



Red Cross Osmington homicide support

a Collective Trauma case study by Claire Silveira, Danielle O'Hara & Kate Brady

In recent years in Australia and around the world, we have seen a spate of events which have been violent and traumatic and have caused significant public and collective grief and horror, here referred to as Collective Trauma Events (CTE's). These events don't always fit neatly into traditional parameters of emergency management arrangements, but can have major impacts on communities and may challenge previously taken for granted assumptions about public locations, routines and values.

In recent years, ARC has provided psychosocial support following CTE's such as the Sydney Siege (2014), the accident/tragedy at Dreamworld (2016), the attacks on pedestrians in Bourke St and Flinders St, Melbourne (2017). This case study explores the Australian Red Cross (ARC) response to the CTE in Osmington, Western Australia, May 2018.

Throughout we refer to the *Best practice guidelines: Supporting communities before, during and after collective trauma events*. These guidelines are a reflection of current best practice for supporting communities and were developed in response to concern that *more or different* support is required compared to other events. They provide organisations with advice and guidance to inform operational planning before, during and after collective trauma events.

Event summary

On 11th May 2018, Cynda and Peter Miles, their daughter Katrina Miles, and her four children were found dead on their rural property in Osmington, WA. The deaths were treated as a suspected murder-suicide perpetrated by Peter Miles.

A number of factors added to the complexity of the event, including international media coverage, a three-week delay in funerals and the communities' experience of other traumatic events, such as the 2011 Margaret River bushfire, Gracetown Beach collapse and shark attacks.

The event fell within the accepted definition of a collective trauma event. Not all disasters, or homicides, are CTE's. A CTE must have a broader impact on the community and challenge people's understanding of the way the 'world works'. Common elements include witnessing violence, horror, public grief, a strong sense of injustice, intense media coverage, a highly politicised aftermath, judicial of public inquiry and identification with victims or locations.

The Osmington homicides met this criteria; with injustice and horror over the manner of death of children and family members, intense media coverage and the identification of the autistic, home-schooling, school, organic and broader Margaret River communities which the victims belonged to.

Red Cross involvement

Under state legislation, local government is responsible for community recovery from emergencies. Homicides are not a recognised hazard under the WA State Emergency Management Act and therefore state support that would ordinarily be available in natural disasters couldn't be accessed.

Margaret River Shire identified an immediate need for coordinated and appropriate support for the community and acknowledged the nature of the event was outside their capacity and expertise. As a result, they requested ARC provide advice, advocacy and direct psychosocial support (such as Psychological First Aid) for the affected community, drawing the organisations neutrality and experience in psychosocial recovery and supporting other CTE's. During and after the event, ARC provided the following support.

Psychological First Aid (PFA)

After an emergency people will experience distress and anxiety, or “a normal reaction to an abnormal event”. A small percentage will experience longer term distress and mental health problems, however eighty percent will manage their problems with their own resources

For this reason, PFA is currently considered best-practice following a CTE rather than immediate focused or specialised interventions. It is based on the five principles of promoting a sense of safety, calm, connectedness, self-efficacy and hope and is thought to reduce the prevalence of mental health disorders and link people with more specialised support if required. PFA can be promoted both directly and through communication and messaging.

In Osmington, there was an immediate offer of support from mental health and holistic practitioners, with around 80 spontaneously volunteering in the first two days. While valuable for a small percentage of the population, this risked pathologising normal responses, and subsequently the messages and support provided to the community.

ARC played a role normalising reactions through the provision of PFA, sharing of resources (eg *Coping with a Major Personal Crisis, After the Emergency, Comfort Teddies*), workshops for community and liaising with and providing advice around media management and messaging.

PFA was both promoted and provided by ARC. Volunteers trained in PFA provided support at the Community Support Centre, through roving outreach, at community meetings and at the two funerals. PFA was promoted through workshops for local government, community service providers, schools, mental health practitioners, GP's and other community groups. ARC advocated for PFA to be integrated into all communication and media messaging.

Communicating in Recovery

Access to quality information before, during and after an emergency can have a profound effect on the resilience and recovery of individuals and the community. Communication should two-way and acknowledge the affect stress has on people's ability to process and understand messaging. People may find the breadth of information and support overwhelming and hard to understand.

Communication should be clear, relevant and targeted and promote principles of PFA. Local stakeholders such as community groups, networks, organisations, businesses and health practitioners are essential components of recovery. Efforts should be coordinated, and should be led by the expressed rather than assumed needs of the affected community.

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ARC advocated for communication and resources to be streamlined to avoid overwhelming the community. For example, distributing only one flyer on how to talk to children, rather than a selection from different agencies. A structured approach to all meetings and official communication was promoted and used, with the “what we know, what we don’t know, what we’re doing and what we want you to do” format being consistently used.

ARC were asked to chair the Health and Wellbeing Sub-committee, which provided a forum to ensure support was coordinated and underpinned by psychosocial principles. ARC advocated for the involvement of community leaders in committees and decision making.

Temporary memorial management advice

Spontaneous expression of grief through temporary memorials can be an important post-disaster ritual that provides the opportunity to re-establish feelings of control, solidarity and belonging, and begin the healing process.

In Osmington, ARC provided advice and direct support for the temporarily memorial created by community at the Community Support Centre. This included the respectful removal of flowers and, at the communities’ request, using the mulch at the Community Organic Garden. All messages were scanned and provided to the families for keepsake and use in the funerals.

For more information about the ARC response to the Osmington homicides, contact Claire Silveira on csilveira@redcross.org.au

For more information about the Red Cross Collective Trauma Guidelines, contact Kate Brady on kbrady@redcross.org.au

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