas like the bushfires, what is the most stressful event that officers come up against in Victoria Police?

**Ms Spinks:** I would say police shootings.

**Insp. Bodycoat:** The death of a police officer.

**Ms Spinks:** Or the death of a police officer.

**Insp. Bodycoat:** If it is the murder of a police officer, it has reverberations throughout the organisation for many, many years.

**Mr Gazis:** Even the suicide of a police officer can also be quite traumatic for the organisation.

**Ms M.M. QUIRK:** What is the rate of suicides for police here?

**Mr Gazis:** It is very good actually.

**Ms M.M. QUIRK:** Is it?

**Mr Gazis:** Zero is the best, of course, but we are down to about, on average now, one a year or less—about a half a year. It used to be five a year.

**Insp. Bodycoat:** We had about a four-year period with zero up until the last two years.

**Mr Gazis:** That is true, so if you really were to average it out—I have got a graph somewhere. But finally we are starting to count our suicides since —

**Ms M.M. QUIRK:** So one out of 15 500; how does that compare with the community rate?

**Mr Gazis:** Lower than the community rate—it is much lower, which is terrific. We are very proud of that.

**Ms Spinks:** I will say if it is helpful for you, we are doing another critical incident project at the moment where we are reviewing all of our policies again, making sure we are aligned with best practice. I envision what we will be rolling out for the organisation—some other jurisdictions have done this—is psychological first aid training for all of our managers. So, giving a lot more responsibility to managers out in the field for the wellbeing of their staff, understanding how to do basic psychological first aid, and trying to change the culture in the organisation from it being our responsibility because we cannot actually physically always know firstly, and, secondly attend everything, that there is a shared responsibility and that managers are taking much more responsibility in that. That is certainly part of our future focus in making sure managers are feeling much more well-equipped to attend to the welfare and wellbeing of their members.

**Insp. Bodycoat:** I think there is a point you are referring to across the emergency services. Many years ago I went to Vancouver and the British Columbia justice institute had been created. Amazingly, what goes on in this state, we have a police academy, we have a fire academy, we have an ambulance training centre and all these places operating in isolation. In British Columbia they said, “No, this is crazy. Let’s put all of these under one umbrella so we actually have the one great library, we have the one great gymnasium, we have the one great everything.” Every person that is trained in British Columbia under the justice banner goes via the British Columbia justice institute, so there is this whole connection right from the start. Again, I think it has such merit in this country—why are we not doing that? It would help facilitate that cross-communication through the agencies right from people’s first day in their training.

[3.20 pm]

**The CHAIRMAN:** It is actually quite impressive that. I have been there as well; I was there a few years ago.

**Ms Spinks:** I actually will say, sorry, one of the issues we had at the time of the fires is that we tried to get clinicians from other jurisdictions to come and help us. There was so much bureaucratic red tape in that, that that became almost impossible, so much so that two commissioners had to speak to chief commissioners to get permission to release staff, like it was really problematic.

**Ms M.M. QUIRK:** Did that come a bit from the professional organisations or was it from the commissioners? So you did not get the institute of psychologists from South Australia or whatever saying it was a problem.

**Ms Spinks:** No—it was policing bureaucracy, not our profession.

**Insp. Bodycoat:** But we did get the AFP chaplains involved and that was just like that [witness snapped his fingers]. In fact, one of the things in presentations I have done that the AFP chaplain when he finished his deployment here up in Kinglake and that area—an extract from his report said that the work of the welfare team was of the highest quality; I cannot give higher praise to my colleagues in the job. He actually went on and said what we did should be used as a blueprint for these sorts of responses.

**Ms Spinks:** I really think some inter-jurisdictional sort of training and cooperation would be a good point, so when there is mass disaster in somebody's state, you can deploy other people from other jurisdictions to help out. We are all following these similar kinds of models in terms of welfare and mental health response, so I think that is something worth considering.

**The CHAIRMAN:** Danny, can I just confirm what you are suggesting is that we somehow look at replicating British Columbia, the way they do it, right across Australia, not just in Victoria or just in WA?

**Insp. Bodycoat:** Again, within this country we could not agree on road rules to be the same throughout the country, a standard railway et cetera. But I think if there is a will, there is a way, that there is such merit in putting these agencies that really duplicate their resources, that if they were under the one, like a campus, they can still have their —

**The CHAIRMAN:** That is university-like, is it not?

**Insp. Bodycoat:** Yes. They can still have their own identity within that campus, but —

**Mr I.M. BRITZA:** All do the same training procedures.

**Ms M.M. QUIRK:** They have the police academy at Manly that people from everywhere go to. In fact, the AFAC—I cannot remember what it is, it is basically the fire administrators and managers—are having their conference in Perth this year. I was looking at the program the other day, there is not anything at all on trauma—not one skerrick on it.

**The CHAIRMAN:** I thank you very much for coming in and letting us pick your brains. We will send you out a draft transcript so you can correct any minor errors.

**Hearing concluded at 3.23 pm**