I would like to submit this document to the Senate concerning Inquiry into Families, Housing, Community Services and Indigenous Affairs and Other Legislation Amendment (Further 2008 Budget and Other Measures) Bill 2008, concerning Schedule 2- Partner service pension.

Under the suggested guidelines (How to make a submission to a Senate Committee inquiry) I would like to put forward observations and opinions based on 10 years of working with the veteran community, research based facts based on 6 years of formal research into the health of partners of veterans and conclude with recommendations.

Opinions based on observations: Focus groups, personal communication, research. These are general comments and do not apply to each and every partner of a veteran.

- Most partners do not like to make critical remarks about their veteran spouse/partner to other than a selected few who are themselves in the veteran community.
- 2. Do not like to leave their husband/spouse under conditions that a non-veteran partner would leave their partner/spouse, because
- 3. They believe their veteran has served his/her country and deserve to be looked after, and:
- 4. Often believe that the government/society has not done this (3) effectively and attempt to cope with the veterans' illness/condition, and
- 5. Are very proud of their veteran's service to Australia
- 6. Partners often fill in the 'gaps' that services (health, benefits, and social activities) are lacking.
- 7. Partners, most particularly from the Vietnam era and prior will continually put their needs last after those of the veteran and the children.
- 8. That many partners are actually left in debt by their veteran when he leaves.
- 9. Partners most particularly from the Vietnam era and prior have given up long term careers and employment to attend to their veteran's needs. As a result:
- 10. Female partners do not have long term savings, superannuation etc. or multiple work choices
- 11. Female partners of veterans (as with the general population) suffer domestic, physical and emotional abuse, but tend to be more resistant to report it than the non-veteran population, because of (1) (2) and (3).
- 12. That those veterans who are abusive will hold extra power (and use as a threat) over their wife/partner because of this very issue [budgetary change]
- 13. Younger partners of veterans are reluctant to report abuse or fears regarding the veteran's mental health and well being because of the current culture of the military and the negative effects that those reports may have on future career prospects.
- 14. Younger partners of veterans spend more time isolated (with and without children) because of multiple deployments.
- 15. The psychosocial health of female partners of veterans is poorer than the non-veteran population (see research *section*).

Research.

- 1. Partners' of Veterans are a population at risk (Alessi, 2001)
- Combat trauma has a clear potential for negative consequences in dyadic relationships (Calhoun, Beckham, & Bosworth, 2002; Carroll, Foy, Cannon, & Zwier, 1991; Dekel, Goldblatt, Keidar, Solomon, & Polliack, 2005; Jordon et al., 1992; Maloney, 1988; Matsakis, 1988; Z Solomon, 1988, 1990).
- 3. Partners of veterans with PTSD have reported more marital problems on the Marital Problem Index score, with more reports of adjustment problems and number of quarrels than those in families without PTSD in the NVVRS; (Kulka et al., 1990a, 1990b) in Kulka et al. 1992.
- 4. Jordon et al (1992) also found that children of veterans with PTSD had more behavioural problems than those without PTSD.
- 5. Partners of veterans display a caregiver burden that lead to psychological distress, dysphoria, state anxiety and trait anxiety (Beckham, Lytle and Feldman, 1996)
- 6. In Israel they found that both partners of veterans with PTSD suffered from higher levels of emotional distress, greater anxiety levels, depression, paranoid ideation, and psychoticism than the control group (Arzi, Solomon and Dekel 2000).
- 7. There is a high probability that caregiver burden and the chronic stress of living in a dysfunctional relationship leads to high levels of distress and secondary traumatization (Figley, 1983,(Z. Solomon et al., 1992b).
- 8. The negative effect of living with a combat veteran is cross cultural. Research in Iran, their data showed an increase in vulnerability in partners who live with a war-affected veteran and imposed a negative influence on marital satisfaction (Salimi, E, Karaminia, Mirzamani, & Hosseini-Sangtrashani, 2006).
- 9. (Ahmed, Valliant, & Swindle, 1985) found that those partners of Iranian veterans with PTSD suffer from somatic symptoms, anxiety and insomnia, social dysfunction, and depression more than women without PTSD.
- 10. In Croatia more than a 57% of the partners of veterans studied had six or more symptoms of PTSD, whereas only 5% had none. Thirty-nine percent met the diagnostic criteria for secondary traumatic stress. Fifty per cent of those with diagnosable secondary traumatic stress were unemployed where as only 23 % without secondary traumatic stress was unemployed. They also found that the longer the marriage the more symptoms of secondary traumatic stress were exhibited (Frančikovišć et al., 2007).

Secondary traumatic stress is defined as natural emotional reaction to the traumatic experience of a significant other. Secondary traumatization is the stress caused by providing help, or wishing to help, and offering emotional support to a traumatized person. Secondary stress disorder as a syndrome is almost identical to PTSD except that indirect exposure to the traumatic event through close contact with the primary victim of

trauma becomes the criterion. The symptoms of secondary traumatization are similar to those present in directly traumatized persons: nightmares about the person who was directly traumatized, insomnia, loss of interest, irritability, chronic fatigue, and changes in self-perception, perception of one's own life, and of other people. Physical symptoms may also be present, including headaches, indigestion, susceptibility to infections, and increased use of alcohol, drugs, or tobacco.

- 11. The conclusions of most studies in this area support other findings, showing a similar pattern of secondary traumatisation to the American and Israeli partners of veterans with PTSD e.g. (Jordon et al., 1992; Matsakis, 1988; Verbosky & Ryan, 1988; Waysman, Mikulincer, Solomon, & Weinsenberg, 1993). Studies indicate that partners were
 - (i) struggling with low self-esteem,
 - (ii) have sleep problems, including regular nightmares,
 - (iii) suffered from anxiety,
 - (iv) suffered from depression
 - (v) poor concentration,
 - (vi) irritability, and
 - (vii) reduced intimacy.
- (viii) Distress was increased further by the somatic symptoms that they were experiencing.
- 12. Researchers have also noted that partners of veterans suffer from diverse psychological problems as well as medical ailments (Salimi et al, 2006).
- 13. Recommendations from most researchers include early intervention. This strategy has only occurred very recently in Australian Armed Forces. There is a long way to go and there has been a lot of damage that has been left unchecked.
- 14. These problems for partners are not exclusive to the Vietnam War and those prior. Peacekeepers and Peacemakers' partners have the same common problems. Dirkzwager, Bramsen, Ader and van der Ploeg (2005) found partners of peacekeepers with PTSD symptoms reported more sleeping and somatic problems, reported more negative social support, and judged the marital relationship as less favourable. No significant differences were found for parents.

Overall conclusion from formal research.

Australian Partners of Veterans should be afforded **MORE resources, support and assistance** rather than be discarded as this part of the budget suggests. They should have more input and assistance while with their veteran if required, and if the relationship breaks

down, they should have specific programmes and strategies in place to give them the time and resources they require to regain their self esteem, confidence and work place skills if required. Most of these women should be recognized for their contribution to our Nation's military veterans.

Recommendations.

- 1. That this section of the budget regarding partners of veterans be scrapped altogether and then:
- 2. That a consultation process between the partners (or their representative) be commenced to look at programmes that will assist those partners who would have been affected by the changes in the budget.
- 3. That the government look at the long term gains that would occur from assisting these partners. This would include economical (for both partner and government), psychological and in some cases physical health gains.
- 4. That the government consider the volunteer options as well as paid employment for many of these women.
- 5. That more resources be put into the education and rehabilitation for families of our Defence Force at a much earlier time frame, to lessen the negative effects on partners and families.
- 6. That the government consider some form of recognition for their [the partners; particularly long term partners] contribution, even if that recognition is only leaving them with what little they have.

Thank you for the opportunity to present this submission to you.

Gail MacDonell

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