



# Complex Trauma WA Inc.

Stirling Business Centre  
45 Delawney Street  
BALCATTWA WA 6021  
[contact@complextraumawa.org.au](mailto:contact@complextraumawa.org.au)

## ANNUAL REPORT

Financial year 1 October 2020 - 30 September 2021  
YTD 1 October 2021 - 28 February 2022

### 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.



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## 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 will fill 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?"

COTWA wholly relies on the input of its volunteer-based Board, which comprises its entire workforce. Care is taken to engage the services of both clinical and business-oriented Board members, with a preference for people who identify as having a lived experience of complex trauma as well.

During this reporting period, the full Board met on a regular two-monthly basis; the Executive/Governance committee met once per month; and the Clinical committee on an as-needed basis in the lead-up to Professional Development events. One Board member took responsibility for investigating COTWA's Training & Accreditation objectives, liaising with relevant stakeholders as/when indicated.

### Our People

| NAME                    | POSITION  | DATES ACTED  |
|-------------------------|---|--|
| Sonia Smuts             | Chairperson   | 12/08/2018 - present   |
| David Edwards           | Vice Chairperson<br>Board member  | 8/10/2020 - present<br>21/11/2019 - 8/10/2020  |
| Kirsty Pratt            | Treasurer<br>Board Member   | 12/11/2020 - present<br>22/06/2020 - 12/11/2020  |
| Bronwen Griffiths       | Board Secretary<br>Administration Officer   | 12/11/2020 - present<br>27/06/2019 - 12/11/2020  |
| Vivien Bainbridge       | Clinical Committee<br>Treasurer<br>Deputy Chair<br>Treasurer<br><br>Consultant to the Board:<br>Prevention  | 12/11/2020 - 31/12/2021<br>8/10/2020 - 12/11/2020<br>20/02/2020 - 8/10/2020<br>12/08/2018 - 20/02/2020<br><br>31/12/2021 - present |
| Diana Phillips          | Clinical Committee<br>Board member  | 12/11/2020 - 31/12/2021<br>20/11/2018 – 31/12/2021   |
| Ana dos Santos          | Training & Accreditation Committee<br>Secretary<br><br>Consultant to the Board:<br>Training & Accreditation | 19/09/2020 - 31/12/2021<br>12/08/2020 - 19/09/2020<br><br>31/12/2021 - present   |
| Bernadette Villemot     | Consultant to the Board:<br>Information Technology & Business<br>Development                                | 24/06/2021 - present   |
| Lynette Henderson-Yates | Consultant to the Board:<br>Aboriginal matters  | 24/04/2021 - present   |

## Chairperson's Report

Over the course of the past three years, COTWA started to develop a solution to help address the identified needs of survivors with a lived experience of complex trauma, their loved ones, and the providers servicing these communities. The initial 'kitchen cabinet' of trusted colleagues/friends developed their ideas into a formal organisation with a functional Board, and emerging programs and points of intervention.

Since its incorporation, COTWA quickly demonstrated growth in capability, market reach, reputation, development of strategic partnerships, network growth, and web-based service delivery; and subsequent in-depth analysis confirmed the organisation had adopted a sound strategic direction.

However, when COVID reached Western Australia early in 2020, the organisation was essentially still in start-up mode. Despite a formal strategic-planning process that informed a clearly articulated strategy to develop COTWA's core capabilities in 2020/2021, these objectives became overly ambitious almost overnight.

A 2021 study published in *The Lancet* estimated cases of major depressive disorder increased by 28%, and anxiety disorders by 26% since the start of the pandemic. With the majority of Board members being mental-health professionals in private clinical practice who were all attending to a major increase in demand for their services, COTWA's nascent Board became inundated with almost every challenge most start-ups encounter.

The most challenging of these - time-related problems - had all Board members struggling to balance the much-increased demands of their day jobs with the time required from volunteer Board members. One example is that, within only a few months after her appointment as a Board member responsible for Aboriginal matters, Ms Lynnette Henderson-Yates indicated that the long-term impact of COVID and the vaccine roll-out in the Kimberley significantly hampered her perceived ability to add value to the Board, and she proposed resigning. (Rather than losing her expertise altogether, however, it was agreed that she remained available as a consultant to the Board.)

Time problems lead to information problems. Time-poor Board members experienced an information overload, most especially on topics they had very little pre-existing knowledge of or expertise in. In the middle of a pandemic, the Board changed from a hands-on working Board into a governing, growth-oriented Board where everyone could no longer know everything or be involved in every decision. Unsurprisingly, communication problems emerged. Attempts to identify and obtain appropriate support and guidance from a number of other, more experienced role players in the not-for-profit sector and/or digital-delivery realm, encountered numerous associated hurdles and were ultimately unsuccessful.

These problems, in turn, lead to organisational difficulties: Despite identifying key focus areas for the 2020/2021 period, time and information problems lead to delays in developing and implementing key administrative systems to scaffold the Board's objectives. This, in turn, affected investment in our main service product – the COTWA Directory.

The Board accepted that the slow uptake of trauma-trained clinicians to register a profile on the COTWA Spatial Directory likely reflected the extraordinary demands on clinical practitioners since the start of the COVID pandemic. Hands-on assistance was required to assist busy clinicians with collecting and collating information required to substantiate a bid for clinical membership; and (if accepted by independent Blue Knot Foundation assessors) populate a Directory profile with a level of detail that also covered the distance to the nearest bus stop, and a video and voice recording.

This required the appointment of administrative assistant, which in turn required a fit-for-purpose employment contract to manage confidential access to COTWA members' personal information; which required specialist legal advice; which was an expensive commitment in a pandemic when revenue-raising opportunities were not guaranteed.

The appointment of a part-time administrative assistant to augment Board members' time-poor realities also encountered a plethora of time-related, information, organisational, market-based, and financial problems. This complicated efforts to obtain funding to action this much-needed next step in COTWA's organisational development.

After resolving that COTWA could remain independent, from a funding perspective, for a further 12 months with the income from workshops, ongoing uncertainty and lingering restrictions on gatherings and physical distancing requirements delayed the organisation's ability to offer planned professional-development opportunities during the current reporting period. A confluence of flow-on factors lead to the cancellation of a much-anticipated two-day multi-disciplinary symposium on '*Complex Trauma and the Law*', that was scheduled for 19-20 November 2021. A second event with Dr Chris Hayes on '*Imagery Rescripting for Childhood Trauma and PTSD*', that was scheduled for 18-19 March 2022, was also postponed until after the expected peak of COVID infections in Western Australia in March 2022.

It is fair to conclude that COVID has had a decidedly destabilising impact on developing the organisation's nascent product offering; and that 2021 turned out to be a challenging year.

Nevertheless, COTWA still managed to meet several of its strategic priorities in 2021, namely:

1. Increased awareness of and sensitivity to complex trauma in the community;
2. Encouraging and supporting trauma-informed services;
3. Increasing trauma-specific treatment expertise; and
4. Building a sustainable organisation.

More specifically,

- A two-day trauma-specific professional development workshop with Dr Andrew Harkin on '*Trauma and the Body*', was held on 26-27 March 2021; and was well-attended with 38 attendees. To accommodate for the needs of both master clinicians and psychotherapists who were new to working with complex trauma, Dr Harkin covered an introduction to working with the body in complex-trauma treatment, as well as teaching deepening resources for stabilisation.

(From this workshop, at the request of member attendees, Dr Harkin also coordinated the presentation of three subsequent trauma-training professional-development events presented by his colleague, Dr Frank Corrigan, who developed a new evidence-based approach to trauma processing called *Deep Brain Reorienting* (DBR). These included advanced classes on using DBR to treat attachment trauma and dissociative disorders.)

- Our community Facebook page, '*Complex Trauma WA*', is intended to reach members of the public with bite-size nuggets of information relevant to complex trauma.

Over the current reporting period, it reached 1,295 Facebook users. Page visits have more than doubled since 1 October 2021; and there was a 68.2% increase in page Likes over this time. Its audience overwhelmingly comprises West Australians (72.4%), with visitors from Perth Metro, Kalgoorlie, Mandurah, Bunbury, Brookton, and Karratha WA. The majority of people who engaged with posts were women (89.7%) from across the full age spectrum (18 to 65+ years). On average, without the specialist input of a social media manager yet, this resource increased

awareness of and sensitivity to complex trauma in the community by reaching approximately 176 people per month.

- The *Complex Trauma WA* website (<https://www.complextraumawa.org.au/>) was designed to be a one-stop hub of reliable complex-trauma-specific information for West Australians with a lived experience of complex trauma, their loved ones, and professional service providers seeking to better understand the needs of survivors.

Of the 6,212 visits (from 5,445 individual users) to the website, the vast majority (n=5,186) came from within Western Australia. Visitors are interested in the organisation, with 1,671 visits to the 'About COTWA' page. The 'Survivor page attracted a lot of attention with 2,084 visits; and the most visited page was 'Find a Complex Trauma Trained Therapist' with 3,066 views. This underscored the need to expand the reach of COTWA's Spatial Directory, and then market the organisation in WA to encourage and support access to trauma-informed services.

The extent of the WA community's need for trauma-trained support across a wide range of service sectors has become very apparent over this reporting period:

- COTWA met with Headspace North Metro, who is working with Orygen to implement Dr Sarah Bendall's Trauma-Informed Psychotherapy for Psychosis (TRIPP) at the North Metro service. Options to collaborate in developing a major trauma-informed service in Joondalup for troubled youth were discussed; and specifically, possible referral pathways for Headspace clients to consult with trauma-trained clinicians, and to access external trauma-informed supervisors for Headspace counsellors.
- COTWA was approached by the Redress Coordination Unit at the Office of the Commissioner for Victims of Crime in WA's Department of Justice, to assist in addressing counselling and psychological care needs identified during the second-year review of the National Redress Scheme. Specifically, the Redress Unit required access to a range of preferred trauma-trained clinicians in WA to assist survivors in accessing trauma-informed treatment services.
- Members of the Executive were interviewed by journalist Lily Hoffman, for an article published on 11 August 2021 in *The West Australian* to introduce readers to concepts associated with complex trauma and Dr Sarah Woodhouse's new book *You're Not Broken*.
- The Office of the Ombudsman enquired about options for staff training regarding vicarious trauma, as well as supervision or check-in support services for team members.
- Informal conversations with the Royal Flying Doctor Service also indicated an interest in COTWA's work and exploring possible trauma support services to staff.
- COTWA offered specialised assistance to members of the Child Abuse Unit at Perth Children's Hospital for a ground-breaking initiative that will better support children for forensic examinations without re-traumatising them.
- COTWA received several requests for trauma-specific input to select audiences, including online trauma-awareness modules for children attending a very remote school in the Ngaanyatjarra Lands.

And finally,

- The Board recognised that its constitution needed to better reflect the current membership of the Association to optimise decision-making and Board efficiency; and to better accommodate for fluctuating availability of volunteer Board members. After a comprehensive review of COTWA's constitution by Jackson MacDonald Legal, proposed amendments were accepted at a Special General Board meeting on 17 February 2022.

Mission, passion, will, and determination are integral elements to all start-ups and not-for-profits. Long hours, a flexible outlook, and mental tenacity are part of the fabric of successful health-promotion charities. COTWA already possessed a sustainable advantage in key areas of their operations; and will continue to strengthen the elements already in place while focusing on solutions to support the development of its core capabilities.

Despite a difficult and challenging year behind us, and despite the COVID pandemic not yet being done with WA, the COTWA Board is committed to keep inching forward at whatever pace it can manage. I am pleased to report that COTWA has managed to maintain a viable financial status despite set-backs, and that we can continue to service our current financial commitments.

I would like to thank my fellow Board members - and the founding clinical members in particular (Vivien Bainbridge, Ana Santos, and Diana Phillips) - for the long hours and patient forbearance in bringing COTWA to the current juncture in its life cycle.

I am always reminded of Margaret Mead's powerful words when I consider the challenges ahead:

*"Never doubt that a small group of thoughtful, committed people can change the world.  
Indeed, it is the only thing that ever has."*

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 2022.

Financial statements for COTWA's financial year 1 October 2020 - 30 September 2021, and year-to-date October 2021 - 28 February 2022 plus comparison to previous financial year 1 October 2019 - 30 September 2020 are attached herewith.

Explanatory notes for individual entries are added in footnotes.

Kirsty Pratt

**Treasurer**

## Financial Statements

28 February 2022

**Previous FY:**

**1 Oct 2019 -  
30 Sep 2020**

**Reporting FY:**

**1 Oct 2020 -  
30 Sep 2021**

**Current YTD:**

**1 Oct 2021 -  
28 Feb 2022**

### SUMMARY

|                         |                        |                    |            |
|-------------------------|------------------------|--------------------|------------|
| Opening Balance         | 61,232.89 <sup>1</sup> | <b>27,162.24</b>   | 29,524.94  |
| Income                  | 19,149.10              | <b>22,795.88</b>   | 774.95     |
| Outstanding Receivable  | 0.00                   | <b>0.00</b>        | 0.00       |
| Expenses                | (53,219.75)            | <b>(20,433.18)</b> | (5,265.64) |
| Closing Balance         | 27,162.24              | <b>29,524.94</b>   | 25,034.22  |
| Operating Profit / Loss | (34,070.65)            | <b>2,362.70</b>    | (4,490.69) |

**Previous FY:**

**1 Oct 2019 -  
30 Sep 2020**

**Reporting FY:**

**1 Oct 2020 -  
30 Sep 2021**

**Current YTD:**

**1 Oct 2021 -  
28 Feb 2022**

### INCOME

|                        |                       |                              |        |
|------------------------|-----------------------|------------------------------|--------|
| Membership             | 3,750.00              | <b>4,800.00</b>              | 750.00 |
| Workshop               | 8,350.00 <sup>2</sup> | <b>17,900.00<sup>3</sup></b> | 0.00   |
| Strategic Partnerships |                       |                              |        |
| Angelhands             | 7,000.00              | <b>0.00</b>                  | 0.00   |
| Interest               | 49.10                 | <b>95.88</b>                 | 24.95  |
| Total Income           | 19,149.10             | <b>22,795.88</b>             | 774.95 |

<sup>1</sup> Includes start-up money from Perth Complex Trauma MHPN

<sup>2</sup> Assoc Prof George Burns on 'Hypnosis, Trauma, and the Body'

<sup>3</sup> Dr Andrew Harkin on 'Trauma and the Body'

| <b>EXPENSES</b>                  | <b>Previous FY:<br/>1 Oct 2019 -<br/>30 Sep 2020</b> | <b>Reporting FY:<br/>Oct 2020 -<br/>30 Sep 2021</b> | <b>Current YTD:<br/>1 Oct 2021 -<br/>28 Feb 2022</b> |
|----------------------------------|--|---|--|
| Workshop                         |  |   |  |
| - Presenter                      |  |   |  |
| - Advertising                    | (28,903.71 <sup>4</sup> )                            | <b>(5,772.02)</b>                                   | (0.00)   |
| - Facilities /<br>Food           | (0.00)   | <b>(0.00)</b>                                       | (0.00)   |
| - Supplies /<br>Sundries         | (1,475.94)   | <b>(4,676.81)</b>                                   | (0.00)   |
|                                  | (259.60)   | <b>(30.00)</b>                                      | (0.00)   |
| AGM 2020                         | (39.60)  | <b>(0.00)</b>                                       | (0.00)   |
| AGM 2021                         | (0.00)   | <b>(84.00)</b>                                      | (0.00)   |
| AGM 2022                         | (0.00)   | <b>(0.00)</b>                                       | (0.00)   |
| Board Strategic Planning<br>days | (749.40)   | <b>(2,200.00)<sup>5</sup></b>                       | (0.00)   |
| Virtual office                   | (700.00)   | <b>(600.00)</b>                                     | (200.00)   |
| Board Meeting Expenses           | (297.50)   | <b>(210.00)</b>                                     | (331.40)   |
| Website Design &<br>Maintenance  | (15,750.33) <sup>6</sup>                             | <b>(2,773.80)</b>                                   | (1,735.46)   |
| Administrative Officer           | (3,375.00)   | <b>(3,004.36)</b>                                   | (855.00)   |
| Insurance                        |  |   |  |
| - Workers<br>Compensation        | (275.00)   | <b>(275.00)</b>                                     | (0.00)   |
| - General                        | (335.50)   | <b>(335.53)</b>                                     | (0.00)   |
| Incorporation / Registrations    | (44.00)  | <b>(0.00)</b>                                       | (1,925.00) <sup>7</sup>                              |
| Marketing & Identity             | (442.83)   | <b>(0.00)</b>                                       | (0.00)   |
| Sundries                         | (215.00)   | <b>(0.00)</b>                                       | (159.17)   |
| Bank Fees                        | (0.00)   | <b>(8.00)</b>                                       | (0.00)   |
| Payment Processing fees          |  |   |  |
| - Membership                     | (82.04)  | <b>(107.20)</b>                                     | (14.65)  |
| - Workshop                       | (274.30)   | <b>(356.46)</b>                                     | (44.96)  |
| <b>Total Expenses</b>            | <b>(53,219.75)</b>                                   | <b>(20,433.18)</b>                                  | <b>(5,265.64)</b>                                    |

Kirsty Pratt  
**Treasurer**

<sup>4</sup> Includes presenter's fee for Washington-based Dr Richard Chefetz for workshop in Sept 2019

<sup>5</sup> Fee for Neometric for board workshop, reported on in previous Annual report

<sup>6</sup> Includes fee for Sorticulture web design for development of COTWA website

<sup>7</sup> Fee for Jackson McDonald Lawyers for amendments to COTWA Constitution