

**STANDING COMMITTEE ON FOREIGN AFFAIRS, DEFENCE AND TRADE**  
**INQUIRY INTO DLA PIPER'S REPORT OF THE REVIEW OF ALLEGATIONS OF**  
**SEXUAL ABUSE IN DEFENCE,**  
**AND THE GOVERNMENT'S RESPONSE TO THE REPORT**

**CENTRE FOR MILITARY AND VETERANS' HEALTH - SUBMISSION**

**Introduction**

Thank you for an opportunity to furnish a written submission to the Inquiry into the Care of ADF Personnel Wounded and Injured on Operations.

The Centre for Military and Veterans' Health welcomes this timely inquiry noting the 'committee's overarching concern is to develop recommendations for improving the way in which Defence and the Government manage and respond to such allegations'.

The CMVH submission is divided into four components: firstly a background role and current activities being conducted by the Centre. Secondly, a description of the DVA funded Timor Leste Family Study conducted by CMVH was publicly launched by Minister Snowdon at Parliament House on the 20<sup>th</sup> September 2012. Thirdly, some general comments on the Inquiry's Terms of Reference as they pertain to CMVH activities. Fourth, an overview is provided of our general capacity to evaluate Defence health and personnel initiatives, in a sensitive and confidential manner. Finally two recent research activities the Timor Lest Family study and the Middle East Area of Operations study are summarised highlighting CMVH research capabilities.

**CMVH background**

The CMVH unites academic, research and defence expertise across the Departments of Defence and Veterans Affairs, The University of Queensland, The University of Adelaide and Charles Darwin University. It is designed to facilitate access to high quality professional development and clinical training opportunities for Australian Defence Force healthcare providers, emphasising the broad range of ADF needs. Research undertaken by CMVH is expected to enhance understanding of the health impacts of service life and contribute to the improvement of both the physical and mental health of military personnel.

The CMVH is located at the University of Queensland's Mayne Medical School in Brisbane, with active nodes at the University of Adelaide and Charles Darwin University. The CMVH is staffed by Defence and civilian health practitioners and specialist researchers.

The Head Agreement between the Commonwealth and the University of Queensland for the Centre expires on 31<sup>st</sup> December 2013. Discussions to date have largely concentrated on financial issues rather than research and educational achievements to enhance the health of ADF members and the Veterans' community.

**Current and planned research activities**

Major research activities conducted on the Middle Eastern Area of Operations Health Study and the Timor Leste Families Health Study are concluding on behalf of the Departments of Defence and

Veterans Affairs respectively. Both study reports have enjoyed departmental respect and acclaim for their scientific and professional conduct and quality.

### **Future research activities**

CMVH research leaders are responsible for focusing inwards on future research projects in their areas of expertise:

- surveillance,
- mental health,
- physical health,
- family health,
- occupational and environmental health,
- rehabilitation and compensation and,
- health services

Major planned research activities include:

- A retrospective study of Defence and DVA health and financial records to ascertain the health of service personnel who served in Rwanda during 1994 and 1995 in light of anecdotal reports of high rates of Post-Traumatic Stress Disorder in these cohorts. Depending on the findings, similar studies could be conducted on the military cohorts who served in Somalia and Cambodia.
- A longitudinal health surveillance study of Reservists to assess their health and wellbeing and how this contributes to military capability.
- An examination of the causes for medical downgrading and discharge from the Australian Defence Force. These causes are the major drivers of health, rehabilitation, and compensation costs. A detailed analysis of the causes for medical downgrading/discharge is likely to provide significant insights and assist with the development of preventive policy and result in significant financial savings.

### **Current and planned educational activities**

The CMVH is Australia's preeminent Centre for post-graduate and professional development qualifications for Health Practitioners working with former and serving military personnel. The CMVH helps Practitioners operating in the Defence and Civilian health work forces to advance their careers with a robust suite of programs and short courses about issues affecting ADF personnel and veterans.

The Centre offers a Master of Public Health, a Master of Clinical Psychology and is currently developing a Master of Military Medicine as well as delivering a range of short courses to health care professionals in the fields of Medicine, Nursing and Allied Health.

### **Other achievements and plans**

CMVH conducted a very well received Think Tank on Mild Traumatic Brain Injury during late 2011. This activity led to a revision of Defence Health policy, which has been implemented overseas. CMVH is continuing research into this condition which appears to be developing into the 'signature injury' arising from the Middle East Area of Operations.

CMVH e-health unit has been exploring innovative e-health models for the provision of health services with a focus on e-mental health, electronic health records, occupational health and safety, telehealth and health information systems. These projects are supported by an ongoing collaboration with Defence and DVA including well established relationships with a number of key e-health organisations across Australia.

### **Collaboration**

CMVH collaborates with the Schools and Centres of our consortium universities on a range of topics of mutual interest including: solvent exposure and ototoxicity, military dental hygiene, perioperative nursing, disaster medicine and humanitarian assistance, mental health, and telehealth support to remote military operations.

We also collaborate with similar Australian universities and research facilities on prostate cancer and rehabilitation, post-traumatic stress disorder, mild traumatic brain injury, national mental health survey, emergency health response, deployed health response for remote off shore facilities and recruiting and retention of rural and remote health professionals.

CMVH has strengthened and extended our international links to other like-minded institutions including the University of Otago, The Uniformed Services University in the United States of America and the Canadian Institute for Military and Veteran Health research centre.

Collaborative activities include a review of the combined ANZAC military health response to a Papua New Guinea based Tsunami which occurred during 1998, the combined Australia and USA campaign in Buna during WWII, and a longitudinal PTSD treatment intervention study with the Canadian equivalent of the CMVH, The Kings College UK, and the US Millennium Cohort Study.

### **Financial Strength**

CMVH has a number of sources of income:

- Core funding from the Departments of Defence and Veterans' Affairs,
- Commonwealth Government Research Performance Funds pay to UQ annually based on research income and publications and research higher degree students,
- Contract research income from the Departments of Defence and Veterans Affairs and,
- Donations.

### **External Review**

The CMVH underwent an extensive, external review during 2011. The Review Committee noted significant progress in research educational and collaborative activities of the CMVH and concluded that CMVH represents an institution of both national and international significance.

### **Future success**

Clearly, CMVH's research, educational and financial strength has been underpinned by DVA core funding and Defence postings, and now salaries, to CMVH since its commencement date of 2 February 2004. The Institution's ongoing success and its contribution to the personnel component of military capability will continue to depend on generous Commonwealth funding support.

## **TERMS OF REFERENCE**

CMVH notes the Terms of Reference for the Inquiry relating to the accessibility and adequacy of current mechanisms to provide support to victims of sexual and other abuse in Defence;

Further, whether an alternative expedited and streamlined system for the resolution of disputes relating to the support, rehabilitation, treatment and compensation of victims in Defence be considered and established, and the constitutionality of such an alternative system;

Finally, the effectiveness and timeliness of the government's processes for assessing, investigating and responding to allegations of sexual or other forms of abuse, including: whether a dedicated victims advocacy service ought to be established, systemic and cultural issues in reporting and investigating sexual and other forms of abuse, and whether data and information collection and dissemination of data and information in relation to sexual and other forms of abuse in Defence is adequately maintained and appropriately acted upon and, if not, any alternative mechanisms that could be established.

From the outset it should be noted that CMVH does not have the responsibility for the direct provision of health service or personnel support to victims of sexual or other abuse in Defence personnel. However, the Centre is vitally interested in these arrangements and is contributing directly to the enhancement of preventive, therapeutic, analysis and rehabilitation services through a raft of research activities and educational activities conducted at CMVH.

### **CMVH CAPACITY TO SUPPORT DEFENCE PERSONNEL IN A SENSITIVE AND CONFIDENTIAL MANNER**

The Centre for Military and Veterans' Health is an academic institution capable of conducting high calibre quantitative and qualitative research in all areas involving military members, veterans, and their partners and children. By nature of being academic establishment and by virtue of not being a health care service provider, CMVH remains at arm's length from the military and is therefore capable of providing quality research outcomes that may otherwise not be attainable through military institutions. CMVH research involving members and their families has demonstrated our ability to extract quality information from members, veterans, and their families in a caring and sensitive manner. Being one-step removed from the military, CMVH researchers are able to obtain responses from individuals who may otherwise feel disenchanting or that they have diminished autonomy within Defence. These feelings have been known to effect open and honest responding to questions when posed from within the military. Therefore, CMVH research can provide greater accuracy in prevalence rates for problems, because people are not required to report within their chain-of-command. This is a distinct advantage of CMVH research as we have different confidentiality arrangements which are attractive to respondents who may try to protect their privacy.

The Centre for Military and Veterans' Health can scientifically evaluate the development and implementation of programs within Defence.

We are capable of developing specific programs to target identified needs within Defence.

## **OVERVIEW OF TIMOR-LESTE FAMILY STUDY, TLFS, SUMMARY REPORT**

This overview of the TLFS was co-authored by CMVH and DVA staff.

The Timor Leste Family Study was successfully launched by Minister Snowdon at Parliament House on Thursday 20<sup>th</sup> September 2012.

In July 2009, the Department of Veterans' Affairs (DVA) commissioned The University of Queensland, Centre for Military and Veterans' Health (CMVH) to conduct the Timor-Leste Family Study (TLFS). The TLFS was the first Australian study to investigate the effects of recent deployments on the health and wellbeing of Australian Defence Force (ADF) families.

### **Purpose**

The purpose of the TLFS was:

- to determine what, if any, physical, mental or social health impacts there are on a service member's family from the member's deployment to Timor-Leste; and
- to identify any risk and protective factors associated with any health impacts.

### **Study Design**

The study compared the health of the families of personnel who have deployed to Timor-Leste with that of families of personnel who have not deployed to Timor-Leste.

The study used semi-structured focus groups and interviews with partners of current/former ADF members to identify key issues for partners. This helped the study team to develop a questionnaire of general health, coping style and family dynamics for the main study.

Three ethics committees approved the study:

- the Australian Defence Human Research Ethics Committee,
- the DVA Human Research Ethics Committee, and
- the University of Queensland Behavioural and Social Science Ethical Review Committee.

### **Participants**

Participants comprised current and ex-serving ADF members (who had either deployed to Timor-Leste, deployed to other locations, or never deployed) and their partners.

The TLFS overall completion rate was 36.6%. Of 7,752 invited ADF members, 36.8% completed their questionnaires. Of 2897 current partners invited, 36.1% completed their questionnaires. Only 24 former partners completed the questionnaire. To protect these participants from identification, their responses were not included in the analysis or results.

### **Results**

The study found that the physical, mental and social health of the families of Defence personnel deployed to Timor-Leste was not significantly different to a comparable group that did not deploy to Timor-Leste. The partners who participated in the study were found to be in good physical and mental health and the majority of children had normal emotional and behavioural health.

Military service was found to have negative consequences for some families. A strong relationship was found between the Defence member's mental health and their partner's mental health. Further, if either parent had mental health issues then the children's health was affected. In other words, if the serving member's mental health suffered because of their operational service then there was a flow-on effect to their family.

The study found no evidence to suggest that the health of the families of Defence personnel varied with multiple deployments. However, partners themselves were more likely to negatively rate the impact of operational service with more deployments and they were twice as likely to report their children had behavioural difficulties if the family had experienced two or more deployments.

Social support, whether it is provided by family members, communities or co-workers, was significantly associated with mental health outcomes. Partners who had more support had better mental health, lower psychological distress and fewer problems with their children. Partners turned most often to families for help—either their own extended family or other families also experiencing deployment.

Many families participating in the research expressed pride in the contribution they were making to Australia. This was reflected in the positive effects and the resilience shown by most families.

The findings of the *Timor-Leste Family Study* show that while all families are affected by deployment, most do not experience significant negative consequences. Those families that do suffer from the effects of operational service, however, show that there are many ways that support to military families can be strengthened and improved, and this will benefit all families. The study has provided a solid base of evidence and a starting point for further research into the effects of deployment on veterans and their families. The research will act as a guide in the development of policies and programs.

### **Study Limitations**

The TLFS population is a biased sample of ADF members and their families because through selecting a random sample of those who experienced a Timor-Leste deployment, comparatively fewer younger couples and newer ADF members were included. This excluded population is likely to have younger families and may face different issues in terms of established support networks, for example.

Because this study used a retrospective cross-sectional research design (responses were gathered from participants at one point in time), it did not have the capacity to measure changes in health outcomes based on different stages of life. This can only be done through longitudinal research that collects data from people over a number of years.

## Conclusion

The TLFS is the first Australian study to begin measuring the impact of military service on family health and it involved a high number of participants for research of this type. The findings provide an evidence base to guide policy and intervention development. The study provided a firm foundation of baseline measures and a large and rich data set that will continue to be analysed.

## THE MIDDLE EAST AREA OF OPERATIONS, MEAO, HEALTH STUDY

### Introduction, Background and Aims

The Middle East Area of Operations (MEAO) Health Study was designed to investigate the health of Australian Defence Force (ADF) members who deployed to the MEAO, with a view to identifying factors associated with poorer or better health. The study was contracted by the Department of Defence to the Centre for Military and Veterans' Health (CMVH) and was conducted by CMVH nodes at the University of Queensland and the University of Adelaide.

The **MEAO Health Study** had four components:

- The **MEAO Census Study**, which is the subject of this report, was conducted by the University of Queensland node of CMVH. This study was a retrospective self-report survey covering health and deployment experiences of ADF members who deployed to the MEAO between 2001 and 2009.
- The **MEAO Prospective Study** is a follow up study collecting pre- and post-deployment data on members deploying in 2010/11, conducted by CMVH's University of Adelaide node. Along with the self-report survey, selected members also participated in physical and neuro-cognitive testing. The final report is due in late 2012.
- The **MEAO Preliminary Study** was conducted in 2009. The purpose was to gain stakeholder input to the development of the measurements and method of data collection for the Census and Prospective Studies. Defence force units, ex-service organisations and other veterans' groups were involved in meetings and focus groups.
- The **MEAO Mortality and Cancer Incidence Study** is based on record linkage to national databases. Death and cancer incidence data from the Australian Institute of Health and Welfare were linked with the MEAO nominal roll and compared with standardised Australian cancer and mortality rates.

A detailed research plan, covering the Census, Prospective, and Mortality and Cancer Incidence components of the MEAO Health Study, was developed and modified through rounds of consultations and review between May 2007 and 2010. During all phases of the study development and conduct there was consultation with the Department of Defence and the Department of Veterans' Affairs (DVA).

### Findings to date

It should be noted that the preliminary findings are under active consideration by Defence at present and accordingly, CMVH is not at liberty to release them.

However, most of the results are as expected from previous studies in Australia (including the 2010 ADF Mental Health Prevalence and Wellbeing study) and military studies elsewhere;

There were strong associations between perceptions of high levels of unit cohesion, military, family and community support during and after deployment and good mental and general health;

Patterns of symptoms were similar for people who deployed to Iraq or Afghanistan, and similar to patterns reported for other deployments;