



## ANNUAL REPORT

Financial year 1 October 2019 - 30 September 2020

YTD 1 October 2020 - 28 February 2021

### Our Vision

*"A healthy community of thriving individuals"*

### Our Purpose

To reduce complex trauma through increasing awareness, collaboration and trauma-informed competencies in Western Australia.

### Our Values in Action

*Generosity.* We live empathy and compassion; honour difference; and have a whole-community perspective.

*Courage.* We value curiosity; seek to understand; and persevere for what's right.

*Collaboration.* We find new ways of working, to cooperatively share resources and knowledge; and prioritise co-investment and interdependence.

*Integrity.* We have high standards for honesty, being trustworthy, safety and boundaries.

*Accountability.* We set a high premium on transparency; self-awareness; and courageous conversations.

## **What is 'Complex Trauma'?**

'Complex trauma' is estimated to affect 1 in 4 Australian adults; and is also sometimes referred to as 'relational trauma' or 'betrayal trauma'. It differs from single-incident trauma (such as a motor vehicle accident or natural disaster) in that it is interpersonal, and repeated over a period of time. Sometimes it is premeditated (e.g. sexual abuse) and extreme (e.g. physical abuse); sometimes it is unintended (e.g. physical or emotional neglect) or subtle (e.g. some forms of attachment trauma, and other forms of mental manipulation and control).

This kind of trauma happens when the victim is trapped and under the control and domination of the perpetrator (Herman, 2009); and frequently during developmentally sensitive periods of neurological maturation, hence altering the structural development of neural networks and the biochemistry of neuroendocrine systems.

The long-term consequences of complex trauma include a strong and often co-occurring association with numerous physical health and mental health problems, as well as economic, social, and behavioural problems throughout the entire lifespan - these are not usually thought of as related to childhood abuse or neglect; and people do not 'grow out of it'.

Links between complex trauma and heart disease, cancer, chronic pain, emphysema, diabetes, chronic lung disease, sexual health problems, sexually transmitted infections, depression, eating disorders, major dental problems, self-mutilation, learning disorders, alcoholism, drug abuse, domestic violence, teenage pregnancies, homelessness, suicide, and more are now well established; and the cost to society is enormous.

## **About COTWA**

Complex Trauma WA (COTWA) developed in response to issues raised by members of the Perth Complex Trauma Mental Health Network (MHPN) about the need for better coordinated and trauma-informed care in local communities. In October 2018, with seed money generated by members of the complex-trauma professional community, COTWA was registered as an Incorporated Association.

COTWA is a recognised health-promotions charity with Gift Recipient Status, and a new peak body for all-things complex trauma in Western Australia (WA). It sits within the mental-health sector of the broader health and well-being industry, focusing its attention on the complex-trauma aspects of mental health - especially treatment, psychoeducation/professional development, and raising community awareness.

Our objectives include:

1. To advocate on behalf of people in Western Australia who have a history of complex trauma.
2. To increase public and professional awareness of complex trauma in various communities across Western Australia.
3. To provide opportunities for professional development, education, support, and the exchange of information across communities of health professionals and other service providers who work with Western Australians who present with a history of complex trauma.
4. To promote best-practice service delivery for people with a history of complex trauma in Western Australia.

To date, instead of a single value chain with all the value flowing to COTWA, the organisation has opted instead to favour developing open, competency-based networks that benefit the complex trauma sector as a whole.

In addition to carefully curated resources relevant to complex trauma, the COTWA website ([www.complextraumawa.org.au](http://www.complextraumawa.org.au)) features an online service directory resource (referred to as the 'COTWA Spatial Directory'), and an accessible one-stop hub of curated information relevant to complex trauma for survivors, their loved ones, and professionals in WA.

The COTWA Spatial Directory is different from all other mental-health service directories currently available, and fills a much-needed gap for survivors of childhood abuse and neglect, and the people who care about them:

- The Directory was designed with the input of people with a history of complex trauma. It is trauma informed in its design, and meets many of the needs that survivors have indicated they seek when choosing a trauma therapist.
- Practitioners approved for inclusion on the COTWA Spatial Directory are not self-assessed psychotherapists claiming expertise in working with complex trauma.
- The training and experience of every clinician on the COTWA Spatial Directory have been independently assessed by Blue Knot Foundation, Australia's National Centre of Excellence for complex trauma.
- Referrers and survivors can, therefore, trust that clinicians listed on the COTWA Spatial Directory are trauma-informed, competent, and experienced clinicians *who meet best-practice guidelines for evidence-based treatments in trauma-specific clinical expertise.*
- Every clinician on the COTWA Spatial Directory has moved away from asking, "What's wrong with you?" Instead, they depart from a premise of "What's happened to you?"

Currently still a developing resource, these services potentially include the full spectrum of trauma specific treatment services, through to trauma-aware and/or trauma-informed everyday interactions, such as public services or retail.

COTWA is managed by eight Board members - seven volunteers, and one paid part-time contractor who fulfils the role of secretary. This constitutes its entire workforce. Four Board members are clinicians; and three publicly identify as survivors.

For the past two years, with the exception of a few months at the height of COVID19 fears in WA, the Board met on a regular monthly or twice-monthly basis. In response to ever-growing demands on Board members' time, the Board structure was revised in November 2020 to now also comprise a Clinical and Training & Accreditation Committee who meet on an as-needed basis. The Executive meets once a month, with the full Board meeting once every two months.

### Our People

NAME	POSITION	DATES ACTED
Sonia Smuts	Chairperson	12/8/2018 - present
David Edwards	Vice Chairperson Board member	8/10/2020 - present 21/11/2019 - 8/10/2020
Kirsty Pratt	Treasurer Board Member	12/11/2020 - present 22/6/2020 - 12/11/2020
Bronwen Griffiths	Secretary Administration Officer	12/11/2020 - present 27/6/2019 - 12/11/2020
Ana dos Santos	Training & Accreditation Committee Secretary	19/09/2020 - present 12/8/2020 - 19/9/2020
Vivien Bainbridge	Clinical Committee Treasurer Deputy Chair Treasurer	12/11/2020 - present 8/10/2020 - 12/11/2020 20/2/2020 - 8/10/2020 12/8/2018 - 20/2/2020
Diana Phillips	Clinical Committee Rural Representative (South)	12/11/2020 - present 20/11/2018 - present
Lynette Henderson-Yates	Aboriginal representative Rural Representative (North)	

### Chairperson's Report

COTWA did a lot of 'growing-up' over the past year. COVID19 struck less than four weeks after an

in depth strategic planning meeting to map out COTWA's target areas for the year ahead. Our first AGM was cancelled; a scheduled professional-development workshop for members was cancelled with less than two weeks' notice; and individual Board members had to move their day-jobs online within the scope of days.

The COTWA Board subsequently took a five-month hiatus on planned projects during this reporting period. When we returned, ongoing social-distancing restrictions limited the organisation's capacity to offer its intended professional-development and community-based initiatives.

During this time, the Board recognised that it was still essentially in 'start-up' mode while developing its core capabilities and product offering. Despite demonstrating growth in capability, market reach, reputation, development of strategic partnerships, network growth, and web-based service delivery, the organisation did not yet have a clearly articulated planned strategy determined by a formal strategic-planning process; and potential sources of funding were temporarily suspended due to uncertainties associated with COVID19. Board productivity and cohesion started to be at risk, with the pressure on individual Board members began to take its toll.

The Board, therefore, opted to use the unusual circumstances generated by the global pandemic to instead focus most of its attention on matters of governance.

Several external services and consultants were engaged over the course of the next eight months, to provide advice and guidance to the Board on matters of strategic planning; marketing; website design and execution; cybersecurity advice for Board members; professional Board process and governance; as well as Board effectiveness and cohesion.

COTWA engaged Neometric to work with the Board, to lay a foundation of deeper trust and effectiveness in this critical 'norming and storming' formative stage of the organisation. Neometric's relational analytics equipped the Board with data that drove more effective decision-making. It helped to give greater value to diverse perspectives while learning to distinguish between unity and uniformity. Board members got to know and understand each other better, and committed to work on developing safely challenging each other. The objective was to ensure that the vision that the Board shared for COTWA, could be translated into effective execution by a united team despite diverse perspectives.

Themes that emerged during discussions with Neometric raised the possibility of strengthening trust through greater role clarity (including building a shared understanding of the governance structures that will best advance a shared vision); process clarity, including the way COTWA's constitution supported membership and the engagement of various stakeholders; and relational priority. This included establishing agreed norms of engaging, to ensure that COTWA's strategy could be developed and executed while relationships were strengthened.

The Board remained conscious of a wide range of needs generated by those who experienced complex trauma. It determined which of those needs it was best able to fulfil, both in its initial expression and then as its capability and funding viability was strengthened.

In settling on a priority of needs, COTWA could strengthen its confidence that its investment in capacity building will be valued by:

- engaging with beneficiaries to validate that their perspectives and needs were well understood;
- framing metrics of success to assist it to be accountable in meeting those needs; and
- establishing feedback loops to secure regular information from beneficiaries to evaluate the effectiveness of the chosen metrics and ensure results achieved were valued.

The Board recognised that some of its objectives were constrained by the current membership and Board arrangements in the COTWA constitution; and the constitution was again reviewed to better

support COTWA's objectives in this next phase of its lifecycle.

A number of operational priorities for the next year surfaced during this period. They included:

- Strengthening grants and funding practices
- Strengthening regional representation
- Procuring financial forecasting, reporting and modelling services
- Procuring digital, social media and marketing capability
- Training and accreditation of related service providers
- Strengthening relationships with stakeholders

For this next phase of results-oriented operational effectiveness, the Board recognised the need for better role allocation, and differentiating between governance and operational obligations to focus on genuine governance priorities.

The values agreed on in the previous reporting period were revisited, and the Board found that it remained strongly aligned to these values. Practices are being developed to embed these values more firmly into the Board's decision-making frameworks.

The Board structure was subsequently revised. New roles were allocated that took individual Board members' respective areas of expertise and contributions on the Board into account – notably without losing the expertise or enthusiasm of any existing Board members.

The COTWA Board now comprises three subcommittees, where Board members' capability aligns more effectively with our operational needs:

- The Executive Committee is focusing its attention on governance, policy, and development of the organisation.
- Based on Clinical Board members' industry knowledge and individual expertise, they were tasked to set up a Clinical Committee - to coordinate professional-development initiatives for trauma trained clinicians and clinical content on the COTWA website; and
- a Training and Accreditation Committee (TAC). The TAC was tasked with developing and facilitating opportunities for other service-based stakeholders (for example, GPs, dentists, tradespeople, and others) to increasingly offer trauma-aware/trauma-informed services to WA communities.

Feedback from one of the Board members afterwards, captured the value of this exercise well:

*"I am pleasantly surprised how quickly we reached consensus around a shift in function and composition of the Board. I didn't realise we were all in agreement about something we haven't discussed before."*

COTWA also employed a series of strategic reflection sessions involving Board members. Using the web-based tool 'Groupmap' to facilitate collective brainstorming and group decision-making. The Board considered a series of thought-exercises, submitted their comments, and then voted collectively to identify the comments most applicable to the activity.

From this, it became clear that there was no evidence to suggest that COTWA needed to adopt a new strategic direction. It was determined that COTWA currently possessed a sustainable advantage in key areas of their operations. The COTWA Board was encouraged by the advice to rather strengthen the elements that were in place already, and to continue to focus on the development of its core capabilities. While its strategy was still emergent in nature, the Board expected to adopt elements of a more deliberate strategy in the near future, to deliver specialised and focused products into a specific customer base.

The organisation subsequently identified practically implementable key measures of success, as

well as investigating its own internal capability to deliver sustainable operation and service delivery. Key elements and working environmental factors were identified to attend to in a fit-for-purpose strategy that could support the Board in its decisions over the next 18 to 24 months:



*COTWA's three horizons of growth*

Adopting these, the Board - under the expert guidance and with tremendous patience from its Vice chair - implemented improvements in operational efficiency to close the gap between its business strategy and organisational performance. Particular attention was paid to the introduction of digital tools and standardised procedures.

These included:

- Centralised and secure document repository
- Improved ease of access and processing of information
- Standardised processes to improve efficiency
- Standardised office tools including document creation and publication
- Agreed project/task management methodologies
- Standardised review and sign off of documentation

From a business strategy and capability perspective, effort was invested in defining and communicating role clarity between Board members; agreeing on process and reporting standardisation; lifting the Board governance acumen; developing a monthly operational cadence; visualising and socialising governance and compliance tracking; and identifying and developing core capabilities.

In between all this, COTWA rescheduled its COVID19-delayed AGM, and re-offered the cancelled two-day professional-development workshop for trauma clinicians: Adjunct Professor George Burns, an Australian clinical psychologist whose innovative work as practitioner, teacher, and writer is recognised both nationally and internationally, presented *Hypnosis, Trauma, and Dissociation*.

Although attendance had to be capped to meet social-distancing restrictions, the workshop was well-received by 19 clinicians.



The Board ongoingly reviewed the slow uptake of trauma-trained clinicians to register a profile on the COTWA website, to identify potential nodes for intervention.

There was no doubt that a populated Directory would add tremendous value to many WA communities; and the Board estimates there to be in excess of 50 trauma-trained clinicians in the Perth Metropolitan region and beyond. However, at the time of writing, only a handful of clinicians have listed on the Directory; nearly 10 clinical-member directory profiles remained incomplete; and many more clinicians indicating their support for the project but not actioning their expressed intent. Several reasons for this were identified:

- Only COTWA members whose trauma-specific treatment expertise was independently assessed by Blue Knot Foundation can list on the COTWA Directory. It is a time-consuming process to collect and present all the required information to meet this practice standard.
- There was no economic interest for senior trauma-trained clinicians - whose clinics were already fully booked - to "advertise" their service online, unless they too subscribed to COTWA's vision. Specialised marketing and practical support strategies were required to meet these clinicians halfway.
- COVID19 left the mental-health sector under tremendous pressure, with most clinicians reporting much increased demands on their services over the past year. This was unlikely to be the season to spend time on an endeavour that did not yield immediate benefit to overwhelmed clinicians.

However tempting it remains to water-down and simplify this process, the Board continues to conclude that it would not be in the best interest of survivors to drop their expectations regarding proven evidence for best-practice standards of service, or the quality of its Directory. A number of mitigating strategies are being explored to support members to complete their Directory profile.

Finally, the Board identified that it only required one more member to fulfil all essential criteria identified in its Board matrix:

Ms Lynnette Henderson-Yates' credentials meet almost every aspect identified as key factors in the Board's skills matrix. She has worked in the Aboriginal sector for the past 42 years, and is currently CEO at Derby Aboriginal Health Services. Not only is she knowledgeable in matters affecting Aboriginal services, adults, children, and families across *all of WA*; but she also offers an intimate knowledge of public service, NGOs, and rural services in the State, on both executive and grassroots levels. Lyn adds a consumer perspective with industry knowledge, affiliation, and access; as well as a proven strategic-leadership focus, and organisational-management experience (including not-for-profit board experience, financial literacy, experience in grant applications, and risk management and compliance). As an added bonus, she understands technology and IT literacy factors affecting Aboriginal communities. This adds tremendous value to COTWA, both from an operational and a management perspective. The COTWA Board is extremely pleased to have an opportunity to work with and learn from Lyn, in her Board capacity as Representative (Aboriginal Services) and Representative: Rural (North).

I am pleased to report that Complex Trauma WA remains solvent and in a position to meet its targeted initiatives for the next financial year. A financial statement for the period 1 October 2019 until 30 September 2020 and year-to-date October 2020 to 28 February 2021, is attached for your perusal.



I would like to thank my fellow board members - Vivien Bainbridge, Ana Santos, Diana Phillips, David Edwards, Kirsty Pratt, and Bronwen Griffiths - for the many many (many) precious hours you invested in COTWA this past year.

I wholeheartedly concur with David that you should be congratulated on your willingness to engage with concepts that were brand-new to most of us; and your enthusiasm to imagine a better future for the people we know and care for. The consistency of your commitment, the creativity displayed across all of the ideation sessions and subsequent Board meetings, and your willingness to review and comment on strategic work in progress, have provided valuable insight into what is possible for a small group of committed professionals.

Sonia Smuts

**Chairperson**

## **Treasurer's Report**

COTWA's financial year includes the period of 12 months commencing on 1 OCTOBER and ending on 30 SEPTEMBER of each year. This report includes an additional snapshot of the organisation's financial health for the Year to Date, 1 October 2020 - 28 February 2021.

COTWA received a payment of accrued funds raised by the Perth Complex Trauma Mental Health Professional Network (MHPN), on 21 January 2019. This was used as start-up money to set up the Association and reported in the 2018-2019 financial year at the last AGM.

Complex Trauma WA (COTWA) registered as an Incorporated Association on 17 August 2018.

COTWA's primary stream of income currently derives from membership fees and at least two paid professional development opportunities per annum.

One workshop had to be cancelled due to social-distancing restrictions, and re-offered in place of the second workshop that had been planned for that time period. This also reduced tangible membership benefits for COTWA members.

Membership of not-for-profit organisations globally has been adversely affected by COVID19, with most people curtailing non-essential expenses.

COTWA's membership renewal period fell in June 2020, which was mid-COVID uncertainty in WA.

Although the need for mental-health services generally increased, COTWA members' services were differently affected by working with survivors. Many people with a lived experience of complex trauma loathe seeing themselves in mirrors, and declined Telehealth appointments. Also, talk therapy alone is unhelpful when the body keeps the score; and yet body-based interventions are challenging in an online environment.

COTWA received a once-off grant from Angelhands for developing an online accessible pilot of the Spatial Directory. Grant funding is being sought to market and populate this directory to its full potential.

COTWA is in the process of developing a formal budget. To date, all income and expenses have fallen within expected limits. It was previously expected that, as of the 2020-2021 EOFY, the financial report would also provide budgetary information. A combination of factors caused considerable disruption to this process. These included an extended hiatus, due to personal reasons, of former key Board member and Treasurer, Ms Fran Carrero-Baños; and her eventual resignation on 8 October 2020, amid the COVID-19 pandemic. Also, a restructuring of the board included the appointment of a new Board member as Treasurer in November 2020. This is expected to be rectified for the 2021-2022 EOFY.

Financial statements for COTWA's financial year 1 October 2019 - 30 September 2020, and year-to-date October 2020 - 28 February 2021 are attached herewith.

Kirsty Pratt

**Treasurer**



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## ANNUAL GENERAL MEETING

### Financial Statements

Saturday 27 March 2021

1 Oct 2019 - 30 Sep 2020 1 Oct 2020 - 28 Feb 2021

#### SUMMARY

Opening Balance	61,232.89	27,162.24
Income	19,149.10	13,045.05
Outstanding Receivable	0.00	0.00
Expenses	(53,219.75)	(6,301.16)
Closing Balance	27,162.24	33,906.13
Operating Profit / Loss	(34,070.65)	6,743.89

1 Oct 2019 - 30 Sep 2020 1 Oct 2020 - 28 Feb 2021

#### INCOME

Membership	3,750.00	1,950.00
Workshop	8,350.00	11,050.00
Strategic Partnerships Angelhands	7,000.00	0.00
Interest	49.10	45.05
Total Income	19,149.10	13,045.05

**EXPENSES 1 Oct 2019 - 30 Sep 2020 1 Oct 2020 - 28 Feb 2021**

Workshop	(28,903.71) <sup>1</sup>	0.00
- Presenter	(0.00)	0.00
- Advertising	(1,475.94)	1853.81
- Facilities / Food	(259.60) <sup>1</sup>	0.00
- Supplies / Sundries		
AGM 2020	(39.60) <sup>2</sup>	0.00
Board Strategic Planning days	(749.40)	(2,200.00)
Virtual office	(700.00)	(200.00)
Board Meeting Expenses	(297.50)	(175.00)
Website Design & Maintenance	(15,750.33)	(321.80)
Incorporation / Registrations	(44.00)	0.00
Administrative Officer	(3,375.00)	(1,294.36)
Insurance	(275.00)	0.00
- Workers Compensation	(335.50)	0.00
- General		
Marketing & Identity	(442.83)	0.00
Sundries	(215.00)	0.00
Payment Processing fees	(82.04)	(43.95)
- Membership	(274.30)	(212.24)
- Workshop		
<b>Total Expenses</b>	<b>(53,219.75)</b>	<b>(6,301.16)</b>

Kirsty Pratt  
**Treasurer**

<sup>1</sup> Includes expenses from Chefetz Workshop held late in the 2018-2019 financial year, not previously invoiced. <sup>2</sup> Cost of rescheduling previous AGM (2020)