
Shining a Light

Stories of Trauma & Tragedy, Hope & Healing



ROYAL COMMISSION INTO DEFENCE AND VETERAN SUICIDE

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PATRICK LINDSAY

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ACKNOWLEDGEMENT OF COUNTRY

We acknowledge the Traditional Custodians of Country throughout Australia.

The Office of the Royal Commission is located on the lands of the Gadigal people. There are about 29 clan groups of the Sydney metropolitan area, including the Gadigal people, referred to collectively as the Eora Nation.

We acknowledge the connection that First Nations peoples, including people of the Eora Nation, have with land, sea and communities. We pay our respect to Elders past, present and emerging, and extend that respect to all First Nations peoples today. We acknowledge all First Nations people who are serving or former members of the Australian Defence Force, and their families.

STATEMENT OF SUPPORT

We acknowledge and honour those who have served or are currently serving in the Australian Defence Force (ADF). We also pay our respects to the families and loved ones of serving and ex-serving ADF members.

We acknowledge every serving and ex-serving ADF member who has died by suicide – each life lived and each life left behind. We also recognise the experiences of serving or former ADF members who have experienced suicidality. And we acknowledge the grief, the pain, the challenges, the resilience, the strength, and the love of families and friends of serving and former ADF members who have died by suicide or faced suicidality.

Thank you for trusting us to hear your stories, and the stories of your loved ones. Thank you for shedding light on what needs to change.



20 June 2024

His Excellency General the Honourable David Hurley AC DSC (Retd)
Governor-General of the Commonwealth of Australia
Government House
CANBERRA ACT 2600

Your Excellency

In accordance with the Letters Patent issued on 8 July 2021, as amended on 10 April 2022, we submit to you the lived experience report of the Royal Commission into Defence and Veteran Suicide.

Yours sincerely

Handwritten signature of Mr Nick Kaldas APM in blue ink.

Mr Nick Kaldas APM

Chair

Handwritten signature of The Hon James Douglas KC in blue ink.

The Hon James Douglas KC

Commissioner

Handwritten signature of Dr Peggy Brown AO in blue ink.

Dr Peggy Brown AO

Commissioner



CONTENTS

Before reading this book	8	7. Transition	
Preface		From service to civilian life	150
Commissioner Peggy Brown AO	10	8. Mates Helping Mates	
Introduction		Ex-service organisations	184
Patrick Lindsay AM	12	9. The Paper Chase	
1. Joining Up		Dealing with DVA	198
Recruitment and early training	16	10. Hope and Healing	
2. Service		Growth from trauma	222
Life in uniform	26	11. Community Connections	
3. Chains of Command		Support initiatives across Australia	226
Leadership and its impact	52	12. Final Words	
4. Avoiding the Mindfields		Significant statements from our final hearing	234
Mental health battles	84	13. Reflections from the Commissioners	
5. Silent Struggles		Observations of our Commissioners	238
Suicide and suicidality	100	Crisis and counselling support services	241
6. Walking on Eggshells		Credits and acknowledgements	242
Families and loved ones	128	Abbreviations and acronyms	245

BEFORE READING THIS BOOK

Please be mindful and take care of yourself when reading this book.

It contains quotes from interviews and submissions detailing people's lived experiences. While many of the stories demonstrate great courage, tenacity and perseverance, they also contain details of traumatic experiences, including violence, sexual assault, bullying, suicidality and suicide. Many contain strong language and graphic descriptions and may be confronting and disturbing.

For this reason, we do not recommend sharing this material with children.

We have included some suggestions below, as well as tips along the way, to help you read the book in a way that minimises the possibility of any negative impact on you.

'Double listening' is making a habit of noticing signs of what someone did to cope, manage or negotiate an extremely difficult situation. For example, you might reflect that someone has demonstrated great courage to share their experience with us, and must have overcome fear and shame to be able to do that.

When you read the book, **remember** how important it is to bear witness to people's experiences in order to honour their survival and contribute to justice and healing. By reading people's stories in the way that is right for you, you are contributing to this process of healing.

Think about whether it's **a good time to read this**. Choose a time when you will have space to process any impact it might have on you, and/or be able to talk about it if you need to. We recommend that you don't read it just before bedtime.



Look for these **glimmers** throughout this book. They point to a quote or image that emphasises hope, resourcefulness and resilience, strength and courage.

BEFORE READING THIS BOOK

You will also see these icons throughout the book. They symbolise the following tips to help you manage any challenging or intense feelings you have in response to reading the book.



Take a breath

DEEP SLOW BREATHS CAN HELP YOU STAY CALM



Empathy

FEEL KINDNESS AND COMPASSION FOR THE PEOPLE YOU ARE READING ABOUT



Respect

ACKNOWLEDGE YOUR OWN AND OTHERS' STRENGTH AND RESILIENCE



Be kind to yourself

YOU'RE DOING GREAT



Take a break

STAND UP, MAKE A CUPPA, OR DO SOMETHING THAT HELPS YOU RESET



Connect to nature

IT CAN HELP TO TAKE A WALK OUTSIDE OR SIT IN NATURE WHEN YOU'RE PROCESSING STRONG FEELINGS



Talk with someone

TALK WITH A FRIEND, SOMEONE YOU TRUST, OR ONE OF THE SUPPORT SERVICES ON PAGE 241

You don't have to read the chapters in order. You can **choose from the Table of Contents** on page 7. If you need to talk to someone about how reading this material is affecting you, you may wish to contact one of the services on page 241.

Preface

Dr Peggy Brown AO – Commissioner

The establishment of the Royal Commission into Defence and Veteran Suicide was the product of tireless advocacy by a determined group of individuals with lived and living experience of suicide and suicidality in a military context.

Their lived experience has indelibly affected them and forever changed their lives – and in many cases, the lives of their loved ones. It has been the catalyst for their relentless drive to achieve change in systems meant to protect serving and ex-serving ADF members, but that unfortunately failed too many.

The voice of lived experience has therefore been central to the conduct of the Royal Commission.

With the unique insights only lived experience can bring, it has informed our understanding of what is pushing veterans towards suicidality and that most final of acts, suicide.

It has confronted us with the range and rawness of people's experiences, particularly of abuse and neglect. Often it was wilful, sometimes it was not, but always, it occurred within systems that should have seen and prevented such harms but instead failed – repeatedly – to understand what was occurring within their midst.

It has undoubtedly challenged us to look beyond the superficial veneer of camaraderie, compassion and care projected by Defence, the Department of Veterans' Affairs, veterans' organisations, governments and our political class, to find implementable solutions to effect sustained improvements within these complex systems.

It has changed me and my fellow Commissioners forever. As individuals with significant experience of government processes, medicine and the law – and a belief in their power to mostly do good – we have been forced to contemplate how such overwhelming evidence of harm has been denied for so long, and why it has not led to change sooner. We have been compelled to question the foundations of some of society's central tenets and reflect on the broader implications of what we have heard and found.

But even with all of that, we have also been uplifted and sustained by the strength, resilience and healing we have encountered in those with lived experience, and their commitment to creating a better world for those who have selflessly served, and continue to serve our nation.

We have heard your voice. With quiet dignity and steely will, you have shone a light on a way forward for the betterment of all. We thank you for your courage and generosity in all you have done.



Ben Pullin, *Requiem* (2019, acrylic on canvas, 390 x 215 cm). Image courtesy of the Shrine of Remembrance, Melbourne.

Requiem 2019 pays homage to several young men who lost their lives in Afghanistan in 2010, and to the servicemen and women killed in the 2005 Nias Island Sea King helicopter crash.

Introduction

Patrick Lindsay AM – Author

“I am a person. I want to know I matter and I have a voice!”

We should never underestimate wisdom born of lived experience. It is hard-won, deeply felt and prized beyond all theory. When you add to it goodwill, compassion and common sense, few problems remain unsolvable.

Lived experience is the unique, personal knowledge and understanding that individuals develop from first-hand involvement or encounter with a particular situation, condition or event.

It reflects the subjective and often emotional aspects of an individual’s direct engagement with life events.

In contrast, other types of experience are professional experience (acquired through study, training or employment), academic experience (gained through formal education, study or

research) and second-hand experience (gained from others’ stories or reports).

Lived experience is direct rather than indirect. It is subjective. When shared, it makes an immediate, personal connection with the person hearing about it and touches the emotions.

It is neither theoretical, nor filtered through the perspectives or interpretations of others.

A former naval commander with 30 years of service summed it up in his submission to the Royal Commission, reproduced in the quote that opens this section. It was in capital letters in the original.

Australia’s National Mental Health Commission says this of lived experience:

It's through listening to those providing services, those who fund services, and most importantly, those who use services that we will find the information we need to move towards the mental health system Australia needs. Every person's story we hear, every experience shared, helps to develop our understanding of the system that's required to best meet the needs of Australians living with mental health and their carers [...]

We acknowledge the individual and collective contributions of those with a lived and living experience of mental ill-health and suicide, and those who love, have loved and care for them. Each person's journey is unique and a valued contribution to Australia's commitment to mental health suicide prevention systems reform.¹

The Royal Commission into Defence and Veteran Suicide (from now on: the Royal Commission) is the 140th federal commission or inquiry instituted since the Federation of Australia. Interestingly, the first royal commission was an inquiry into the repatriation of troops returning from the Boer War in South Africa in 1902. The proper treatment of veterans has been an issue for a long time.

Between 8 July 2021 and 13 October 2023, the Royal Commission received 5,889 written submissions. Of these, 3,058 were written by people with lived experience of problems associated with military service. Each of

these authors passionately believed that their experiences and their reflections needed to be placed before the Commissioners for their consideration. Each submission author hoped that their voice could make a difference.

As at 1 May 2024, the Royal Commission had held 845 private sessions in which people with lived experience shared their story with a Commissioner or Assistant Commissioner in a safe and confidential setting. Over 101 days of live hearings it heard from 344 witnesses (including the ministers for Defence and Veterans' Affairs, the secretaries of Defence and the Department of Veterans' Affairs (DVA), along with the Chief of the Defence Force and all three service chiefs). And it received some 230,000 documents.

In delivering his closing remarks at the close of the 12th and final hearing block in Sydney on 28 March 2024, Commissioner Nick Kaldas APM spoke on behalf of his fellow Commissioners, Dr Peggy Brown AO and the Hon James Douglas KC, when he said that the Royal Commission had spent the best part of three years examining what he called the 'national crisis' of defence and veteran suicide. Commissioner Kaldas summed up:

1. National Mental Health Commission, 'Lived Experience', webpage, 2024, www.mentalhealthcommission.gov.au/lived-experience.

In the last three years we have learned much. Back in 2021, Defence told us that the suicide rate among serving members of the ADF was lower than among the general Australian population and that serving in the ADF was a protective factor against suicide. In 2022, the Chief of the Defence Force reiterated these points based on the evidence at the time.

But this Royal Commission has looked at the issue independently and identified that, when looked at from different perspectives, Defence's prior understanding of the risk of suicide among currently serving ADF members does not necessarily hold true.

For example, when we compared the suicide rate among currently serving ADF members with the employed population of Australia, our preliminary results found that males serving in the permanent forces are around 30 per cent more likely to die by suicide. This is a new insight that must drive a new approach and new policies ...

At least 1,677 serving and ex-serving Australian Defence Force members, who served on or after 1 July 1985, died by suicide between 1997 and 2021. That's the official figure. However, we believe the true toll of preventable deaths to be upwards of 3,000 ...

It's apparent that there has been a catastrophic failure of leadership at a government level and within the military to prioritise the urgent reforms and implement effectively the previous recommendations required to deliver improved health and wellbeing outcomes for Defence personnel and veterans over decades.

And despite all the rhetoric from those in positions of power about people being Defence's greatest assets —

the senseless loss of life, and the devastating impacts for families and loved ones, continues to this day.²

This book has been written to honour those who wrote submissions and gave evidence and shared their stories at public hearings, community and stakeholder engagements, and private sessions (participants of private sessions cannot be identified and have not been quoted directly.) It also honours those who shared their stories on social media, who talked to our counselling and enquiries team, and who contributed to commissioned research. It records a selection of their deeply personal narratives, wherever possible, and with their consent, in their own words. The stories extend beyond the fighting and delve into the intricacies of life during and after service, detailing the lasting impact of these experiences on veterans and their families.

Lived-experienced submission authors recount the transformative moments that defined and changed their lives: from recruitment and training, through service and deployment, to the transition back to civilian life and beyond.

They speak of the lifelong bonds of mateship forged in uniform, of the silent battles they fought against injuries and to preserve their mental health, and of the challenges these issues have brought to them and their families.

2. Hearing Block 12 transcript, 28 March 2024, p 101-10356 lines 8–24, 43–47, p 101-103357 lines 24–31.

They highlight the multi-faceted nature of service life and the unique pressures it places on serving and ex-serving members and their loved ones. They illustrate how spouses, partners, children, wider family members, loved ones, friends and carers become integral players – and often first responders – in the lives and careers of those who serve.

These narratives also serve as a testament to the resilience and the strength that emerge from the many trials and challenges that confront those who serve and protect our nation.

They record the problems faced when the military moulds the identities of serving members and they detail the often even greater challenge of adapting back into civilian society – of trying to rediscover a new sense of purpose, of finding and developing subsequent career paths and reconnecting with family and community.

Above all, these stories honour the sacrifices made by those who have served to ensure Australians can live in peace and prosperity. For some, that sacrifice has been their life.

Dr Nikki Jamieson lost her son, Private Daniel Garforth, to suicide in 2014.

She is a suicidologist and social worker whose PhD thesis explored the connection between moral injury and suicide. Dr Jamieson confirmed the vital importance of personal stories in understanding our veterans:

As I deep-dived into the struggles of many ex-serving members of the ADF, I knew the effects of service were profound, but I did not realise just how profound until I became deeply immersed in their narratives. The invisible chains (as I called them) kept them tied to a place where peace and joy was lacking. These chains were shame, guilt, hopelessness, or unworthiness, which create a perfect environment for the suicidal mind to fester.³

We hope this publication will encourage Australians to listen to the stories of our veterans, to understand their struggles, and to help with their journey from darkness to light. We believe these stories illustrate the scale and the depth of the systemic issues the Royal Commission was established to address. As Commissioner Kaldas explained:

This Royal Commission is a once in a generation opportunity to make real and lasting change. We are determined to take the time to understand [these] complex systems and processes.⁴

3. N Jamieson, *Darkest Before Dawn: Australian Veterans' Accounts of Moral Injury*, self-published, 2023, p 67.

4. Royal Commission into Defence and Veteran Suicide, *Interim Report*, August 2022, p xxx, paragraph 27.

“Fear of persecution and saying goodbye to your career are massive motivators for hiding, and as I found out, manifesting mental trauma.”



Joining up

Recruitment, early training and false promises

About two million Australians have served in their country's military forces since Federation. More than 100,000 of them have given their lives while on active service.

People join the Australian Defence Force (ADF) for a variety of reasons: a secure career path, adventure, family tradition, a sense of duty, patriotism, a chance to be part of the Digger legend, stable housing, a structured life and the opportunity to serve their nation.

In joining they surrender many rights and liberties they would otherwise hold as Australian citizens. They do so willingly, entering into a service contract with the ADF under which they agree to live their lives largely at the whim of the command structure, doing what they are told, living where they are told and moving when they are told. They voluntarily accept the risks of service, which can and often do cause physical and mental injury, even death. In return, they expect the ADF and their nation to care for their health and welfare both during their service and after it.

The ADF's training programs for recruits aim to transform civilians into service people capable of defending Australia, where necessary, by the use of lethal force. It teaches them to use violence in many forms, including by training them to use deadly weapons. An Army veteran with 20 years of service and multiple deployments recalled the culture he met on enlistment:

From the moment you join the Army you are moulded into something that I can only explain as an intricate part of a large machine. Weakness is driven out [of] you and a team mentality becomes your focus. You are taught to push yourself, compete, excel and that your personal wellbeing plays second fiddle to the needs of 'the Green Machine' and those around you.

There is a general culture within Army that injury of any kind is a sign of weakness, with those carrying long-term injuries referred to as malingers, or 'lingers'. These individuals are generally shamed and ridiculed. Anyone who presents with or shows any kind of mental illness suffer the worst. Individuals find that they become disowned, ostracised and treated like a leper. The Army has no tolerance for mental health issues. It is for this reason that members

“There are formal ways of training civilians to be service members with the capacity to prosecute violence. These occur thorough drill, weapon training, endurance exercises and education in military justice and military history.”

suffering injury, particularly mental health issues, do not report it and just try to soldier on.

Fear of persecution and saying goodbye to your career are massive motivators for hiding, and as I found out, manifesting mental trauma.

The Royal Commission funded an independent study conducted by Flinders University, and led by academic and ex-serving member Professor Ben Wadham. *Mapping Service and Transition to Self-Harm and Suicidality*⁵ (from now on called ‘the *Mapping Report*’). One of the topics it explores is the philosophy behind military training. Professor Wadham and colleagues wrote:

There are formal ways of training civilians to be service members with the capacity to prosecute violence. These occur thorough drill, weapon training, endurance exercises and education in military justice and military history. There is also a psychology to military training, which includes the cognitive shaping of civilians into adopting military ways of thinking and doing. The fundamental element of this process is to develop a profound sense of self and other, or ‘us and them’.

This separation is the basis of any form of violence; to be able to see ‘the other’ in terms of them permits their violation or termination. This strong sense of ‘us and them’ creates distance from civilian identity and strong identification with the military unit.⁶

Forsaking their civilian identity, enlisting service members enter a hierarchical organisation that in many ways operates outside ordinary Australian society. It does so using its own set of values, rules and laws. Its values include placing unquestioned obedience and discipline above individual freedom, and the team before oneself. Its rules and laws encourage regimentation, self-discipline, rehearsed reaction and predictable behaviour.

Professor Wadham and his team expanded on the rationale behind this approach:

Central to the process of transitioning into the military is the desire of the new member to embody the ideals of service, patriotism, and sacrifice – new members want to become a military member. The ADF effects this process with training regimes that refashion the civilian into the serving member.

5. B Wadham and others (Open Door, Flinders University), *Mapping Service and Transition to Self-Harm and Suicidality*, commissioned by the Royal Commission into Defence and Veteran Suicide, August 2023.

6. *Mapping Report*, p 3.

Recruits are divided from their past, including their family, friends, and sense of connection to the civil sphere, which are all replaced with the military fraternity.⁷

In essence, military training aims to change people's identity, self-worth and belief systems.

The military personality, through training and the needs and functions of the organisation, develops hierarchical group-centred and anti-individual traits such as strong nationalism, authoritarianism, obedience, pessimism, and conservatism.⁸

Many veterans interviewed for the *Mapping Report* said that as recruits they approached their initial interactions with the ADF with excitement, enthusiasm and positive anticipation. One said:

I enjoyed Kapooka. I did really well. I got really fit [...] I had a really good time, I got through everything [...] A lot of us ended up going to Melbourne most of the weekends, so we had a really nice time. We were really close because a lot of us ended up going from Kapooka to Puckapunyal together for our [initial employment training].⁹

According to another:

My first four or five weeks, six weeks, was absolutely fucking sensational. I loved it. Absolutely loved it [...] started making

good mates, all of that sort of stuff, with the other first year apprentices around me, all of those sorts of things. Probably the best four or five weeks of my life, realistically, other than more recently, getting married, kids, all of that.¹⁰

In the early stages of enlistment and training, family members often reported dramatic changes in their loved ones:

Yeh, we couldn't believe the transformation we'd seen in him; he was just amazing [...] had this shining light in his eyes, you know. He was a very serious warrior. He was rearing to go; he just couldn't wait to get back and get into training and wanted to get into Singleton and then get out of Singleton and get somewhere. Wanted to get back with his mates [...] just the most incredible sort of demeanour that he had. You know, the Army and Singleton and his mates was his central point of his life.¹¹

Recruits themselves also recognised the positive personal changes they underwent as fledgling members:

When I joined I really didn't have any life experience at all. I basically went from my bedroom with my mum and dad to the real world, so I guess I was the perfect specimen for that because that's what [they want] them young because they want us mouldable. I actually really enjoyed my training.¹²

7. *Mapping Report*, p 4.

8. J Wolfendale, *Torture and the Military Profession*, Palgrave Macmillan, 2007, pp 129–130.

9. *Mapping Report*, p 26.

10. *Mapping Report*, p 26.

11. *Mapping Report*, p 27.

12. *Mapping Report*, p 27.



Andrew Littlejohn, *Charlie* (2021, oil on canvas, 20 x 20 cm) AWM 2022.1334.2

Charlie depicts the impact of service on children, who are often forgotten as they follow parents in service around the country and even around the world, also experiencing separation and disruption in their lives.

Some seemed almost pre-ordained by their family heritage to join the military, like this Army veteran who served from 2001 to 2016:

My dad, he comes from a long line of veterans as well; he served in Vietnam with the 1st Armoured Regiment. My grandfather served with the Signal Corps and was in Changi for four years during the Second World War. My great-grandfather was in infantry, and he served in the First World War at the Somme, as well. Had a big influence on my life, obviously [...]

[I] always saw the Army as a pretty good option, straight out of school. Both my parents were an influence with that because they had pretty hard upbringings [...]

I figured I wanted to do one of the toughest jobs that you could do and joined infantry straight out of Year 10.

I was 17 and that was in 2001.¹³

Others who experienced difficult family lives said that that joining the military appealed as a way of seeking identity and purpose and as a surrogate family:

[My] family was a bit tragic. I was a good footballer, was an excellent student in primary school. Family broke up [...] the first year of high school and just absence of family — no mum or father around, so I just pretty much hit the streets and drugged and drank. Left school at Year 11, delivered pizzas. When my mates were drinking and drugging, I thought, this is fucked, I can't do this forever. Dad said, 'Join the Army, it'll make a man out of you', so I did.¹⁴

Some submissions referred to a perceived lowering of Defence's physical and mental health requirements for recruits. Their experiences led them to believe that this exposed serving members to injury, resulting in higher numbers of people being discharged on medical grounds. A doctor working in Defence saw evidence of the impact of lowered standards:

"When I joined I really didn't have any life experience at all. I basically went from my bedroom with my mum and dad to the real world [...]"

I have noticed MORE waivers [when a recruit is permitted to enlist despite not meeting a physical or psychological health standard] and lower medical standards, increasing the risk to members. Defence does not bear the risk — the individual does, the military staff who care for that member do, and medical responders do. Defence is at arm's length to the individual at risk.

Most recently in our Army Preconditioning Program intake two weeks ago there were two members deemed to be at HIGH RISK given their history of mental illness in the past, which included previous suicide attempts and possible diagnoses of autism spectrum disorder. They were classed as HIGH RISK — to themselves, or possibly to others. Where is Defence's duty of care or

13. *Mapping Report*, p 22.

14. *Mapping Report*, p 25.

responsibility in this? It is essentially handed to the unit and the contracted medical staff, whom I'm sure they would have no qualms about dragging through an enquiry and firing if there were to be an adverse outcome, rather than looking at policy and process that allowed these individuals to start [...] in the first place. You need to know that standards are plummeting even as you may be making a recommendation that unfit, overweight, mentally unstable individuals not be recruited unless properly cleared of concerns.

A senior Army officer who served for almost three decades recorded the observations that led him to believe that some experiences of initial training had life-long ramifications:

Recruitment training factors into the future wellbeing of a veteran along with other experiences of service life. This early training process must be a starting point of any investigation. Several veterans I have engaged with never completed their recruit training and that had a profound impact on their mental health [...]

It is on entry into recruit training that preparation for exiting service must be given more attention. All recruits must be encouraged to acknowledge that at some time from that moment of entry into service, exit is inevitable. The longer the service continues, the greater is the responsibility of Defence to keep the inevitability of exit an anchor point in the service member's life.

Other authors expanded on this theme. A Royal Australian Air Force (RAAF) officer highlighted the difference between the image of service life before enlistment and the reality of it after:

I found that one of the most disappointing aspects of being in the RAAF was the notion that they sold a particular lifestyle to potential recruits, yet this lifestyle no longer really existed [...] I sought the lifestyle of work being your whole life – that social events, sport, a sense of connectedness, entering this professional and personal bubble – would become me. And that I would, in essence, fit [...]

In reality, though, both the nature of working shift work and how the RAAF had changed in recent years in regards to its culture and off-base accommodation, prevented this lifestyle from being actual reality. But mostly, the nature of the training, and my experiences [at] Base [...], prevented me from surviving this experience completely intact.

Another veteran lamented the damage caused by 'false promises' made to recruits by Defence that he believed pre-disposed service members to long-term damage:

Defence lure young, malleable, unbroken individuals with their whole life ahead of them via a bunch of false promises (trades, travel and allowances etc). They then strip them down and break them apart, reprogram them to do anything and everything that is ordered of them, expose them to unsafe workplaces, high stress environments, extreme workloads whilst deployed 24/7 for months with minimal outside contact. There is a toxic culture of those who report abuse; poor leadership are quickly disposed of via gash postings [Navy slang for undesirable postings] out of area. The elite boys club is untouchable.

Eventually when they have squeezed all the juice out of the service person, burnout occurs and their body/family/

“One of the most disappointing aspects of being in the RAAF was ... that they sold a particular lifestyle to potential recruits, yet this lifestyle no longer really existed.”



life start to fall apart, the service person is labelled a veteran, kicked out medically and cast aside. Only then does the veteran realise the support services guaranteed during recruitment are nothing but highly bureaucratic nightmares to navigate with no advocates or RSL [Returned and Services League] organisations interested in helping individuals with very complex injuries and ailments. DVA mantra is 'deny deny deny until they die'.

Female veterans spoke of encountering a hyper-masculine culture during the training period of their service. In the words of one:

The males did their best to make us feel unwelcome and uncomfortable. On one occasion the Third Year Navy midshipmen celebrated Trafalgar Day by taking the female sanitary bin and emptying the contents of used sanitary napkins and tampons in a cadet's bedroom. I felt this was a step too far and made a formal complaint [...] In doing so I was violating the cadet code of secrecy and received further abuse and also ostracism from my own classmates. Once again, I felt quite depressed but fought hard to stay on top of things by focusing on my academics. I was selected [for] a [...] study tour [...] and once again received more abuse as being a token female undeserving of such an honour.¹⁵

A female RAAF member wrote of her treatment by male course leaders during her initial training:

The treatment at rookies was regularly abusive and humiliating. This was generally from our course corporal

and the corporals of the male recruit courses. When we were kitted out it was apparent that all of the girls were given white sports t-shirts one size down from what size we were, when I asked for the correct size I was told to shut up. We were all given tight white t-shirts. This was so that when we were in physical training those t-shirts became see through when we were hosed down, generally in front of the male recruit courses. We were told to run up and down on the spot in wet t-shirts in front of the men and comments were made loudly by the corporals that it was a wet t-shirt competition.



We were called whores. Being young, terrified and not knowing anyone at that point I quickly learnt to keep quiet as those that spoke up were punished more or singled out for an extra dose of humiliation. These behaviour examples filtered down to the new male recruits and the way most of them treated a lot of the girls was not acceptable but seemed to be 'sanctioned' by higher ranks.

This author also wrote of a devastating sexual assault she suffered during an early training exercise, and of the lifelong harm it caused:

Looking back, this was the beginning of the complete shattering of my confidence, my self-esteem and my self-worth. Every fibre of my personality was damaged so severely that the abuse I carry with me to this day infiltrates

15. *Mapping Report*, p 29–30.

every aspect of my life even when I thought I had buried it so deep. I had tried over the years to lock down the following horrific events in the back of my brain for so long that this has been the hardest report to write [...]

I was not the only girl raped during that exercise by a male RAAF member on base. There was another girl that did report to [the RAAF police] and then to the WA Police. I saw how she was treated. I wasn't as strong as she was, in no way was I able to report. I was conditioned by the RAAF to put up and shut up. I was vulnerable, terrified and had nowhere to turn. I was stuck in hell. The reported rape case went to court in Perth some time later, [and] he got off.

An Army veteran, who joined up in 2016, reported that she had been warned by friends before she enlisted to be wary of sexual assaults in service:

I responded at the time 'no way, that was all years ago, it will be fine now'. I was so wrong. I can't in good consciousness recommend the Army as a place to work for any female, which truly saddens me as someone who has many grandparents and great grandparents that were veterans and that I want to honour.

That veteran reported encountering a series of inappropriate behaviours by 'a range of officers' during her training, including:

Numerous instances of sexually explicit comments by trainees, [corporals], [sergeants] and officers on a daily basis, at all locations across Singleton including the dry mess, wet mess, firing range, [physical training] classes, swimming pool, dorms, whilst marching.

Graffiti [would be] written on bathroom mirrors and on notice boards near the female lines, including 'cunts don't belong here' and 'fuck the cunts up'.

Indecent assault of physical groping taking place by males, in front of groups of males, with the group cheering them on for every time they grabbed a female breast or 'ghost' humped a female from behind by grabbing their hips and thrusting. This included in front of [corporals].

"I was vulnerable, terrified and had nowhere to turn. I was stuck in hell."

[S]exual assault occurring — being unwanted sexual intercourse whilst female was repeatedly saying no. [G]roups bragging about the sexual assaults they had performed, loudly and easily able to be overheard by passers-by. [M]y hip being damaged from the brutality of the assaults, to the point I could not walk and ended up (post-Army) requiring surgery to fix the damage.

After she left the service, she was diagnosed with post-traumatic stress disorder (PTSD) and depression and was hospitalised after a suicide attempt:

I have struggled with relationships, especially any romantic relationships. I have withdrawn from family and friends. I am unable to enjoy or engage in sexual intercourse. I am unable to be alone with most males. I get panic attacks and flashbacks.



“And I work hard. The hardest, it turns out ... But now, on reflection, it was too hard. It came at too much of a price for me. And I would be forever changed by it.”



Service

Life in Uniform

Many submissions and testimonies from serving and ex-serving members spoke of a range of unexpected costs and damage caused by their service training and subsequent service, both at home and on deployment.

These included military institutional abuse, failures by Defence and the Department of Veterans' Affairs (DVA) in their duty to care for members, the incessant posting cycle, repetitive high-tempo deployments, and failures in leadership, the transition process and post-service care.

Many authors expressed their feelings of betrayal by the institution they served. These feelings were compounded by their expectation – reinforced over years of service – that Defence would 'have their backs'. As we will see later in this book, the perceived betrayals extended to other institutions that members believed would support them.

Some authors believed that aspects of Defence culture contributed to suicide and suicidality of serving and ex-serving members. They referred

to experiences of bullying, hazing, harassment, substance abuse, violence, extreme training, sexual harassment and sexual assault. They also spoke of the ADF having a hypermasculine culture that discouraged help-seeking and stigmatised those with physical or mental health problems.

Some authors said they met a culture in which leaders were tolerated even when they perpetuated an unsafe workplace by normalising abuse or silencing or covering-up complaints. Some submissions pointed to a code of silence in Defence that inhibited reporting by victims or their peers and even saw leaders advising against reporting or failing to act fairly on complaints that were lodged. This is consistent with the cultural norm, prevalent across the military, that there is nothing worse than being a 'jack man' (somebody who is selfish, a loner or puts themselves first, including by speaking up or making a complaint), as former Sex Discrimination Commissioner, Elizabeth Broderick, confirmed in her evidence before the Royal Commission:

“Learning about the law and age, has empowered me to come forward and seek justice for the violence I have suffered and continue to suffer.”

There is significant pressure placed on cadets not to ‘jack on your mate’.¹⁶

She expanded on the theme in her evidence:

That’s really about what we call mateship. It is a form of tribalism. Mateship, we are really closely bound, we are almost part of one family, and if we are part of one family, what happens in the family stays in the family, in a sense.

The idea that you don’t jack on your mates is really about a culture of silence, because if something happens to you in the team then, as this quote says, you essentially suck it up and really -- you can speak out about it, but speaking out comes at huge personal cost, that’s a cost to your reputation, it’s the cost that you may be victimised or ostracised. You will actually be put outside the group.¹⁷

As a result, some victims or witnesses simply internalised the impact of these issues at great personal cost. Some struggled with feelings of anger, resentment and hopelessness. Trying to keep a lid on it all led in some cases to mental

health issues, substance abuse, strained or broken relationships, homelessness, suicidality and, in the most extreme cases, to suicide.

One serving officer even compared the Defence recruitment structure with the outdated system of modern slavery known as ‘bonded labour’:

Although the bonded labour system was abolished in India in 1976, the ADF still has a form of bonded labour for new entrants. This concept continues throughout a person’s ADF career in which a member is given incentives which, if breached, result in a financial penalty. On top of this issue is the problem of an ADF member being paid and receiving remuneration and benefits above what is available to civilians, which prevents them ever getting any experience in the civilian world of work. And they eventually become reliant and trapped in the ADF, even if their concepts and circumstances change.

A Royal Australian Air Force (RAAF) officer was posted as the only female in a section of eight males. She knew from the start she had to work under different rules from her comrades:

It was quite clear to me that I had to keep my mouth shut and work twice as hard as the men just to get by.

An RAAF veteran wrote of having been sexually assaulted by her training officer and five other males. She shared her story in the hope that it

16. Hearing Block 1 transcript, 3 December 2021, p 5-442 lines 7–26.

17. Hearing Block 1 transcript, 3 December 2021, p 5-442 lines 12–19.

would bring about changes that would stop it from happening to others:

I never reported the gang rape to anyone. I never attended medical for any treatment of my physical and mental injuries. I never reported the gang rape to military or civilian police. I have never spoken about the gang rape to any authority figure. I kept it a secret, afraid to come forward and not be believed.

I have never told any of my friends. I may have told an ex-partner, when I had to explain why I had recoiled from his touch.

I have never forgotten what those men did to me.

I have never sought counselling for the gang rape. The impact has been severe on my social life and personal relationships. It was a violent gang rape and I still suffer the psychological and psychiatric injuries from the incident. The physical injuries that I sustained that night, bruising from being held down, aches and pains from struggling and my flight or fight mode activation and the adrenalin dump in my system. I also had slight bleeding from my vagina afterwards and pain.

Why the delay in reporting? Last year I learnt the legal definition of rape and parties to the offence in Queensland law, as I am a law student and have completed a unit in criminal law.



Learning about the law and age, has empowered me to come forward and seek justice for the violence I have suffered and continue to suffer.

A Navy veteran, who enlisted at 17 and served for 34 years, looked back at the impact of her service and training as she approached 60:

ADF recruit[ment] and subsequent training mould you into a member of the military. It was described by my treating clinical psychologist [...] as rewiring your brain. This is necessary for ADF members to carry out the duties required of them. Life choices become totally dependent on the ADF.

The longer you remain in the ADF, the more your service and training rewires your brain. I, and many others, joined when we were very young. At 17 years old I was still a child. You lose the opportunity to grow as an individual, instead learning how to be a more capable member of the ADF.

Another author, still serving in the Navy at the time of her submission, attempted suicide in 2019 as a result of bullying and violence. She wrote of the treatment she received when she first enlisted:

I first enlisted [in the Navy] in 1996 [where] I was consistently bullied and objectified into the old school world of men who did not want females in their technical world [...]

I was abused in different and varying levels, being verbal or physical abuse, or [being] isolated, belittled, treated as insignificant or stupid and being put into the position of sexual indecencies because it was deemed funny and [they wanted to see] whether I would survive in a man's world.

During my first years of enlistment I became pregnant, which did not help my entire situation [...] [They thought] to quote: 'I got myself knocked up to get out of sea time and that if I was supposed to have a child or a husband I would have been issued with them'. I at this point suffered with post-natal depression and was given



some medical support though was formally advised by both my captain and [warrant officer] that 'I should get out and be a mother'. I then discharged in 2000. I reenlisted back into the RAN [Royal Australian Navy] in February 2004 as I missed having my career. Though, upon my reenlistment I was once again subjected to severe bullying within category training in order to regain any skills that required current competency. I honestly wondered what I was I thinking with re-joining.

This veteran tolerated this treatment throughout her career without reporting it because she was trained to believe she needed to be tough enough to overcome it:

Throughout my career I have lost count of the different manners in which I have been bullied. To list a few of my occurrences, I have been physically dragged/man handled by [chief petty officers], I have been picked up by the scruff of my neck by a [warrant officer] [...] and shaken against a bulkhead. I have been threatened with that both my legs will be broken by a [warrant officer], shoulder barged into bulkheads and smacked on the behind because I am a female by my colleagues.

I have had entire engineering departments [whose] aim is to break me, exclude me and objectify me with showing their male anatomy. I have also experienced female command not believe me because these occurrences did not happen to them so it must not be true. On all accounts I have never reported any of the abuse and simply sucked it up because I am supposed to be resilient and not be the so called 'problem sailor'.



A serving RAN member wrote that bullying continued unabated up to the time of her submission:

During my posting to HMAS [-] (2019–2020) my work colleagues and I experienced bullying from our direct chain of command ([chief petty officer] and [senior health officer]). This was reported to the ship's [commanding officer], [executive officer], [chief warrant officer] (previous and new), Padre, [equity and diversity] advisor, and to members of Sea Training Group and Fleet Health Division. At no stage did any of the mentioned

speak to us as a collective or individuals to understand what was going on, and therefore the bullying continued for the entirety on my posting [...]

During the posting on HMAS [...], my colleagues and I received no support whatsoever. We repeatedly asked for help and received none. We regularly discussed how we understood now why so many serving members took their own lives, to be stuck in a work place where no one would help you and you have month/years still left in that workplace, stuck.

Males also reported suffering from bullying during their training, often justified by the ‘harden up’ culture within the ADF:

In 1986/1987 I was involved in a motor vehicle accident, as a result of that accident my medical classification was downgraded to PMR — permanently medically restricted. Not long after that the bullying started, I was called a gold bricker, lazy c#%t, useless, playing on my injury, told to suck it up, be [a] man, that he will go and show my wife what a real man is, that they would have me discharged from the Army within six months, that I was a useless soldier, and I was [an] embarrassment to the Australian Army. I was continually given the worst of tasks to do, belittled [and] insulted in front of my peers.

Some veterans wrote of bullying involving physical violence during their training, which sometimes even extended to torture, that had a lasting impact on them:

For as long as I live, I will never forget the look of terror on the face of another junior in my hut who was subjected

to the hot iron/cold iron trick. He was tied down on his bed, shirtless. A hot iron was held over his stomach so that he could feel the heat. They then blindfolded him and told him to brace himself for the iron to come down on his stomach. Whilst he was blindfolded they switched irons for an identical cold one. The blindfold was then taken off him as they told him that he should watch it happen. When they brought the cold iron down on his stomach, he was sure that it was still the hot one, and the look of horror and despair on his face was terrifying.



“I [...] suffered with post-natal depression and was given some medical support though was formally advised by both my captain and [warrant officer] that ‘I should get out and be a mother’.”

Some authors referred to the adverse impact on their careers when they either reported the abuse or sought help, and said that reporting abuse was not encouraged within the ADF. One serving Army member said that she only realised she had been living in a domestic violence situation when her counsellor pointed it out to her:

I sought help with my mental health in 2021 regarding some personal stressors that were impacting my home life.

“This is a prime example of why people don’t get help. They tell you over and over again nothing will happen and you won’t get in trouble but they don’t mention that you will lose your job.”

In the process of counselling it was brought to my attention that I was in quite a severe [domestic violence] relationship. Through counselling and with the ongoing support from my friends and family I was able to successfully remove myself from that relationship.

This serving member made substantial progress working with her psychologist. She attained further qualifications within her unit, started studying at university, started a new ‘happy and healthy relationship’ and fell pregnant with her new partner. Then, without warning, she was advised that she would be required to medically discharge because of ‘unstable mental health’:

This came as a complete shock to me as I had no idea of this even being a possibility. I submitted a minute to contest the decision with supporting documents from supervisors both within my unit and my psychologist and a supporting letter from my psychiatrist explaining that she would like to re-evaluate the initial diagnosis as I hadn’t displayed any symptoms for an extended period. One month ago I was finally informed that my response had only changed my separation date to allow for maternity leave [...]

Advice from the diagnosing psychiatrist was completely ignored. Zero regard has been given for the impact that this situation has had on me throughout my pregnancy and I am now expected to complete all my transition and separation requirements within two months after giving birth whilst on ‘maternity leave’.

I am fully aware of multiple members that have been on suicide watch and are still able to perform all their duties at work. Because I sought help I am not allowed to do my job anymore despite not having any concerns regarding my own welfare or the way in which I conduct myself within the workplace.

This is a prime example of why people don’t get help. They tell you over and over again nothing will happen and you won’t get in trouble but they don’t mention that you will lose your job.

If my diagnosis is correct; is separating me the wisest decision right after I give birth? What impact will that have on me in regards to postnatal depression?

If I commit suicide who is really at fault? Will I just be another statistic to add to this Royal Commission?

An ex-Army veteran, who had been in an officially recognised de facto relationship with a Navy member, wrote of the difficulties she experienced in convincing her chain of command to act on the domestic violence she suffered:

I was badly injured. I also had a four-month-old baby (with my de facto partner) at the time that he threw on [the] couch a number of times over to keep me from getting my baby and leaving — and repeatedly physically attacking me in between. He eventually locked himself in a bedroom with my baby and I had no choice but to flee and went to the police station.

A padre [...] at the time was consulting with me — as there was a number of sexual, physical, emotional, psychological abuses happening to me by this Navy member — my ex de facto partner. And I was extremely overwhelmed and fearful — not knowing how to deal with it all — as well as having given birth.

I was repeatedly told by the Navy member, 'Go ahead and tell whoever you want, no one will f*ckin believe you, my chain of command love me.'

Some authors spoke of the additional challenges they faced where both people in a relationship were serving. The former wife of a serving member, who herself also served, highlighted the damage that her disaffected spouse caused by using his knowledge of service systems and his contacts to harass her:

I used an opportunity to deploy as a means to exit the relationship because I didn't feel I had the means to safely leave without physical distance. My ex-husband used his social network to stalk me whilst I was on deployment. When I reported this to my chain of command I was dismissed, ignored and treated as a 'drama queen'.

On her return from deployment she found her reputation had been damaged by rumours circulated by her former husband.

I was treated like a 'naughty girl' because I had left my husband [...] and met someone whilst on deployment. After having a mental breakdown quite publicly at work due to my ex-husband stalking, harassing and continuing to financially abuse me, I demanded that my [commanding officer] ban my ex-husband from attending my workplace.

After this breakdown, I was taken a little more seriously and the [senior administrative officer] recorded my complaint but [my ex] was never punished for his behaviour.



Imogen Rae, *Journey*, (2022, watercolour, marker pen and crayon on paper, 29 x 42 cm) courtesy of the artist. On loan to ANVAM 2023, *March to Art: Create*

For this piece, seven-year-old Imogen enjoyed mixing the colours to be exactly how she wanted them and investigating how watercolour and crayon repel each other for exciting effects.



**Nancye Houston, *I wish I could* (2018, acrylic paint, 45.5 x 38 cm).
Image courtesy of Nancye Houston.**

I wish I could captures a feeling of helplessness and depicts the phone as an object of both connection and isolation for serving members away from home, which is one of the biggest impacts of service life.

The former husband continued his campaign against his ex-wife through her subsequent postings, while, according to her, command adopted a ‘we don’t get involved in family life’ stance.

This allowed my ex-husband to continue to sledge my character and destroy my career.

She was eventually diagnosed as suffering from post-traumatic stress disorder (PTSD) and major depressive disorder and medically discharged. She concluded:

I am now on a constant learning cycle of how to best keep my mental health from suffering to the point where I can’t function. I have a young family and I often wonder what kind of parent I could have been had Defence taken a duty of care to protect me from my ex-husband instead of looking the other way.



I know I am not the only person who has experienced this and I am hopeful that speaking out will assist others and initiate a much-needed change in policy.

One serving military police member found it almost impossible to confront her own domestic violence, even though she was trained and mandated to support those experiencing it. As she put it:

Once I became an MP [member of the military police] I thought I could make a difference — for a while I think I did [but] one night in 2009 so many things changed. My partner (a serving member) came home from a dinner at work, confronting me in our house — our two eldest

children sleeping meters away — our youngest son still in my belly. My partner turned on me, threatened to beat me, screaming and yelling at me while I hid in the corner of the room.

“I know I am not the only person who has experienced this and I am hopeful that speaking out will assist others and initiate a much-needed change in policy.”

Even now after all these years I can still feel the panic rising as I type this. Eventually he staggered off, I should have called the police, but the shame of being a senior MP officer in this garrison town attacked in her own home, I couldn’t bear the thought of being exposed like that, to my own troops.

The behaviour continued and his drinking escalated. To this day he won’t admit to the violence he subjected me to. He blames his deployment but won’t seek help, even when I pleaded with him. Eventually I left.

I know as a police officer— ‘every contact leaves a trace’ even the violence we see, that which we suffer and that which we investigate. I know this because eventually it catches you, and you can’t escape, you can’t ignore it.

Many authors wrote about risks to which they were exposed during their training that they believed were either caused or exacerbated by failures with ADF procedures. This 22-year veteran served as a firefighter in both in the RAAF and the RAN:

When we served there were few, if any, safety protocols. I had exposure to hazardous materials and chemicals. We used to burn whatever we could and breathed in the fumes with no mask or safety apparatus [...] We went to more fires we lit than we did naturally as we were always training. Every fireman had to do one fire a week as part of training so we were lighting more fires than we ever went to.

After he left service he joined the Retired Airforce Firefighters Association. He reported that 119 of its members had died in the previous 14 years and that, since 2019, 20 had died. His own health had also been seriously compromised:

Every second day I go to dialysis now. I think a lot, read a lot and study a lot. I try to fit as much into 24 hours as possible. It's what gives me pleasure. My hobbies are living and car racing.

One serving member of the Navy wrote of work safety issues that continue through to the present:

Work health and safety is non-existent at this workplace and when an issue is brought up it, it is dismissed with aggression and discontent by [-]. One example is the boatswains were directed to paint already used lockers at West Head using international paint without correct PPE [personal protective equipment]. I stated that we need PPE and equipment to complete these jobs and used the relevant [safety data sheets] to prove my point. This issue was a daily argument in a stand-up shouting match with [-] saying, 'Just paint the fucking lockers'.

I've had multiple appointments with nurses and doctors on base about my mental health concerns also completed multiple mental health and PTSD score sheets, often scoring very high with no concern to the staff and told 'thanks for coming in'. To this day I have not been referred to a psychologist even after I rang the medical centre asking to see one and asking the doctor for a referral.

Another serving member of the Navy made the point that constant inspections during training, while necessary, can have negative effects:

[It] means that a soldier's temporary 'home' is invaded. There is no safe or personal space [...] this constant supervision means soldiers are unable to relax or de-stress; which over an extended period of time leads to a heightened sense of 'hopelessness'. While soldiers enter into the ADF lifestyle, knowing that the ADF controls attire, posting localities and restricts tim[e] for hobbies and visiting family/friends; the level of control over behaviour outside of business hours isn't fully realised until [-] [initial employment training]/first unit posting and it only gets worse the higher up the ranking chain you get. In the end, a soldier's body, uniform, gestures, emotions and social behaviours must reflect the values of the Defence as an institution, even when off-duty/in civilian environments. While soldiers often hear 'You knew what you signed up for', implying that all civilians prior to enlistment understand that in an ADF lifestyle the Defence's needs come before the individual's needs, but in truth ADF recruitment does not make this clear.

Many authors wrote of the negative effects of repeated high-tempo deployments on their physical and mental health, personal relationships and quality of life. In their submissions, they mentioned their exposure to harsh and dangerous environments, the heightened risk of physical injuries, and the auditory and respiratory ailments they suffered.

They reported strain in their marriages and family relationships and a desire to isolate themselves when they returned from deployments. They believed this added to the difficulty of their subsequent transition from military service to civilian life, with many highlighting their feelings of disorientation and loss of purpose. As one, who had deployed to East Timor and had multiple deployments to Afghanistan, wrote:

I have had challenges with mental health during my service. Having deployed to East Timor and Afghanistan on multiple occasions. In recent years, I have found that ongoing service has become more challenging. I was admitted to the hospital in 2016 after having a breakdown (due to stress both at work and home [...]) In 2021, I returned from a deployment to Iraq during the COVID-19 pandemic. I spent many months in isolation during this trip under high-stress living conditions. On return, my wife noted that I had developed an audible tick during this deployment which I attribute to the significant stress whilst isolated for long periods.

Another Army veteran of three deployments wrote of his experience in combat and after returning home:

My operational tempo was very high. On my third tour to Iraq we were exposed to a high-threat environment where we suffered multiple casualties. Our detachment was involved in several shootings of civilians, and we were attacked on multiple occasions [...] It was very bloody and very confronting.

I was personally injured in a suicide bombing attack where I sustained permanent injuries to my ears, shoulder and back. We received minimal support in relation to our injuries, both physical and psychological.



Upon returning to Australia I did not receive any post-appointment psychological screening which may have helped catch the fact that I had severe PTSD. Due to the culture at the time there was no way that you could ask for help without having it a significant and severe effect on your military career.

Many of the soldiers from my tour have suffered due to the complexities and severity of what happened to us whilst [we] were there. When we return[ed] to Australia, one of the fellows I was working with decided to go back as a [contractor] and was killed. My roommate whilst I was in Iraq succumb[ed] to his PTSD and committed suicide. This is particularly confronting as we knew at the time he was having issues towards the end of our tour but due to the culture, we did not address it [...] [I]f there was sufficient support for us (we had about a three-minute talk with a psychologist prior to leaving Baghdad) he may have been able to be helped. When we did return I could not get out of the Army quick enough and I was told on multiple occasions by

admin staff that if I medically discharged it [would] affect the rest of my life and I'll never be able to get a job. This was the lie/deception [which] did not enable me to medically discharge and access all of the services that I could have been entitled to.



One long-serving senior officer detailed the impact of repeated high-tempo deployments and frequent postings on his family:

Deployments included Bougainville, East Timor and Afghanistan. During my career, I had 27 moves, 19 whilst married and each of my children attended 10 different schools in three countries and three different Australian states.



I do not regret my Army career at all, nor the opportunities it provided to my family and myself. My family and I feel proud of supporting the ADF and the Australian people. I do however believe there were key timeframes and actions that had a major negative impact on my physical and mental health and that of my family, that with a bit of planning, foresight and better management could have been negated, or significantly reduced.

He gave an example of the cumulative effect of a two-year 'married separated' posting (where he had to serve apart from his wife and children) that was immediately followed by a long active-service deployment. He returned from that

10-month deployment to Afghanistan on 31 December 2010 and was ordered to report to his new posting in Canberra on 18 January 2011:

After being on deployment to Afghanistan for a long period, having approximately two weeks at home prior to being posted again was very, very difficult on the family and myself. It provided me little time to get back into the family life as they had operated for two years [...] without me, [and] it also provided no time to wind down from a very arduous operational posting to Afghanistan. At the time I thought little of the effects, but in hindsight this was the start of my mental health issues.

It was during his Canberra posting that the cumulative impact of his service began to manifest:

I started to have major physical injuries come to the fore. It included having to have a major joint replacement or I would be discharged. The physical pain from the physical injuries, on top of the depression, increased alcohol intake and being away from family, as well as what I consider very poor medical treatment by the ADF resulted in [me] opting for a medical discharge.

A young Army member wrote how he underestimated how much service life had affected him, especially frequent postings and deployment. It was only in retrospect that he could see the incremental damage caused by repeated traumatic exposure and the deep loneliness of being a single person moved to a different location every couple of years:

“I do not regret my Army career at all, nor the opportunities it provided to my family and myself. My family and I feel proud of supporting the ADF and the Australian people. I do however believe there were key timeframes and actions that had a major negative impact on my physical and mental health and that of my family, that with a bit of planning, foresight and better management could have been negated, or significantly reduced.”

Maybe I was too young, maybe I was too naive to think that deploying to a war zone wouldn't affect me. I was wrong. I am not well and haven't been for quite a while. Each day is a struggle, and [it] has been [exacerbated] over the past 18 months due to the COVID-19 situation. [The submission was written in September 2021.] You don't really know how lonely you are, until you can't go to work as normal, until you can't see your family, your friends, however limited they are, until you can't see anybody. I didn't know I was this lonely.

He recalled that his mental health issues began gradually:

I remember when it first started, me not wanting to see or be around anyone, not knowing what it would turn into many years later.

He realised his approach to work and home life had changed after returning from a turbulent deployment to Afghanistan notable for its many casualties:

[T]oo many friends died. I returned to a world that had moved on without me. Prior to deploying I was just another one of the guys, loved to hang out with friends, go to the footy, BBQs, beach, camping, just good times. But when I returned, I was different, everyone around me felt different.

He began to feel his lack of roots when he faced a new posting immediately after he returned from deployment:

I was only home for a couple of weeks before I had to pack up and move to another state. This seemed like it just multiplied the problem. Having to move to a new state, not knowing anybody, starting a new job, not knowing anybody. I tried to join local sport teams, but work would get in the way. Exercises, courses, deployments. You start to ignore text messages from friends and family, eventually they'll stop [...] When you do answer, you have nothing to say, and you get off the call as quick as possible. They don't want to talk to you anyway.



A year later you deploy, back to Afghanistan, and you look forward to it, almost feels like home. Come home after a few months, deploy again a few months later. Do some courses, struggle for a bit. Then you have to pack your house up again and move. Start a new job, not knowing anyone. Starts all over again. Deployments. Courses. Deployments. Move. Friends try to kill themselves, some die, some fail. Too many. You don't reach out, because you are secretly struggling, and barely holding on as well. You want help, but you don't ask for it. You don't know who to turn to.

You hope someone will just help you, you hope someone can see the pain you're in. After deployments you see a psych, but easily pass. They don't know what to look for, and you don't have to tell them anything.

He wrote of the gruelling posting cycle and repeated deployments and the damage it did to his physical and mental health:

You see a doctor every five years, but they don't care. Every new contract, service gets worse and worse. It's in and out, you answer some questions on a piece of paper,



all lies, and no one questions any of it. You just move on [...] As long as they keep giving you the pain killers and naproxen, you don't care. Without the naproxen, you're too sore to get out of bed. Our bodies have taken a beating, now our minds are having their turn. We just hope the mind holds out long enough. Long enough for something to change. Long enough for you to get better.

Before you realise it, years have passed, and everyone you once knew has moved on. Getting married, starting families, enjoying their lives. While you're stuck, struggling, hoping the next day will be better. Weekends are the worst. You try to leave the house, but realise you don't have anything to do, nobody to see, nowhere to go, so you just wander, hoping something will happen. Maybe you have a few drinks, maybe you go to the casino. It doesn't matter, you don't fit in at either. So you stay home. Waiting for Monday when you can finally go to work. Not that you necessarily enjoy what you're doing, but it's better than being alone.



Every time you move, you think you'll start afresh, but the sad fact is, you're not going to be there long enough, so you don't try. DSCM-A [Defence Supply Chain Management - Army] don't care about single members, we have no family. It's easier to move you around the country. Less complaints. It sucks, you move often, while others move never.

This young soldier ended his submission with a plea:

Do I need help? Yes. Will I get it? No. You need to stay 'competitive' amongst your peers, so you can eventually get posted somewhere you want, somewhere near family, near friends. Maybe even stay in the same location for longer than two years.

Now I'm moving to another state, fifth in eight years. I'm not the only one, and the vast majority will be just like me. Maybe try to start afresh [...]

To all: reach out, phone, text, email, social media. Even if they don't reciprocate. They need it, and appreciate it, more than you will ever understand.

I'm an Australian Soldier, and not dead ... yet

The wife of a career Navy member wrote of her observations of the residual impact of repeated sea postings on her husband. She believed that the pressures of high-tempo service reduced the numbers of those available to take the postings while, at the same time, increasing the pressure on those still capable of serving in them:

The discrepancy between capacity (numbers in category) vs capability (those able to participate in sea postings) means that personnel who are healthy and compliant with individual readiness requirements are often undertaking multiple sea postings back to back, working in a demanding and stressful environment with little or no reprieve [...]

The impacts [...] extend beyond work and into home life. [My husband] is often taking phone calls from superiors and subordinates at home. He comes home so 'tightly wound' from his day that he struggles to 'switch off' and just enjoy time with his children. When [he approached] medical staff on board his ship for assistance, even they

“During and post that trip I had suicidal thoughts. As for eight weeks, 24 hours a day minus maybe four [hours] for sleep where I’d have constant nightmares about being sexually harassed and bullied.”

agreed there’s very little he could do to mitigate the amount of pressure that he is under [...]

When I first met [my husband] in June 2014, he looked me in the eye and said, ‘You need to understand that I am going to be a lifer.’ He loved his Naval career with such a fierce intensity he was committed to staying until retirement age. Each day was filled with stories about accomplishments, mateship, and funny things that had occurred.

The man who comes home to me now is filled with stress, anxiety, sleep troubles and more often than not is spending his evenings logging into the Defence environment remotely to complete all the tasks he was unable to complete during the day [...]



As a wife, it disappoints me to see my husband’s love of his career diminish day by day. I have gone from being cheerleader to counsellor. Instead of [excitedly] waving him off each morning, I now have to motivate, coax and encourage him to just take the day as it comes.

While I’m not concerned about his mental health pertaining to suicide, I am certainly concerned about the long-term impacts of being in an environment that churns through its people just to keep ships manned with appropriate numbers.

A long-serving special forces operator wrote a detailed submission covering the positives and negatives of a long career:

Throughout my career in the military, I have been passionate about being a professional soldier and grateful for the opportunity to serve my country. I worked hard to be selected and serve alongside some of Australia’s finest soldiers, and like most of my peers, I have paid a high price for my commitment to this country. As a combat soldier I have sustained multiple long-term physical injuries that will continue to require ongoing lifestyle adjustment and/or medical treatment for the rest of my life.

He listed his residual injuries as an illustration of the legacy of his almost three decades of service:

- Back – lumbar spondylosis with L4-5 disc degeneration. Injured during an [improvised explosive device] attack [...]
- Knees – bilateral patellofemoral joint osteoarthritis. Sustained [...] carrying heavy packs in training and on operations [...]
- Right shoulder – rotator cuff syndrome. Injured while conducting [personal training] [...]
- Hearing loss and tinnitus. [Caused by] getting blown up several times in Afghanistan [although] gunfire in



Daniel Hodgkinson, *Bare* (2020, oil on canvas, 26 x 31 cm) AWM L2020.564.1

Bare portrays the vulnerability experienced when transitioning out of the military – veterans stripped of identity, their infantry ‘family’ and struggling to find bearings in civilian life.

several enemy contacts without hearing protection is also a major factor [...]

- Right eye – pterygium caused by excessive light and dust from a career working in harsh, desert conditions [...]
- Right elbow – right lateral epicondylitis. Caused by carrying my rifle my whole working life while in the military [...]
- Left elbow – left olecranon bursitis. Injured when I landed badly taking cover in a contact with the enemy [in Afghanistan] [...]

A former Navy veteran was medically discharged due to PTSD, depression, anxiety and ongoing physical injuries received during service. Her mental health issues began during an incident in training, though she wrote:

[M]y mental health was swept under the rug and instead I was prescribed sleeping pills for six to eight months.

She was subsequently sexually harassed and bullied while on a patrol and according to her submission, her report of the harassment to her chain of command was ignored:

During and post that trip I had suicidal thoughts. As for eight weeks, 24 hours a day minus maybe four [hours] for sleep where I'd have constant nightmares about being sexually harassed and bullied. My life was made hell. And I had absolutely no escape.

This complaint went nowhere. And the outcome stated that '[-] engaging in external services to address her concerns is indeed a loss of her faith in the divisional

system. This sailor will require particular attention to address her perceptions with the view to restore Navy Divisional system trust and appreciation.'

How can me reaching out to Open Arms for help when I was suicidal [be] a bad thing? And how could I trust anyone in my divisional system if I had been harassed, then told I should be proud of being harassed and [that] no one wants to do anything[?]

A serving RAAF member, who has had a long career in the Air Force, reserves and the public service, wrote of her concern that many of the entrenched cultural issues within Defence remain unchallenged and continue to the present day – especially those relating to women:

I foolishly thought when I joined, and up until recently, that having an ADF (Air Force) background would put me in a unique and valued position that could cross the cultural boundaries between ADF and APS [the Australian Public Service].

In fact, it had exposed me to workplace bullying, harassment, and discrimination. I reflect back on why this was, apart from being female, I challenged the order by not following blindly. I questioned behaviours against others, had the courage to say no when faced with being 'ordered' to ignore unacceptable behaviours towards others and myself.

I challenged the boys club that is at its worst now. I would say that it is even worse than the Army in the 80s. I experienced both. I knew from an early stage of my APS career that progression and promotion would be stunted due to me choosing to look after people: doing what [is] right in Defence comes at a cost.

I have a number of colleagues who have similar values and uphold Defence behaviours and values like myself. They too have suffered both physically and mentally for doing the right thing. They are also women.

Whilst Defence has been an important part of my life and identity, it has also been at the epicentre of some of the worst treatment I have ever experienced or witnessed. These negative unacceptable behaviours, toxic culture and lack of action have resulted in me losing trust in the organisation [...]

Defence believes appeasement statements are sufficient. There will be no real change as no one is willing to change.

A serving RAAF member wrote of his experiences when one of his subordinates took his life. He had shown signs of poor mental health and the member had driven him to another base to receive treatment.

The doctors had all cleared [him] to return to the workplace gradually, and they were adjusting his medications to ensure that they were effective ... he eventually was working 3 x half-days per week ...

We held regular Individual Welfare Boards and he would report that he had both good and bad days, but the days spent at home were uninteresting as he didn't really do much.

He seemed to relax as he settled into a routine and was monitored by health professionals and occasionally visited by chaplains. The submission continued:

I know that he went to work and I didn't notice anything out of the ordinary. The next day, Tuesday, the warehouse where I worked flooded — it was a busy day. Wednesday

was spent cleaning up and assessing the damage. It was early afternoon when my boss asked where [-] was.'

He had died by suicide.

I felt incredibly helpless. What could I possibly do in these circumstances? It was basically my own fault that he died. What sort of officer or leader does that make me?

His subsequent grief was exacerbated by delays and mistakes Defence made in informing the deceased man's family. His comrades watched the funeral live streamed at their base.

“There are certainly elements of [-]'s death that I think could [have been] handled better, and I wish I could have played a bigger part in his recovery and suicide prevention.”

[I]t was very difficult to watch his ageing parents mourn their son. I think I am comfortable now with the fact that he made a decision and there wasn't much anyone could have done to prevent what happened.

The CO [commanding officer] actually had coffee with [-] on the Thursday before he died. The CO reported that [he] was upbeat and in good spirits, a sign he was improving. I think he [had] made a decision and knew what he wanted to do.

There are certainly elements of [-]'s death that I think could [have been] handled better, and I wish I could have played a bigger part in his recovery and suicide prevention.



An Army veteran who served for more than 20 years shared his view that maintaining a distinction between ‘non-hazardous’ or ‘non-warlike’ service and ‘warlike’ service was counter-productive:

The ‘us and them’ arrangement has a significant impact on mental health for those veterans who do not tick the warlike or hazardous service category even though these same veterans have in many circumstances experienced hazards and life-threatening experiences, indeed some have died on these deemed non-hazardous postings.

I am of the belief that this discrimination has a detrimental effect on some veterans in that they perceive that their service and sacrifice is not as important to the system [...] and as such have a lesser entitlement to support once they leave the service.

There should be no differentiation between warlike, non-warlike, hazardous, peacetime or any other category of service in relation to rehabilitation and health care. All veterans should be entitled to full entitlement health care (Gold Card) once the ex-service member attains the age of 70.

A former special forces operator expanded on this theme when he gave his views on what it does to unit culture to differentiate between different forms of service:

[R]ank doesn't matter within this unit, it was actions under fire. I saw this when new officers posted in and were unable to control the non-commissioned officers that had this combat experience. Knowing I was never going to get this opportunity, this also significantly contributed to my desire to leave the military. Seeing other junior diggers (and officers) blindly follow along with the binge drinking, infidelity, and aggression (among other [things]) in an effort to gain credibility in the absence of combat also drove me further away. It felt as though this desire to impress those with combat 'honours' or experience took precedence to being a good human being. It impacted my mental health, and I believe that of others, by forcing members into compromised positions. I think this undermines people's moral standpoints and impacts those internal thoughts that we all have when assessing our identity and worth. Morals and ethics I believe are our protection against this, and when members are unable to hold their own line, I think the seniors need to be able to do it for them.

Another Army veteran succinctly summed up the scars left by the 'us and them' mentality exacerbated by distinguishing between warlike and non-warlike:

I am a damaged person who witnessed military accidents in peacetime but always was told I am not

a veteran because I didn't serve overseas. You didn't need to be a veteran to be abused, bullied, barraged by sound from artillery's noise and cut up by a second-rate doctor.

Other submission authors raised issues of the mismanagement of military justice in the ADF, which negatively impacted them during their service and after it. Sometimes the situations led to suicidality and suicide.

Many wrote about lengthy delays in investigations, conflicts of interest, a lack of procedural fairness and transparency, and the failure to support serving members involved in military justice processes – even to the point of issuing notices to members who were undergoing treatment for mental ill health.

One veteran's ex-partner, who also served, wrote about how the ADF military justice system mishandled false accusations regarding their relationship and the lasting harm it caused:

We both got treated like dirt when we had no choice but to discharge the Army in 2018. For me the transition was easy, however my now ex-husband, [-], who was an RSM [regimental sergeant major] [...] did nothing wrong but support me and did everything by policy: declaring our relationship to the [brigade commander] and me posting out the unit. He [...] had NO support during this time and got stood down because of false claims [-] made [...]

“However, it was the military’s handling of the psychiatric illness that generated the instances of self-harm and the life-long mental illness which blighted the rest of her life and caused her suicide twelve years later.”

Now because of the lack of support we both had from Defence, [-] has tried to commit suicide multiple times and our marriage has broken down due to this ongoing issue and [-] struggles on a daily basis to even wake up.



One serving Navy member wrote to highlight the ramifications when leadership interferes with military justice processes. He said he had been forced to obey what he believed to be illegal orders given by his superiors to drop an investigation he was conducting:

[A] member was suspected of making false documents, [but] the evidence obtained was almost immediately returned to the member at the direction of [my superiors]. The member took his own life almost 12 months later and the evidence that had previously been returned to him was found to contain child pornography. The member may still be alive should I have been allowed to do my job properly.

The parent of a veteran wrote about how devastating it had been for his daughter to not be supported during a military justice investigation, especially since she had a pre-existing mental health condition:

Military policies and culture, medical incompetence and her own reluctance to disclose a sexual assault (which was in itself a consequence of military culture) were the causes. The trauma of the original rape, her boredom, despair and the injustice of it all led to instances of self-harm, another rape and ultimately to her intractable psychiatric illness.

The effects of [-]’s original depression [...] and the first sexual assault initiated her mental illness. However, it was the military’s handling of the psychiatric illness that generated the instances of self-harm and the life-long mental illness which blighted the rest of her life and caused her suicide twelve years later.

The father detailed the sad chain of events that started with an undisclosed sexual assault during his daughter’s training, followed by inappropriate treatment for her resultant depression and suicidality which led, in his view, to her death:

As her father I feel very guilty about the consequences of [-]’s gap year in the Australian Army. It should have been a highlight of her life. Instead it ruined her mental health, caused her years of unimaginable misery and was the cause of her early death.



It is undeniable that specific adverse experiences (in [-]'s case the sexual assaults) are the trigger for a pathway that has led to suicide. However, in her case, the culture and institutional practices of the military contributed to the adverse experiences in the first place and exacerbated the consequences.

The father wrote that he was left with lingering doubts about his role in his daughter's career choice:

In a sense I caused her suffering and death. Believing it to be a good match for her talents, interests and circumstances, I suggested a gap year in the Army [...] She trusted me, suffered and died as a result. While it was overwhelmingly tragic, [-]'s death was also merciful [...] [She] had suffered enough. She fought to the end to regain a semblance of normality in her life. She was the bravest and most determined person I have ever known.

A former Special Forces operator made the point that, in his experience, marriages were often one of the casualties of service, particularly when it involved multiple deployments:

I believe in the future continued combat service will be recognised as the biggest fundamental hardship of my serving generation. To continue time and time again to volunteer to return to combat, leaving your family, knowing you may or may not return, not only plays havoc on the serving member's wellbeing and mental load but it tears at the fabric of many families, my own included.

With multiple separations, the eventual dissolution of my marriage came in 2012 after a final period of strain from a six-month deployment.

High rates of divorce among ADF members are common. I can recall arriving in my SAS troop in 1998 and there being two single team members and 25 married members. When I left in 2009, only half a dozen troop members remained in long-term relationships [...] Prolonged periods of absence often result in the ultimate breakdown of the family unit or increasing conflict within strained relationships both of which are major contributors to poor mental health and wellbeing outcomes for veterans and their families.



He also referred to the perception among many of his comrades that despite the rhetoric to the contrary, there is a waning commitment to veterans' welfare (judging by the outcomes of political decisions):

The sacrifices of war are great: to lives, families, injuries and mental health. While over the last 20 years I have heard a lot of talk from our leaders at parades and memorial services, what I have seen from their actions is that veterans appear to [be] [...] less important to the fabric of our society over time. Nationally, moving the Veterans' Affairs portfolio to the outer ministry is just one example that contributes to a demise in trust of the Australian Government by veterans and a lingering feeling of 'was this all my sacrifice was worth?'

“The nation no longer appears to value what soldiers sacrifice to maintain our way of life, our freedoms and who we are as Australians.”

The nation no longer appears to value what soldiers sacrifice to maintain our way of life, our freedoms and who we are as Australians. In fact, we are openly being crucified in public media and government forums. Who will sign up to defend our country moving forward? Our next wave of soldiers will not want to volunteer. Public perception is so poor, why would they?

While no one can predict the timeframe, to assume that no young Australian will ever be called on again to sacrifice their life for their country is naïve.

As the curtain closes on WWI and WWII veterans and the last of the Vietnam combat veterans drift off into retirement, it will be the East Timor, Afghanistan and Iraq veterans that will be called upon to mentor those who are needed to win the next fight (if not relied upon to fight themselves).

Some authors, like this RAN veteran who served for eight years, outlined many positives resulting from his service:



On a personal level, I find that I have been frequently contemplating the benefits the Navy has and continues to provide for me. I feel like technical sailors have been doing this more frequently as well.

I have told everyone that I have spoken to about the Navy that joining at 23 years old was the best decision I could have made at the time. I was a

very shy person that still lived at home. University had made me very intelligent, but I wasn't very smart.

The Navy gave me the confidence to be a leader, to control my own life and take care of my own problems. I have both a broad understanding of trade work and many specific qualifications that give me more personal satisfaction than any anything I learned at university.

This sailor proudly told of the benefits of his service:

In 2016, I had a \$30,000 car loan and a \$30,000 HECS [Higher Education Contribution Scheme] debt. In 2022, I am debt free with a \$40,000 deposit for a home.

The Navy is the reason I left home. It took me all over Australia, especially a healthy stint in Cairns, [which] I now consider to be my self-appointed home.

The Navy has truly given me so much. I wouldn't be the man I am today without it.

However, at 30, many of the benefits the Navy [...] provided in the past run [counter] to the future it seems to offer.

The fact I am so financially stable and diversely qualified means I don't fear seeking outside employment at all. The strong desire for independence and housing stability runs counter to the prospect of being sent to any boat at any time to fill critical shortages that may be on the horizon.

At this stage in my life, the concept of family is paramount. Anything I can do to establish one, I will do.

I would still recommend anyone to join the Navy,

but I would empathically tell them to steer clear of the Technical Rates [technical specialties in the RAAF and RAN].

He also expressed appreciation for the support he received when he hit a low point in his career. It had been due to a challenging posting during the COVID-19 pandemic in which he felt ‘lonely and directionless’:

At this point, I reached out to my divisional system, which directed me effectively and supportively to the medical branch and Open Arms. The assistance of everyone involved is a [testament] to the growth Defence has undergone in the last few years to support its current serving members. I wasn’t ever in any immediate danger, but all my concerns were treated with respect and dignity.



Many submissions relating to recruitment and service referred to the quality of ADF leadership and its crucial role in shaping our military’s culture, upholding its values and safeguarding its members. In the following chapter we’ll see stories of what can happen when leadership fails and how it impacts the lives and careers of those under their care.



"[-] did not leave the Army – the Army left him. He was abandoned – not on the rocky and dusty battlefield of Afghanistan but in the capital of Australia, Canberra."



Chains of Command

Leadership and its impact

Throughout its proud history, the Australian Defence Force (ADF) has been universally recognised for outstanding performances in both war and peacekeeping. It has long taken pride in its leaders and the structures that have created and sustained them.

The ADF's leadership hierarchy is centred on a clear chain of command designed to allow the organisation to respond and operate quickly and cohesively in complex, rapidly-changing, high-pressure situations in both peace and wartime.

Many ADF leaders have won international renown for their actions in war, including General Sir John Monash GCMG KCB VD, General Sir Harry Chauvel GCMG KCB, and Lieutenant-General Sir Leslie Morshead KCB KBE CMG DSO ED. There were also the tactical commanders, such as Lieutenant-Colonel Henry 'Harry' Murray VC CMG DSO & Bar DCM MID, Captain Albert Jacka VC MC & Bar, and Lieutenant-Colonel Ralph Honner DSO MC. The ADF's leadership training system draws on this heritage, as it seeks

to amalgamate national values with the imperatives of successful war-fighting. The command-and-control structure of the ADF is designed to maintain discipline, promote unified effort and deliver successful missions.

However, many authors have made submissions highlighting instances where they believe ADF leaders fell short of these aspirations. They pointed to the chain of command as perpetuating or exacerbating certain issues, including permitting or normalising abuse, silencing members with complaints or reports of unacceptable behaviour, and failing to address pressing internal issues.

They also referred to the challenges inherent in a command-and-control structure: the risk of overreach and authoritarianism; administrative violence; a lack of diversity and inclusion; a failure to adapt quickly enough to technological changes; the risk of 'groupthink'; the dangers of handling military justice issues internally; and the risk of failing in duty of care to members, because the demands of the system are prioritised.



Some authors wrote that frequent postings and constant turnover in leaders diluted organisational knowledge and collective wisdom. It also discouraged individual responsibility and enabled some people to avoid being accountable for failings.

A rapidly-changing leadership cohort was mirrored on the political stage during the years Australia was involved in the Afghanistan War.

Over that period, the nation saw seven prime ministers and 11 defence ministers and ministers for veterans' affairs. The ADF had six chiefs, six heads of Army and eight special forces commanders.

The Royal Commission has directly challenged Defence leadership on a number of fronts related to its response to issues raised by Commissioners.

“At this stage I considered suicide [...] I did not want to acknowledge I was considering taking my life so I never discussed this with anyone. I started to feel that I had failed myself and my mates because I could not do what they were doing. There was no counselling or effort to help me [...]”

Speaking at the National Press Club in September 2023, Commissioner Nick Kaldas noted that the evidence the Royal Commission had uncovered suggested ‘there’s been far too much talk and not enough action’ when it came to Defence ‘protecting the mental health and wellbeing of service men and women’. He pointed out that it was not until two years after the establishment of the Royal Commission that the Chief of the Defence Force appointed a brigadier to lead a new Mental Health and Wellbeing Branch within the ADF.

Commissioner Kaldas said:

From the evidence we heard in Perth, it seems that senior officer has not been provided the information, staff and resources required to appropriately address mental health and suicide prevention at an organisational level.

We’ve been told there will be no ‘mature’, fully-resourced and functioning branch until at least January 2025. To quote Brigadier Caitlin Langford: ‘They are building the plane as they’re flying it’.

Given that we’ve known these issues have existed since at least the Vietnam War, it seems extraordinary to hear that Defence is only now ‘building the plane’.¹⁸

This lack of focus on health and wellbeing was a common issue discussed by submission authors, like this Iraq veteran who explained how his leaders’ responses exacerbated the stigma he faced in seeking help. He had to choose between seeking medical help for an undiagnosed debilitating medical condition or constantly being branded a malingerer. At one stage his platoon commander overrode his medical exemption from training in order to ‘set a good example to more junior soldiers’. This pushed him towards his breaking point:

At this stage I considered suicide [...] I did not want to acknowledge I was considering taking my life so I never discussed this with anyone. I started to feel that I had failed myself and my mates because I could not do what they were doing. There was no counselling or effort to help me [...]

18. N Kaldas, ‘The tragedy of veteran suicide: How Australia has failed its finest’, speech, National Press Club, Canberra, September 2023.

I considered taking my own life on a number of occasions. Anxiety and depression was setting in. I cannot recall how many times I considered it. Every day I woke up I questioned if I should go into work. I have to emphasise this: NO counselling was ever offered.

Through months of continuing illness and confusion about his diagnosis, this veteran tried to fulfil his duty and push through his worsening symptoms:

I kept seeing new doctors who didn't seem to know what was wrong with me but just gave me more medical certificates with days off.

His initial diagnosis of a bacterial growth in his stomach was eventually changed to that of a potentially fatal condition that would lead to his medical discharge:

I did not seem to get better and felt I was letting down my mates and the unit. One day the situation got the better of me. I did not want to continue living, I was so sick of my life. I curled up on the floor and cried.



A Royal Australian Air Force (RAAF) chaplain gave evidence of how her chain of command failed to act against a male colleague she had reported as having abused her. She said that it was the lack of response from her leaders that 'ultimately left [her] suicidal'. She wrote:

An organisation's culture is only as good as the worst behaviour that the leadership is willing to accept, and in my case senior leaders were willing to accept bullying, sexual harassment, assault, sexual assault and threats to kill. It is little wonder that we are having a Royal Commission when there is such a huge failure in our senior leaders to have the moral courage to do the right thing.

This chaplain laid the blame for the inaction at the feet of the ADF leadership hierarchy:



It should not be up to victims like me to be speaking up to bring about these changes, at great personal cost to ourselves. That should be the job of the senior leaders at the ADF. Instead of dragging their feet on providing necessary documents to the Royal Commission, our senior leaders should be beating a path, to be stating to the Commission that the ADF is admitting it has a problem with the unacceptable behaviour (especially bullying) and sexual assault, and asking for recommendations and resources to fix this problem.

She concluded by branding her RAAF leaders as 'cowards', saying to them:

You lack the moral courage to stand up to the bullies, the abusers and the sexual perverts who prey on the men and women who've signed up to protect their country and serve under you [...]

You lie when you say you take unacceptable behaviour and more serious abuse seriously. You lie when you say that people are your most important asset.

An RAAF veteran wrote of his disappointment at the response from his chain of command after he sought a compassionate posting closer to home following a number of serious family illnesses and the sudden death of his grandmother during COVID-19:

I reached out to my chain of command, requesting some assistance or a compassionate posting closer to my family in QLD. In one email, which I still have, the [regimental sergeant major] of my unit questioned my suitability for service and whether I was trying to get out of a 'shit' posting. My [flight sergeant] at the time also raised the same question.

Throughout this time, I had no local family or support network and had many ideations of suicide. My chain of command offered no support during this time, or after. Even when I mentioned [...] that I was 'done', they offered nothing. This led to a serious decline in my mental health that persisted for the rest of my time as a full timer.

I saw the base psych a number of times during this period at my own referral, however due to the nature of the role, I felt as if I could not be 100% forward with how I was feeling and how the treatment of myself during this time led to thoughts of carrying out suicide. In my mind, this could have led to me being kicked out or having a severe detriment on career progression.

These issues continued while I was posted to that unit, which ultimately led to me putting my paperwork in to leave the ADF, with no intention of returning.

This was an incredibly hard decision to make, as I loved my service time with the ADF and have since struggled to reconcile my life after as this life was the one I had known for nearly eight years.

An Army veteran of 15 years' service, who rose through the ranks to lead teams that delivered large, complex projects, wrote of the cumulative impact of postings cycles and frequent changes in leadership. In that time, he had lived in 16 houses in 15 years, and only received one posting that he had requested:

"You lack the moral courage to stand up to the bullies, the abusers and the sexual perverts who prey on the men and women who've signed up to protect their country and serve under you [...]"

You lie when you say you take unacceptable behaviour and more serious abuse seriously. You lie when you say that people are your most important asset."

I have suffered from severe depression, had suicidal thoughts and experienced both poor leadership and bullying throughout my career in the ADF. I started leave in May 22 as part of my transition from the ARA [Australian Regular Army] and believe my experience is contemporary, relevant and not unique [...]

“This was an incredibly hard decision to make, as I loved my service time with the ADF and have since struggled to reconcile my life after as this life was the one I had known for nearly eight years.”



I believe the causal factors for veterans' suicide lie not with external organisations such as DVA, but within the ADF itself. Those veterans who take their lives all served and were part of the ADF culture. This is where the problem starts and grows into tragic circumstances. At the heart of this is a toxic culture, which promotes mediocre leaders and allows bullying and poor leadership to be covered up.

Administrative process and a fear of litigation has led to a culture where box-ticking is the norm, and virtue signalling has replaced genuine care for team members. [...] I have never been farewelled from a unit. I have never had a supervisor check on my welfare. I have not been asked about my reasons for leaving the Army.

A long-serving Army member wrote how he cascaded into medical discharge as a result of mental health issues. These arose following an intense, unbroken fortnight of 12-hour days overseeing a deployment to Afghanistan, which was exacerbated by a foot injury sustained during training:

The medical limbo I was in combined with the work surrounding the Afghanistan crisis, was too much for me. What happened from September through to December is all a blur. I was in such a bad state that

there are periods in my memory that are completely blank – spanning days. I didn't know what to do. I felt isolated and helpless.

My unit were unthankful of my work and unwilling to understand my medical situation, and the medical system was keeping me in a perpetual state of limbo. [My commander] was indifferent. If anything, my state was an annoyance to him. He did very little to support me, and when he did it was either lacklustre or only made me feel worse. [My immediate superior] did her best to provide me with assistance. She was the first to alert the chain of command that I wasn't in the right state of mind. However, she could only provide minimal help as she wasn't in my direct chain of command, and was juggling the duties of a chief clerk with her regular duties as a sergeant.

A serving non-commissioned officer [NCO] in the Army wrote about leaving full-time service for the reserves because of his command's indifference to the bullying he experienced:

I experienced bullying and exclusion as an NCO in the workplace. The situation was: a junior officer was close friends with junior enlisted members. They would drink together and hang out socially. I felt this group experienced favouritism in the workplace and my value as a [junior] NCO was eroded and undermined.



Abuse of [administrative power], I believe is common in Defence. [This can look like] personality-based decisions from leaders, or people in power positions [using their power] against a member in a highly negative way.

Another long-serving Army veteran highlighted the difference in treatment between officers and NCOs who attended the same rehabilitation courses for the same injuries:

The system was not only clearly not equitable amongst all ranks. Even as a WO2 [warrant officer class 2] with legitimate injuries I was mocked, scorned and labelled

as a malingeringer for making simple requests that were granted to [commissioned] officers without question. This treatment, on the back of abuse and bullying by the [commanding officer] who escaped without sanction, had a major impact on my mental health and led me into some self-destructive behaviour. By this stage I was having suicidal ideation and my second wife and a [warrant officer class 1] convinced me the only way I was going to be able to move on was to leave the Army. Ironically, Joint Health Command, whose job should be to help you stay both mentally and physically fit and able to fulfil your potential as a soldier was the very organisation who drove me to leave.

A veteran with seven years' service as a special forces operator felt let down by his leaders' lack of support when he had mental health issues:

I have witnessed multiple colleague suicides and the effects of mental health in the workplace. As a member of an elite unit that has conducted numerous tours to war it is very disappointing to see that there was little to no support around mental health — like it was [a] shameful and almost embarrassing thing to talk about. I believe this is due to the culture of the job role and Army as a whole. As a member that was medically discharged due to mental health, the support that was offered was lacking and still is post service. There is a major shortfall in helping and supporting members of the ADF surrounding their mental health in service and post service.



Many mothers of serving and ex-serving members who lost their lives to suicide channelled their grief into action, moral power and a relentless pursuit of justice. With grit and determination, they have honoured their loved ones by advocating for the establishment of this Royal Commission. We particularly acknowledge Dr Nikki Jamieson, Ms Julie-Ann Finney, and Dr Karen Bird who lent their voices and support to a collective campaign aimed at preventing further tragedies. They were joined by fathers, spouses, partners, siblings, friends, colleagues and comrades who lost loved ones to suicide and they generated the groundswell of support for this Royal Commission. You know who you are. We acknowledge your courage and we thank you.

“His loyalty and commitment to Defence was also his Achilles' heel [...]”

Dr Nikki Jamieson became a researcher and suicidologist following the death of her son. She has worked on many suicide prevention programs and gave evidence to the Royal Commission about her son:

His loyalty and commitment to Defence was also his Achilles' heel [...]. Like many others, Daniel was committed to his service but because of the constant belittling and demoralisation that he felt [...] by his chain of command, he felt incredibly betrayed by those who were supposed to protect him, that didn't have his back — and this is one of the core mechanisms and indoctrination processes in Defence: you have to really understand the Defence and military ethos and training [that] goes with that and how loyalty and commitment [are the top priority.] [Y]ou put your team first against all odds, everybody will have your back, you are dependent on them for survival. When that doesn't happen, mental health declines.¹⁹

Another mother made a submission on behalf of her son, a highly-respected and awarded Army specialist, who began to experience mental health issues following his second lengthy deployment to Afghanistan. She summed up her son's treatment by his chain of command:

19. Hearing Block 1 transcript, 29 November 2021, p 1-52 lines 39-47.

The abuse from the chain of command continued to dominate our lives and our attempts to save [-] from suicide. Their questioning of the professional medical diagnosis of [-]'s mental and physical health was insulting and offensive. I have recorded every aspect of the abuse at the IWBs [individual welfare boards] which was never correctly documented by the unit and our attempts to have the records rectified have been ignored by both the chain of command and the Army hierarchy.

This mother watched on helplessly as her son – who had been young and fit and proud of his family's Anzac heritage when he joined the Army – lost all support from his leadership after he reported his diagnosis of PTSD and depression:

From the day that our son advised his command that he had been diagnosed with PTSD, his career took a significant downturn. This was despite the fact that the ADF chiefs were publicly advising serving members and their families to come forward with their diagnosis, with assurances they would be cared for and looked after. The failure of the Army to provide the professional care and support for our son and our family fell far short of the commitments made and headlined by the Army and ADF chiefs who misled their personnel and families on the support that was promised and expected. [-]'s workplace became a noxious environment for him where he was deliberately isolated, ignored, intimidated and bullied.

Some of her most painful moments occurred during a series of individual welfare board interviews she attended with her ailing son:

It became apparent very early on that his unit command was being extremely difficult and ignorant about [-]'s mental and physical health and wellbeing. I raised our concerns with [our son's medical officers] and they agreed and also raised their concerns about the interference from his command and the lack of support from his command at the workplace. We thought we were doing the right thing by highlighting our concerns about the treatment of our son by his command when he was unwell. I took the advice of his treating [medical officer] at the time and followed the

“The failure of the Army to provide the professional care and support for our son and our family fell far short of the commitments made and headlined by the Army and ADF chiefs who misled their personnel and families on the support that was promised and expected.”

ADF guidelines to lodge an official complaint and this resulted in an escalation of the abuse, not only to our son but to ourselves [...]

The only person who assisted us was the [medical officer]. This was not the first time, nor the last time [-] and I were disrespected and affronted at an IWB. It became the 'norm' for us both to leave the IWBs crying in despair and it was [-]'s [medical officer] who would



“There is no safe place for people struggling with mental health issues.”

assist us back to his office to give us a quiet place to recover with his support before [-] was ordered back to his unit and I had to drive back to Sydney [...]

My husband and I have also suffered as a result of the failure of this command – my husband’s heart attack and my diagnosis with a life-threatening brain aneurysm were all results of the stress we have experienced from Defence Force officers who torment and harass, mistreat and disrespect not only their serving members but the parents who are determined to keep their loved ones alive.

A serving member wrote about his leaders breaching confidentiality regarding his treatment for depression. This had devastating impacts on his health, his career and his family:

In September 2019 I attempted suicide following years of depression. I sought and was receiving treatment through community health services, however one of the health practitioners was a member from my unit who was moonlighting in their spare time.

This member reported my condition to my chain of command despite no risk factors warranting said report. A [report] was raised despite my informing my [chain of command] that I was already receiving treatment. As a result of this [report], MHPS [the Mental Health and Psychology Section] was engaged and a friend of mine who worked there reported a conflict of interest and [was therefore excluded] from my files. Despite this, MHPS representatives included this member in

further correspondence regarding my treatment.

I was subsequently medically downgraded and was subjected to unrelenting pressure from my supervisor to attain [a] medical category upgrade [to my previous level] as I was a ‘burden to the section’.

He added that his experience led him to believe that the privacy breach he experienced may be common, rather than an anomaly:

I have recently relocated due to [a new] posting and in less than a week at my new unit, I was told all about a previous member who was weak and [had] left because they could not hack it and ‘played the mental health card’.

There is no safe place for people struggling with mental health issues. If they leave they’re weak, if they take a sick day they are malingering (lingers), if they seek help they are a burden, and if they take their own life they are replaceable. Worst of all, nothing is treated as private or confidential.



A serving RAAF member wrote of the debilitating impact of her leadership’s failure to act on her complaints of sexual harassment:

During my posting [...] I was sexually harassed by an engineer who was employed as a Defence contractor.

When I advised my [chain of command] that I was being sexually harassed the flight lieutenant laughed and found it funny [...]

This went on for 18 months and I would often be so distressed that I would vomit on the way to work and not be able to sleep. In mid-2017 I was advised that I was required to 'get over it' as enough time had passed and as I was recently promoted to sergeant, [I] needed to set an example to the troops [...]

“Being called weak during a time of being depressed and anxious made my transition from Defence harder and muddied my feeling of accomplishment of a 15-year career.”

During my last week at the [squadron] I was required to physically attend the workplace to obtain some signatures on a posting out form. I asked a [flight sergeant] to please obtain the signatures as I was unable to get out of bed. When [they] went to obtain the signatures the executive [crew attendant] leader called me 'weak' and I was made to come into the workplace and obtain the signatures myself.

Being called weak during a time of being depressed and anxious made my transition from Defence harder and muddied my feeling of accomplishment of a 15-year career.

A serving member wrote to highlight what she saw as a cultural norm in Defence to deal with mental health issues with a 'tick the box'

approach. In her view individual leaders are rarely held to account and the organisation fails to 'walk the talk':

I would like to think that our leadership does not mean to cause harm, however, what I have witnessed is that leadership absolves [themselves of] their responsibilities.

They either discharge individuals or delegate the responsibility to others external to the actual work environment, whilst still expecting us to rehabilitate in the same environment that may have caused the harm. It appears to be too hard to make even the smallest changes to make an environment better, too difficult to adhere to what is in policy or even [in] rehabilitation plans [...]

[A]ll I have ever asked is for those managing me to do so in accordance with policy, be transparent, to communicate, assist me to rebuild my confidence and to be validated. Unfortunately, six years on I am still asking for the same things.

Not all submission authors were critical of ADF leaders. Some felt supported by their chain of command and shared instances in which good leadership and compassionate responses brought excellent results. As this serving Army officer, who had been deployed to Afghanistan, explained:

This was my third time unaccompanied [by] my family, but was the first time the entire family was in tears with the prospect of another unaccompanied posting. Between January and June 2016 we each visited each other once. After a major exercise in July, I visited my family once again, but would not return to Brisbane until the end of

“Despite some professional and personal challenges along the way, and despite the considerable stress my wife has endured in my absence, I am very grateful for the opportunity to have served in the Army, to have deployed on operations, and to continue to serve.”

the year because during this time my wife — who was 43 at the time — was diagnosed with Stage 4 bowel cancer. Being a former nurse married to a nurse, the news was devastating, for we both knew what lay ahead.

Once again, my chain of command [...] and my career management were outstanding. My commanding officer said he would support whatever I wanted to do, so I asked to work from home for the remainder of 2016 and then post out of the position so I could remain with my family in Canberra.

In October 2016, I was informed by my career manager that I would post to [the Australian Defence Force Academy] [...]. This was an excellent outcome.

This officer reflected on the gratitude he felt at both his ADF career and the responses from his leadership:

Despite some professional and personal challenges along the way, and despite the considerable stress my wife has endured in my absence, I am very grateful for the opportunity to have served in the Army, to have deployed on operations, and to continue to serve.

However, this wife of a veteran detailed the litany of leadership failures she and her family

experienced. She believed her husband’s chain of command abandoned them when he was at his most vulnerable:

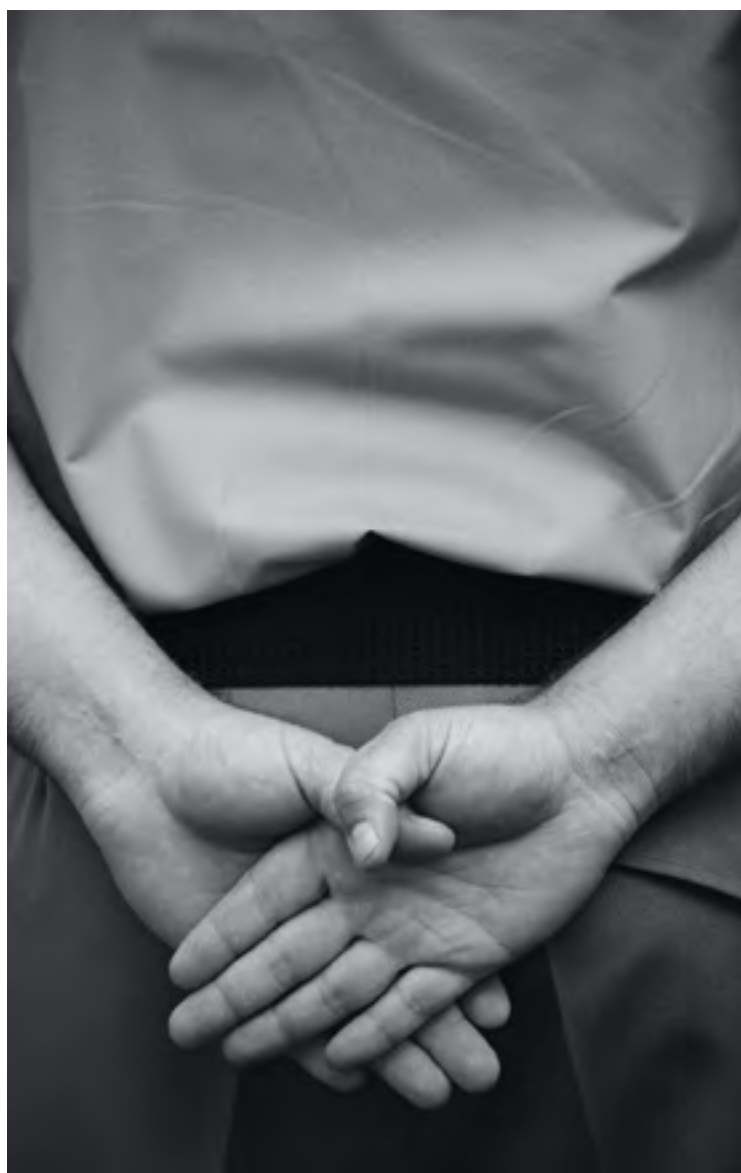
My husband was diagnosed with PTSD, [was] being bullied and attempted suicide, among other medical issues. He was first admitted into the military hospital under observation for having suicidal thoughts. During that time, his unit did not once contact me.

[-] was then admitted into the public hospital where he did attempt to take his life and was put into a high-security unit. Again, his unit did not once call to do a welfare check — rather his captain called and abused me, demanding I do his posting papers — me, a civilian, a wife who is left to look after a sick husband and my then six-year-old son.

During this process, I had to help [my] husband do his discharge, move due to compassionate posting and start a new job with no help from the military. Imagine if he had no one. The process was daunting and lonely. I can see why veterans feel lost.

I had to fight to stop the military from discharging my husband while he was still in the mental ward having his brain electroshocked. He had no capacity to fight or be at the medical board. It was me, me alone. He is still today, after two years of being in [and] out of the

“No amount of apologies can ever give us back that time nor take the feeling of resentment away, the [Royal Australian Navy] was so focused on keeping people at sea rather than looking after its people that it had corrupted the medical department into not actually doing their due diligence.”



mental ward, still battling with this demon and he feels abandoned by the military.

To talk about the nail in the coffin, we received an 'award' in the mail from his old unit, [but] the bottle was smashed as it was only put into a box with no careful thought put into it and his name was spelt wrong. The award has his son's name. I watched [as] his spirit left his body that day when he opened it. I saw a broken man being kicked by the military again [...]

This is only part of my story and [it] is still [continuing]. I hope no veteran or serving [member], and their family should have to go through with this hell. We will never recover.

The wife of a serving Navy member wrote of his depression, that she believed was associated with sustained bullying during his early service:

In 2009, we planned on starting a family. I fell pregnant with our first child and had a miscarriage at two months due to complications, I then had to undergo surgery to find the source of the issue. [-] had asked his [commanding officer] [...] to take leave to support me as we had no support network in Darwin. [-] was told to see a doctor on base and subsequently told to see a psychologist.

[-] attended the psychologist appointment and explained to them the circumstances as to why he did not want to sail with the ship before a four-month deployment. [He] was unsure of the outcome and nothing [was] said before the deployment [so] he sailed with the ship, leaving me to have the operation, recover and deal with the grief of losing our first child by myself while [-] was ostracised for not wanting to sail with the ship.

The wife reported that when her husband reviewed his medical documents some seven years later, he read the psychologist's report from 2009, which stated:

'[-] has fabricated a fantasy story that his wife has had miscarriage and I believe this is an attempt to malingering from sea service, therefore [-]'s request to not sail on HMAS [-] is denied'.

[-] read this and I could tell he was slipping into a depressive state and we went through everything we have been taught to deal with depression from external sources. Not only had the system failed [him], it had failed his family. No amount of apologies can ever give us back that time nor take the feeling of resentment away, the [Royal Australian Navy] was so focused on keeping people at sea rather than looking after its people that it had corrupted the medical department into not actually doing their due diligence.

The wife of a serving RAAF non-commissioned officer told about a recent change in her husband's leadership cohort, which led to three superiors '[making] his life hell'. In her words:

'They bullied him, belittled him, disregarded him and more.' She said that after six months of enduring this behaviour, her husband had been driven to 'use illicit substances to get the motivation to go to work'.

She went on to say that soon her husband's life was in freefall:

By June 2022 [-] was suicidal, he expressed he was feeling this way and wanted to end his life to a colleague who took him to the RAAF base medical.

He told the mental health nurse that he was using drugs and she told him not to tell anyone. They gave him three weeks off and started him with a civilian psychiatrist. I attended [the] first visit with the psych with [-] and same thing: when he tried to tell her he had a drug problem, she didn't want to acknowledge this as they were all scared of Defence.

The psych tried to help him mental health-wise but [he] wasn't [getting] much out of her, he was not medicated or anything either.

Three weeks later her husband returned to the same work environment:

[A]gain [he] was depressed and anxious and struggling to go to work. His alcohol and drug abuse increased (he was using methamphetamine) but now he was too scared to say anything about it through fear of losing his job.

At the end of September [he] came to me [...] and asked me to help him get clean and we stayed home for a week and I nursed him through withdrawals. It was the hardest

“But once a broken soldier puts his hand up to seek help, he should not have to fear losing his job. He should be comfortable in knowing the organisation that sent him to face conflict in a war zone will have his best interest at heart and will provide him and his family with whatever support is needed.”

week of my life, he was sweating and vomiting and in so much pain. He went to RAAF medical again and they thought he had appendicitis (he did not).

Then came a period of relative calm as her husband’s unit was assigned to help with flood relief ‘which he loved as he was clean and happy and away from the toxic work environment’. But, some months later, when he returned to work, he began using drugs again:

[H]e went back to RAAF base medical and tried to discuss his mental health again and the doctor was awful to him and didn’t help and [-] made a formal complaint about this doctor!

[My husband] continued to struggle the rest of the year, this affected our family life greatly also. He was sad and angry and battling with himself every day: drinking and doing drugs to try find some form of happiness.

The woman ended her submission with an update stating that her husband had been driven to breaking point by his leadership group, and had suffered a psychotic episode that led to his incarceration. Subsequently, Defence had ceased paying her husband, placing her and her

children in severe financial hardship. She feels abandoned by Defence:

[My husband was] massively failed by the RAAF! It has ruined his life! He was begging for help and he was not helped at all! He was failed!

And [he] continues to be let down. They have not supported him, me or our children and I am heart broken.



The former wife of an Army veteran wrote of her distress at the lack of support her husband received from his leaders each time he returned from deployment. He had a severe back injury that required spinal surgery and was subsequently diagnosed with PTSD, major depressive disorder and drug and alcohol dependencies:

The man you are reading about in this letter is not the man that I know and married. He is unwell and it is obvious that his illness was attributed [to] his active service and sacrifice away from his family, for his country. We have all made sacrifices. But once a broken soldier puts his hand up to seek help,

he should not have to fear losing his job. He should be comfortable in knowing the organisation that sent him to face conflict in a war zone will have his best interest at heart and will provide him and his family with whatever support is needed.

He should not be told, only seven months after disclosing his mental illness, that he is no longer fit for service, especially while he is still undergoing treatment. To tell him he has 28 days to sign and acknowledge his determination – and physically pass him a pen while he sits on a public

lounge as a patient in a mental health facility, unaware of what day it is – is highly unacceptable and for me is the final straw in a long history of wrongdoings to our family, and the reason I am writing this to you today.

She believes the lack of support for her husband from his chain of command as he struggled to deal with his mental health issues following deployments contributed to dependency on prescription medications:



[-] saw active duty, back-to-back, for six years, at around seven months per year. It only took the defence force seven months to start the process of medically discharging [him], despite [his doctor's] reassurance that the goal was to get [-] better and rehabilitated, or medically discharged with a timeline of 18 months minimum.

How can one soldier undo over 15 years, including five deployments worth of trauma within seven months of off-and-on medical treatment, which was not provided by the Defence Force, but requested and often sourced privately [...] The current Defence culture (that I experienced) comes with a sense of entitlement, depending on who you are dealing with (Aka what rank they are) [...] As the wife of a serving member, I can be respectful of other roles but should not have to fall in line with rank expectations i.e. When my social worker requested help from Major [-] his response was 'I'm a commander, that's not how it works. I don't get told what to do'. This behaviour creates a roadblock in the Defence member's recovery.

A number of authors outlined leadership failures in dealing with issues that related to their sexuality.

A former Army officer and psychologist, who gave evidence to the Royal Commission, highlighted systemic failures at the most senior levels of Defence leadership within the Army to deal with an unacceptable behaviour complaint about an anti-gay hate site on social media:

I found the inaction [...] degrading. I found the inaction more humiliating, more degrading than some people threatening my life. The people you had sworn your life to, that you would give your life if they asked — and they

did; they asked us to go to war and I did, and, yes, they — these people [...] they did nothing. They did not fill their side of the moral contract to look after — if you're going to ask soldiers to go to war, you have a moral obligation and a legal one to look after them in return.

The evidence further described how:

Complainants are seen as an 'enemy' to the reputation of the organisation and complaints are suppressed. The system is not self-correcting as failures are not recognised [and] harmed members leave Defence — often traumatised [...]

I was outraged that the organisation I had served loyally for so many years would not protect me or ensure due process. I believed the organisation had a higher purpose in protecting Australia and hence a higher ethical standard in relation to decision making. Having lodged the unacceptable behaviour complaint in August 2010, it took more than three years before the Army acknowledged that this officer had been subjected to unacceptable behaviour. In evidence, the officer said that no one was ever disciplined as a result of the unacceptable behaviour, saying: there is 'something wrong in the system when systemic failure in management is occurring and no general in the ADF will accept accountability.'

Another author shared this story:

The petty officer who was on duty let everyone go except me. I was told to clean the stairs of the ship and when doing it the petty officer came to the stairs and was watching me work. He then said to me, 'Do you know

“I was outraged that the organisation I had served loyally for so many years would not protect me or ensure due process. I believed the organisation had a higher purpose in protecting Australia and hence a higher ethical standard in relation to decision making.”

why I made you stay and the others go’ and I replied, ‘Because I’m the most junior’. To which he replied, ‘No, because you’re a faggot’. I really didn’t know what to say and just laughed with him and he left me alone. From that point on I was really embarrassed and scared of what people thought of me on the ship [...]
Those words really impacted me and really made me ashamed to be who I am. Being a young 18-year-old, this really made me think about being gay and what others thought.

Another Army veteran with 13 years of service wrote of a number of instances of sexual harassment during her Army service relating to her sexuality:

[O]ne day I was being dropped off by my partner at the time, onto the base, and we were verbally assaulted by someone that was on the gate [...] (he was a contract worker, not military) who told us that we were disgusting and that we should be killed as no one like [our] type of people, and that we should be [disgusted] in our relationship (I was in a same-sex relationship). I spoke to my senior members and was told just to keep away from him, and not worry about it.
The next day, he saw us in my car, going back towards work, where he attempted to drive us off the road. When

I saw him at the front gate [...] he became aggressive and came up to me pointing his finger at my chest, yelling for several minutes with his colleagues around him watching, telling me that next time he sees me I’m going to die, and he’s going to kill me.

I reported this again, but again nothing was done, and I was told that I better not go to the police, or I will be charged for something (my mind was in a blur and I don’t remember what the charge was). I filed a police report and was told that the police gave him a warning not to go anywhere near me or my (ex-)partner. Nothing ever came out of it, and he was never dealt with, and I was only made to feel even more unsafe in the environment I was in.

One Army veteran told how her life changed when she met a signaller and their friendship developed into a romantic relationship:

Up until that point I had always dated men and I thought, ‘I’m in love with a lady, but it’s only this person, I’m not gay. I can’t be gay. I’m in the Royal Australian Signal Corps.’

She assumed that there would have been consequences had anyone found out about their relationship:



“Each of us are different [...] If you are heterosexual, people don’t question it. [Being gay] is who I am and I’ll never walk away from that, I’ll never be ashamed of that.”

Well, I assumed, and now I know, there would have been consequences. I potentially would have lost my security clearance and possibly discharged. It was an emotionally tough time for me. I experienced significant internal conflict because I knew I would not be able to tell my parents, whom I was close to, about my sexuality because up until that point I didn’t realise that I was gay. I probably had never seen anything in writing [against same-sex relationships]. There was always talk. Not directly to me because of my relationship, but I think we may have been told [that] homosexuality is not accepted in the Australian [Defence Force].

The policies of the day had a major impact on her and her partner and on the way in which they had to live their lives:

They had a huge impact on me. I thought it was interesting that because [...] I was gay, I was a national threat. I can’t understand and I still don’t understand that policy, and [...] they do talk about treating anyone that falls under any of those categories with sympathy and empathy, and that certainly did not happen [...] It was very difficult to live on-base when you are

in a relationship with a female that you knew you were doing the wrong thing. I don’t think I was doing the wrong thing, I was just being me [...] We lived in a cocoon, if you like, because we both knew the consequences. We were both in [the Royal Australian Signal Corps].

Despite her subsequent promotion to instructor, her relationship came to the attention of her superiors and her security clearance was downgraded:

I couldn’t really tell anyone. The only people that knew were the people that were closest to me. I didn’t want to break my parents’ heart. I began experiencing suicidal thoughts. I knew my career was over and potentially my life, because I knew nothing else. I didn’t have a plan B. That was all I knew.

The trauma that I experienced at that time was equivalent to losing my mother [who died] when she was only 61, my age now. And I thought I can’t continue to live because I felt ashamed for being me. My partner at the time was also interviewed and was discharged in Perth [...] So after 10 years virtually to the day, I elected discharge.

In her submission, she reflected on the importance of sexuality in who one is as a person:

It is your identity. We are multifaceted. Each of us are different [...] If you are heterosexual, people don’t question it. [Being gay] is who I am and I’ll never walk away from that, I’ll never be ashamed of that. The only time I was ashamed of that was when I served because

I knew I couldn't be. But now I'm out and proud. And when I went to work as a public servant, I knew that I could be out and proud but I kept a very low profile because of my history related to Defence. But now we've done this, we'll continue to do this.

One serving Navy member, with a three-decade long career, wrote of feeling abandoned by his leaders after he came out as a gay man:

I have experienced homophobia and to be honest, downright hatred, from some comrades. This has ranged from abuse from a shipmate on board HMAS [-] whereby the executive officer did nothing about and I basically had to suck it up and continue serving with this sailor until I posted off. [I was] told by senior officers that I had to tone it down at work, that I could not talk about my personal life because straight sailors didn't like it. I ended up putting in a complaint against a commander [because] of his comments and although I have no faith in his apology I accepted it so as not to rock the boat too much.



After returning from deployment, he began to have mental health issues which escalated and resulted in his self-medicating with alcohol:

Things really began to unravel. I had three petty officers that worked for me, and to say our relationships were abrasive at times is an understatement. I know I could have handled them better and I wish I had been able to. Their behaviour was unacceptable and my behaviour

in return was also unacceptable to the point that we eventually all had to sit down and have mediation [...] so that we could fix the issues and move forward. This however was not easy [...] If not for the medical officer on board at the time, I doubt I would have remained on board or possibly even be alive today. This was probably my first thoughts of self-harm in my career [...]

To say I spiralled out of control is an understatement. A day did not go by that I did not drink alcohol. My divisional support was non-existent (again), my support from command was non-existent, not one person contacted me during this time to check on my wellbeing. During a routine doctor's appointment I broke down and unloaded on the doctor who was extremely supportive and helped me see a psychologist due to self-harm ideation and to assist me in getting through the stress. The outcome? No case to answer. However I had three senior officers calling for my service to be terminated and two others using homophobic terms [...] against me over the ensuing months.

Despite his subsequent diagnosis of PTSD, major depressive disorder and alcohol use disorder, this senior non-commissioned officer sought and received treatment that he believes will see him upgraded to once again being deployable, thanks to his doctor and his commanding officer:

[I]f not for these men and medication, and therapy of course, I don't think I would be here. However it still must be noted that the officer directly responsible above me did nothing — zero, zip, nothing — to assist me during this period.

“To say I spiralled out of control is an understatement. A day did not go by that I did not drink alcohol. My divisional support was non-existent (again), my support from command was non-existent, not one person contacted me during this time to check on my wellbeing.”

One long-serving naval veteran wrote of the devastating career impact of notifying Defence of her decision to transition to a woman:

In 2015, I made a life changing decision to transition to a woman and once set on the decision I recorded this to my security log, in that I was a transgender, as I was a Negative Vetting 1 security rating [and] I always strived to be clear and transparent.



In 2017 this information was leaked and a certain individual took it upon himself to bully and harass me to the point that I had no option but to hand in my resignation in July 2021, effectively ending my ability to earn a living much earlier than what I had planned.

A number of authors outlined their experience of adverse treatment by ADF leaders due to their

racial or ethnic background, including First Nations people. A mother wrote of her son, a 19-year-old Aboriginal man, who took his life after just four months in the Army:

[-] was encouraged to join the [ADF] through the government’s Aboriginal and Torres Strait Islander Recruitment and Career Development Strategy (‘the Strategy’). I recall that one of the express terms of the Strategy [...] was that senior managers within the ADF would take responsibility to ensure the implementation and progress of the Strategy.

In view of my son’s experience, I questioned, back in 1999, and I still question today whether anyone takes responsibility for the welfare of young recruits, particularly those from minority groups.



This mother explained that she had spent more than two decades seeking closure. She said that at the time of her son’s death she received numerous rebuffs to her inquiries about the contributing factors and circumstances of her son’s death:

I recall [-] telling me that on one occasion he was called out in front of his group by an instructor, and he was told that the only reason he was there at Kapooka was because he was ‘black’. He was told that he would be receiving no government handouts and he was not to expect any special treatment for being black. I know as a mother that this incident upset [-]. Since [his] death, I have spoken with others who were



there at the same recruit training and who witnessed the incident. These people confirmed that [-] was upset by those racial connotations and remarks [...]

In 1999/2000, not long following [-]'s death, I wrote to the then Defence Minister [...] and expressed very clearly how the ADF had failed my son and what needed to change as a matter of urgency. I told [him] that I would not give up telling my story until I was satisfied that change is made. Twenty-two years later, I am still telling my story because it is quite apparent, that despite the relevant people knowing full well about this systemic problem, absolutely nothing has changed.

She believes that despite a lot of fancy promotional material suggesting the contrary, the ADF failed

to make sure its leaders understood the unique risks associated with First Nations members. She highlighted the organisation's failure to understand the special difficulties her son would have experienced when he enlisted and moved away from his family, home and Country for the first time.



She also pointed to leaders' failure to recognise the signs that her son was not well, signs that indicated his mental health issues and suicidal ideation. She also criticised the way Defence handled the investigation into her son's death:

“Aboriginal people in this nation have suffered tremendous failures by many governments and policies. We are simply treated without regard or dignity.”

I believe that the police investigation, both military and civilian, was very poor. I had to constantly chase them for information [...] about [my son's] death [which] was not forthcoming. It seemed that the more I questioned them, the less information they provided. I had to request a copy of [-]'s autopsy report. The investigation report of the military police was heavily redacted, to the point that it was almost a useless report.

The military police should not have any involvement into the investigation of any military death. All military deaths must be investigated [...] by civilian police in the same manner that any death is investigated. [...] So much potential evidence, which may have included a suicide note, was destroyed by the military police. Every death in the military must be referred to an independent coroner for a full coronial investigation.

The ADF failed my son and I consider that the ADF continues to be failing all serving personal. The ADF is failing in their responsibility as a national employer and an active recruiter of Indigenous people.

I have started telling my grandchildren about their Uncle [-]. I keep his memory alive by doing this and other things. My son was proud to have joined the Army; he was loved and he had a purpose.

Another First Nations veteran wrote of his lingering distress because ADF leaders had not properly investigated his historic claims of assault during service. He had subsequently been diagnosed with PTSD:

I was encouraged by Aboriginal health to write to the commission and express my complaint of the initial report made during my service and secondly as an Aboriginal veteran we should have a voice and representation. Aboriginal people in this nation have suffered tremendous failures by many governments and policies. We are simply treated without regard or dignity.

I was taken as a child from my mother — her crime apparently for being an Aboriginal young woman she was deemed unable to raise a child [...]

It's unfortunate. At some point we should be proud of our service. It's difficult, it's a struggle to survive each day. Our voices have been silent for many years. If there is one shining light I remember it's the voice of a very good and decent Australian Army officer my last [commanding officer] a captain at Victoria Barracks in Sydney. He said at times of great need our history, tradition, legacy, courage, bravery and sacrifice are not what underpinned the values and foundations of an Australian soldier: these are things we do.

He said above all else conduct was our foundation because without good conduct the previous was meaningless. With good conduct he stated also comes another virtue: humility. We go about our service quietly [and] honestly. When we are thanked for our service we should always respond with 'you're welcome'.

A First Nations officer, who served in both the regular Army and the reserves, wrote of his experiences in the early 1990s:

I was one of the few Aboriginal commissioned officers in the Army — I entered the Royal Military College in January 1991. I was the only Aboriginal person there from recollection.

My experiences with racism towards Aboriginal people commenced there and thereafter this included: officer cadets colouring their skin black and putting on red lap-laps and nooses around their necks (to simulate Aboriginal people being hanged) at a cadet event on the site. This was actually picked up by the ACT news but little was done to the students.



[Another incident was] whilst attending an Army Adventurous Training Course being subjected to regular anti-Aboriginal statements including suggestions that Aboriginal people were prone to inbreeding. I complained at the time and nothing was done.

[There were also] general negative statements about Aboriginal people and terminology including we like being alcoholic, terms used such as 'coon' to describe Aboriginal people, personnel mimicking/making fun of ceremonial/corroboree practices and a general underlying racism.

A number of authors wrote of their deep disappointment at their leaders' failure to respect their culture and religion, like this highly-credentialed serving RAN officer of Islamic faith:

I had always worked hard to be accepted, to excel at duties and to develop and protect those around me — to build trust and rapport. Somehow, however, no matter

what I did, it was apparent to me on many occasions during my career that my colleagues found it difficult to truly trust me. It seemed like nothing was ever enough to achieve and feel true belonging; either in my mind or in the mind of my colleagues.

It meant that I needed to work many times harder than others to prove my worth but I was also likely to be overlooked for opportunities due to some perceived risk associated with my differences from the majority. Not only was my physical appearance different to most but my cultural and religious background was too. All characteristics, I regularly displayed, that others feared.

When she was appointed to the role of senior strategic adviser and attempted to make a number of cultural diversity changes, she was confronted with 'public backlash and a vitriolic campaign'. She believed this diminished her career prospects and affected her mental health. No matter how hard she worked, this officer felt she had lost 'the support and protection of [her] leadership':

When attempting to justify questioned decisions, the rolling back of initiatives and unsupportive behaviours and attitudes relating to previously endorsed cultural reform activities, the new chief of Navy at the time told me, 'Many just kept their unease quiet. They were reluctant to voice their concerns to the previous chief who had initiated and championed the program'. He also explained that his responsibility was as the 'steward for the Navy and its reputation'.

Navy was ill-prepared and ill-equipped to deal with the onslaught of public criticism and my needs and interests were deprioritised in favour of the reputation

“This complete disregard for the fundamental principles of diversity and inclusion stands in stark contradiction to the values that the ADF purports to uphold and presents to the public. It is evident that the ADF, in reality, deviates significantly from the principles it claims to adhere to.”

of Navy and its senior officers. I felt betrayed, marginalised, ostracised, scapegoated and devalued and Navy offered me no protection from the media onslaught. Various senior officers went further saying such things as, ‘You look confronting with the hijab’ and ‘If you do any public speaking, you should not use your title as ‘captain’.

I make these observations with over three decades of experience in the Defence environment and through reflection on personal experiences that have affected my mental health over that period.

A male serving RAAF member wrote of his distress at the way his leaders treated him, treatment he believed was prompted by his ethnicity:

This complete disregard for the fundamental principles of diversity and inclusion stands in stark contradiction to the values that the ADF purports to uphold and presents to the public. It is evident that the ADF, in reality, deviates significantly from the principles it claims to adhere to. On the grounds of ethnic discrimination and blatant bullying my supervisors engaged in the deliberate fabrication and issuance of unsatisfactory performance evaluations. Upon confronting them regarding this

matter, they responded by stating, ‘Attempts to rectify the situation, “sand nigger”, will be futile, as the individual to whom you are lodging your complaint is instructing me to produce such evaluations.’

This reprehensible conduct constitutes a severe breach of the organisational values and core tenets of fairness, equality and respect within the ADF.

This RAAF member from a culturally and linguistically diverse background has experienced suicidal ideation as a result of his treatment:

I find myself contending with emotional distress, social anxiety, indications of post-traumatic stress disorder, hindered professional advancement due to incessant harassment, an unsympathetic organisational environment, deprivation of essential personal data, and blatant instances of Caucasian advantage.

The confluence of these factors has prompted me to contemplate actions of suicide that were previously inconceivable to me.

The mother of an Army veteran wrote of her son’s experience of missing out of a long-desired position due to injury and subsequent prescription drug addiction:

“[My son] is now enrolled in a science degree at university. He is a student of good standing. A [judicial] outcome that did not leave [-] with convictions will enable him to continue a professional career and employment.”

At 18, he had joined the Army intending to try to qualify for the SAS [Special Air Service] regiment. He spent the next four years training as an infantryman and deploying around Australia and overseas. He entered the SAS selection course and reached the final stages before being seriously injured [...] and being medically withdrawn.

[-] received allied health therapy and was prescribed opiate-based Schedule 8 pain medication. The addictive nature of this medication is now well evidenced. The high-risk interface of prescription drug abuse, veteran mental health and a military culture that deters soldiers from seeking help is extremely dangerous for young men. I also believe that the process re debriefing and psychological support for a young man who fails to attain SAS selection after total dedication to the goal, is far from ideal.

The disappointment and sense of failure of not fulfilling one's goal needs to be recognised and addressed by the ADF. When [-] transferred from full-time Infantry to reservist in late 2019, he was addicted to pain killers/opium medication – medication that had been administered to him by the military to deal with injuries sustained in the military.

The mother explained that had it not been for the intervention of an excellent leader, she may have lost him over this period. Succumbing to a

combination of sleep deprivation and deteriorating physical and mental health, her son's good conduct lapsed and he committed a series of offences, including some with firearms. His regimental sergeant major stood by him. She wrote:

I cannot overstate the role that RSM [regimental sergeant major] played in saving my son's life. With RSM's support and non-judgemental attitude, [-] voluntarily admitted himself to ER [where] he was assessed as high suicide risk. RSM [-] literally accompanied [-] and myself and drove us to ER. After a week in [the] Mental Health Screening Unit, [-] voluntarily admitted himself to [the] hospital detox and rehab unit and fully completed the residential program. He then attended an intensive outpatient alcohol and substance abuse program. He is still receiving regular therapy from a psychiatrist and remains drug free. He has also started supporting other veterans suffering from mental health and addiction issues. RSM [-] committed to [my son] from the moment he disclosed his addiction, criminal charges and suicidal ideation. He visited him almost daily in hospital, in rehab and is in continual contact with [-]. His knowledge of [-]'s military career and respect for his integrity and recovery led him to write a report for the court before [-] was sentenced and he attended court to offer support. I believe that [this] contributed to the fair and just sentencing outcome.



Larissa Bagliari, *Iron Lady* (2021, wire sculpture, 38 x 42 x 41 cm).
Image courtesy of the Australian War Memorial.

Iron Lady represents the strength of women in the military. It is a corset-shaped sculpture made from salvaged wire, metal, plastic and other objects, along with two ration pack eating devices from the artist's time in the military.

Finally, the mother wrote of her son's fightback from the brink as a result of the support from his leader:

[My son] is now enrolled in a science degree at university. He is a student of good standing. A [judicial] outcome that did not leave [-] with convictions will enable him to continue a professional career and employment.

Another Army veteran who was medically discharged following physical injury wrote of his difficulties during service and later mental health issues. He wanted to praise his chain of command for the way they treated him during his transition process:

“[A]midst it all there were excitingly good times of pushing the limits of my efficacy, adventure and the privilege to serve my country alongside some of Australia's finest men and women.”

I feel compelled [at] this point to highlight just how amazing my superiors were during this difficult time. Many soldiers have had negative experiences during the discharge process.

The administration that is required prior to discharge is time-consuming, and anybody with a rank above that of a junior [non-commissioned officer] can make a discharging soldier's life an exercise in abject misery if they so choose to do so. And when it comes to soldiers who they do not like, they often do choose to do so.



My bosses, despite the difficult position I was putting them in, acted in my interests

at all times. From the senior instructor, the wing sergeant major and his training sergeant majors of the ground-based air defence wing, the School of Artillery regimental sergeant major and chief clerk, I have nothing but praise and gratitude for what they did for me.

When it comes to my experience within the Defence community, I think it's important to note that a career in Defence is all about community, mateship and teamwork. I personally thrived in that environment as I am the type of individual that thrives in an environment of competition and common knowledge.

A former 30-year naval commander wrote of both his positive and negative experiences with his leadership and chain of command, starting by proudly detailing his military heritage:

My paternal grandfather was [...] wounded 4th July 1918 at the capture of Hamel, France and evacuated to England. My maternal grandfather was [in the] 15th Battalion. He was taken prisoner on the night of 11th April 1917 as the Australians attacked at Bullecourt. He was a prisoner of war until the 20th December 1918. We can only imagine!

My father [served in WWII] [...] enlisting 19th May 1943 and discharged 10th November 1945 [...] I served in the Royal Australian Navy from the 20th February 1972 to the 12th May 2002. Rank Lieutenant Commander with three commands. Three of my grandchildren are 25% First Australians. And I have a voice!

This commander detailed the ups and downs of his long career and credited a former commanding officer for guiding him into the hydrographic service when he was at the point of resigning:

Allow me to tell of my worst and most impacting encounter with the type of leadership that sets out to condition people to serve whatever whim or agenda that person has [...] These are like the ‘men without chests’ that C.S. Lewis wrote of. They have some intelligence and rationality but are governed by their natural (animal) instinct and they have nothing in between the head and the instinct that acquaints with honour, integrity and courage of the heart to guide them. The good leaders are obvious by their will and actions that are for your good. The bad ones are the controllers and conditioners who need you for their own good. They interpret the regulations and instructions for their own benefit not for the betterment of those who they lead and are responsible for [...]

[A]midst it all there were excitingly good times of pushing the limits of my efficacy, adventure and the privilege to serve my country alongside some of Australia’s finest men and women. The challenge of searching unknown waters so as to make them known and the excitement of navigating through uncharted waters are wonderful and rewarding memories. These opportunities of service formed my character to be disciplined and face hardships that life throws at us. It also strengthened my determination not to become like some in leadership who abuse the privilege of power and rank, and I yearned to be a better man, husband and father. Good intentions that still failed under the test.

After leaving the Navy he experienced mental health issues and was undergoing treatment. His submission contained a call for understanding the benefits serving men and women bring to the nation and a recognition of their service:

Despite leaving the service, my experience and understanding [the character] of many, if not most, ex-servicemen is that they contribute much to society and bring discipline, honour, integrity, humour and character to a fairly bland, unexciting and ever-changing culture [...]

I believe that the good leaders in the armed services produce good outcomes in character and [...] the kind of person that is a credit to the service and a benefit to the country.

But, like we were told, over, and over and over again ‘You are our most important asset’, we need to know that when we leave the service we still matter and that someone cares — like Open Arms. And, finally, as men with chests, as we were trained to be, valuing honour, integrity, truth and justice along with their application with wisdom and mercy — we ought to be treated that way now. I am a person and I matter!



In the next chapter we see the impacts of failures in leadership and of systemic flaws in the ADF and its support structures on the emotional and physical wellbeing of service members. For many, it became a perilous journey through mental health ‘mindfields’.

"Your heart goes a million miles an hour and you're just looking everywhere. It's so hard just to come back down to Earth and realise that you're not there anymore."



Avoiding the Mindfields

Mental health battles

Many authors described the ‘mindfields’ they passed through during their service. They described exposure to physical and mental trauma, moral injury, high-tempo repetitive deployments and failures in leadership and support structures. These journeys contributed to a wide range of mental health issues including depression and anxiety, substance abuse and post-traumatic stress disorder, or PTSD.

The Vietnam War played a vital role in raising awareness of the psychological impact of combat and shaping our modern understanding of PTSD. Since 1980, when it was officially recognised as a mental health disorder by the American Psychiatric Association, it has become broadly accepted as a major contributor to the distress experienced by war veterans, first responders and other people exposed to traumatising events.

PTSD sufferers typically re-experience their traumas in a variety of ways, including intrusive memories, nightmares or flashbacks. These often cause intense distress and prompt physiological arousal, which can

lead to patterns of avoidance and hyperarousal, as one veteran’s ex-partner explained:

[We] also shared our biggest fears, and the traumas from our past. He confided that he didn’t sleep much and had nightmares every night. He was diagnosed with PTSD from multiple incidents during his military service. He had seen numerous suicides, horrific injuries, [and] a baby shot and killed during active service.



Historians have long recognised the impact of war on the hearts and minds of those caught up in it. Ancient Chinese texts documented symptoms similar to those of PTSD in soldiers who had returned from battle. The ancient Greek concept of *nostos algos* (from the words for ‘return home’ and ‘distress’) reflected the emotional and psychological hurts people brought home with them from the carnage and trauma of war. (The concept also recognises

the difficulties veterans can have re-integrating into their communities, which is explored in Chapter Seven.)

The horrors experienced by American Civil War soldiers gave rise to the terms ‘irritable heart’ and ‘soldier’s heart’ describing an amalgam of symptoms reported by veterans, including anxiety, chronic fatigue and heart palpitations. In WWI soldiers were spoken of as having ‘shell shock’ and medical professionals talked about ‘war neuroses’. By the time of WWII, with its extended combat, massed bombings, civilian massacres and the Holocaust, the foundations of ‘traumatic neuroses’ and the enduring nature and impact of trauma were firmly established.

The diagnosis of PTSD in veterans, starting after Vietnam and extending to the wars of the late 20th century and early 21st century, has led to an evolution in the way it is diagnosed and treated. Treatments now include psychotherapy – including cognitive behavioural therapy (CBT) – medication, self-management coping strategies (like meditation, deep breathing, eating well, stress reduction and exercise), group and peer support, complementary therapies (like yoga, acupuncture, mindfulness and art therapy), virtual reality therapy and neurofeedback.

Some veterans wrote how affected they were by a diagnosis of PTSD. As one former special forces operator, a veteran of multiple deployments, wrote:

A PTSD diagnosis can rock an individual’s identity to the core. The label can put limits on you and keep you rigid. It can become an obstacle to change as you begin thinking and acting in ways consistent with your label (‘broken veteran’).



Sharing and normalising natural human responses can assist veterans to continue to move forward in their lives post military rather than getting stuck between their old military world and the new civilian one.

A Royal Australian Air Force (RAAF) member with 30 years’ service and many deployments recalled the lasting impact of his first mission:

Upon returning home from that first deployment I began to drink heavily in order to be able to sleep at night and, along with the onset of a myriad of other conditions, was subsequently diagnosed with alcohol abuse disorder. I have also been diagnosed with PTSD, [major depressive disorder] etc. I never discussed any of these issues and/or feelings with anyone, not my wife, close friends, workmates etc.

I have long since learned that it would have been one of the most fundamentally important things to have actually done so. However at the time Defence didn’t mandate that I discuss these issues with anyone, let alone a psychologist. And I was embarrassed as well as ashamed at seeing myself as weak and not able to cope with the things that I had experienced.

The wife of a special forces operator wrote of the changed man she met after his return from a gruelling deployment:



**Katrina Black, *Tenacity* (2020, graphite and watercolour on hot pressed watercolour paper, 56 x 76 cm)
AWM L2020.554.1.**

Tenacity depicts poppies, which are tenacious, thrive in harsh conditions, and love opportunities found in disturbed earth. They are also beautiful, transient and, for Australians and New Zealanders, a strong link to wars, past and present, in faraway places.



[My husband] had minimal time to decompress before landing back in Sydney. When I collected [him] from the airport, I saw a completely changed person who was entirely disoriented. In the following weeks, I saw a very angry person who was quick to anger. He also refused to drive completely due to the experience he had while he was deployed. It was two years before my husband would drive again unless totally necessary.

To this day he avoids driving as much as possible and is a very nervous passenger, completely different to his demeanour before deploying.

I watched [-], since his return from deployment, suffer with PTSD. This presented itself in many ways. For example, in the first two years [...] at least once per week, I would wake to find him in the night, on the ground having nightmares about being rocketed. He would be screaming and in the foetal position, with no memory of this in the morning.



I [spoke] with [-] about seeing a psychologist many times and each time this was suggested he said he was concerned that if he went to see a psychologist that it could be disclosed to the ADF. At this time, he was still considering returning to the Army and was petrified this would ruin his career [...]

[-] expressed many times, if anyone in the special forces expressed mental health concerns, they would be immediately removed from operations and withheld from deployment opportunities. The way he explains [it] the desire to deploy, by Defence members [and not getting to] is like having trained to be a surgeon your entire career and never setting foot in a theatre to operate.

The trauma that can lead to PTSD doesn't only occur to war combatants. Some authors reported suffering from PTSD after serving in what are known as 'peacekeeping' missions, like this officer who served in Beirut in 1983–84:

I was of the opinion and state of mind that I was actually serving in a war zone where lives were lost on a daily basis. [There was] general mass destruction of infrastructure and residential areas by indiscriminate shelling, rocket fire and car bombs by the many factional belligerent groups that tried to control Beirut during this period of time.

My experiences and exposure to unwarranted situations and constant incurred danger has taken a significant toll on both my general health and on my mental health, attitudes, lack of tolerance, depression and general state of mind.

Others reported suffering from PTSD following experiences they had serving in Australia, like this former UK Royal Air Force (RAF) veteran who joined the RAAF:

[W]hat the RAAF did to me had brought into question my whole career with the RAF. How did I manage to perform within the RAF, yet fail[ed] with RAAF, which I found easy if given the chance? I was looking forward to proving myself and going for promotion through the ranks, this was never to happen.

It has left me with nothing but doubt within myself. The process has left me diagnosed with severe chronic PTSD, destroyed my life and made me suicidal more times than I care to remember.

Many authors reported a wide range of symptoms and behaviours exhibited by those who suffer from PTSD, from hypervigilance, extreme anxiety, problematic anger, insomnia and nightmares, as well as withdrawal and isolation. The following Afghanistan veterans described their experiences of PTSD symptoms. One former infantry member with multiple deployments wrote:

From an outsider looking in, what happens is I just become a maniac. I feel really anxious and a loud noise, lots of people, [and] I'm feeling anxious. The way it comes across is that I'm just being really aggressive because I feel like my life's threatened and so I kind of respond accordingly.

Another former Army member who deployed on active service to Afghanistan said:

I notice my back muscles tense up, my neck muscles tense up, my jaw starts to tense up. You want to position yourself back towards a wall so you can observe everything in the room. You know you'll be snappy towards your partner over little things, stupid little things. And, you know, sometimes you need to start crying out of nowhere for no reason.



An Army veteran who served in Afghanistan related:

[I get] nightmares all the time and just like simple things [like] if someone turned off the light switch [...] you're so

heightened, just a little sound like that just sounds like a huge sound and like thunder. I don't like thunder. Your heart goes a million miles an hour and you're just looking everywhere. It's so hard just to come back down to Earth and realise that you're not there anymore.

A special forces operator with more than 30 years of service wrote:

The emotional costs of this should not be underestimated. One single moment of lived experience at war can undoubtedly change you, the true costs of extended and repeated deployments is now only beginning to be realised. Living for years in life-threatening environments changes you physiologically and psychologically. [Though it's often] just written off as PTSD, the effects of long-term fear exposure and stress responses while fighting a war are not just as simple as the one diagnosis. Reduced levels of tolerance, nightmares, memory loss and withdrawal are common but of themselves they do not necessarily equal PTSD. After years of deployments and very high physical and emotional stress levels, my reactions have undoubtedly altered both my physical and mental state.

Veterans reported a wide range of behavioural changes and reactions to their altered mental states due to their service. Many only realised the impact of these changes on their lives once the damage had occurred. One who served a total of 14 years in the Army and Navy wrote:

I got home and Army sent me to do courses and to keep working. I lost a good friend overseas and there was

a 'green on blue incident' in 2012 in Uruzgan Province [where Afghan soldiers turned on Allied troops] where I lost two good mates. Still nothing. The POP [post-operative psychology] [screening] only happened as I had a marriage breakdown, my wife left me, and I said I had suicidal thoughts and was admitted to hospital overnight after a full PTSD breakdown. I was doing medic training at the time. I never had closure from the unit from that incident – I was out bush during that time.

A former infantry member with multiple deployments over almost 30 years reported:

One of the symptoms I experienced when I first broke down was an extreme stutter. I was hardly able to string two coherent words together in an understandable way. Over time this has faded. Whenever my anxiety starts to rise, the stutter returns.

In times of stress and anxiety I also get hyperactive, leg bouncing, fidgeting hands and unable to sit still [...] During one of the [Administrative Appeals Tribunal] hearings the DVA psychiatrist ridiculed me for these symptoms saying he had never seen anything so ridiculous in his life.

The wife of an Army veteran, whose husband deployed to both Iraq and Afghanistan, shared the impact of his behaviour on her and their family:

He's forgetful, frightened of the dark, anxious when driving in traffic, easily startled, constantly fatigued, impatient, wary of strangers, antisocial, unable to function on a daily basis and often suicidal. Some of these symptoms continue to this day.

“[Though it’s often] just written off as PTSD, the effects of long-term fear exposure and stress responses while fighting a war are not just as simple as the one diagnosis. Reduced levels of tolerance, nightmares, memory loss and withdrawal are common but of themselves they do not necessarily equal PTSD. After years of deployments and very high physical and emotional stress levels, my reactions have undoubtedly altered both my physical and mental state.”



Valium and a lengthy list of other very strong medications are now his friend. He tries to adopt a mindful way of being, and counsels himself when he's feeling anxious and overwhelmed. His success rate is low and my anger and resentment [are] at an all-time high.

He has broken into a million little pieces and is a mere shadow of himself, often engulfed by shame and guilt. His war experience will never be truly known by me. I can only see the deep, detrimental, life-long impact that it has had on him and in turn on us.



A former Army member with service-related injuries and mental health issues also mentioned how families and loved ones often bear the brunt of challenging symptoms exhibited by veterans suffering from PTSD:

During the deployment I saw people having issues with nightmares, myself included, and difficulty sleeping. There were rumours of soldiers 'losing their shit' including an incident with a grenade and another threatening to harm people [...]

These dreams are so vivid that you would wake with your sheets soaked and your heart pounding. My teeth are cracked and worn from these nightmares that have never left me since we first took [mefloquine]. I have hit my wife, nearly hit my daughter and nearly killed the cat during these events. My wife knows when it is starting while I am sleeping as my breathing changes and she knows what to do to try and calm me before

it progresses. I am terrified of falling asleep in public places such as on a plane as there have been times where I have woken with a start and people are looking at me.



The wife of an infantry veteran who served in East Timor, Iraq and Afghanistan wrote:

[If] it was not bad enough that we had to endure life without him for long periods of time [...] we now directly have to cop the fallout from the trauma that he has been exposed to through the Army [...]

I currently have a [domestic violence order] on my own husband, which I felt I had no other alternative to do as he threatened both my life and his own. We are still living together with our children and trying to seek our own help. My husband is now medicated and seeing a psychologist regularly. I am also seeing a psychologist. We are doing this for our family and trying to stay strong but how many families fall apart before they get to this stage?

My heart bleeds for the Infantry soldiers of our country and I know that I am only one of many going through this. Some families endure much worse.

I lay awake at night (sometimes because my husband is having another night terror). Sometimes he actually even attacks me in his sleep (unknowingly) and I don't know how to make this better.



“An example of how moral injury occurs in a military context is betrayal, more specifically betrayal by leadership or chain of command. ADF members are ritualised and trained with a strong team ethos focus – ‘team first, individual last’. This training displaces a member’s previous civilian moral framework and replaces it with military moral values and beliefs. One of these values and beliefs is utmost trust and loyalty for chain of command. Betrayal by one’s chain of command can result in moral trauma.”

Many spouses and family members believed that their loved ones’ medical conditions were aggravated by the way Defence responded to them (or failed to respond to them). One ex-partner of a former RAAF member wrote:

He [was] medically discharged earlier this year after more than six years of service. He felt like he had been dropped like a hot potato as soon as he no longer provided value to them.

The terms ‘moral distress’ and ‘moral injury’ are relatively new. They refer to the emotional, psychological and spiritual distress caused by actions or experiences that violate an individual’s moral code or ethical beliefs. Moral distress and moral injury can follow from perpetrating, witnessing or being the victim of an action that transgresses one’s moral code.

Moral injury often coexists with PTSD, and many serving and ex-serving members have to deal with the complexities of both conditions simultaneously.

Further, many researchers believe that studying the nuances of moral injury will shed light on the complexities of suicide and suicidality.

Dr Nikki Jamieson, mentioned earlier, wrote her PhD thesis on the connection between moral injury and veteran suicide. In her evidence to the Royal Commission, Dr Jamieson spoke about common themes that emerge when people experience moral injury, with particular regard to the leadership hierarchy and military training:

An example of how moral injury occurs in a military context is betrayal, more specifically betrayal by leadership or chain of command. ADF members are ritualised and trained with a strong team ethos focus – ‘team first, individual last’. This training displaces a member’s previous civilian moral framework and replaces it with military moral values and beliefs. One of these values and beliefs is utmost trust and loyalty for chain of command. Betrayal by one’s chain of command can result in moral trauma.²⁰

20. Nikki Jamieson, Witness Statement, NJA.0000.0001.1200, p 9, paragraph 35.



In 2023, Dr Jamieson published *Darkest Before Dawn: Australian Veterans' Accounts of Moral Injury*²¹ (from here on, referred to as '*Darkest Before Dawn*'), which explores the impact of moral injury on veterans and their families. In the book she created a series of composite characters based on real-life veterans she interviewed. One of those was Adrian, who described the self-betrayal he felt and the subsequent moral injury that arose when he 'stopped seeing women and children as women and children, but as enemies – or threats, almost.'

Another composite character, Shannon, joined the Army straight out of school, and loved the mateship and structure – being the 'closest thing to a family [he'd] ever had' – and spent more than 30 years in service. But his years of smoking led to lung disease and a medical discharge and left him with 'no job, no family, [and] no purpose'. Less than a year after discharge, Shannon suicided. His friend, Aaron, tried to help him, including with his DVA claims, however he said:

[it was] all futile. Claim after claim, refusal after refusal, and phone call after phone call all took its toll on Shannon's mental health.²²

Aaron described how 'the biggest moral injury was the fuckin system' and said that Shannon had signed on the dotted line and dedicated his life to service for over three decades, yet 'they just dumped him the second he wasn't good enough anymore', adding:

Another system (DVA) 'didn't give a fuck', leaving Shannon vulnerable and unsupported [...] I believe they both (ADF and DVA) killed him, and I signed up for this shit – that's a moral injury.²³

Another composite character, Mark, was based on a long-serving Army medic who served in Afghanistan where he witnessed a deadly attack from an improvised explosive device that grievously wounded civilians, including a young child. Mark wanted to help the dying child but was ordered to remain in his vehicle:

Leaving that child just stayed with me, you know [...] I am a medic. I am expected to help, not just fuckin leave people to die! I'm a dad too. My boy was that kid's age and I couldn't fuckin help [...] It fucked me up completely; I just couldn't be [in the Army] anymore.²⁴

A composite character named Sally was based on an Army veteran who was sexually assaulted by a superior officer, who then threatened her career if

21. N Jamieson, *Darkest Before Dawn: Australian Veterans' Accounts of Moral Injury*, self-published, 2023.

22. *Darkest Before Dawn*, p 77.

23. *Darkest Before Dawn*, p 24.

24. *Darkest Before Dawn*, p 43.

she reported him. Over a period of months, her mental health declined and her fitness and training performance all began failing.



As Dr Jamieson wrote:

When she reported the assault she was told she was no longer fit for service and faced an administrative discharge. She attempted suicide, the first of a series of attempts. Her world felt as though it was constantly closing in. She was spinning between absolute terror, sorrow, and a feeling of nothingness. Nothing seemed to make sense anymore. Sally's story echoed an all too familiar account of military sexual trauma. Most of the female participants with moral injury had experienced such atrocity. Sally's assault was a clear abuse of power and control from both her assailant and the system.²⁵

Dr Jamieson summarised the experiences and thought processes of many veterans she interviewed who were burdened by moral injuries:

Veterans described how they often found themselves isolating, searching for solitude or solace when they lost their sense of belongingness. For some, solace comes in the bottom of a liquor bottle or in the form of drugs or substances of some kind to help numb unwanted feelings. The darkest of thoughts and feelings can creep in

“My husband sustained a moral injury as he watched our daughter’s management go against his moral core and his ethical values.”

quickly here, and the suicidal mind is very clever and manipulative, before long, it becomes all-consuming, manipulative and coaxing the mind to trick the host into serving its end goal, which is to succumb to the darkness. It promises the host that it will end the pain for oneself and others and makes people believe they are doing the best thing. Yet we know this is just not true for so many of us left behind.²⁶

A mother wrote of how her daughter and her husband, who both served in the Navy, had been devastated by the treatment of her daughter after she sustained a series of injuries during her service:

What the Navy personnel did to our daughter showed a lack of care for and bullying of her [...] She now has post-traumatic stress disorder.

My husband sustained a moral injury as he watched our daughter’s management go against his moral core and his ethical values. He developed a profound depression and began to drink heavily. While he has made great progress in addressing these issues, he requires ongoing medication for depression.

25. *Darkest Before Dawn*, p 52.

26. *Darkest Before Dawn*, p 28.

Other authors highlighted the length of time that symptoms of mental ill health persisted, like this Vietnam veteran:

Since my return from Vietnam I have suffered periods of depression and had to deal with feelings of guilt that I survived whilst others didn't and that the war and the tragic loss of life was all in vain. I had great difficulty in settling back into civilian life and was very unsettled and uncertain about my employment prospects and my marriage [...]

[I]n Vietnam and since my return, I have regularly consumed alcohol and I have used this as a crutch to help me sleep at night and to help deal with my PTSD [...]

In 2008 we had a family holiday in [...] Thailand and on arrival in Phuket I became very unsettled and stressed by the smells, the heat and the people. It brought back graphic memories of my service in Vietnam. It all but ruined what should have been a great holiday.

A career infantry commander who became a padre, drew on almost fifty years of lived experience when he said:

I don't see many people with suicidal ideation that want to kill themselves because of their post-traumatic stress. It's been described by people: 'I feel like I have a wounded soul, that I've done something really wrong or I witnessed something that was really wrong and I didn't do anything about it'. And this is my life experience: these are the things that lead to veterans' suicide.'

A Navy veteran with more than three decades of service wrote:

The diagnosis of moral injury and the treatment I receive [...] have enabled me to finally come to terms with my demons. I am trying to look at everything I did during my ADF service in a positive way. I committed fully to the responsibilities placed upon me to serve my country. I pushed my body and mind beyond my comfort zones. I now recognise I was brave and calm under extraordinary circumstances. I'm left living with all my injuries for life.



While deployment on active service may increase the likelihood of experiencing moral injury, many authors reported having suffered moral injury even though they were never deployed. Another common theme in submissions was the impact of high-stress, high-tempo environments. One RAAF specialist wrote about the impact on her mental health of working in an extremely high-pressure role with an unsustainable shift cycle and a lack of support from above. It was made even more intense by her posting to one of the busiest and most important RAAF bases:

I found it very difficult to decompress after my shifts, constantly going over [my work sequences] to see how I could do it better. Living at such a heightened state for so long was continuing to deteriorate my mental state. Our shift line was also a major problem, and caused a lot of discontent among the unit. Four days on, two days off, four nights on, two days off. I, and others, felt constantly fatigued. Being on this shift cycle meant that

“We were already severely undermanned as a unit, and most requests for recreation leave were denied. If you were sick and unable to perform your duties, you were made to feel guilty and told to hurry up and return to work as soon as possible.”



we essentially had six weekends off per year. [This is] not conducive to an effective work/life balance or conducive to any sort of productive family life [...] The culture of the unit and the attitude towards the unit commanders was quite poor. We felt they never had our backs, that we weren't supported. We were all overworked, constantly fatigued, and under-manned as a unit.

In her role, she was exposed to multiple incidents in which people's lives were threatened. The relentless tempo and intensity of her work, along with staff shortages, began to undermine her confidence and her mental health:

We were already severely undermanned as a unit, and most requests for recreation leave were denied. If you were sick and unable to perform your duties, you were made to feel guilty and told to hurry up and return to work as soon as possible.

The officer sought medical help, reporting 'sleeplessness, anxiety, heart palpitations, nausea, upset stomach, stress, nightmares, and feelings of anger and isolation'. She initially intended to ask for a week or so off, as she had not had a proper break for more than two years:

The culture of our unit did not believe in weakness. So the following day I called my section commander and told him I was sick and needed to go to medical. I recall his response was pretty much, 'For fuck's sake. Who am I going to get to take your shift?' I was referred to a psychiatrist and a psychologist, and was diagnosed with an 'Adjustment Disorder with Depressed Mood'. I believe I was not provided with the treatment I required and I was very distrusting of the support I was provided. At the time I was extremely mentally unwell and did not know how to seek further help or what to do to survive my mental state.

This period of mental ill-health resulted in her being downgraded and she was deemed not fit to continue in her specialty. Within six months she was discharged involuntarily from the RAAF in the category of 'administrative discharge':

At no stage was a medical discharge discussed with me or offered to me, and I was not made aware of the future implications that exiting the RAAF on these terms would have. I left the RAAF in January 2013 with no employment, no mental health support, limited-to-no transition support, and with undiagnosed PTSD.

It took eight years for this officer to seek and be ultimately granted a retrospective medical discharge:

During that eight-year period, I was not contacted by Defence or any veteran support service. I had no contact from anyone I had served with at RAAF Base

[...], and limited contact with anyone I had completed my officer training with. I felt like a failure, that I wasn't tough enough, or didn't work hard enough, or couldn't fix myself. Guilt and shame were, and continue to be, predominant emotions and beliefs.



One of the main reasons this officer made her submission was to highlight how costly it was to not receive a timely diagnosis of PTSD:

Unfortunately, with PTSD, it is well known that the longer it goes undiagnosed and untreated, the more difficult it is to treat. I believe that if I had been correctly diagnosed with PTSD when I was still a serving member, and had received the correct support and treatment, that I would not have ended up being so critically unwell, and that I would most probably still be working in some format and positively contributing to my community and to society. It is hard to reconcile the fact that I am currently unable to be employed due to my injuries after a lifetime of service to my community and country [...]

The price for this life — PTSD and all of its complexities — has been a heavy one. One in which I do not believe anybody would be willing to pay knowingly [...]

A word of warning: the accounts quoted in the following chapter may cause distress to some readers as they include depictions of traumatic events and submission quotes that include descriptions of bullying, sexual assault, violence and suicidality.

"I almost shudder to wonder if a veteran suicide is easier for a government to deal with than a sick and wounded veteran. It's much quieter paperwork, I'm sure!"



Silent Struggles

Suicide and suicidality

During Australia's longest war – the more than 20 years spent in Afghanistan – we lost 41 soldiers killed in action. Sadly, we now know that we lost to suicide at least 1,677 serving and ex-serving members between 1997 and 2021.

The latest report by the Australian Institute of Health and Welfare revealed that ex-serving females (who had served full-time or in the reserves) were twice as likely to die by suicide than Australian females across the whole population. For ex-serving females under the age of 30, the suicide rate is 2.8 times that of the general female population. As at April 2024, ex-serving males who served in the permanent forces are 42% more likely to die by suicide than Australian males generally. Males who served exclusively in the reserves are no more or less likely to die by suicide than the general Australian male population.

Perhaps one of the most devastating statistics to emerge from the Royal Commission's work came from a study by the Queensland Centre for Mental Health Research. Extrapolating from Queensland data from 2013–2018, it is estimated that one serving or ex-serving ADF member had suicide-related contact with emergency services every four hours across Australia.²⁷ As shocking as it is, it is deemed to be a conservative estimate, as it does not include repeat suicide-related contacts for the same person.

The study concluded that past and present ADF members had 1.24 times the odds of having a suicide-related contact with police or paramedics than the general adult population. In addition, it revealed that serving permanent ADF members had 5.84 times the odds of having suicide-related contact with police or paramedics compared to current serving reserve and ex-serving ADF members.

27. C Meurk and others (Queensland Centre for Mental Health Research), *Understanding and Enhancing Responses to Suicide Crises Involving Current Serving and Ex-Serving Members of the ADF: A Data Linkage Study*, commissioned by the Royal Commission into Defence and Veteran Suicide, April, p 11.

“I think service people are somewhat inured to death and in some cases suicide may [seem] an easier option than it would be for people of other walks of life.”

Commissioner Kaldas pointed out that these findings challenged Defence’s long-held views that service was a protective factor against suicide and suicidality. He said:

For some time, there was a reluctance to accept that issues of suicide and suicidality were impacting current serving members. This research demonstrates there is a clear link between service in the ADF and suicide and suicidality, which was accepted for the first time by military chiefs at our recent Sydney hearing.²⁸

The research also found those who had a suicide-related contact with emergency services were more likely to die prematurely, from any cause, than the general population of Queensland. The rate of death of the veteran cohort who experienced suicidality was estimated at nearly eight times that of the general Queensland population for men, and in excess of 10 times for women. The findings highlighted the vital role that police and paramedics played as first responders to veterans at risk of suicide:

It is also clear from our research that co-occurring mental and physical health conditions were far higher among veterans experiencing suicidality than other veterans, highlighting the importance of holistic health responses that address both physical and mental health needs.²⁹

Many authors made submissions highlighting the unique perspective on suicide held by serving and ex-serving members as a result of their experiences. One member wrote:

Leaving the Defence Force, besides changing a person’s lifestyle, is very traumatic. During many years of service, a bond is formed with fellow members equivalent to having a family of close-knit kin. Although [this is] not always appreciated, leaving is like a husband losing his entire family in a car accident. The shock and bewilderment overcome even the hardest people, resulting in depression, loss, loneliness, and a stressful condition with no apparent outcome [...]

There are many reasons why people consider [taking their life] to escape from their hopelessness. Those still in the service can feel inadequate because they are not the best soldiers in their outfit or have not received the promotion they think they deserve.

On the other hand, some members who leave the service who have not created an aiming point in their new career cannot see a future for

28. Royal Commission into Defence and Veteran Suicide, *One veteran has suicide-related contact with police, paramedics every four hours*, media release, 9 April 2024.

29. Royal Commission into Defence and Veteran Suicide, *One veteran has suicide-related contact with police, paramedics every four hours*, media release, 9 April 2024.

themselves. It is all about setting an aiming point in one's career and working towards reaching that point. Once achieved, a person has to discover a new aim to continue life's thread; there is no future without it.

A Royal Australian Air Force (RAAF) veteran, with 20 years of service, wrote:

I just feel it's worthwhile stating why I believe servicemen may have a flippant disregard to mortality and as such, may not see ending their lives in the same light as someone who has not served. My introduction to service life at age 17, came with a very clear message from the [commanding officer] at recruit training to be under no illusion – you are being recruited into the military to kill people and if necessary be killed in the service of your country [...]

I recently turned 70 [and] was struck by the thought that I might die of natural causes, and my immediate reaction was how 'wasteful it would be to not die for a cause' [...]

So, in summary, I think service people are somewhat inured to death and in some cases suicide may [seem] an easier option than it would be for people of other walks of life.

A currently serving member, with more than three decades in uniform, said:

I have seen people leave Defence and spiral out of control because they couldn't cope. A lot of colleagues who got out in the last twelve months have echoed my

situation that the process is broken and they were left not knowing if they were supported.

Suicide is usually the tragic culmination of the combined impact of a range of contributing factors, as the *Mapping Report* written by Professor Ben Wadham and colleagues explains:

Suicide is the endpoint of a journey of trauma, betrayal and self-harm. Suicide is understood, sociologically, to be an effect of rapid and widespread upheaval. Trauma and betrayal are sources of this upheaval.³⁰

The *Mapping Report* identified some of the many elements that combined to bring some veterans to the brink of taking their own lives.

The journey to attempt suicide is marked by isolation and disconnection. This is enhanced by the overwhelming investment by recruits and service members in the integrity and purpose of the ADF. Circumstances generate conditions where the service member feels vast pressure upon them, coming from many angles, converging to one-point that results in a suicide attempt.³¹

In addition, researchers at the University of Kentucky have shown that each suicide directly affects an average of 135 individuals: friends, family, loved ones and acquaintances. A veteran expanded on this theme in her submission:

30. *Mapping Report*, p 82.

31. *Mapping Report*, p 86.



Steven Warrior, *Taingiwilta ngayirdila 'strength in the air'* (2021 acrylic on canvas, 50.5 x 40.5 cm) AWM 2022.322.1

Taingiwilta ngayirdila depicts the wedge-tailed eagle, which represents the Royal Australian Air Force, along with other themes, including the spirits of men and women who have paid the ultimate sacrifice in uniform, diverse cultures and connection between Air Force members, and the spirits that walk with and guide them.

“Suicide just does not affect veterans of the defence force. It affects everyone.”

There is a real stigma around suicide especially where males are concerned. Males do not know how to open up and talk about their emotions, not to the degree a female can. And that is society's fault by the way so many organisations are so focused on women's issues believing men do not suffer the same [...] Men are meant to be strong, taught not to cry, show emotion. Hence why many do not open up about their feelings, instead suffering in silence until they snap or take their own lives.

Suicide impacts not only those that serve or have served in the Defence Force but also many first responders like police, fire fighters, paramedics — anyone that serves as an emergency worker [...] SUICIDE JUST DOES NOT AFFECT VETERANS OF THE DEFENCE FORCE. IT AFFECTS EVERYONE.

Many authors referred to what they believed to be a reluctance by Defence to accept that poor mental health, suicidality and suicide can be connected to a person's military service. These authors believed that Defence tended to regard these as flowing from weaknesses in an individual's character or a person's lack of resilience.

A former Army veteran suggested that her friend's reluctance to seek help for his mental health issues because of this prevailing attitude by Defence may have cost him his life:

The ADF says to reach out and ask for help but really, they will just push you out into the gutter. My mental

health to this day is very, very brittle and I constantly live on the edge because of what I went through and [...] have to live with [...] each day.

I personally lost a good mate, [-], due to suicide and I heard what it is like to be an infantry soldier and it was not easy. He did not ask for help, instead he took his own life. There is a stigma in the ADF that if you ask for help you're seen as weak and useless and then thrown out the door.

I think about [-] every day and how he could be still alive if the stigma wasn't around. I hope something will be done about the stigma and the bullying and harassment people face every day.

Many of the authors who made submissions on these themes were serving and ex-serving Defence members who detailed the hopelessness, isolation and other negative feelings that led them to consider suicide or to attempt suicide.

One Army veteran struggling with his mental health after deployment in 2013, tried to express his feelings to a serving friend but ended up feeling even more isolated:

[s]ome nights after work I'd be driving home, and I'd just be screaming in the car. It was like this beast inside me, and it just wanted out and I didn't know how to get it out and I'd literally just start screaming and bashing the steering wheel like, get out of me. It'd be momentary relief, but I couldn't understand what was going on. I finally found the courage to break my silence and try

“My husband [-] died just outside the fence line of the Puckapunyal range in 1970, two years after returning from Vietnam. He was a serving member. I have been told that he was the first one to take his own life.”

to speak to a mate [...] I spilled my heart out at him and I'll never forget the moment he turned to me, [and said] 'What the hell was that?' And then he got all weird, and I got all weird [...] That was the first and last time I ever reached out until it almost cost me my life two years later.³²



Suicide and suicidality are by no means unique experiences of modern veterans. Many submissions reveal that suicide and suicidality have long affected veterans and their families, dating back to WWI and before. Family members shared the impact of loved ones' suicides from the Vietnam War era, including this woman, who still sheds tears nearly 55 years after losing her husband:

My husband [-] died just outside the fence line of the Puckapunyal range in 1970, two years after returning from Vietnam. He was a serving member. I have been told that he was the first one to take his own life. He had no help with his mental anguish. He would stab the lounge with a pocket knife and say, 'War is hell'. He was not found for seven days.

It is now 60 years later and I still have days where the tears flow and I still miss him terribly. I have never remarried and I do not have a partner. I am now 78 years of age [...]



The suicides have been happening since my husband's in 1970 and I have known many others since and it just seems to go on and on through all the wars.

Another woman wrote of her father who was called up as a national serviceman:

My father [-] [died by] suicide. He was conscripted into the military and forced to go by the government of the day and also family pressure due to the stigma of not going.

He was a sensitive human, he did not like being in the military and was forced to enlist through conscription. Years later, through lack of support and mental trauma he experienced within the military, he [took his life].

Other authors also pointed to multi-generational military trauma that can be an element in suicidality:

32. *Mapping Report*, p 77.

During my own life I have attempted suicide twice due to issues from the ADF, and have had many mates [die by] suicide. I have seen and dealt with many issues across the complete spectrum of the 'veterans' community'. This is due to being a son of a Vietnam veteran, of which I was exposed to the issues of PTSD, domestic violence and issues [faced by] the children of war veterans.

An Army wife described the unique circumstances faced by families of veterans and the vital importance of supporting those who serve:

Another problem is, unless you are in the military, it is hard to comprehend the scale of the situation, so some

family members or friends simply stayed away. Helping families and friends understand and show compassion for these servicemen is really crucial. If they think the world has given up on them, they will give up on the world.



Many who wrote or gave evidence about the experience of suicidality said it was linked to betrayal or abandonment by the organisation to which they had devoted their lives. One simply said:

Disregard of families is at the core of ADF culture.





One father, himself a veteran of the 1970s and the son of a WWI veteran, wrote of his own son, who had grown up in a family steeped in the traditions of the Australian military:

My son [-] was a serving member of the ADF and [had] served in Timor and Iraq. He was posted to 5 Aviation Townsville. He dressed in his uniform and then committed suicide on the morning of the 30th July 2010. He was suffering from PTSD and felt abandoned by the ADF because of physical injuries he suffered during his service.



An RAAF veteran expanded on this theme:

I am writing this now as someone who has attempted suicide twice, as someone who had contemplated suicide regularly for two years now. And yes, I am in the receipt of help. I have a GP, a physiotherapist, a psychologist, a psychiatrist, people around me who understand, who love and care for me. But nothing will take away what it does to a person to literally sign a piece of paper to say they will go anywhere at any time and do anything – including sacrificing their own life – in the defence of our country. And then for that country to turn around and say to them they are not worth anything to them broken. Not worth anything to them injured. That they see me as nothing.

A long-serving special forces member wrote of how, during his constant training to maintain

‘warlike capability’ with live fire and explosives training, he saw 18 colleagues die and many others ‘maimed or wounded’. It affected his own mental health:

As a result of my service, [I] was diagnosed for PTSD and related mental issues after discharge, as any psychological support during the time of service was relatively non-existent to me, which may allude to the ‘disturbing’ culture that has evolved for special forces since then.

[M]y initial diagnosis by a consulting DVA psychiatrist was to the point: they said I was para-suicidal, as [I] was constantly taking unnecessary life-threatening risks, which was abnormal in what had become a risk-averse society. The psychiatrist said this was due to regularly taking risks during my service to succeed against the hazardous threats I was exposed to, and hence why so many of my colleagues lost their lives and conduct themselves in a para-suicidal way.

I continue to take some risks but, after treatment following diagnosis, not to the same level as before, which is satisfying. I wish this had been reasonably dealt with while I was serving though, as it would have meant that I would not have suffered the negative and tragic impact on my life and wellbeing since leaving the ADF [...]

An Army veteran wrote of being raped by four male colleagues, all of whom outranked her, which led to her feeling suicidal. Because she had been threatened by the offenders – one of whom lived in the same complex on her base –

and because she feared for her career, she did not report the assault. She wrote:

After returning from Iraq, I was diagnosed with PTSD, a label (according to my peer group) associated with shame, weakness and failure [...]

The unit I deployed with all returned home to the same location (Sydney) and were able to spend their decompression and subsequent leave time together.

“The loneliness, combined with my mental health issues led to a fast decline and, unable to deal with all that I had endured, I drove my car into a pole, again, in an attempt to take my own life.”

By contrast, she returned alone to another city and to a unit that had recently gone through a posting cycle, where she knew very few people. In addition, her fiancé was deploying within the week:

The loneliness, combined with my mental health issues led to a fast decline and, unable to deal with all that I had endured, I drove my car into a pole, again, in an attempt to take my own life.

She was subsequently medically discharged from the Army. This intensified her mental health issues and increased her loneliness:

Everything I had known since finishing high school was the [Army]. After 15 years of service, having a purpose,

a uniform, a rank and a job I was proud of, I was ushered out the back door and had a certificate sent in the mail. This was hard to absorb.

In the years post discharge, I have worked extensively with a psychiatrist and psychologist to be 'okay' with what has happened to me. I have been in and out of mental health hospitals and on more than one occasion attempted suicide.



I hope that by submitting this I can affect even a small change to help in the prevention ADF members and veteran suicide. I know too well the pain, loneliness and feeling of hopelessness that leads to the thoughts and feelings that lead to wanting to commit suicide. No veteran or serving member deserves to feel that way.

Many authors wrote of their feelings of abandonment and betrayal by the ADF. Friends and peers who had served alongside them also admitted to similar feelings.

An infantry veteran injured his back during his deployment to East Timor. He weighed 73kg and had to carry a pack containing a radio and batteries that often weighed up to 75kg. He wrote:

To attempt to get my pack on I had to lay it up against a tree, sit down and put the straps on my shoulders and get two other soldiers to grab an arm each and pull me up.

His back injury was exacerbated on a subsequent deployment to Iraq and was one of a series of injuries that led to his medical discharge.

On return to Australia, I was given physio for my back but was never debriefed on my time in Iraq. Physio alleviated some symptoms at the time, but I have always had a sore back since and relied on painkillers to function properly. The culture in the Army at the time was to try your hardest not to medically discharge as it was thought to be weak, and I did not want it on my record because I thought it may jeopardise any future employment. I gave the impression that my back was fine, and I could continue or discharge from the Army with no dramas [...] I believe that since I have left the Army my pain, PTSD and anxiety cost me my career progression, relationships and have stolen many years of my life that I can't get back.

Other individuals reported their frustration at leaders' failures to act in what they believed to be clear cases of veterans exhibiting warning signs of poor mental health. As one wrote:

I work with ex-ADF personnel within this organisation and noted one particular individual [who was] clearly struggling with PTSD and [...] was a highly decorated special forces soldier.

All who worked with this person spoke about the high chance of suicide. I personally stated in discussion that 'I was just waiting for the phone call'. This individual has unfortunately just recently taken their life. I did try through previous persons I knew in the ADF to [...] get the ADF to look at this individual with particular attention to their mental health issues.



“According to his neighbours he didn’t leave his house, getting groceries delivered. He didn’t pay his bills and when he was found deceased in his home [...] there was no food in his home at all. I believe if my son had more support transitioning to civilian life he would still be alive.”

A manager I work with ended up [in] open communication with this individual’s mental health practitioner, and feedback [was] that ‘the individual is fine’. Clearly the professional was wrong and did not take into account [what] that manager who worked with this person [...] could see: there were major mental health issues that required intervention.

An Army veteran’s wife drew on her experience to talk about the mindset that can prevent men like her husband from seeking help:

It’s a tricky situation because these men feel emasculated if they do seek help or they don’t want to talk because they think that they are protecting us [...] from knowing the horrible events that occurred [...] They also feel the need to protect the Army because of privacy issues etc. There are so many grey areas which are also a contributor for these men not seeking or getting the help they so desperately need.

Some submission authors pointed to systemic problems in Defence – like the lack of civilian recognition of service qualifications – that they believed not only aggravated mental ill health but ultimately became contributing factors in suicidality:

My son [-] was in the Navy for 12 years. He joined as an 18-year-old. He always spoke of the fact that his qualifications were not recognised outside of the Navy. This caused him a lot of worry. When he left the Navy he didn’t work for a year. He found it very hard to transition to civilian life. He lacked motivation and a plan. When money got tight he thought it would be a good idea to return as a reservist while he worked out what job he could get as a civilian. He lived in Perth and his family live in Melbourne. During the time he worked as a reservist he cut all ties with his Melbourne family. Prior to that he stepped away from his friends in Perth. He wouldn’t answer his phone, or reply to emails. After three months of this I was very concerned and rang Navy welfare to ask for help. They sent a chaplain to see him. [My son] sent a very angry email to me and stated if I turned up at his house he would call the police. I sent numerous emails and letters, with no response. I rang the police worried for his welfare, but they were unable to offer help. He had suffered from depression and anxiety in the past.



“I pushed away people closest to me, ultimately meaning a two-year relationship was in ruin. I was medicated finally in 2015, due to the depression and the extremes associated with panic disorder.”

To me it was very obvious that if he had left the Navy and came back as a reservist working full-time he clearly had trouble transitioning to civilian life. When he left the Navy reserves in March 2020, he did not work again. According to his neighbours he didn't leave his house, getting groceries delivered. He didn't pay his bills and when he was found deceased in his home [...] there was no food in his home at all. I believe if my son had more support transitioning to civilian life he would still be alive.

The partner of a Navy veteran told how she fought to prevent him from taking his life, while Defence leadership insisted that he respond to a Notice to Show Cause (NTSC) as to why he shouldn't be given an immediate administrative discharge. She pointed out that Defence served the notice on her husband while he was being treated for depression, PTSD, adjustment disorder, suicide ideation and suicide attempts:

Responding to the NTSC whilst still undergoing active mental health treatment, would often result in my partner wanting to give up – give up on trying to trying to draft a response and give up on life!!! I spent a significant proportion of that time convincing my partner not to commit suicide – that he was not the 'piece of shit' that his command was trying to tell him he was.

During that time I was still attending work – I was lucky that I had a supportive command team [...] that would allow me [...] leave at short notice, when I would get a call from my partner.

My partner was having daily episodes of suicidal ideation, and was in constant contact with his treating health team. Due to the situation, I lived in constant fear of going home and finding my partner deceased, that he had finally made the decision and not called me to talk him out of it.

Once he had completed his response to the NTSC it was then a waiting game! To see how his command would respond, and what and if any punishment that would be. Due to my partner's mental state he was catastrophising the situation [...] Command's decision to give my partner an administration discharge was the last kick in the teeth that he did not need.

A young Army veteran submitted his story of how the suicide of a subordinate, combined with what he believed to be the ineffectiveness of Defence systems, led him to suicidality.

Little did I know at the time [that] the traumatic downfall of my own mental health was only just beginning. The next six months after that incident, I became extremely withdrawn and cold. [My] emotion came across as either distant or extremely aggressive.



I pushed away people closest to me, ultimately meaning a two-year relationship was in ruin. I was medicated finally in 2015, due to the depression and the extremes associated with panic disorder. The medical system and the workplace saw me as only a burden, deemed as someone to be micromanaged for workplace performance.

I felt like a test dummy for medication. Within the first month, I was symptomatic of suicidal [ideation], and this led to my first suicide attempt. I was in a complete rage on a Sunday evening: home was chaos, and so was my head. The only logical thought at that time was to wander off to a vacant park near my house and attempt to [take my life].

My neighbour (also in Defence) at that same time saw me in despair, wandering over to the park [...]

I was tackled from behind by my neighbour, ultimately saving my life.

He wrote that his dog saved him from carrying out a second planned suicide attempt. At the time of his submission he was receiving treatment and believed he was making progress:

Although now I seem like I'm in a better place, (I have worked my butt off with therapy), I live in constant fear that one day all of my traumas will catch up with me, and I'll fall into a depression that will ultimately consume me.

A currently serving Army member, who had attempted suicide, wrote that 'suicide in the ADF is a social norm', however she praised the suicide prevention systems in the ADF:



I credit the mandatory suicide awareness training, the mateship of the Army, the padres (even my atheist mates contacted padres) and the ability to self-refer to psychologists outside the ADF, as being the biggest contributors to how I and my friends overcame our suicidal behaviours.

She pointed out that living on a military base could be very isolating for members. She added that, while the Army provided accommodation and sustenance, without access to personal transport, the base could become 'a cage through which we are observed and managed'.

[This] encourages both isolation in our rooms or promotes substance abuse (alcoholism for me) to 'forget'. [The] micromanaging of behaviour and dress is heightened in a training or deployment environment.

Many other authors reflected on the disastrous impact of the pressures of service life on individual members and their families, especially during transition and after separation from service. This author wrote about how difficult it had been to live with her husband, who had been diagnosed with PTSD and failed to receive necessary support. Her husband died by suicide:

Two years after his diagnosis, [-] was medically discharged from the Army in early 2015. He relocated back to Sydney where we bought a townhouse together and tried to get on with our lives. [-] decided to move into the miniscule 3m x 5m single car garage that was

attached to the townhouse. It was the only room in the house that did not have a window.

He then proceeded to use the floor-to-ceiling wall shelves to divide the garage space into two smaller spaces, so as to minimise as much [...] external stimuli as possible. The sense of claustrophobia was overwhelming, but it made him feel safe.

I am trying to describe a picture of what life was like for [-] and in turn for the family. By this stage, [-] and I have been physically separated for four years due to his two back-to-back overseas postings and the two-year Brisbane married/separated posting. As you can deduce, the marriage has by now evolved and we were just trying to navigate what it might become due to his illness and instability. It was confronting for the children and I to live with someone who has PTSD. I did not know how to behave around him. I did not understand his triggers. All I was given was a notebook, handed to me by [-], from the Army, to inform me of what to expect when living with someone with PTSD. Seventeen years of being an Army wife and eight postings and all I got at the end, was a notebook and a sick husband.

[-] died by suicide two and a half years after being discharged from the Army, in late 2017.

But I am not here to talk as a wife about her husband. There is nothing anyone can do for [-] now, except to pray for his soul. I am here, as a mother instead, to talk about my children and especially my daughter [-] and hope that sharing her story will give you an insight into understanding the fallout on families and the impact of suicide, especially on the children.

The wife of a former Army officer who deployed to Iraq and Afghanistan reported that her

“I did not know how to behave around him. I did not understand his triggers. All I was given was a notebook, handed to me by [-], from the Army, to inform me of what to expect when living with someone with PTSD. Seventeen years of being an Army wife and eight postings and all I got at the end, was a notebook and a sick husband. [-] died by suicide two and a half years after being discharged from the Army, in late 2017.

But I am not here to talk as a wife about her husband. There is nothing anyone can do for [-] now, except to pray for his soul. I am here, as a mother instead, to talk about my children and especially my daughter [-] and hope that sharing her story will give you an insight into understanding the fallout on families and the impact of suicide, especially on the children.”

“I felt that there was no real support, and I put it down to the culture – that it was ‘because it is the Army’ [...] It was my view that mental [ill] health in the Army was treated more as a lack of character or a character flaw, rather than a real mental health condition or concern.”

husband left her as a fit, motivated, successful soldier. In her words, he was an ‘intelligent, articulate, clever man’, and returned:

distant, hyper-vigilant, fragile, angry, aggressive, incredibly emotional, depressed, having nightmares and night sweats, drinking to excess, totally shut down and unable to get off the couch for weeks on end. This broken man is a man I hardly know. I have been totally shut out. I tell him I need to leave the relationship – it’s just too much to deal with. He begrudgingly seeks help through [the Vietnam Veterans Counselling Service] for something he clearly doesn’t understand but he knows he’s not right. The denial surrounding his condition will be one of the aspects we both struggle with for years to come. The angry, irrational outbursts continue both in private and in public often over such simple things or nothing at all. Despite my best efforts I can’t work out what will or won’t trigger him. My mate has become a ticking time bomb [...]

The former partner of a young Army trainee wanted to ensure the Royal Commission was aware of the devastating impact of suicide. She wrote of her partner’s experience:

[-] had wanted to be in the Army for his entire life. He dedicated his life to serving and protecting his country,

he was so passionate and obsessed with this. He joined the Army as soon as he could after high school and although he wanted to join as an infantry soldier, he was offered a position in officer training at Duntroon. [-] was in his third year of officer training when he went on an exercise for 30 days to Holsworthy.

He contacted me 15 days in and immediately I was concerned as he obviously could not contact me whilst out field.

He had witnessed his mate suicide and had been returned to Duntroon. He was not the same from that point. [-] had previously lived through two suicides of his uncles who were also ex-Army.

[-] told me that he was leaving the Army. I was shocked as this was his passion and he was nearly finished his officer training – his life was just beginning. Our relationship ended shortly after this as he was discharged back to Brisbane where we lived, and he attempted to end his life ... He had been prescribed diazepam and was highly agitated telling me about all the nightmares he’d been having and how he couldn’t sleep.

That night was one of the worst of my life, I spoke to him for four hours on the phone trying to calm him down and he did not end his life. Until I write this now, I had blanked a lot of this out as I was so disturbed, upset and devastated that a man I had fallen in love with had become a shell of himself.

He was discharged nearly instantly and with no regard for his ongoing wellbeing or psychological recovery. From that point, I had no faith in the ADF and never wanted to meet anyone who was associated with Defence again. I was filled with pure disgust at how disposable [-] was. The true war casualties are the men who dedicate their lives to protect their country, who are discarded because they are broken. They are broken from their treatment in the ADF. That is how the system works.



The fiancé of an Army veteran who had been severely injured during training for a deployment, wrote of her experience in witnessing his anguish after he was medically discharged. She believed her concerns about his worsening mental health were ignored when she raised them with his superiors. He attempted suicide twice and was saved by his roommate:

When speaking about this, [-] told me he wanted to die. He felt hopeless because his whole support network had gone to Afghanistan, and he was unable to be there with them and felt that he was 'useless' and had no purpose. From then, based on medical records I have obtained, it is clear that [-] suffered from suicidal ideation. Despite this, to my knowledge he was not prescribed any medication [...] and there was no formal diagnosis of any mental health conditions. I felt that there was no real support, and I put it down to the culture - that it was 'because it is the Army' [...] It was my view that mental [ill] health in the Army was

treated more as a lack of character or a character flaw, rather than a real mental health condition or concern.

After his discharge, his attempts to find civilian work were unsuccessful, often because of the injuries he had suffered in his training accident. A series of his Army friends died around that time – one from suicide, another in action in Afghanistan and a third in a motor vehicle accident.

He began to have more and more frequent episodes of suicidality and became reliant on medication. Sometime later, he died by suicide. His fiancée wrote of the impact of finding him:

When I came back into the garage [...] was not there [...] I said that I wanted to find him because of my feeling of dread like I have never experienced, and I decided that I would have another look around the property.

I walked out and I recall my friend calling out to me saying that she had found him. I looked over and I could see [...] was sitting down at the front of the bulldozer. I recall bending down to give him a hug and a kiss and I recall him sitting there. He was so peaceful. He was sitting just in front of the bulldozer and his legs were in a position where he was completely still. I leaned down to hug him and kiss him and tell him to come back to the house. When I touched him, I immediately realised that he was dead. I had no comprehension that this would happen. I was a complete mess. I wept.





An RAAF veteran's wife explained how her husband's long-term physical and mental abuse of both her and their children almost drove her to suicide:

Our abuse situation was one of silent suffering. I constantly had to do unspeakable acts for this misogynistic person. How my three sons and I have a reasonably adjusted life today is a credit to the four of us that we got away and got on with our lives. My three sons and I are very close today and support one and another [...]

We suffered for many years, the lack of support from

[...] Defence. We were not in the Defence Force and as dependants we were offered nothing. If we spoke out, then the RAAF [would have had] to speak to him and hence our lives would [have been] worse [...]

Many a time I [...] thought how easy it would be to just [...] That would take the pain away from the sexual abuse and manipulation. The one thought was that I could not leave my children.



Many authors highlighted the lack of support from Defence for serving members dealing with mental ill health and their families, and criticised its culture of silence and hyper-masculinity.

Others recorded interventions made by caring individuals that played a key role in people's survival and recovery:



Over 11 years, I've witnessed many serving members struggle with mental health. I've had colleagues and mentors attempt and also [die by] suicide. The majority of the time I served, I regretfully bought into the culture that those people were weak and just don't want to work hard. After my experiences, I finally have a greater understanding of the mindset of veterans who [take their life]. I owe my life to my last [commanding officer] that cared about the wellbeing of his sailors rather than his career progression.

An ex-Army veteran shared his experience of caring for those who were suicidal, and talked about his own suicidality:

My ongoing difficulties with DVA, together with [...] other experiences [...] had a significantly negative effect on my mental health and wellbeing. Prior to obtaining correct diagnoses of my arthritis and diverticula, these experiences almost certainly contributed to feelings of suicide and suicidal ideation.

Fortunately, upon receiving appropriate treatment for my conditions I was able to move past it. Luckily for me I've been trained to recognise, detect, and rescue military personnel/veterans from self-harm or to alleviate

"The majority of the time I served, I regretfully bought into the culture that those people were weak and just don't want to work hard."

their ideation. I've been involved in 27 'retrievals' of people who are in these difficult psychological situations (including three that were armed and dangerous). Through helping others and my own experience of feelings of suicide I'm very conscious of what veterans are dealing with.

One veteran with almost four decades of full-time service found positives in his love for his family, despite his disappointment at his treatment by Defence:

During my entire 38 years of full-time service and an additional eight years of part-time service the common theme was that you did not want to be the 'weak link' due either to physical or mental injury or impairment. We were all guided to hide such things and provide the desired answers or responses when interviewed. The hidden threat of not being selected for promotion, courses or desired postings always loomed. I saw active service and many non-warlike deployments that still resonate with me. Even after being diagnosed with PTSD I was alienated and ignored. The only treatment I received was treatment I sought. Upon my discharge from the service I received no thanks, no acknowledgement and no support. I became a recluse and my family are the ones that suffer the most [...]

I think about suicide every day but so far, my desire to see my grandchildren grow has outweighed my need to leave behind the memories, guilt and hurt.

Authors often reported that the needs of service members and their families were overlooked in favour of the perceived needs of the system. One wife of an RAAF veteran reported what happened when her husband, who was experiencing suicidality, pleaded to stay with his family rather than being posted away from them:

“The posting officer said to my husband’s pleading: ‘Yeah, yeah. Dying mothers, disabled kids. I’ve heard it all, mate. Suck it up.’”

My husband was suicidal at one stage in his life. Our child had been diagnosed with Autism and my mother was dying. I had no family support. My husband received a posting away from us for three years. He begged to stay with us for one more year until my mother passed and my son was stabilised.

This was denied. There was a telephone conversation in relation to this that my husband had on speaker.

The posting officer said to my husband’s pleading: ‘Yeah, yeah. Dying mothers, disabled kids. I’ve heard it all, mate. Suck it up.’

He had no choice but to accept the posting away from his family.

Other submission authors wrote about how systemic problems also showed up in the ADF’s handling of postvention, which is the care and support provided to people exposed to suicide. When done well, postvention activities support bereaved family, loved ones, friends, first responders, caregivers and health-care providers.

The term ‘postvention’ was coined by an early researcher into suicidality, Edwin S Shneidman (1918–2009), who saw it as an essential element in the recovery of those impacted by suicide. As such, postvention plays a vital role in minimising the risk that people exposed to suicide themselves experience suicidality. It can include grief counselling and support groups and extends to trauma-informed media reporting and programs to destigmatise suicide, suicidality and mental ill health.

Experts agree that effective postvention also requires that investigations into deaths by suicide are conducted in such a way as to minimise trauma to the people exposed to suicide. Poorly handled investigations can leave loved ones feeling robbed of justice and closure, as the mother of an RAAF veteran who took his life in 2007 wrote:

He had [undergone] shoulder surgery and was told this was the last time it could be operated on and if he dislocated it again he would likely be discharged from the service. He was sent home with enough drugs for the pain for the week and I believe [he was] told to come

“Experts agree that effective postvention also requires that investigations into deaths by suicide are conducted in such a way as to minimise trauma to the people exposed to suicide.”

back later in the week. He had a history of depression and was sent to a psychologist before the operation but his notes from the doctor about his depression or his upcoming surgery were not sent with him.

The psychologist he saw said he was fine and didn't see any issues, as he did not confide in her for fear of losing his job. At the subsequent inquiry into his death by the RAAF, she stated her discussion with him would have very likely been very different had she known his background.

He took his life two days after being discharged from the hospital.

This mother also added that her son had received loans from Defence Credit that she believed he had 'no real hope' of repaying and said that he drank heavily 'as was part of the culture within the RAAF'.

He had decided to leave the service but was required to engage in a mentally draining and time-consuming exercise to acquire proof of his in-service technical training so it would be recognised in the civilian world. She wrote about how the inquiry into her son's death was conducted and how she felt when she received the report:

My experience following [-]'s death was initially very good – we were given support throughout the funeral and during the inquiry into his death, but when the

report was handed down we were shocked by what the commissioner had written. It was very brief and ignored all the things I have mentioned plus more that I haven't gone into and laid the blame solely on his ex-partner and their separation.

It did not take into account that suicide doesn't come about due to one factor. We were also told before the inquiry that should we want to make any submissions into the report we could do that but when we did this we were told the matter was complete and [...] we had to accept it as it was. The report didn't even have my husband's name correct and there were other errors indicating it had not been proofread, just written in a hurried manner to clear it off the desk. I was also asked before receiving the report if I could allow the state coroner to take the commissioner's report as the record so we didn't have to go over it again and were advised this was the best thing to do, so [I said yes, believing] that the commissioner would do the right thing.

Our expectation from the inquiry wasn't to blame any one person for [-]'s suicide but to find the flaws in the system and have them corrected. There is so much more I could write about the way the RAAF cleaned out his house, which was bordering on illegal, and how his colleagues were treated [...] I trust this gives you some background into my experience and I just want what happened to us to not happen to anyone else. Thank you.

“I was cut adrift from any support following the suicide of my first veteran husband and I was cut adrift when I was medically terminated after 34.5 years of service. I reflect on my treatment, and I am bitter. My family are the reason I have survived both devastating experiences. My family have been my support and have been deeply impacted as a result.”

Other authors wrote that Defence shortfalls and procedural errors greatly intensified the suffering of families already struggling to recover from the loss of a loved one. In the following account made on behalf of the whole family, the deceased’s sister talked about the family’s continuing suffering because of poor postvention support after her brother’s passing:

[–]’s loss devastated his family. But what followed, with the endless administrative tasks required of his mother and sister was almost equally unbearable and has left them both deeply scarred.

Perceived deficiencies in Defence’s postvention support were also felt by long-serving members like this woman, also a veteran, left embittered by the lack of support after her husband’s suicide:

I was cut adrift from any support following the suicide of my first veteran husband and I was cut adrift when I was medically terminated after 34.5 years of service. I reflect on my treatment, and I am bitter. My family are the reason I have survived both devastating

experiences. My family have been my support and have been deeply impacted as a result.

Others also underlined the lack of support from Defence to serving members, ex-serving members and their families:

My father was in the RAAF and served around 13 years before being discharged. After his discharge he didn’t receive sufficient mental health screening or counselling and struggled silently with depression for a few years before taking his own life.

Before he went he opened up and explained his feelings to an ex-colleague that had gone into firefighting. He was subsequently checked in to a mental health facility where under ‘24-hour supervision’ he took his own life (Dec 2017). When this happened I kept my chain of command involved and received leave to go back to Adelaide from HMAS Cerberus to console my grieving family. Other than the leave I was granted, I received no other support or follow up [...]

The fact that my father was able to slip through without the support he needed and I have slipped through in a very similar way even after coming forward is worrying.





A serving Navy member also highlighted the poor postvention of DVA and Defence, recounting his experience from 2019 when a recently discharged Navy comrade died by suicide:

I contacted DVA to inform them of his death and was hoping they would get in touch with the family as they may offer support to assist with the funeral or even just express their condolences [...] The DVA worker took my details and said that she would get in contact with the [next of kin].

A few days later I called the family to ask if DVA had contacted them, they had not. I contacted DVA again to ask why contact was not made and they stated that they

only had an address for [the next of kin], not a phone number. I told them I could have easily supplied them with a phone number, which I did.

The DVA worker stated they would contact the family immediately. They did not, as I rang the family the next day to ask the question if they had been contacted by DVA and the mother replied 'No' [...]

I would have expected some assistance [to be] offered to any family of an ex-serviceman for funeral arrangements etc. but when the only contact made by DVA to the family was in the form of a letter talking about debt recovery I was absolutely disgusted [...]

In some positive news, the only agency that assisted us through this process was the RSL sub-branch.

A veteran's widow, whose late husband died by suicide, reported feeling abandoned after being on the receiving end of glaring administrative errors:

I received letters addressed to my late husband asking him to rate the quality of mental health care he received from the employee assistance psychologist! I received no support from the services.

For some, the anguish was exacerbated by dealings with DVA after their loved one's death. One woman spoke of her treatment by DVA representatives when she sought compensation after her husband's death by suicide:

We stepped into the meeting and the DVA delegate opens up the file and says 'mental health runs in your family thick doesn't it' and so compensation should not have to be paid for [...]s death. I collapsed. The advocate said, 'Give me one minute', and took me out to the secretary and asked her to support me to the toilet; I was going into shock and going to be sick at the moment. I could hear the advocate return to the office with the DVA delegate and say [to them], 'You fucking pull that on one more time and I will throw you against the wall; her family, every family is broken because of this shit'.



The mother of an RAAF member who had died by suicide while in service, wrote of the impact on

"The fact that my father was able to slip through without the support he needed and I have slipped through in a very similar way even after coming forward is worrying."

her and her family of what they believed was an unsatisfactory inquiry into her son's suicide:

As a family we feel the [...] inquiry into [-]'s death did not appropriately address the causes and contributions to what led him to the moment of taking his life. We had just lost our son and could not help but feel like we were not heard and that what we thought didn't matter. The process of the report and inquiry felt very rushed, and it was almost as if they were trying to sweep everything under the carpet - that is, to exonerate the ADF.

The mother wrote how 'on the outside' her son appeared 'outgoing', with a great sense of humour and apparent joy at living, but she observed a dramatic change in his demeanour after a posting to Sydney where, unknown to the family, he was bullied:

We noticed a correlation with his mood depleting. [-] was subject to bullying for some time from others he served with. The inquiry was unable to conclude the severity of the bullying and since we could not speak to [-], we had to rely on recounts from friends and other serving members. In the inquiry not one person

“[-] strongly believed he could not be officially diagnosed with depression — or any mental illness for that matter — as he would be demoted or be discharged from the Air Force. This is something [-] did not want. He loved his job and being part of the Air Force.”

was called from Sydney – his last posting prior to being posted to Wagga and [which had been a] major contributor to his mental state. Only his colleagues from Wagga were called.

We know from [-]'s partner that the bullying took its toll on him and contributed to his mental state. He would often come home and cry. Due to the culture of the ADF he was not prepared to register any complaints against others. This was seen as not the right thing to do, regardless of the nature of the complaint.

The situation worsened after a motorbike injury to his shoulder threatened his career:

[-] strongly believed he could not be officially diagnosed with depression — or any mental illness for that matter — as he would be demoted or be discharged from the Air Force. This is something [-] did not want. He loved his job and being part of the Air Force. When he told me this, it was only months before his suicide (and I was not aware until the very last days that the depression was so severe).

She had encouraged her son to seek treatment for his depression but she believed it was poorly handled and that what she observed as ‘RAAF culture’ contributed to this mismanagement:

The culture of RAAF was terrible. [-] [had] never had a problem with alcohol or an interest in binge drinking until he was in the RAAF. The way problems were approached was with alcohol. If you had a problem, you go to the pub and drink a beer, which he was told on several occasions. That was the attitude and that is what became a poor coping mechanism. That affected his relationship. He was drinking more than he normally would. It was the straw that broke the camel's back in his relationship. [-]'s relationship falling apart was formed as the blame for his suicide. [But] the breakup didn't start it, the move to Sydney did.

The mother blamed the RAAF for cumulative administrative failures that culminated in her son's suicidality. They included the requirement that he verify his service qualifications with trainers from up to ten years earlier, and the failure to send medical notes that would have revealed his mental health history to the psychologist he saw prior to surgery:

[His medical notes] should have made it to the hospital. What we wanted was for the inquiry to acknowledge this error to make sure it doesn't happen again. We felt were heard but not listened to.





Imogen Rae,
Circle Work (2022,
watercolour,
marker pen and
crayon on paper,
29 x 42 cm)
courtesy the artist.
On loan to ANVAM
2023, *March to
Art: Create*.

For this piece, it was important to seven-year old Imogen that each circle was unique. Painting inside her drawn black outlines made it 'look beautiful at the end'.

When [-] passed away it took two weeks for ADF to locate his will. We found out it was in someone's tray to be processed and that [-] had submitted an update three months before his death. The ADF went off records from [the] 1990s when [-] was with his former partner, and they did not check with us. They contacted his former partner and asked if she would sign the will over to [-]'s daughter. This was another stress on us and extremely stressful on his former partner to find out in this way that [-] had taken his life. When the report was handed down it felt like it had been written in a way to say it was not the fault of the ADF. They had thrown us in the deep end. We were cut off as soon as we received the report. No one was there to help, and we suddenly did not exist to them anymore.

Another difficult chapter follows. In it we consider the many and varied challenges faced by the families of serving and ex-serving members, challenges that drove some families to breaking point.

We honour the family members and loved ones who have shared their stories in the hope that their experience will shine a light on the endemic factors that caused real harm to people and led so many serving and ex-serving members to take their lives.



"[M]y husband was told by a superior that 'it's Army first, family second; if you were meant to have a family we would have issued you with one'."



Walking on Eggshells

Families and loved ones

The role of the family is deeply woven into the fabric of Australia's military history, from the early days of European settlement, through two world wars and up to the present. Families shoulder the responsibility of providing serving members with a haven of normalcy, love and stability when they are at home, maintaining the family unit when they are away, and giving them a welcoming sanctuary when they return.

Family members must endure the lingering emotional strain of waiting for their loved ones while they are away – sometimes in mortal danger – and they must deal with any negative impacts of service when they return home. They are the first responders for injuries, illnesses and mental health issues, including suicidality. And they often become the long-term carers of those whose dreams of a military career are shattered by injury or illness, sometimes as a result of systemic failures.

In its submission to the Royal Commission, the Australian War Widows New South Wales Branch made many powerful points on behalf of

the families it represents. Chief among them was their view that the main reason ADF members leave service voluntarily is 'because of the impact of that service on their families'.

As the Royal Commission has already found, families help veterans join, stay in, serve, and when the time is right, transition [...] back into civilian life. Families care for veterans if they become unwell due to their service and are the ones left behind and left out when a veteran passes away. Families in all their forms are the constant in a veteran's life, they are without doubt a protective factor and have positive impacts on transition and wellbeing outcomes for veterans.

But, as the Australian War Widows New South Wales Branch pointed out, 'only a small segment of the veteran family community is supported [...] within the veteran system'.

Even then, the support is limited and does not properly recognise the role they play, the burdens they bear and the impacts [...] military service has upon them. There is limited relief offered for veterans' families, yet the system

“At the very least, labelling [people ‘malingerers’] needs to stop. As [the saying goes] ‘When you label me, you negate me.’ This is not the hallmark of an organisation that ‘values its people’.”

and the institutions within the system continue to expect families to take on more and more when it comes to enabling ADF service and caring and supporting veterans following that service.

Indeed, one of the common themes that emerged from the submissions to the Royal Commission was a perceived lack of support by Defence and DVA for the families of serving and ex-serving members.

Submission authors highlighted many ways that service can affect families, among them: the burden of caring for loved ones experiencing physical or psychological injury; vicarious trauma; geographic instability and lack of continuity in work, schooling and social connections; being separated from one another; the tragic reality of domestic violence – often linked to trauma – as well as problematic anger and emotional withdrawal; lack of engagement with families by Defence; care-giver burnout; financial strain caused by involuntary discharge; and the lack of support by Defence after the death of a serving member.

Many people wrote submissions about the vital role families play in sustaining veterans through periods of mental ill-health, as well as in suicide

prevention. For example, this submission came from the wife of a Navy veteran, whose hitherto successful career faltered and whose personal health deteriorated after their daughter also joined the Royal Australian Navy. After she suffered a serious injury during supervised training, her subsequent treatment by Defence – including being labelled a malingerer – devastated the family.

I had to deal with the impact of our daughter’s distress at the time and support her as much as I could, either by phone or by taking time off work and travelling to her. Her sisters who were nearby [...] were ‘on call’. My husband was there and while he physically helped her and sent emails to her commanding officers, he was powerless to affect how she was treated. I have had to live with the ongoing fall-out of this sad tale. The impact of this bubbles to the surface for our daughter and for my husband at times, causing her distress, and this impacts the whole family. I have to carry the ongoing mental load of this mismanagement [...]

At the very least, labelling [people malingerers] needs to stop. As [the saying goes] ‘When you label me, you negate me.’ This is not the hallmark of an organisation that ‘values its people’.

Personnel need to be believed until proven otherwise. There are exceptions to expected recovery times and these need to be recognised and supported.

Bullying needs to be recognised and [there needs to be] a pathway for reporting [...] preferably to an external body.

Many wives and partners referred to what they believed to be Defence's lack of understanding of the additional burden they bore, caring for children and household while their partners were deployed. As one wrote:

I am a spouse of a Defence member who served in Iraq and Afghanistan. Since his many tours, there have been two suicides of fellow colleagues. I believe he exhibits risk-taking behaviours and is more greatly affected by events that occurred than he will admit. This includes drinking and having an affair.

Over the past three years, another four wives have experienced similar behaviour with their husbands who also served on the same missions. As wives, we are left blindsided and also feeling helpless in terms of sufficient emotional and wellbeing support and financial [support]. Many of us have not been able to build sufficient funds to support ourselves, as our careers were disrupted by postings and due to the lack of support. While our husbands were deployed, we were sole parents, often unable to return to work. On [relationship] separation, this has left us in a difficult position [...] having to fight for our share of pensions etc. All these ex-members would state that they are emotionally balanced and unaffected. We wives would beg to differ and wonder how there is little to no follow up on members who have served or a good support network for spouses in our position.



The former wife of a long-serving Army veteran wrote of the way their relationship changed as a result of his experiences during service. She reported that her husband morphed from an equal partner to one who 'treated her like a subordinate', fully controlling their finances.

Counselling helped her identify the latent violence in their relationship and fully realise the person her partner had become, deeply affected by the trauma he experienced during service. She wrote:

Living with someone who I suspect has PTSD involved fitting in with their routine all the time, their rigid expectations of what needed to happen, walking on eggshells. I felt like I had to keep things calm all the time. I felt like I was always on alert, looking for spot fires to put out. It is like living a life that is not a life.

After unsuccessful marriage counselling, in which her husband hoped to change her mind about moving out, he became more forceful:

On one occasion he held me down so that I couldn't get my car keys and attend an appointment. I called out to my kids to come so that I could leave. In that appointment, it was the first time [...] someone [...] identified I might be experiencing family violence. We went to a session on our own and then one together and then he refused to go back. In the joint session, he spent the session identifying what I had done wrong.

A young Army special forces veteran who had deployed multiple times to Afghanistan shared

his observation that family breakdown is often a contributor to the deterioration in veteran mental health:

Relationship breakdowns happen. This is likely unavoidable, however a child is a purpose and a responsibility to both parents. Neither [is] better than the other. The noise that goes on around the break ups and custody battles needs to be called out as well — family court lawyers need to demonstrate duty of care in their correspondence with the opposing sides. This noise drives too many people over the edge and is often orchestrated [...]

I would recommend the ADF incorporates an immediate action when it comes to members or veterans undergoing relationship breakdown, involving some sort of register that tracks the issues members/ex-members [...] are facing. [They should] speak to experts and ensure that moral self-value and integrity are able to be maintained post flashpoint of separation. Guarantee of time with children being a massive part of this.

During the Royal Commission's Adelaide hearing in July 2023, Commissioner Peggy Brown expressed her frustration at the amount of work



“Living with someone who I suspect has PTSD involved fitting in with their routine all the time, their rigid expectations of what needed to happen, walking on eggshells. I felt like I had to keep things calm all the time. I felt like I was always on alert, looking for spot fires to put out. It is like living a life that is not a life.”

she believed Defence still needed to do to support families – particularly in childcare provision, improving communication with families, dealing with domestic and family violence, and collecting much better data on the families of serving members.

A 1986 report, commissioned by the then minister for Defence and written by Sue Hamilton, *Supporting Service Families*, identified many of these same issues. Yet 38 years later many Defence families are still affected by these issues, as this Royal Commission has heard time and again.



One wife of an ex-serving member wrote:

I lay awake at night (sometimes because my husband is having another night terror [...]) and I don't know how to make this better.

This is why I appeal to you. I cannot disclose my personal information as it would land my husband in hot water and just cause more drama for our family which we cannot cope with.

A veterans' advocate and welfare officer who runs an equine therapy program for veterans, gave evidence of his experience with veterans from WWI through to Afghanistan:

The first thing that a lot of them said to me was, if it wasn't for their families they probably wouldn't have got through it. They spoke about the importance of their partners and of looking after that relationship within the family, because that was what really pulled them through their experiences and what they went through. But then there comes a point in your life when you will be confronted by those things, so they said, 'You need to work through those things. You need to face it.'

Some authors said that Defence support for them and their families evaporated after the member's separation from the ADF:

It's clear to see there is a downfall in support provided to our veterans and their families. In my experience there is an abundance of support once enlisted. Almost overwhelmingly so, coming from a civilian's perspective. Once discharged however, it [went] silent. It was up to us, I suppose to seek help, and help is not something you seek when you want to hide under a rock as you're suffering a silent battle.

“We have a system that almost seems designed to torture our weakest, our most in pain, those most in need of support. While not ending in suicide, in each case our system significantly degraded the quality of life of these people.”

A partner of an Army veteran who was medically discharged wrote:

Someone found [my partner] in a vehicle [...] when he attempted suicide. His discharge as medically unfit is still a source of shame for him. I do not know how to get him help or me help in dealing with this. It is taking its toll on our relationship and family and we are barely getting by financially.

Anyway, here is one more voice saying the culture must change.

One experienced welfare officer cited three cases of medical discharge in which she assisted: one was due to permanent injuries and chronic pain; the second was due to a service-related cancer; and the third was due to incapacitating PTSD. She wrote:

In all three cases, I feel that we should be deeply, fundamentally ashamed of our treatment of long-serving veterans and their families. We have a system that almost seems designed to torture our weakest, our most in pain, those most in need of support. While not ending in suicide, in each case our system significantly degraded the quality of life of these people.

[Two] of the three [cases] resulted in such severe psychological distress that, had suicide occurred,

I would have had no doubt of the culpability of DVA. Of [the second] case, we should be ashamed of the distress we are causing a grieving spouse who is also a full-time carer.

An Army wife wrote that it was only in hindsight that she saw ‘the bigger picture’ that left her with a shattered husband and a chaotic family life. She realised that ‘the very people who should have had your back, didn’t’:

The term ‘duty first’ was something I once was naive enough to respect, because I believed you had their back, and they had yours. I was proud for my husband to dedicate himself to his career first, as I dedicated mine to my family first. Together it was an effective team; and it worked. I easily adapted to the Army lifestyle.

He went off for long and short periods of time, but I always had the family covered. He and his career provided me with all the resources and ability to do that. Post discharge was a rude awakening.

This ‘duty’ he had dedicated himself to — we had dedicated ourselves to — vanished. From my point of view he was suffering from experiences in battle he needed time to accept, they booted him [out] and [...] that broke him. My husband needed time, he needed to accept the loss of his brothers, his friends, his mates. He needed support

to get him through the tough times. They medically discharged him because they saw him as flawed. He wasn't flawed, he was suffering. I don't think anyone could go through what he has been through, seen what he has seen, and not be affected by it. And that is OK. What is not OK, was his instant dismissal. He dedicated his life to the Army, he put everything he had into his career, he loved his job and only wanted to succeed. He trusted them, he trusted me. Then in an instant it was all taken away. I broke his trust when I spoke to the Army, I went for advice, they in turn broke that trust when they dismissed him from his duty. This was the key, the pivotal point where my husband was broken. I know it was, because I was there. He changed that day, I lost the husband I knew and I haven't seen him since.



The wife of a senior non-commissioned officer with more than 20 years' Army service noted that in the early years of his multiple peacekeeping deployments, Defence did not warn members or their families of any potential effects:

Only after his return from deployment from East Timor, did he receive any acknowledgement from the ADF that there was a risk of mental health issues, however this explanation was general and done 'in a room with other returning soldiers, so no one said a thing about how their experience may have affected them' [as stated by [-] to his doctor]. There was never any follow-up and senior officers were never encouraged to discuss mental health with their soldiers. [-] generally took a few days after returning to

Australia from these highly stressful operational roles, then went to regular work back in the corps and 'got on with it'. No mental health or other separation support was offered to [-] or his family pre- or post-deployment [...] by Defence for any of the overseas military deployments.

The ex-wife of a former Army officer wrote of the impact on their family of years of his alcohol misuse, following his return from service in Vietnam:

Three times [-] tried to commit suicide, which shook our family to its core [...] A neighbour found him and drew my attention to what [...] had done. The neighbour wanted nothing to do with the situation, so I struggled to get [-] inside the house.

I was shocked that he would do something like this. The medical treatments he'd received obviously weren't working, especially the psychiatry visits. The first specialist retired. [-] was passed onto a female psychiatrist who, unfortunately, was more interested in her personal life than helping [...]. The third specialist almost waved [-] away, his disinterest was disgraceful. The only help was from our GP.

She wrote that her former husband was drinking at least a bottle of whiskey a day before he eventually died of chronic organ failure.

The former partner of another Army veteran wrote of the damage done to her family when they came home to discover he had attempted suicide. After that, her partner's mental health continued to deteriorate and he attempted suicide twice more. Each time she managed to revive him.



Since 2016 he has lost many friends through suicide, he has lost his identity and struggled with living. He's not able to enjoy a family dinner out without a smell or a sound triggering him.

He's not able to enjoy watching his children perform in the sports they love. October 2022 now also holds another date of reminder, the day he had a mental breakdown which resulted in attacking and assaulting me, his wife!

She said the grinding bureaucratic processes through which families must work in order to receive support added substantially to the pain they endure:

The amount of paper[work] my husband has had to fill out time and time again is ridiculous and anxiety provoking! Then the processing time can take two months to two years. How on earth is it taking two years? [...]

The rising suicide rate of our service men and women is only scratching the surface of the problems that have risen from service and deployments. The spouses and children are just as affected from living with their partner. Their mental [health] also fails and there is even less support for the family.

The effects of intergenerational trauma on families were raised by a number of submission authors. The daughter of a WWII Navy veteran who died by suicide many years after his service said that her father's sister had told her that her father was never the same after he returned from the war:

[According to my aunt] when he returned home his personality had changed. He was bitter and unkind. I remember Dad frequently acting suspicious and paranoid. He always had to look over his shoulder, it was as if someone was behind him. The paranoia was so severe it would inflict anxiety amongst my family [...]

“He's not able to enjoy watching his children perform in the sports they love. October 2022 now also holds another date of reminder, the day he had a mental breakdown which resulted in attacking and assaulting me, his wife!”

He always had to control us children and Mum. All seven of us had our education impacted, which has affected our lives. It was clear he did not respond well to those in authority positions and this likely stemmed from his treatment in the Navy.

Dad would never be open or approachable with us. He never talked about his feelings and would always 'get on with it' like he did in the Navy. I believe the culture of the Navy impacted Dad's psychological wellbeing and it was never really acknowledged.



She wrote of her father's 'obsession' with weapons and ammunition and how he kept them in their house and shed. She believed this obsession was born of his service:

While Dad died many years later after his service, I do have reason to believe [his suicide] was connected to his service. He kept to himself and developed concerning behaviours at such a young age when serving. My second brother also died by suicide. I believe my father's input on my brother's life led to him taking his life.

The daughter wrote that her father had often spoken to her about being sexually abused during his service:

Dad talked a lot about sexual activities that happened on the boat and the abuse that happened. He was exposed to cruel and depraved sexualised behaviours at a very young age. There was a lot of sexual exploitation. This had a huge impact on how he conducted himself after he left [the Navy]. Dad sexually abused family members and he continued to silence and abuse them during our childhood. My dad would physically abuse me, and I had childhood trauma to my head.

Dad was adamantly against anyone associated with war, but he became obsessed with a family who had good war history. He took on another identity and decided [that] his father was no longer his father. He legally changed his name to match the identity of a former soldier who had a good war history.

There was a lot of cover-up and transgenerational trauma. I have learnt over the years how Dad's service has impacted me. I have PTSD and suffer from it myself and can identify Dad's suffering from these symptoms

too. I engaged in counselling myself and it took me many years to get over things.

The daughter's difficulties continued through to the time of writing her submission:

When Dad took his life, we were very isolated from people as Dad had to be the one in charge and authoritarian.

In 2014 I became aware that Mum required support and assistance. I went to [-] for help and counselling. We were told we couldn't have help and help could only be given to the Vietnam veterans in the form of counselling. We desperately needed counselling. We were then able to get Mum a gold card but not a pension through Legacy. We wrote statements about our life and went through a lot of grief with this process.

I recently contacted DVA for assistance in October this year with housing and was referred to Open Arms for counselling. I was told I can't have help because the veteran (my father) had passed away. This is despite the fact that my mother has a gold card.

I am looking at being homeless and was hoping DVA could help me.

An Army officer's wife, herself a serving officer, detailed the flow-on effects of her husband's depression, anger, alcohol misuse and suicidality, which arose from his active service. He had switched from infantry to transport after being injured during service in East Timor.

She said that after he returned from deployment in Iraq his mental health began to decline and he

“Dad would never be open or approachable with us. He never talked about his feelings and would always ‘get on with it’ like he did in the Navy. I believe the culture of the Navy impacted Dad’s psychological wellbeing.”

told her he was having suicidal thoughts. He was diagnosed with depression and began treatment, including medication. He was subsequently medically downgraded and the couple were posted to different states over two consecutive years, despite their requests to be posted together. This heightened his mental health issues.

When a requested posting to his home city where she was serving and his family lived was refused, he felt compelled to discharge from full-time service. He joined the Army reserves and found other work but remained medically downgraded as a reservist and was required to have regular medical board reviews to continue his service. His wife believed this contributed to the further decline in his mental health:

I believe this system and [the] requirement for ongoing assessment for suitability actually prevented him from fully engaging in treatment that he required in order for his mental health to really improve.

[-] strongly valued his role at [-] and did not want to risk losing it or being considered psychologically unsuitable to work. He was a smart man and knew what he needed to say to his treating doctors, psychologists and psychiatrists in order to get the letters he needed to present to the medical review boards.

I believe that he knew that if he was to tell his psychiatrist how bad he really felt, that he would be further downgraded and potentially psychologically discharged.

She explained how her family suffered from her husband’s failing mental health, which precipitated a breakdown in their relationship, and an unsafe family home:

[H]e gradually became more abusive around the home. He would break furniture, glasses and doors, yell and scream and subject me to hours of convoluted conversations, often in the middle of the night, blaming me for his unhappiness.

We got to a point where the children and I were all walking on eggshells around him [...]

At the time I was embarrassed and scared so I didn’t talk about it much at work, however looking back I can see that someone should have been asking me or offering help. They knew I was in a crisis but didn’t do anything [...]

I eventually separated from [-] in July 2020, as his behaviour was getting worse and he had essentially stopped getting treatment. Our couples therapist had stopped our sessions due to reports of family violence, and had advised [-] that he needed to focus on individual counselling for at least three months before we could return to therapy. He stopped his individual counselling

“I have no doubt the requirement to move every two years was a key contributor to my marriage breakdown as my spouse believed that the continual moves were detrimental to our children’s development and their education.”

shortly after this and decided he would only use his medication as his treatment. He was drinking heavily, and sometimes would wake in the night and start drinking. He managed to keep function in both of his jobs, however at home things were progressively worsening.

[–] died in June 2021, just less than a year after we separated.



One wife of a serving Royal Australian Air Force (RAAF) member explained how frequent postings imposed additional restrictions on families and had a lasting effect on children’s wellbeing and education. She believed the posting system contributed to unnecessary stress and uncertainty because it prevented the Defence Housing Authority (DHA) from providing clear housing options to families, especially during the peak posting period (July to January each year):

This is because those members who are posting out of a location must submit their paperwork in order for their house to be listed, i.e. it’s an opt-in process, rather than DHA automatically listing all houses whose occupants have posting orders attracting a removal [...] [This] then put[s] the onus on the occupant to opt out by explaining why they need to retain their house.

The consequence of this is that members and families who are posting to a new location often have no visibility of houses on DHA’s HomeFind portal until late in the year, often October or November. This makes it almost impossible for members with children to apply for childcare or schools with reasonable notice, as they don’t have even a general suburb for where they’ll be living (and many childcare centres and preschools can have waiting lists of six to 18 months).

For members or partners who are pregnant, transferring obstetric care, especially in the third trimester, can also be very difficult without an address. As most postings occur over the Christmas/New Year period, the window for members to sort out these issues effectively closes in mid-December. This is highly stressful. Moving to an opt-out system would allow DHA to have better visibility of its available housing stock, to be able to communicate this to members and families earlier, and to approve requests for rental assistance in a much more reasonable timeframe. All of this would reduce stress on ADF members and their families and allow for better mental health outcomes.

An officer with more than three decades of Army service wrote of the impact of his frequent postings on his family:

The frequency and location of postings is an issue which can lead to personnel being confronted by stressful



situations, at work and in a family setting. In my 32 years [...] I had 16 postings and moved home 23 times. I have no doubt the requirement to move every two years was a key contributor to my marriage breakdown as my spouse believed that the continual moves were detrimental to our children's development and their education. My ex-spouse also saw the continual moving as a key factor in her not being able to develop a career. During the course of my marriage breakdown I suffered tremendous stress, anxiety and depression that required clinical intervention, and while I have recovered, I have personally counselled personnel who, due to the lack of support from within Defence, have sought support from agencies outside of Defence. I would further argue that in my case, the frequency of postings resulted in my career being limited, in that I did not advance beyond the rank of major.

Another Army veteran confirmed the hardship experienced by families because of 'consecutive, unwanted postings' – and felt by the member, who can feel responsible for this suffering:

The inability for the Army to justify its reasoning on these postings, especially to the families of members, creates yet another stressor on the soldier that he/she is unable to influence. After 18 years serving and eight posting locations, all of which were interstate and none of which were requested, I can attest to the stress and depression this causes.



“The inability for the Army to justify its reasoning on these postings, especially to the families of members, creates yet another stressor on the soldier that he/she is unable to influence.”

One woman, married for 25 years to a serving Navy officer, wrote that for 23 of those years he had been considered by Defence as ‘unaccompanied’ and had been given numerous postings on shore and at sea that meant he spent years away from her and their children:

Essentially, he did not see our children grow up. During this time I worked full-time, raised our children (and everything that goes with that [...]), maintained our family home and was basically the one in the family who kept things afloat.

Many of these postings were due to the Navy being unable to find candidates to fill the roles – this is largely due to many members of the Navy stating they will not leave their home location nor their family to move interstate. This then leaves a small pool of candidates who are consistently called upon to relocate at short notice (my husband being one). Career advisors/posters accommodate the demands of the members refusing to post from their home location, making the situation more difficult and stressful.

During our years of being ‘unaccompanied’ there was NO support from anyone in Defence during this time, for either myself or my husband. This has had quite a

detrimental impact on my husband’s mental health, particularly as he now recognises he only played a small part in the raising of our children and missed out on so many milestones.

Another Army wife expanded on the unintended consequences on serving members and their families of the posting cycle. In her case a particular transfer meant their daughter was denied access to a high school that taught subjects she was scheduled to study in her final year of high school:

We were overlooked [for housing] and priority was given to service personnel without the years of service [...] [My husband] had to go to the padre to solve this problem and we finally got a house in the area of the high school on [temporary rental assistance]. The RAAF had houses in the area but were allocating them to couples without children but [with] animals. [-] got very upset and had a temper/grudge over this with RAAF housing allocators. [H]e started gambling. I was working full time. The children were in Years 11 and 10. [-] adored his children and me but gambling started to become a problem. He didn’t play as much golf as previously and I often wonder if frustration from this and previous incidents contributed to his gambling. I had no idea, it was like he had two personalities [...] I knew he played the poker machines but I did not know much he spent on them.

Her husband was diagnosed with bipolar disorder and referred for treatment:

[-] had electric shock treatment [...] for depression and bipolar. No permission was ever sought from the family

for this treatment. I am still disturbed by this. [-] lost his short-term memory from electric shock treatment and never fully recovered.



A special forces operator wrote of how community perceptions of some veterans affect how they are treated and can impact family life:

[T]here seems to be a rhetoric in the community that veterans are unstable and dangerous, that the male with a shaved head and some sort of physical presence is instantly a danger or a lesser parent due to time often spent away. This costs people time with children and strips people of their purpose, their essence.

In my (and so many others') case, my veteran status has seemed to be a reason to keep information from me and to treat me as a second-class citizen, despite not [having] a single criminal offence ([I] even held high clearances).

This rhetoric justifies behaviours towards people, although it is often untrue. It is extremely provoking to feel guilty until proven innocent and it pushes people to further seek coping mechanisms (alcohol and drugs, generally) which leads to regrettable actions that further undermine the person's essence [...]

This rhetoric against veterans has cost and is costing veterans time with their children.

Other family members criticised Defence for its failure to inform members of treatment options, denying them the chance to promptly deal

with issues rather than allow them to grow to unmanageable proportions. One wrote:

My husband began suffering from anxiety attacks and anger problems since his deployment to East Timor. When returning from Afghanistan in 2010, he was diagnosed with acute PTSD. He saw psychologists, doctors and counsellors through the Army, but didn't seem to be taken seriously or the help that was offered was not of any benefit to his condition.

More than a year later, she discovered through her own research that he was entitled to an intensive PTSD program run at a local hospital:

It is very unfortunate that he was not offered these treatments when he was first diagnosed, because our family has had to endure tremendous grief, anger, fear, sadness, depression and harm as a direct result of his time in the Army.

[If] it was not bad enough that we had to endure life without him for long periods of time ([a nine+] month deployment to Afghanistan, plus months away on training exercises) we now directly have to cop the fallout from the trauma that he has been exposed to through the Army.

She obtained a domestic violence order against her husband after he threatened her life and his own. However, they sought help and remained together. In her submission, the wife shared that her husband was also concerned about the number of service marriages that ended in divorce and the number of young men who attempted suicide or died by suicide:



Andrew Littlejohn, *Resilience* (2021, oil paint on canvas, 20 x 20 x 2.5 cm) AWM 2022.1334.1

Resilience reflects the stoicism of the partners of serving members who give so much and contribute to the successes of the ADF through their sacrifices and unwavering support.

“Civilians cannot even relate [...] to how tough Army life is. It takes a very strong man and then their families or partners have to be strong also: months away at a time, missing the birth of their children, having no life beyond the Army because they cannot make any plans in case it interferes with Army life.”

I can recall at least five times when my husband [...] returned home to tell me (not that he was supposed to) that there had been a suicide. From young men starting out in the infantry (hating it and thinking there is no other escape or way out from the Army) to high ranking men (whose wives decide they want a divorce because Army life is too hard). We never seem to hear about it in our cosy society ... it's as if the Army just sweep it under the carpet. Civilians cannot even relate (I know I still have trouble) to how tough Army life is. It takes a very strong man and then their families or partners have to be strong also: months away at a time, missing the birth of their children, having no life beyond the Army because they cannot make any plans in case it interferes with Army life.

She also talked about the gap between the image of Defence life portrayed in recruitment commercials and the reality for many families:

The commercials on television glorify it as something marvellous, but I am telling you now it is not like that. In actual fact my husband was told by a superior that 'it's Army first, family second. If you were meant to have a family we would have issued you with one.' He knew that when he joined as a single man that it would be tough going, but that was [the] thinking of the here and

now, not the future when he would [...] have a family of his own and have to witness a child's death in a foreign country through war. My husband has told me that if he could take it all back, he would in a heartbeat. I have only been privy to a few of the stories, as my husband tries to protect me from the harshness of them. Men who have seen their best mates blown to smithereens right beside them or innocent children from the next village being wiped out by an IED [improvised explosive device] that had been intended for our troops or holding a comrade's body parts together while a medic works on them, trying to save their life. You never recover from that.



I lost count [...] but I think there were 13 men killed during a six-month period. [...]

I have heard that there were over 200 discharges from that regiment shortly after the 2010 deployment. The number of men suffering from PTSD is astounding (and that is just what I know from friends and associates) and it seems the Army has no contingency plan to aid these men nor their families. They are shunted through the system and most [are] discharged out into society without proper diagnosis or care. This is a huge concern. These men are troubled

and if unaided [are] likely to cause harm to themselves or others. It is a crisis and someone needs to help!



Many veterans' wives were at pains to highlight the huge role that families played in their loved ones' journey of healing and recovery. As one wrote:

Something [...] that is imperative to [address] to save veteran lives, is to recognise the role that their partners/families play in the healing process [...] I know for certain that if I didn't remain by my husband's side, even now, that he would most likely find the ill fate others have taken. You may think that staying by your partner's side is an easy task. Believe me, it has not been.

"I know for certain that if I didn't remain by my husband's side, even now, that he would most likely find the ill fate others have taken."

It is difficult living with someone who feels nothing but heightened negative feelings that circulate to the point of exhaustion. Remaining by someone who only wants to give up, is [...] in a constant bad mood [and] lashes out at you, the only one who is there for them, the wife, the only one who has his back.

It takes a significant toll, and that also needs to be kept silent, otherwise it will only make him feel worse, and

me, and the family as a whole. I sometimes get to the point where I want to drive him to a safe place, just so I can have a little break to recover from the emotional hurt he causes me [...] I've learned to deal with all this on my own since it's easier to keep it private, especially when you don't want judgement from others.



This situation is, sadly, far from uncommon, as a recently medically discharged Navy member wrote:

My wife is currently my caregiver as my mental health has deteriorated to such an extent that I am having trouble completing day-to-day life basics. I am severely depressed, I have severe anxiety and severe social anxiety, I don't sleep because of the stress. I self-harmed over the weekend because of the pressure I am under.

An Army veteran of multiple deployments served for almost two decades before being medically discharged, suffering from depression and PTSD. He wrote of the crucial role his wife played in his treatment and support:

My initial treating psychiatrist also served as a reservist psychiatrist (not disclosed to me [...]). I would often leave these appointments feeling that I was not listened to and would often receive suggestions and recommendations that could only be seen as 'putting the organisation first'. If it were not for my wife attending an appointment with me one day and seeing this first hand, I likely would have continued to try and push through, further damaging

both my mental health and the interpersonal relationships that were suffering from my behaviour. Had she not been so supportive, I would have continued to minimise and deny my symptoms — something [...] this psychiatrist would have been happy to [see this continue].



Instead, I am again very lucky: for my wife, who was able to advocate and make decisions for me when I was simply unable, and for having a [good] relationship with a medical officer who was willing to go the extra mile to ensure I got the support I required. Once I had engaged with a new psychiatrist, I began to get better traction towards treatment.

One woman, who was a former non-commissioned officer, wrote that her commanders simply ignored ADF policies on maternity and breast feeding, and instead harassed and targeted her for prioritising her children's needs. Other submissions backed up her view that serving women suffered ill-treatment or career disadvantage when they became pregnant and had their babies. According to one:

I had morning sickness and they said I was unfit for public representation. So, I wasn't allowed out in public [and] was put in the library. Went on maternity leave [...] and had to sign a piece of paper to say that I wanted to discharge on my return.³²

Another reported that she was essentially ignored when she took maternity leave:

Nobody spoke to me, nobody asked after me. They pretty much told me as far as my discharge was concerned to go into Amberley RAAF base, do one medical, walk away again. Nobody checked into my health, nobody checked up on me. It was like, thanks for coming, see you later [...] Let's boot her out. Let's not actually see her afterwards to see if anything is actually up with her either.³³

One veteran's daughter wrote of the long-term impact on her and her family of her father's mental illness that she believed resulted from his service:

I had a father that was mentally affected by the time in service with the ADF, he was constantly unstable mentally and also suicidal at times, so living with a parent that has been affected, affects you in your life.

She also married a man who had served:

[T]o start with whilst he was serving in the ADF, he was injured [and] the lack of medical attention he received was terrible which has also affected the last 40 [plus] years since being medically discharged. He was driven to the gates with only his civilian clothes and told there will be a bus he can catch. He was informed that he would be entitled to a service pension but for 40 years Veterans' Affairs kept telling him he was not entitled to anything.

Four years ago, this couple found an advocate who put their case to DVA, but the complexity of the system and the difficulty of substantiating

32. *Mapping Report*, p 35.

33. *Mapping Report*, p 35.

“The amount of documentation requested is ridiculous, how is someone supposed to remember their last 40 years and what they have done in the time?”

claims for events that happened four decades earlier added to the family’s stress:

The amount of documentation requested is ridiculous, how is someone supposed to remember their last 40 years and what they have done in the time? Physically and mentally my husband has gone to hell and back just trying to get support, to get pain relief and to get assistance.

He suffers nightmares constantly from the beatings he got nightly by his group. He wakes up with cold sweats and difficulty breathing from these [...] Mentally he does not feel like a man because he can’t do simple things [...] How many wives have had to lift their husband out of a bath because both his knees give out? I do. The stress [of] dealing with Veterans’ Affairs he can’t cope with, and he is under mental treatment. I have had to do so much of the forms, talking on his behalf — it’s almost like I was there. I have lived through [having] a father with suicidal thoughts, and also a husband with the same thoughts. Both my father and my husband suffered physical injuries from their time serving. Veterans’ Affairs and ComSuper [the Commonwealth Superannuation Corporation] [...] are so difficult to deal with, it feels like we have a metre-high pile of paperwork sitting on my desk at home just trying to get a decent payout from DVA. With ComSuper there is another nightmare: how is someone supposed to remember 40 years’ worth of work, especially when you lose jobs all the time because of your physical or mental health from [your] ADF time?

A former Army veteran who provides equine therapy programs for veterans and their families observed the impact of service life on children:

Something that I have seen is children suffering a little bit with [...] posting cycles and moving a lot. They change social groups and friendship groups every three years, sometimes. And also just some of the dynamic situations that they end up in with deployments and things like that. [I]t can affect the way they feel about things, it can affect the way they comprehend things again. So I just find that when these kids get in and start working with the horse, a lot of them start talking to me. They find it really interesting the way the horse is reacting to them and they start to develop that emotional intelligence [...] When they are able to observe and describe those sorts of feelings, and things like that, it is really giving them the tools to express themselves and talk things out.

The next chapter examines one of the most contentious areas in the lives and careers of military personnel: the journey from service to civilian life. As we’ll see, that transition can throw up some of the most daunting, even life-threatening, obstacles that veterans will ever encounter.





Kat Rae, *Coming home*, (2020, lino prints on found map unique state, 29 x 30 cm each)
AWM 2021.263.1.

Coming Home depicts the artist's loss of her husband and period of re-settling after returning from service in Afghanistan, using military map-marking stencils.

“They made me into a machine and never turned the machine back off again or gave me any help with the transition back to civilian life.”



Transition

From service to civilian life

Few jobs demand greater commitment from their exponents than the profession of arms. At its extreme end, the Australian Defence Force (ADF) trains its members both physically and mentally to achieve levels of skill, reaction and response that are akin to those of elite athletes. This level of performance must be maintained over long periods and often in conditions that most would regard as untenable.

Not surprisingly, considering the efforts and sacrifices required to achieve these levels of excellence under extreme pressure, many military members' identity and sense of purpose are deeply interwoven with their work. Regardless of the circumstances of separation, leaving service can be a difficult, even traumatic, experience, as the seven-year Navy veteran whose words opened this chapter said:

The Navy programs you to be hyper alert, ready to respond immediately to anything that happens. What they do not do is deprogram you when you leave. They made me into a machine and never turned the machine

back off again or gave me any help with the transition back to civilian life. All I received was some pamphlets.

Many authors wrote of the loss of identity they experienced in their transition from service. Others pointed to that period as a time of considerable risk to their mental health. This was especially the case if they were not leaving by choice but were medically discharged because of injury or illness, or because their retention was not deemed to be 'in-service-interest' – the category sometimes referred to as 'administrative discharge'.

One of the most common experiences reported by veterans during their transition from military to civilian life was the profound challenge it brought to their sense of identity and life purpose, as a long-serving former special forces operator expressed it:

In ancient times they wouldn't just throw swords out – [they are] valuable material, right? They would put the energy in needed to make a plough out of them. And I think that the best ploughs come from the best swords.

“You are no longer a civilian, and in reality, you will never be one again. This poses one of the most difficult aspects of leaving the ADF, in that you no longer belong to your unit, your service, yet you are no longer truly a civilian either. It is impossible to return to what you once were. Parts of your brain, your psyche, your everything has changed.”

The lives of serving members are governed by workplace norms and protocols that provide clarity and order, and require discipline, obedience to a leadership hierarchy and a strict reliance on teamwork. Freedom of individual thought is rarely encouraged. This environment is rarely replicable in civilian life and this often leads transitioning members to feel dislocated and confused, with a loss of purpose and a craving for isolation.

A Royal Australian Air Force (RAAF) officer reflected on the intensity of her military training and shared how it increased the difficulties she experienced in transitioning out of service:

The purpose of military training is literally to take you, as a member of regular society, and to turn you into a soldier, a sailor, an airman. By breaking you down and building you up again into something different. It teaches you to think differently, can change your belief system, the way you make decisions, to operate at long periods of time at a heightened state, to react differently, even down to walking and carrying yourself differently. You are no longer a civilian, and in reality, you will never be one again. This poses one of the most difficult aspects of

leaving the ADF, in that you no longer belong to your unit, your service, yet you are no longer truly a civilian either. It is impossible to return to what you once were. Parts of your brain, your psyche, your everything has changed.

Transition was a hot-button topic for submission authors, many of whom lamented the lack of training and support given to them to prepare for re-entering the civilian world. Their experiences often differed dramatically based on whether their separation was voluntary or involuntary.

A Navy veteran who served for 35 years with multiple deployments wrote of her life-changing experience when confronted with a sudden medical discharge:

When I was medically terminated by the ADF with complex injuries, and after serving all my adult life, I was out on my own. My ADF ID card was destroyed on my day of discharge. You no longer have access to ADF bases, meaning a veteran is suddenly cut off from their unit medical support team, rehabilitation facilities, mess facilities, shipmates, and colleagues. It is beyond cruel to face that finality!



A Navy veteran wrote of the feeling of abandonment he retained almost half a century after he was hospitalised and medically discharged following a breakdown brought about by persistent bullying:

While I was in hospital in a drugged state, some officers visited and ordered me to sign some papers. I didn't understand what they were at the time but later discovered they were medical discharge forms [...] I would describe my discharge from Navy as 'shoddy'. The resettlement officer, a warrant officer assisting me with transition, contemptuously threw the Sydney Morning Herald at me and said, 'Go find a job, boy.'

I felt like the Navy was discarding me. They told me to go find a job. That was the extent of supportiveness in the resettlement program of that time.

A recent example from a former Army member who was discharged during officer training shows how the problem of poor transition support remained unresolved:

To put it very simply [...] I was issued a [Notice to Show Cause] 'Termination to Dispute', which I believe I disputed half-heartedly at best as I had reached the point where it wouldn't matter what I said, the senior instructing staff had an incorrect perception of me as a person and

a junior officer, based on bias and subjective reporting of the [small group instructors].

After the decision had been made to terminate my service, I was isolated and pulled from my new cohort and placed in a holding platoon full of people transitioning out of [the Royal Military College], or who were being medically discharged. The disregard of my medical condition which contributed vastly to my performance in field exercises has now become an injury that I will have for the rest of my life. I was administratively discharged and received no support from the Australian Army.



Marie-Louise Jones, *Belay, Avast, Help* (2022, three panels, oil on canvas, 150 x 50 cm) courtesy the artist. On loan to ANVAM, 2024 *March to Art: Form*

Using the International Code of Signals, *Help* talks about the Chief Petty Officer who uncovered the abuse that was directed towards her while on a sea deployment in the Gulf. 'It was because of this man that the perpetrators were charged. I will always be forever grateful for his help.'

Some authors felt they had been misled by Defence recruiters and later by their leaders when they realised that skills they acquired in service would not necessarily translate well into civilian employment opportunities:

Right from the beginning when I applied for the ADF, I was told by recruiters, family and friends that the skills and qualifications that I would acquire while being in the ADF would set me up for life, as I would be highly employable when I left.

In my experience, it is not as simple as that. While I now can appreciate the experiences and some skills that I acquired through the ADF, it took a lot of upskilling and adjustments on my part for me to transfer successfully into civilian life.

An Army veteran who had been deployed multiple times over the course of two decades, began to experience mental health issues midway through his service attachment in the United States. It led to a spiralling chain of events that left him distraught:

I cannot recall whether it was Army or DVA that arranged for me to see a clinical psychologist on a weekly basis, but he and a doctor from the Army medical centre assured me that I would recover in time and would be able to continue my career. I finally had some hope, but was advised by my career advisor that I was to be medically discharge as soon as possible.

“While I now can appreciate the experiences and some skills that I acquired through the ADF, it took a lot of upskilling and adjustments on my part for me to transfer successfully into civilian life.”

I asked how I could fight my discharge given I was undergoing treatment but was told that I wouldn't be able to, the decision had already been made. I was placed on convalescence leave until discharge, with my paperwork declaring that I was unfit to serve in either regular or reserve roles. This gutted me and left me feeling that I wasn't being discharged, but discarded.

After several months of convalescence leave and two unsought leave extensions, he was advised that he was to be discharged that day and asked why he 'hadn't come in to fill out any of [the] paperwork?':

I was given two-and-a-half hours' notice of discharge, not including travel time. Again, that feeling of being discarded. On arrival at the barracks I found out Army had not compiled any of my discharge paperwork and I could not get access to an administrative clerk or pay rep because of staff restructuring. As such, DVA were not aware of my discharge, and I was 'thrown out' of the Army without any forthcoming DVA payments. The emotional roller coaster left me distraught. The complete hopelessness and despair was crushing me. My [in]ability to focus and think, and the condition of my nervous system, left me unable to comprehend why Army had done this to me. I was a warrant officer and had given 22 years of my life to the service. Why was I being punished?

If it wasn't for the fact [that] my spouse was still in the Army, I have no doubt I would have suicided not long after discharge. She was able to arrange post discharge for me to see the relevant admin staff through her unit to get the paperwork rolling. It was five weeks before we received any post-discharge payments from DVA. We were forced to default on all our loans as a result. To add insult to injury I received nothing on my departure from Army. I was not farewelled from either of my last two units, the [sergeant's] mess or Army in general. Twenty-two years of blood, sweat and tears, my youth and my health meant nothing. I felt completely worthless.

A long-serving Navy veteran wrote of deep feelings of dislocation and confusion after her unwanted medical termination:

On discharge after 34 years, I suddenly lost my identity. I was no longer a part of the ADF family. I couldn't even gain access to my support on base as I'm not entitled to a retired ADF member's ID card. I was lost, confused [and] devastated all at once.

It must sound strange, but as a woman about to turn 60, I am trying to figure out who I am. Simple things [such] as trying to figure out how I want to dress, what activities are within my medical limitations that I might enjoy, what are my interest and passions? I have found this journey uncomfortable, frustrating and at times, distressing.

“The mechanisms to help persons transition, in particular those who are administratively discharged, should be enhanced. These persons, such as myself, have already been massively punished by losing a career that most love and are defined by.”

Many other authors described their transition as a long and difficult journey, though for some, it held elements of satisfaction, as one Army veteran with 15 years’ service wrote:

As our journeys progress, certainly in my case, [a] sense of fulfilment was achieved but once service life is over, the [Department of Defence] hand over care and custody to bureaucratic partner agencies: DVA, [Commonwealth Superannuation Corporation] etc., each having multiple complex governing doctrines, with minimal ex-service personnel to aid in liaison or processing, it’s a difficult, protracted, and frustrating journey.

A currently serving member put it succinctly:

The transition process takes way too long. Especially for someone that is declared unsuitable. There are too many hoops [...] that need to be [jumped through] to even get to [the] stage where you actually finally have some light at the end of the tunnel.

I know people that have been told by chaplains, including myself, [...] that discharge isn’t an option for someone with [a return-of-service obligation], which is completely untrue and had a grave negative effect on my mental health.

Some authors highlighted the great difficulty they had navigating transition following an involuntary discharge, like this former Army veteran:

Leaving the Army for many personnel is quite a traumatic experience made more traumatic [...] when it is a forced discharge. The impact of this is well documented, and yet little has been done to address the issue.

From personal experience, I found that once you submit your application for discharge/transfer you are considered to be an administrative liability. In my case, my career manager ignored my initial email, ignored my paperwork and only chose to acknowledge my paperwork when I actually called him. When I queried why he hadn’t responded, I was told he had higher priority issues and would get to me in due course.

A former Army veteran who was dismissed for a disciplinary breach wrote:

The mechanisms to help persons transition, in particular those who are administratively discharged, should be enhanced. These persons, such as myself, have already been massively punished by losing a career that most love and are defined by.

The lack of transition support from the ADF is disgusting and a snub to all the previous service that a disciplined soldier has provided.

But, even those who gave what they regarded as ample notice of their intention to leave, struggled to fight their way through the paperwork and other bureaucratic entanglements on their way out.

One Army officer, a Middle-East combat commander with 15 years of service, returned from active service in Afghanistan after a long posting that culminated in the Allied evacuation of Kabul. He was looking forward to enjoying his pre-arranged plans to take long-service leave. Instead, on his return, his leave was denied and he was placed in COVID-19 hotel quarantine in Melbourne, away from his family and support group in Sydney:

This whole experience left me very traumatised. On return to Australia I couldn't be around children without crying (because it reminded me of the evacuation), I had recurring nightmares, couldn't concentrate, I had lost 12 kg in a month during the mission and was physically burnt out. I received no support from the ADF, no recognition or thanks for my efforts and was made to feel worthless [...] [My] decision to leave the Army was made easier due to the way I was treated on return to Australia. At my new posting [...] I was treated with contempt by my new supervisor [...] When I explained that I was, quote 'burnt out, depressed and needed a break', she replied saying 'You need to realise that everyone here is tired too.'

This officer also wrote of the cumbersome transition process and the ineffectiveness of the

Defence Force Transition Program, which he described as nothing more than 'virtue signalling':

The 'transition coaches', 'transition seminars' and other support services are geared towards ensuring the providers remain employed rather than helping Defence members transition.

He questioned the usefulness of transition coaches, and why transitioning members should have to seek permission to use funding to which they were already entitled:

To be clear, the transition coaches know nothing about what most people plan to do post leaving defence. My observed and lived experience is that they are a rubber stamp that is simply a hurdle to receiving funding to do courses to assist with transition. In my circumstance, I am studying an MBA [Masters of Business Administration] and want to work in investment management. They have no idea about this. Most of my observations are of people using these courses to gain scuba diving qualifications or skydiving licences. The funding should be paid as a lump sum on transition – if members choose to waste it on a holiday or other useless purchases, it is not the responsibility of Defence to manage this behaviour. The ongoing sense that members need to ask permission for things is far more detrimental to their successful transition than any perceived waste of funds.

He also criticised what he saw as the unnecessarily repetitive and onerous pathway to separation and re-establishment into civilian life:

“I received no farewell, no thanks and still have not received my Long Service Medal, despite it being nine months since I was eligible. Every other member received special recognition for achievements such as postings or promotions; 15 years’ service is something usually recognised on a parade in front of your team. But as for the rest of my career, I did not receive such recognition.”

The transition process is overly cumbersome and takes too long. I gave five months’ notice of my discharge and still did not receive the required approvals until two days before it was too late.

I was required to submit the same information to no less than seven organisations, made to fight for support that was an entitlement — not discretionary — and overall [was] made to feel that my 15 years of service was worthless because I had now betrayed the organisation by choosing to leave. I received no farewell, no thanks and still have not received my Long Service Medal, despite it being nine months since I was eligible. Every other member received special recognition for achievements such as postings or promotions; 15 years’ service is something usually recognised on a parade in front of your team. But as for the rest of my career, I did not receive such recognition. I have not been asked by anyone, or any organisation, about my reasons for leaving the Army. Despite a successful and varied career there was no attempt to understand my reasons for leaving or to check if there was anything that would keep me in the organisation.

Another Army veteran, with almost four decades of service, also pointed to Defence’s change in attitude toward him as soon as he sought to discharge:

For someone who has been in the ADF (Army) for 38 years, I was not expecting to be treated with so much contempt as soon as I applied for discharge. It felt like the minute I advised my [commanding officer] that I was leaving, I was considered to be a second-class soldier and not worth investing any time or energy to assist. It was very disappointing. I feel for anyone who is discharging who might have depressed feelings or medical concerns. The Army does not treat transitioning soldiers with the respect they deserve.

I decided to write this comment after reading the newly released Veteran Transition Strategy, which purports to assist transitioning member and families, while in reality, Defence do nothing of the sort.



A Navy veteran wrote about his experience of leaving ‘the organisation that had become my whole life’:

It literally dictated everything that I did. So I left the Navy and had a few weeks leave before my discharge date. The very day that my six-year contract ended, I hopped



Matt Kilby, *Blazing banksia* (2020, mixed media on cradled wooden panel, 70 x 60 cm, AWM L2022.356

Blazing banksia depicts a connection the artist felt with bushfire-affected flora, especially this banksia tree, which despite its burnt trunk and branches, has survived and is showing the beginning of new life.

on a plane for Europe without a Medicare card [or] private health insurance and no idea with where my career would head next.

Upon returning from my travel I made a decision that I wanted to study and seek a professional career.

What happened to my mental health next was most unpleasant for me.

I embarked on a lengthy period of unemployment and struggled to deal with a lack of routine or purpose. I spent a lot of time trying to improve my fitness by [...] swimming each day. However, I found it very difficult to sleep without alcohol and as such developed a heavy drinking dependency which I believe started as a result of my time in the Navy.

He wrote that he struggled to communicate to potential employers ‘the skills [he] had developed throughout [his] career [...] and had a sense of either frustration at the system, or a feeling of not fitting in with society’. He realised that many of his service skills were not readily transferrable to civilian employment, and ended up doing casual-hire work while he studied:

The lack of employment made me feel worthless and I fell into a trap of self-loathing and pity. I was lucky that I had saved my deployment money so I had a buffer to subsidise my living while I was sorting myself out.

He suggested that many of the difficulties of transition could have been alleviated if Defence aligned its skills training with civilian qualifications:

As a marine technician, I carried out a variety of work such as plumbing, electrical, air conditioning and diesel engine maintenance. Why could I not get a trade as a plumber or an electrician or a mechanic at the end of my six years? That way I could go out and find work quickly [and] not be stuck in limbo for so long. This would also help to address trade skills shortage that Australia is experiencing.

An RAAF officer explained how she compartmentalised some aspects of her service and the impact that had on her:

As a home owner, a professional working with certain professional freedoms, control [and] influence, I found some aspects of military training very challenging. The mental side. Physically, however, I relished it. I loved all the ‘green’ skills training, the weapons training, personal training, marching, drill, all of that. I also enjoyed the intellectual side of officer training, such as laws of armed conflict, leading troops – all the theoretical side of what it means to be an officer in the RAAF.

Mentally though, a different picture. All of a sudden, there was no ‘me’ as an individual. I mean, they owned me now [...]

To make sure they are getting a return on their investment, [they] make sure you are fit, healthy, mentally ready to go about your specialisation, to get deployed, to do anything they need you to do. Which completely makes sense. However the cost of that on some people when they are discarded on the other side, me included, is just too much it seems.

“I believe there needs to be a process of ‘untraining’ [in transition].”

She pointed out that, because she presented as someone who was extremely capable, who performed at a high level and seemed in control of her life, she received little assistance with her transition:

Shortly prior to my discharge date, I attended a meeting with DVA representatives at the medical centre. I was asked within the first five minutes whether I had deployed during my service. As I hadn't, the DVA representative told me I would have no claim to any form of assistance because I had not been deployed. I also found the general support offered by the Transition Support Office to be pretty much non-existent. They saw me as someone who they assumed would be just fine, primarily as I held a university degree and I hadn't been deployed. How wrong they were.

It subsequently took eight years to find the courage and the right people to support me, to submit a claim to DVA and request that I be granted a retrospective medical discharge. During those eight years I was unable to work due to symptoms of PTSD for two years (during 2015 and 2016), I lost one job due to associated stress and displaying symptoms of PTSD (in 2015), and almost lost my job for similar reasons in 2019. In early 2020, I again found myself unable to work due to significant ill health. I remain unable to work at the time of writing this submission (March 2022).

A former Army infantry veteran said he still suffered from a ‘startle response’ and avoided crowds due to ongoing hypervigilance:

I believe there needs to be a process of ‘untraining’ [in transition]. The Defence training model is very effective at bringing a civilian from the street into the ADF (particularly the Infantry) and training them to be able to carry out the most awful acts of violence, in some cases instinctively. The training model is a multi-layered approach to build a soldier up from [a] civilian into a soldier yet there is absolutely no process or way to reverse this on discharge.

A serving Army member who was injured during service, wrote a submission saying he was still awaiting medical discharge after two years. When he realised the extent of the medical assessments necessary for him to finalise the discharge process, he extended his planned discharge date:

I then began my transition process. I began this in a very positive manner with a good mental state. During the process I have engaged with the many administration entities in ADF, Army and outside agencies. My world changed, I now had to concentrate on conducting the very complex transit administration while attempting to maintain an adequate level of work output for my commanders, continue to meet my medical specialists, receive treatments and also maintain a good relationship with my wife who lives at my home location separate from me at my posting location [...]. Due to the severe impact of the pandemic on the health system I have had great difficulty in securing appointments with my specialists [and] this has resulted in me possibly not being able to receive all the required



Suffering of war ceremony , *For Every Drop Shed in Anguish*, 2024, Photograph by David Whittaker, AWM24.PR.016

treatments I need before I discharge. This causes me and my wife great stress and anxiety. At the time of writing this submission I am recovering in hospital from one of my surgeries. My medical discharge is related to physical injuries; there are no mental issues related to my discharge, however as a direct result of the MEC [medical employment classification] discharge process my mental health has significantly deteriorated to a level that I will be in a worse state of mental health leaving ADF from when I began the process.

This biggest issue I have is that ADF want to process me out even if my injuries have not been treated. I have been told [that] DVA will look after me, [but] I know I will not receive what I need from DVA in a timely manner regarding treatments. I will also be separated from my specialists due to my home location [...]

I currently manage my pain with a combination of rehab exercises and prescription pain medication. I am very conscious of the dangers of becoming addicted to these medications, and so far, I am able to manage

them well. However if I return home without the surgeries I need then the result will be me continuing with painkillers and possibly forced to increase the amount. My wife will see the pain I am in and witness my deteriorating mental health.

All of this could be avoided if I [were] allowed to stay in place and complete all of the required surgeries resulting in me being discharged in better physical and mental condition. I would also be less dependent on DVA and, most important, my wife would be less affected.

Authors referred to the difficulties they faced in adapting to the markedly different social dynamics of civilian life after their time in service. They spoke of a lack of understanding by most civilians of the unique issues faced by those in the services: the stresses of deployment and active service; the hierarchical command structure; the posting and promotion cycles; the deep bonds formed between those who serve together, especially in life-threatening situations; and the impacts of all these factors on individual and family lives.

They told how transition often had flow-on effects for their family members, and said they had been essential in providing support to help them cope with the emotional and psychological challenges. One veteran's sister reinforced this point:

My brother is an ADF Veteran of East Timor and Afghanistan. He was medically discharged in 2014 with PTSD. He had difficulty navigating DVA [and received] minimal support [or] compassion [before] finally

“At the time of writing this submission I am recovering in hospital from one of my surgeries. My medical discharge is related to physical injuries; there are no mental issues related to my discharge, however as a direct result of the MEC [medical employment classification] discharge process my mental health has significantly deteriorated to a level that I will be in a worse state of mental health leaving ADF from when I began the process.”

being accepted and then compensated with hundreds of thousands of dollars [...] which he was unable to manage in his mental state.

He found himself before the legal system and is now serving eight years in gaol. My concerns are that the ADF do not support their own and once discharged, veterans are left to navigate the transition to civilian life with limited support. Family [are] trying to pick up the pieces. This due to being dependent on ADF and unable to cope, [their] pride, and [being] unable to ask for help.



“In brief, my service was stereotypical and my physical and mental health deterioration, culminating in attempted suicide, reflects significant weaknesses in my training, management of my career, monitoring and accountability within the ADF health system, leadership culture, and the system of transition from military to civilian life.”

One senior Army officer wrote how being medically discharged added greatly to the difficulty of his transition, leading to a suicide attempt:

That act was driven by a feeling of inescapable emotional pain in the absence of hope. And that pain encompassed gross feelings of loss: loss of my identity as a father and husband, as my wife at the time decided to leave and take our four-year-old son with her; loss of my career knowing I was being medically discharged from the Army; loss of any purpose in life as I faced an uncertain future after 20 years of service as an infantry officer.

For me, the transition to civilian life was very difficult and remains a challenge, albeit one that I now meet with a different perspective, and blessed with certain skills I have acquired from the generosity, compassion and patience of others.

He was deeply distressed by the lack of support he received from his chain of command and the ADF in general:

[T]ransition was a lonely affair and undertaken with an almost complete absence of support from the staff in

my chain of command. After attempting suicide, I sat in secure wings of the hospital for over three weeks before any uniformed member of the Army came to visit me, and then it was a junior duty officer doing his routine visiting rounds of personnel in hospital.

I have had much time to reflect upon how I went from a high-performing infantry officer, decorated for leadership in combat in Afghanistan [and] on the cusp of being offered the huge responsibility to command an infantry battalion, to making an attempt on my life.

In brief, my service was stereotypical and my physical and mental health deterioration, culminating in attempted suicide, reflects significant weaknesses in my training, management of my career, monitoring and accountability within the ADF health system, leadership culture, and the system of transition from military to civilian life.

A serving Navy officer (with three decades’ service) wrote of her Navy officer veteran husband and the lack of support they received after his medical discharge – after 24 years’ service – suffering from PTSD:

At the time of his discharge, I was working full-time in the Navy, had two small children and was trying to

support my husband with all the complex paperwork that was required as part of the discharge. I had no capacity to assist with all the paperwork and I therefore let a mentally ill man go through all this process, relatively on his own.

As a result, we are still navigating the DVA system to have more claims processed, to understand our entitlements, and to get a gold card.

Based on the support and compensation that people in similar situations are receiving today, I don't believe that we were adequately compensated for the fact that my husband will never be able to work again.

She reported that her husband was exposed to traumatic events during deployment in Iraq and Afghanistan, and after he returned home, when one of his junior staff died by suicide:

Following this, my husband was involved in a commission of inquiry which lasted for around 15 months and was very stressful for our entire family. It was this commission of inquiry (where my husband was a 'potentially affected person') and the fact that my husband [had] to tell his story over and over again that triggered his PTSD.

At the end of this inquiry, there were no adverse findings against my husband but the mental damage was already done. During this process, my husband was not given a support person and he was not supported at work.

In fact, his supervisor accused him of malingering and made him show proof of all his legal, medical and other appointments that he had to attend.

I was working full time during this period and was trying to look after my husband as well as my own two small children.

I was given no support outside of my workplace where my supervisor was very supportive and understanding.

She questioned whether her husband's compensation was adequate, considering that his injuries meant he was unlikely to work again:

The letter stated that if we didn't accept [the amount of compensation that had been granted] and wanted to argue this amount, we could be offered less. At the time, we had so much stress and anxiety that we really felt that we had no other option but to accept and put this into our home loan.

At the time of discharge, we also didn't know what pension my husband would be offered. It took another three months before we were advised of this so we had no idea if we would be financially secure or not. My husband's pension was based on his earnings at the time [...] and it has only increased each year by the [consumer price index]. My husband has therefore never been able to achieve the full potential of his earnings that he likely would have received if he had continued on in the Navy [...]

I have had to continue to work full time to support my family and compensate for the fact that my husband's earnings have never been able to increase in line with expected promotions [...]

[The household] is almost solely my responsibility. My husband is not very reliable, he is very forgetful, he cannot make decisions, he is not comfortable with going to new places, he spends most of the day in bed, he is difficult to motivate to do anything, he does not help with any household responsibilities and he starts every day with violent vomiting episodes.

“After submitting my discharge, I suffered a lot of mental abuse and just downright bastardisation from my superiors. I was told I was a deserter and I couldn’t leave. I was segregated from others and made to do stupid menial tasks. I was extremely stressed and did not know what I could do.”

Eight years later, DVA had still not finalised all her husband’s medical claims:

He has a number of other medical conditions which are linked to his PTSD and other mental issues. He is only on a white card and I feel that we are missing out of a number of benefits due to the fact that DVA is such a difficult system to navigate and everything takes so much time and effort to process.

I have limited capacity to get on top of all my husband’s DVA claims due to the fact that I am doing everything else. I cannot motivate my husband to look into all of this and he struggles with all the paperwork [...] In addition, my husband submitted two claims to DVA in April last year. These are still being processed after 18 months so any confidence in the system is lacking. The amount of time for processing is absurd in my opinion.

I have now decided that we cannot do this alone and we need to get help to submit all these claims and I am therefore paying an external provider to now go through all my husband’s medical records to tell us what we should claim and what we are entitled to.



A man wrote about the experience of his wife, who served for 12 years before being medically discharged two decades ago. He believed some of the main contributing factors of her continuing mental health issues were poor transition supports, loss of identity and difficulties dealing with DVA:

The culture within is one thing, but when out of the ADF it is non-existent, and I have witnessed many people totally lost, not having an identity, and void of direction and bearing. There needs to be a fit-for-purpose, association-type service (away from the RSL and pokies environment) to create a collective helping culture, not a token ‘Thank you for your service’ and ‘See ya’.

Dealing with DVA is like dealing with a dysfunctional workers’ compensation agency: [leading to] excessive binge drinking by my wife, to the point of passing out in the shower after trying to facilitate claims, treatments or just sourcing basic information. I can tell just by just looking at my wife when I get home from work if she has dealt with DVA that day.

[She is] constantly dealing with PTSD themes acquired from her time in the service. This includes bullying, mental abuse, chastising, gaslighting and time taxing for insignificant tasks – [and] seemingly having to [do] DVA’s job to get anything done [...]

I feel helpless [trying] to help my wife. DVA is a common enemy we both now share, in what it has and is still doing to her knowingly. Overwhelmed, exhausted, frustrated and sad are the best words to explain my feelings about the situation and dealing with DVA.



An Army veteran said he sought to discharge from the ADF to spend more time with his new wife after many months of interstate deployments:

After submitting my discharge, I suffered a lot of mental abuse and just downright bastardisation

from my superiors. I was told I was a deserter and I couldn't leave.

I was segregated from others and made to do stupid menial tasks. I was extremely stressed and did not know what I could do. I was 25, fortunately still married, and was being told I could not leave the Army.

I did not know what to do and I was not directed to anyone for any counselling, or to act on my behalf with my superiors. I went to see the padre but he said he is in the rank structure and cannot do anything to help!

By this time I was beside myself. My wife and I were arguing constantly [and] I was drinking heavily.

I could not see any way of me being able to leave the Army, even though I had fulfilled my duty and was entitled to it!



“My ADF family were the people that saw me at my most vulnerable, tired beyond words during mission work-up periods, dealing with homesickness or loneliness, dealing with bad news from home or missing milestones from important people back home and also missing Christmas on multiple occasions.”

I was still being treated like shit and then was told I needed to submit a letter to the [staff sergeant major] detailing why he should approve my discharge, it had to be in the next day.

That night I felt really low, I had two mates from school kill themselves and one of my good mates had died in a car crash [...] I don't know if I felt like ending things but I was not in a good place and if not for the support from my wife it could have been a worse night.

Eventually his discharge was accepted and he was sent on leave to await the formal discharge date:

[There was] no real thank you or drinks at the boozers like others who left, no plaque or thanks for your service. I just went on leave and turned up at the discharge barracks and left.

I was feeling like a piece of shit, my first job after school and I just left it and nobody cared about what I had done. The way that my exit panned out from the Army, left me with mental health problems for years after leaving. I had problems meeting people and trusting people [...] I had a hatred for the Army and the people in it and how I was treated. I was angry with people and did not know why, I just felt let down [...] I could not talk to people about what had happened and just bottled it up and got on with things.

Twenty years after his discharge, he moved to Darwin where he encountered many Army personnel and even worked on military bases:

It was too much for me and I became really depressed after all those years and eventually had a mental breakdown. By chance, I saw something about Open Arms and I rang for help. I have attended counselling now for nearly two years on and off. I now have a DVA card and am working through things.

Now that I look back, things could have been different and I could have been in a better mental state if my discharge and service was different. I have definitely suffered from PTSD from my military service.

Some authors wrote about the loss of their ADF support networks at separation, and how this impacted them. They had relied on them for so long and soon realised they had no counterparts in the civilian world, as this Navy veteran explained:

It is a bit of a cliché, but when people talk about their ADF family and their biological family, I think people understand that it is a challenge to accept that you will no longer have these people by your side when you leave the ADF. I know that I struggled with losing the support of these people.

My ADF family were the people that saw me at my most vulnerable, tired beyond words during mission work-up periods, dealing with homesickness or loneliness, dealing with bad news from home or missing milestones from important people back home and also missing Christmas on multiple occasions.



That is what makes the ADF family so important. It is not often in life where you will live, travel and work with your colleagues. To go from that environment and leave it so suddenly is really difficult and so many struggle to deal with that loss.

A 20-year Army veteran also wrote of his 'sense of disconnection and abandonment' when he left service:

When joining the military they choose you following psychological evaluation and personal assessment. The military then trains and moulds you into the shape they need. You become part of an effective unit and create bonds of trust and reliance on your fellow soldiers and in effect become a bonded member of a working family.

When separating from the service it can be a shock to the system when the discharge process is completed.

[There is] potentially a sense of abandonment.

In my particular case I attended the discharge cell at the appointed day and time. I entered the building at one end, had the mandatory medical, filled in the appropriate paperwork and returned the required items including my Military ID card that I had carried for 21 years and then left at the other end of the building. I entered as a soldier and I exited as a civilian.

This veteran reflected the sentiments of many other submission authors when he wrote of his dismay at the lack of recognition he received from Defence when he left service. This emerged as an important issue for many veterans who also did not receive just acknowledgement of their dedication and many sacrifices, a validation of their challenges and thanks for the contributions they had made.

One Army veteran who served for more than 20 years wrote about how an organisational restructure led to his early departure from service. He said:

[There was] no thank you and no good bye. I headed to the barracks front gate and exited and realised I could not get back in. I had a sudden feeling of abandonment, a feeling of being cast aside, a feeling of being on my own – my Defence family had just dropped me!!

I believe these feelings of disillusionment and abandonment are not uncommon. Unfortunately I know of one case where a warrant officer I worked closely with, who was totally dedicated to service and had had a lovely young family, suicided without any clear signs as to why. His widow was totally blindsided as were his colleagues and friends. This occurred a few years after the [...] structural changes [of the Force Structure Review]. I firmly believe that he saw a loss of his meaningful purpose in life and unfortunately chose to take the path he did.



“When joining the military they choose you following psychological evaluation and personal assessment. The military then trains and moulds you into the shape they need. You become part of an effective unit and create bonds of trust and reliance on your fellow soldiers and in effect become a bonded member of a working family. When separating from the service it can be a shock to the system when the discharge process is completed. [There is] potentially a sense of abandonment.”



His experience led him to warn the Royal Commission that the loss of one's life purpose must be swiftly addressed or it can lead to serious consequences:

When a person has their 'meaningful reason for being' removed from them a serious mental challenge is created that needs to be overcome and a meaningful purpose in life put in its place. If this meaningful purpose in life can't be found [...] a cycle of mental anguish starts to develop [that is] centred around a sense of loss which can produce frustration, escalating into anger, and then cycling back down to resignation and accompanying depression.

If there is no support for this individual then the loss of meaningful purpose will continue and in the worst case the affected individual will look for an escape from this cycle, which can in some cases lead to suicide. There is often a real sense of abandonment when leaving your service family.

There is a sense of inequity in the different entitlements for those deemed veterans (hazardous [considered more dangerous than peacetime] and non-hazardous [normal peacetime service]) which can cause mental stress and a feeling of not being good enough. To address this anguish and disconnection, there needs to be a way to maintain an ongoing real connection with the Defence community that had given the ex-service personnel their meaningful purpose in life.

A registered nurse specialising in mental health outlined her experiences across all three services and on multiple bases. She witnessed many situations where she believed the 'day-to-day

running' of her department contributed to patients' mental health issues and she wrote of the lack of transition support on discharge. Some of her experiences centred on her work as an advocate for members in sexual assault cases:

The most severe of these cases — where investigations both civilian and Defence occurred at the highest levels — went on to develop [mental health] conditions that impacted their service, and ultimately were medically discharged.

The lack of support and collaboration between support services in these cases I believe contributed to the worsening of developing [mental health] symptoms, and proved to be another reason why members felt unable to seek help.

“There is often a real sense of abandonment when leaving your service family.”

On discharge, the lack of transition support to those separating from Defence is also highly notable, with many of my presentations being those seeking information and support on the many aspects of transitioning back to civilian life. There simply is just not enough, and especially so while Defence continue to see rising levels of discharge as a result of already poor mental and physical health.

An Army veteran underlined what he saw as the insidious impact on his mental health of the loss of the support of his 'military family' after separation:

“I felt trapped, stuck in a cycle of attending medical appointments, seeing rehabilitation consultants whilst trying to piece the process together to enable some sense of a future. It seemed hopeless and my mood suffered greatly. It was at a point where I had had enough and felt I wasn’t being heard.”

I think you need to concentrate on the changes that entering and serving in the Army has on the mind [...] It is a large change [...] and it does affect how most people deal with life events and basic life events afterwards. The military becomes your new family and is a close-knit organisation with friends that understand what you are doing, [what you] have been through, and [are] going through on a daily basis.

I think this is also why you really need to concentrate on the issues experienced when transferring from military life to civilian life. This was one of the hardest things in my career – to lose the family that really understood what you had been through. This plays with the mind and causes issues with daily activities and how you fit into an outside organisation and groups.

He pointed out that the loss of his Army ‘family’ led to many unexpected stresses in his home life as both he and his family came to terms with their post-transition lives:

When you are going through this, it does cause issues with your home life [and] family which places more stress on those involved [...]

There are also the obvious issues with deployments away from family as well, but these issues can be

assessed and monitored better when still serving as you are with your Defence family which understands and supports you. It is my opinion that [it is] once you leave the military that these issues can reappear and cause issues.

A 20-year Army veteran wrote of his spiral into despair and suicidal ideation during a turbulent medical discharge and convoluted transition:

Following my discharge, I struggled greatly with purpose, direction, family life, fitness and what I could do as a person whilst undergoing several surgeries on my spine, neck and knees.

I felt trapped, stuck in a cycle of attending medical appointments, seeing rehabilitation consultants whilst trying to piece the process together to enable some sense of a future. It seemed hopeless and my mood suffered greatly. It was at a point where I had had enough and felt I wasn’t being heard.

He found the stigma of a medical discharge weighed heavily on him. His discharge had many unexpected consequences:

[W]e often lose sight of the human factor. For me, my team, peers and some leadership were told not to contact me

once I went on medical leave. I found that very hard. I lost contact with many work colleagues and was surprised with the number of work friends who ceased contact with me. I also tried to access support during my discharge time, such as the Soldier Recovery Centre, and was denied the opportunity to rehabilitate after surgery.

The simple discharge protocols that occur on a member's last day resonated with him as deeply painful symbolic actions:

The final person I spoke to on discharge was the employee who manages the ID photographs on base. I handed back my Army ID and was told to walk straight to the gate and not walk around the barracks. It was an awful feeling to know that this was the last contact I would have with Defence. It was bloody awful. I walked outside and started crying. The gate was shut and my career finished.



During his transition process this veteran was assigned eight case managers over four years:

Whilst it may not seem like a significant number, it is eight times I have had to talk about what happened, how I feel, what are my goals, my plans and rehabilitation outcome. [With one of them], the case manager would come to all my appointments. I wasn't aware that I didn't have to do this. I was in my early forties and some of the case manager[s] had just

graduated from uni. One was in a relationship with a soldier and talked about him all the time. I also wasn't aware that I didn't need a case manager once I was [classified 'totally and permanently incapacitated']. I was always placed onto a program as it was a method of generating income for the organisation.

A mother wrote of her son who had been caught up in the drinking culture on his Navy base. She believed he was trapped in a Catch-22 situation: he needed to be posted to sea to escape the excessive drinking on his home base but his superiors would not permit this because of his drinking:

[T]here was no support offered to help him with any of it. [-] once told me that he had jumped out of a window while still in the Academy. [-] told me that this event had been known to his commanding officer, but nothing had been done to help [-] address this behaviour.

Ultimately, her son's drinking led to his discharge from the Navy, aged 23:

Nothing was the same after this. After he left, he was in a no-man's-land. There was nothing to support [-] over this transition and it seemed that the Navy took the attitude that [he] was now somebody else's problem. He desperately missed his friends. He had always had a lot of friends in the Navy and being cut off from them was hard. [-] tried to stay connected through the RSL: he took part in some events and made some friends there.

Sadly, her son's alcoholism worsened and his mental health declined. He took his life seven years later:



Gordon Traill, *Unconquered courage*, (2018, photograph framed: 60 cm x 60 cm x 3 cm x 5 kg) AWM 2019.1194.1

Unconquered courage captures a Sydney 2018 Invictus Games competitor preparing for a swimming heat. The artwork on his back tells the story of where he has been, while the photo tells the story of his courage and where he is going – unconquered by war.

[My son] was young and happy when he joined the Navy, but he came out as an alcoholic. [-] joined the Navy at the age of 18, was discharged when he was 23, and died when he was 30.

Defence seems to create a drinking culture, and nothing is done to change this. The Navy is trying to make recruits into men, but they are still so young, and they need support to make good decisions.

I am also disappointed when I think of the way [-]'s death was ignored by the Navy. I was surprised that none of the officers reached out to support us or to offer condolences on behalf of the Navy.



An RAAF veteran talked about what happened when she was injured during physical training, and how subsequent decisions about her treatment had a life-long effect on her physical and mental health. When she was advised by Defence that she needed surgery on her injured knee, she asked for a second opinion:

I was told by the [...] that it was not possible to have a second opinion. I was told that this a regulation of Defence. I was also told that if I did not have the surgery I would be discharged from the RAAF. I needed staff to treat me in an emotionally supportive and respectful manner, but aside from one low-rank fellow service member I did not feel supported. I was not allowed to use my mobile phone. I wanted to get support from a friend who is a civilian physiotherapist, but this was not allowed.

I felt pressured to have the surgery otherwise I would be rejected by the military and my career would be over. I told many staff that I did not want the surgery (people kept saying to me: 'Why are you so scared?'), but [in] the end I reluctantly agreed as I felt pressured to comply.

She believed that the treatment she received after surgery worsened her injury, and the behaviour she experienced from leaders and fellow members made it a double blow:

I believe that there is a poor culture in the military [that] if someone gets injured, that person is seen as no good. I was told that I was 'useless', and I was treated with contempt by several staff. I had the sense that I was in trouble and judged as troublesome by the staff. They always think I am a troublemaker, but I am not, I just don't understand. Every time I tried to clarify an issue, or my rights, or the plan, I received negative feedback from the staff. Everything that I requested was refused.

Her physical injuries persisted, preventing her from carrying out many of her duties and she was discharged on medical grounds:

My left knee, ankle, shoulder and lumbar region remain injured, I am in chronic pain, it disturbs my sleep. I struggle to walk any distance, and experience discomfort/pain after about 20 metres. I can no longer run or do personal training or other fitness regimes. I am doing hydrotherapy twice per week and [see a] physiotherapist two times per week. I have no sense that my physical health will have a substantial improvement.

She felt that she had no option but to sign her medical discharge paperwork:

This was not a good experience for me. I felt ill-informed, pressured to just sign and there was no discussion about what my options were or what treatments I needed [in order] to regain my physical or emotional health. At that point I was so stressed that I was not eating. Essentially, I felt picked on and discarded. After the medical discharge, many of documents were not completed. There was no organisation of my post-discharge care (such as a referral to a GP or other health providers). I just had a discharge paper and told to sort out future care myself. There was no pastoral care throughout the discharge process.

I understand that other medically retired personnel can attend a transition seminar to advise them [of] the actions they can take and the resources/ support available. I was never invited to attend one of these.

I had [to] contact DVA by myself. It was slow difficult process. I had to call many times to get my Defence medical record. When I was discharged, I did not understand what the DVA was or their role. It was a mate who told me to do this, rather than the military.

She has been left disillusioned by the way she was treated and believes that, had she received the correct treatment and even a modicum of compassion, much of her suffering could have been avoided:

I am angry because I feel my injury could have been prevented in the first place and that there is a lack of

care about fundamental occupational health and safety in the military workforce. I have experienced continuous depression; life is miserable now for me. Each day I feel exhausted and in pain. I have struggled with thoughts of suicide most days.



On the other hand, some authors wrote to acknowledge their positive experiences during their transition:



As for transition I was lucky as I'm an organised person, and I did have a good transition coach, which made a world of difference. The Transition Cell in Canberra seems to have a great handle on the process and an easy-to-use checklist. And the transition seminar had some helpful sessions and booths, but it still doesn't prepare you for the reality that is about to hit.

The wife of a veteran who medically discharged wrote:

When we were finally notified that [my husband] would be discharged and transitioned out of Defence he was assigned a transition team. This team was excellent, they were organised and driven. We also had [-] from the [-] Veteran Wellbeing Centre assist us with the DVA side of transition. She was excellent, without her help we would have struggled hugely, she held our hand through the process, particularly as my husband's reduced capacity meant he could not make this process happen by himself.

“However I was medically discharged and was sent back to civvie street as a soldier. I wasn’t deprogrammed. For 30 years I’ve been in fight or flight mode and that has shaped my behaviour, thoughts and decisions. There needs to be an extensive program when you leave.”

However, [she] was informed that she was actually ‘doing too much’ even though her involvement was what was needed. She was essentially bullied out of her role at [-].

One author wrote that he and his comrades from the Vietnam War took control of one aspect of their transition when they realised that they needed to maintain contact with each other after service:

The idea of a reunion was born. These reunions became more and more regular and better and better attended. Various people in all states had ‘ownership’ of organising the events. This helped ensure success and increasing attendance for all.

The reunions were always as much about the wives and partners as they were about the diggers. The reunions provided the partners with a sympathetic support network who understood some of the challenges of being married to a veteran who has experienced combat. Friendships formed as support networks. No one felt alone [...] This is a diverse group of individuals and the glue which holds them together is the shared experience of combat – diggers and partners alike.

A number of authors, however, expressed their disappointment at having to transition back to

the civilian world without sufficient support or ‘retraining’:

I understand that [when you join the military] you need to be broken down and then rebuilt into a soldier. That is what we sign up for. It’s the only way to become a great soldier.

However I was medically discharged and was sent back to civvie street as a soldier. I wasn’t deprogrammed. For 30 years I’ve been in fight or flight mode and that has shaped my behaviour, thoughts and decisions. There needs to be an extensive program when you leave.

Another wrote of his disappointing end to a long career in the Army:

Discharged in Darwin 2010 after 42 years’ service – no assistance provided by anyone in relation to transition to civilian life. On [my] last day in Darwin was told that I was to be held over for a medical discharge, had handed in my uniforms and all equipment as well as my married quarter. Contacted Canberra and [was] eventually informed by a [sergeant] to continue to Brisbane and would be contacted. Have not heard a word from anybody since.

A former senior Army non-commissioned officer also bemoaned the paucity of preparation for transition:

I left the Army after completing 20 years and two days of service, at the age of 38 as a warrant officer class 2, whereas the game plan had always been to serve up until age 55 after reaching warrant officer class 1, taking a commission to captain and eventually to major. I believe that the groundwork I had put in early in my career made that a realistic expectation [...]
Because I had always intended to serve in the Army up to age 55, I was not prepared for any transition into civilian life. I did not have any trade skills that would help me in civilian employment where we were going to live.

The mother of an Afghanistan veteran wrote of the shattering impact of what she believed was the abandonment of her son by his chain of command at his weakest moments, following his medical discharge:

[-]'s ordeal, distress and suffering under the control of his chain of command continued right up to his medical transition in 2018. Prior to [this] he had suffered a further workplace accident due to his injuries and neglect at the workplace and was admitted to hospital physically incapacitated and mentally unwell.
This is when his command abandoned him. He was advised by other colleagues in his unit that they were told (ordered ?) not to contact our son.
My attempts to contact the unit command were ignored; my attempts to contact the Transition Cell were ignored and this resulted in my husband and

I having to drive interstate late at night to retrieve [-] from the hospital. He was unable to walk and under heavy sedation and required our care and assistance to survive yet another episode of abandonment and neglect by his command.

This mother found herself in an adversarial position with Defence as she tried to defend her son against what she believed was a concerted campaign by his chain of command to force him from the service:

The [...] command challenged and denied [-]'s human rights to be able to recover from his physical and mental injuries in the safe haven of his family home. The [...] command further challenged our human rights as [-]'s family, carers and next of kin to care for him and ensure his welfare, wellbeing, health and safety during a time when he was vulnerable and at risk of suicide.
[-] did not leave the Army – the Army left him. They abandoned [-]. [My husband] and I had to step in and recover him from that battlefield. It was an extremely difficult time for us all.

[-] is still alive – thank God, but no thanks to the Australian Defence Force or the command of [...]. If [-] had been abandoned by officers on the rocky dusty battlefields of Afghanistan, they would have been court martialled, but being abandoned by his command in Canberra, Australia, was somehow accepted by the ADF chiefs and command and ignored by the Defence Ombudsman.

[-] was bullied out of his job. He was devalued. He was humiliated and driven to despair. He was suicidal. He will continue to carry these invisible mental injuries, wounds and scars that ended his career and future professional opportunities.

An Army veteran, who served for four years before deciding to separate voluntarily, wrote of his experience of transition:

I received a hostile response from my unit [warrant officer class 1] when I requested my discharge two months into my final posting. This hostility seemed to come from the administrative work that was required to obtain my replacement.

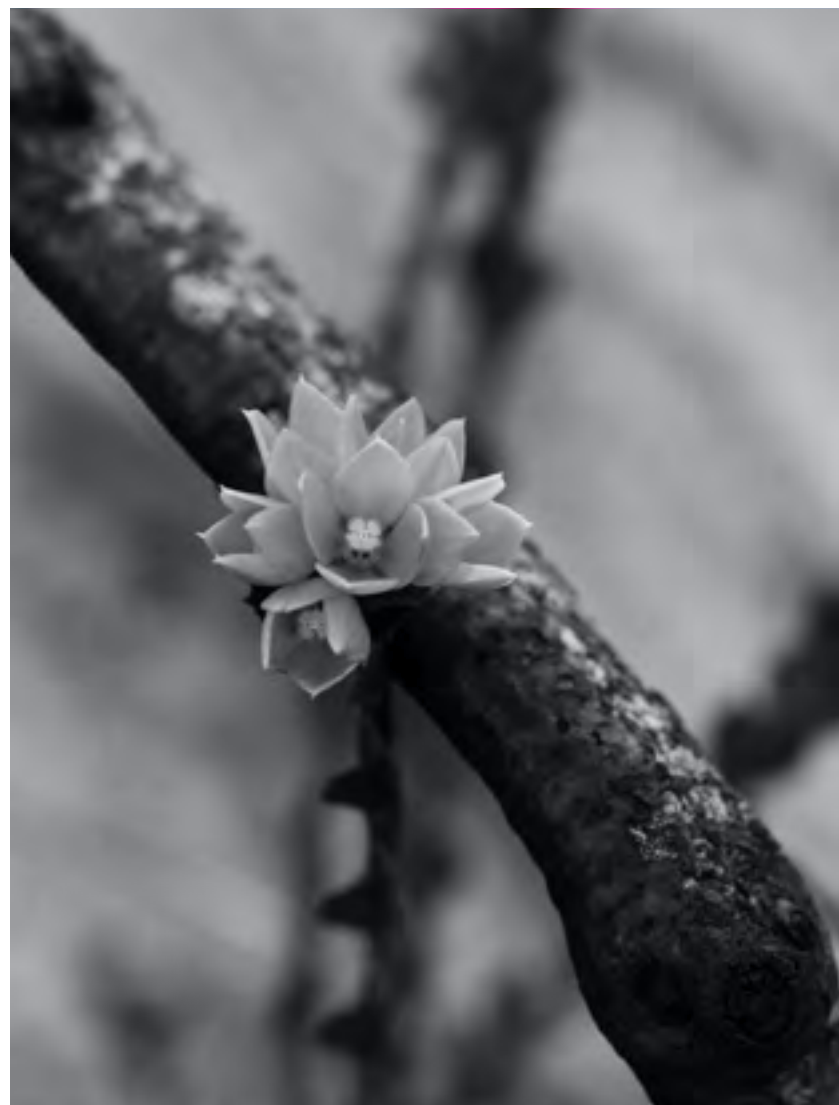
There was a mixture of resignation and (good-natured) ribbing from the [sergeant] that I worked closest with – although there was some ill-feeling towards me from his spouse who felt that I was dumping all the work on him [...]. Generally I was made to feel like I was deserting the unit even though I only served two months with them prior to seeking my discharge (and only spent eight months with them in total) and I had formed no connection or bonds with any of the personnel [...].

In hindsight it is concerning that none of the unit officers, who were all qualified psychologists, spoke to me personally or behind closed doors about my decision. Nobody asked what my plans were or really delved into my reasons for leaving. They ignored the soldier masking mental health issues right in front of them, and even contributed to these mental health issues.



An Army veteran who was injured during recruit training at [-] said the inadequate treatment of his leg injury started a chain of events that saw him medically discharged and left him with permanent impairment, PTSD, depression and alcohol abuse.

“[-] did not leave the Army – the Army left him. They abandoned [-]. [My husband] and I had to step in and recover him from that battlefield. It was an extremely difficult time for us all.”





Karen Shum, *My eyes are your eyes* (2020, watercolour on paper, 89 x 69 cm) AWM L2020.573.1

My eyes are your eyes was inspired by the poem, *The Working Dog*, and its line, 'My eyes are your eyes to watch and protect you and yours.' The artwork shows Sarbi, who served in Afghanistan, and depicts the enduring bond and special relationship between a war dog and its handler. Through their brave service and unique abilities, war dogs have saved countless lives.

"I have never been pain-free since I injured my leg at [-]. I was not able to undertake normal training because of the medical restrictions. I became convinced the pain would stop but it didn't. I was also being told that it was in my mind; but to me it is real [...] I was declared medically unfit and discharged from the Army [...] I was told, 'You are being discharged because you are not suitable for infantry. You are damaged goods.'"

After separation he was unable to maintain steady employment:

I have never been pain-free since I injured my leg at [-]. I was not able to undertake normal training because of the medical restrictions. I became convinced the pain would stop but it didn't. I was also being told that it was in my mind; but to me it is real [...]

I was declared medically unfit and discharged from the Army [...] I was told, 'You are being discharged because you are not suitable for infantry. You are damaged goods.' I was discharged a couple of days later; given a cab charge voucher, an airplane ticket and that was the end of my Army career.

I felt resentful that the 'family' I had tried to join had deserted me when the injury I received would not have occurred had it not been for my military service. I had a trade but that was not good enough. The term 'damaged goods' was really a hit below the belt. It is something I cannot forget. There was no counselling, no follow up, no discussion with me.

I found readjustment to civilian life was very difficult. My dream of being a soldier was over and the end was so dramatic. The Army had deserted me and left me

badly injured mentally and physically. I had been thrown out on the street.

A veteran wrote how she and her former boyfriend both discharged from the ADF at the same time, after he had returned from a deployment to Afghanistan:

Upon discharge we both felt incredibly socially isolated [...] – there were no general social clubs we could access that allowed us to remain connected to our ADF community, and we grieved that loss immensely, [-] more so than [me] given his longer service and deployment. I tried to find a social club that connected him to the ADF; however, the only ones available focused on mental health rather than just general socialis[ing] and networking. [-] didn't want in-your-face mental health support. He could have sought that informally through connection to fellow comrades [...] if only there was some way to remain connected in that sense.

She was adamant that if her boyfriend had been able to stay connected to his service support structure and his circle of loyal friends within in it, his sad story may have had a different ending:

[H]e just wanted to stay connected to his community. He still held the identity of a soldier, albeit with a feeling of being dispossessed upon discharge. If [-] had access to mates and veterans through various social clubs then he would have had the informal support and networks he needed to transition back into civilian life. [-] never wanted money or psychological support – like most ADF personnel he was distrustful of psychologists as they do not have our lived experience, yet can terminate our careers or that of our friends with the tick of a pen. [-] was discriminated against when seeking civilian employment. He thought deployment would help him find jobs, however the opposite occurred as he was seen (and once told by potential employees) that employing a combat vet was a liability. I witnessed [-] deteriorate to the point where we had to break up as there was nothing I could do and he became increasingly withdrawn. [-] [died by] suicide a few years later. I am so saddened that this world has lost such a beautiful and talented human being that had so much to offer.



A special forces operator of long standing talked about the mismatch between expectations and reality post service. He described what he believes to be a crucial piece of the puzzle in supporting combat veterans to transition to civilian life:

The trauma of combat is a heavy weight to carry. It is my strong belief that a veteran cannot fully

reintegrate into society until they are able to process their experiences and unload any burdens. For a combat soldier exposed to high levels of stress and trauma, the understanding of how these experiences will manifest in our emotional and physical states would have been useful.

[When I transitioned] from the military there was much emphasis on redeploying me into alternate employment and careers [and] not so much on what I could expect mentally (dreams, insomnia, [being] easier to anger, the physical effects of prolonged stress on my body etc.) including an understanding of the difference between normal human responses and 'disordered' responses. Without this knowledge the veteran assumes there is something wrong with them and too easily earns the label of PTSD along with all the shame and stigma that often accompanies such a diagnosis, either from society, the veteran themselves or both.

Many wrote submissions highlighting the need for simple, effective support for transitioning members, of a quality and accessibility at least equivalent to what is put into initial training, as an Army veteran underlined:

What they don't tell you when you leave is that it is a different world away from the military. If you want some practical advice, exiting the military should have a course [for transitioning members] that is provided before they exit, delivered by people with lived experience who know what supports are out there, what to expect and how to prepare. It is not rocket science [...] To this day [some ten years after separating], I have no friends, only acquaintances. People in the military

generally don't associate with ex-military. That's the culture. When you leave, you lose your friends.

An RAAF veteran added this suggestion:

There should be a unit set up by Defence, I'd call it the, 'Combined Services Transition Unit' or 'ADF Transition Unit', manned by service personnel and ex-servicemen alike (not APS [Australian Public Service] civilians) to assist us in our transition to civilian life.

This service shouldn't cease the minute you discharge, it should start the moment you lodge your discharge papers and be ongoing for as long as required by the individual.

There should also be follow ups with veterans.

The government should take more responsibility for the people it enlists into the ADF. Some people are undoubtedly damaged from their service and the ADF doesn't seem to care post discharge. I would include sections in this unit for medical, mental health, employment and social gatherings just to name a few. It should be a unit that is there for us when we need them for help [...]



Another thing I'd like to see is some kind of restricted access to bases so we can have some access to services on base and socialise with old mates. I used to bank with Defcredit but because the branch was on base, I gave up on it. Sometimes I think it'd be nice just to go to the Frontline on base or the mess. Just something so we can still feel a part of it.

An annual veterans BBQ or something for families and veterans to get together supported by Defence. I feel like there's so much disconnect from the ADF when you leave. It feels like you're totally cut off from everything that you know.

The next chapter looks at the vacuum that can exist when ex-serving members cannot access the support they need. In some cases, ex-service organisations (ESOs) are not able to provide the necessary services; in others, ex-serving members and their families do not know what those services are or how to access them. It reveals the perceived reasons underlying that failure and the ways in which veterans have acted to fill the vacuum.



“My personal experience with the RSL is that they are generally run by older veterans who cannot relate to the issues the younger veterans are dealing with.”



Mates Helping Mates

Ex-service organisations

For generations of Australians, the Returned and Services League of Australia, universally known as the RSL, represented the veteran's voice.

Founded by diggers in the final years of WWI, it continued to grow in the lead up to and during WWII and its influence expanded through that time as it supported a new generation of veterans. After WWII the RSL advocated for improved rehabilitation services, better employment opportunities, and proper healthcare and housing for returning veterans.

It grew to hold a seat at various tables of power across the nation. It led the community in the commemoration of national events, like Anzac Day and Remembrance Day, and in the establishment and maintenance of the cenotaphs and war memorials that still stand in most cities and towns around the country.

Today, according to many people who made submissions and gave evidence, the RSL's influence has greatly diminished and there seems to be

a disconnect between it and younger Defence members. Its membership has dwindled. Almost all of our WWII veterans have left us and our Vietnam veterans are advancing in years. Comparatively few of our modern veterans have replaced them as RSL members. While some individual RSL sub-branches have been successful in connecting with modern veterans, not many of this cohort join the RSL. According to NSW RSL, of around 85,000 modern service men and women eligible to join an RSL sub-branch, only around 1,500 have joined one.

Many veterans of modern wars who made submissions to the Royal Commission shared their perception that the RSL, now generally controlled by Vietnam-era veterans, had little understanding of their experiences in East Timor, Iraq and Afghanistan. As one former Army officer with three decades of service wrote:

Through personal discussions with my peers, soldiers (both serving and discharged) and veterans with warlike deployments, the majority of veterans see

“I can understand why younger vets do not want to join. We had a meeting last week where the older men just continued to yell and tell me to shut up when I spoke on behalf of the club [...]”

the RSL as irrelevant, out of touch and mired with controversy, and [...] fast becoming redundant. My personal experience with the RSL is that they are generally run by older veterans who cannot relate to the issues the younger veterans are dealing with.

One Navy veteran described ESOs generally as a ‘self-licking ice-cream’. He was even more critical of the RSL:

The general feeling is that the boards of most RSLs are older and unfortunately out of touch. For example, when asked about application forms the [-] RSL stated that the forms must be filled out as a hard copy. When asked about a soft copy or an online application form they refused to even entertain the option. To negate the age barrier, a number of younger veterans nominated and were seconded to take committee roles at [-] RSL this year. However the powers that be refused to acknowledge the younger generations’ applications and didn’t even hold a vote for new board members, they just slid the current board one seat [to the] right.

A Royal Australian Air Force (RAAF) veteran who served for 28 years wrote of the difficulties she encountered when she joined her local RSL sub-branch after medical discharge:

The RSL advertise themselves as helping veterans, however I can understand why younger vets do not want to join. We had a meeting last week where the older men just continued to yell and tell me to shut up when I spoke on behalf of the club [...]

I have had members approach me in the club, in the street and supermarket telling what the sub-branch president and vice president are spreading around about me – it is not nice. I have not left the house since I returned home from that meeting, four days ago.

A senior Army non-commissioned officer with more than 20 years’ service wrote of his loss of confidence in many ESOs and especially in the RSL:

I was also heavily involved with the RSL here in [South Australia]. I was here when all of the troubles occurred [...] and I have little to no faith in the direction of this [...] and many other ESOs. This is due to the replication of many of these and to many older generations not letting go, or worst yet, not listening to the younger generation. They assume that they know what we need, but we are never asked what we need. Yet these older ones are the ones advising governments, both state and federal on what the ‘contemporary veterans’ need, which most times is so far from the truth.

Over recent years, as the influence of the RSL has faded, an ever-growing ecosystem of ESOs

has flourished in the vacuum. Some estimates suggest that at least 5,000 of these independent not-for-profits now exist, operating across the gamut of veteran care and service areas. They offer general or specialist services in the areas of: advocacy and welfare support; mental health and wellbeing; skills development, employment and transition; family support; research and policy advocacy; and veteran commemoration and recognition.

New ESOs are established by every succeeding generation of veterans. They have traditionally been member based but a number of organisations have emerged that are non-member based in structure and constitution. Some believe these should be called ‘veteran support organisations’ or VSOs.

Many authors have pointed out the risks associated with the proliferation of ESOs and VSOs, including duplication of services, one-off grants, lack of collaboration – even direct competition between them – increased administration costs leading to inefficient use of resources, and confused messaging to veterans and the public. Another common theme in submissions is the need for a national oversight body for ESOs.

Some authors highlighted the anomalies in rules, policies and operating systems that can prevent ESOs and agencies from helping veterans and their family members, as exemplified by this

veteran’s daughter. Her father was a WWII Navy veteran who died by suicide:

In 2014 I became aware that Mum required support and assistance. I went to [an ESO] for help and counselling. We were told we couldn’t have help and help could only be given to [...] Vietnam veterans [...] We desperately needed counselling. We were then able to get Mum a gold card but not a pension through [-]. We wrote statements about our life and went through a lot of grief with this process [...] There needs to be extended assistance to family members and supporters of former servicemen and women – our lives have been disrupted and we still exist. The limited supports start from the Vietnam era, but WWII family members still exist.

Other authors described their dealings with the RSL that brought varying degrees of success. One former Navy veteran called for the RSL to be placed under a ‘microscope’ as he believed it seemed ‘to be helping pensioners more than veterans’:

I understand that the RSL helps with funerals and DVA advocacy etc., but I think it really needs to conduct a thorough review of what it is actually doing and how it can support the new generation of veterans that are coming through. Because right now I think it is providing a subsidy to pensioners all around Australia and [doing] very little to assist struggling young veterans. As a result, more and more veterans are turning away from the RSL and this is a shame.



A former senior Army officer wrote:

It is also well known that most young veterans are reluctant to join the RSL initially unless they have received successful assistance with a disability claim, as it is regarded as an 'Old Farts' club.

Therefore, many veterans who find themselves in this situation [of lacking civilian employment skills] have problems obtaining gainful employment and become frustrated. This can lead to substance abuse and in some cases suicide.

One veteran pointed to the RSL's enduring generational problems:

The RSL is suffering the same issues the Vietnam vets faced from the WWII vets — the majority are elderly and retired and don't understand the issues the younger vets face. [The organisations] know that what most vets want is to be able to maintain that camaraderie that only membership of the ADF can bring, and to be able to share their issues with someone who 'gets it'. Too many veterans' support agencies have people who have never served and don't understand us.

A number of authors expressed their disappointment at what they believed were the RSL's misplaced priorities, as a former Navy veteran wrote:

“Ex-service organisations have a reputation for peddling ‘beer and poker machines’ which are the last things that veterans experiencing mental health challenges need, and that these organisations are old boys clubs who are more focused on their own careers and RSL investments than spending money on the veterans themselves.”

My perception of what [the RSL] do is clouded by their business model. I see them funding their operation by fuelling addictions such as gambling and alcoholism (please note, I am an alcoholic). I hear little of how they serve the mental health and wellbeing of current and former members of the ADF.

Another former Army non-commissioned officer supported this contention:

Ex-service organisations have a reputation for peddling ‘beer and poker machines’ which are the last things that veterans experiencing mental health challenges need, and that these organisations are old boys clubs who are more focused on their own careers and RSL investments than spending money on the veterans themselves.

As did this former Army veteran:

My experience of ESOs, especially RSLs, has not been very positive ... Many of the larger RSLs are focused more on making profits instead of providing welfare. Queensland RSL does not provide for the refurbishment of existing smaller (non-poker machines) sub-branches

whose facilities provide a place for wellbeing activities. This will result in closure of many smaller community sub-branches to the detriment of veterans.

One Navy veteran referred to the important role that RSL sub-branches played in the welfare of veterans from WWI and WWII. It was here that they gathered together and watched over each other, acting as an informal space for collective debriefing and peer counselling. He claimed that the modern RSL had failed to fill this same role for younger veterans and serving members:

Only last month I was visiting a friend from the Navy who is going through some very hard times. He has multiple debilitating mental health conditions which means he is on some very strong medication. This means that his quality of life is reduced. He is numb all of the time, he has no energy to even walk around the block. All he does is watch TV, drink cheap beer and smoke cigarettes. When I visited him he said that he wanted to go to the RSL for dinner. I naturally agreed and we went and sat down. I was a bit sad when I realised that we were two of the few people below the age of 50 in the place. Most were of pensioner age.

At a later stage in the evening, the lights were dimmed and the RSL was asked to take a minute of silence as a sign of respect to all who had served and died for their country. The sound of pokie machines in the background was not lost on me while everyone was silent and standing while the last post was happening. It was very strange to me.

What was more disappointing is that my friend, the one who was broken as a result of his military service, had to pay more for his meal than pensioners. Why is it that he is not given the same discount that pensioners receive?

“[I]t would be good to have some of these organisations or individuals held to account as to what benefits have actually been provided and what outcomes have been achieved.”

This same veteran acknowledged the RSL's assistance with funerals and DVA advocacy but called for a thorough review of its operations to determine how it could better support the new generation of veterans:

I think that all ADF veterans should receive the same meal discount as pensioners do. This would encourage veterans to frequent RSLs throughout Australia and hopefully lead to veterans having a sense of community in their lives again. I also think that the RSL as an organisation should conduct a transparent review of its

finances, operations and consider how it could adapt to provide meaningful support to all veterans.

Some submission authors pointed to their belief that the organisational structure of the RSL added to the cost of its administration and diluted its effectiveness:

[RSL (the League)] has eight branches (one for each state or territory). Each branch has numerous sub-branches (RSL NSW has 340). Each sub-branch is a charity, whose purpose is 'supporting veterans and their families' in need.

Each sub-branch also has a responsibility to provide commemoration, camaraderie and welfare services within their local communities. Unfortunately, the RSL is fragmented by the requirements of different state/territory legislation and different branch constitutions. This leads to increased administration costs.

Veterans turn to the RSL and other [ESOs] to advocate on their behalf for DVA claims. This has led to a training requirement of two years [...] before an advocate is qualified, thus there are insufficient advocates, within RSL NSW, to meet the demand for their services today.

On the other hand, some authors, like this Army veteran, said that the RSL should be restored to its original position as the principal service provider to veterans:

The RSL should be the premier organisation to provide services to veterans. Currently numerous entities exist holding out their support for veterans but where is the oversight that [ensures] services are delivered

effectively? At present, numerous organisations conduct fundraising that has to firstly cover administration costs.

With the number of entities currently in existence, inefficiencies occur due to duplication. It would be reasonable to assume that the Charities and Not-for-Profit Commission hands out charity status too easily to some entities that ultimately achieve little [...] and it would be good to have some of these organisations or individuals held to account as to what benefits have actually been provided and what outcomes have been achieved.

A serving Army member reflected in detail on his experience with an RSL advocate when he sought DVA acceptance for an injury he suffered during deployment in Iraq:

RSL advocates are not paid, they are generally ex-serving and older members of the community. My hat goes off to the good ones. Unfortunately they aren't all good [...] I had an extremely unpleasant time with an older man telling me that my service wasn't 'warlike' and had little to no knowledge or interest of the claims process relating to the [relevant] legislation [...]



I ended up submitting my claims by myself and it was very confusing with so much false information circulating [...] The DVA page is hard to navigate and talks only in legal jargon aimed to shift liability. I received my letter of determination which confused me more than anything, but my conditions were accepted. Even so, the last RSL (advocate) left a sour taste in my mouth so I went to a different one and asked if I could learn to be an advocate purely to help my mates out.

[In training to become an advocate] I learnt about which legislation covers what period, how to build an argument to get initial liability accepted. After a while of volunteering Saturdays and completing a level 1 advocate course I became accredited. After this I posted out to a new location and decided to pause being an advocate for a while.

I reflected on a lot of things. Advocates aren't paid by the RSL for their time. They have no incentive to go above and beyond. They aren't screened when they walk in the door – anyone can be an advocate even if they aren't competent. Older advocates care about their time-specific legislation. It's common to walk into an RSL and have older advocates say we don't do [the *Military Rehabilitation and Compensation Act* (which covers current and former serving members who served after 30 June 2004)] only [the *Veterans' Entitlements Act*] and [the *Defence-related Claims Act*] and [the *Safety, Rehabilitation and Compensation Act*]. It's rare to have younger advocates working at the RSL. During my advocate course there was some serious incompetence by one of the advocates that could have a very bad effect if they were trying to help a veteran [...]. After my reflection I decided I would never volunteer for RSL again, they use the name Returned and Services

League but just peddle pokies, beer and cheap meals for seniors while providing very little care for veterans. Another overlooked aspect of providing advocacy is the effect on the mental health of the advocate. I have had heard some horrible stories from people suffering PTSD. I am resilient but some of the stories have stuck with me. I have also had abusive clients and/or their partners. Many of them didn't realise that I wasn't being paid for the help I was providing.

Currently, in my military circles, I am hearing people recommend private companies that charge a portion of your permanent impairment compensation payment [for providing services]. The prevalence of these companies popping up will become a problem in the future. No one should have to pay to receive compensation for damage caused by their service. These companies working on a commission will make it harder for the individuals who don't use them to receive what they are entitled as the companies will over exaggerate conditions for profit.



One Army veteran of 30 years' service saw DVA advocates as the 'external face' of both DVA and the RSL. He wrote:

As Defence does not have a process for [supporting] the submission of compensation [claims] for injury or illness, the majority of veterans rely on advocates to assist them [...] Advocates are volunteers [...] and therefore the system relies on the time each of these volunteers is prepared to commit to veteran claims and assistance.

In addition, not all DVA advocates are effective, with some clearly inexperienced at preparing claims. I am advised advocate training is now being addressed, but in the interim some existing advocates are contributing to veterans' stress. In some cases the advocate is the veteran's last hope for [getting] the system to provide him or her with assistance. Delays encountered by veterans when submitting claims are a significant contribution to frustration, anger, depression and suicide [...]

I would argue that if Defence and DVA is to meet its duty of care and take ownership of rehabilitation and compensation for Defence members, then trained advocates should be stationed at each base/region for access by personnel. These advocates could be APS [Australian Public Service] personnel, or contracted civilians, who are paid by Defence to assist members in preparing and submitting their claims.

Other submission authors also highlighted that there weren't enough suitably trained advocates for specialist roles, and spoke of poor treatment from some of them. One former Army combat officer wrote:

It is true that service organisations provide free legal representation for veterans but there are only a few suitably qualified persons able to represent a veteran at [the Administrative Appeals Tribunal] and such advocates are busy and have an extensive case load. Unfortunately, in my experience I have found that some advocates from service organisations treat clients with disdain, arrogance and consider them to be less than intelligent. There appears to be a culture of arrogance and superiority among some advocates from service organisations.

“In some cases the advocate is the veteran's last hope for [getting] the system to provide him or her with assistance. Delays encountered by veterans when submitting claims are a significant contribution to frustration, anger, depression and suicide [...]”

Another Army veteran who served for more than 20 years said that while he had had a positive experience of DVA in the location where he lived, he had concerns about the quality of support some advocates were able to provide. He wrote:

The RSL has five pillars, one of which is advocacy [...] [In my experience observing the work of advocates] I formed the opinion that most, if not all RSL advocates [in -] had had bitter experiences with DVA and [used that] as base training for advocating for other veterans. My firsthand experience of advocates and their levels of training left me disappointed and concerned for their personal mental health and the welfare of the people they were advocating for. Due to an advocate shortage, Level 2 advocates [who had only received basic training] were handling DVA clients' cases that were way outside of their training and scope of experience. I heard promises made to veterans that could never be met by DVA and when the claim goes wrong, DVA was blamed. I was told many times that I had no right to correct RSL advocates or raise concerns about their behaviours and



Greg Scott, *A moment* (2021, acrylic on paper, 23 x 31 cm, paper 29 x 40 cm) AWM 2022.1304.1

A moment captures a tern landing on a Leading Seaman Bosun's Mate's head on board HMAS Melbourne during operational service in the Persian Gulf – one of the unusual moments that make service memorable.

“My firsthand experience of advocates and their levels of training left me disappointed and concerned for their personal mental health and the welfare of the people they were advocating for.”

the RSL advocate system did not allow me to formally raise concerns [...] My view is that Level 4 advocates were primarily focused on self-glorification and seeking [Order of Australia medals]. They displayed little concern for the health of the advocates in their charge or their clients.

A number of veterans drew on their experiences to address a variety of shortfalls in ESO operations they believed could be improved. They pointed to the need for more support services in regional areas; a rethink of the defunded Veteran Employment Program; focusing services on veteran care rather than on broader activities; minimising the provision of alcohol, gaming and gambling; and concentrating more on veteran wellness.

Many veterans' submissions praised the work of ESOs and credited them with providing material assistance in their transition back to civilian life, like this naval member with eight years of service who wrote of his positive experience with an ESO that helped him with advice during a difficult period:

As a member without dependants, it is not only harder to organise my own affairs and finances while I am at sea, but it is assumed that because no one is waiting for me at home at the end of a workday or at the gate after a trip out, [that] I can absorb a higher degree of flexible

work hours and short-term notice replacements.

I will admit though, there was a time, during the COVID-19 lockdowns [...] and during my posting to [-], that I felt particularly lonely and directionless.

Others wrote positively on their dealings with various organisations and their programs, like this former Army non-commissioned officer who wrote about finding it difficult to find employment after she discharged:



When my partner was posted to [-] on promotion the same thing happened — again not being able to find work. I have managed to get on to the RSL employment program run from [-] RSL. This is a great program and felt good. It was run over the phone and by email. They help find you jobs. I had someone help me with my resume and my cover letter. It was all free and an excellent experience. They kept checking in and contacting me about jobs that were available in the area. I had a huge fear of applying for work. You are told in Defence you'll have no troubles finding a job, that everyone wants you and that your skill sets are better than everyone else. Then when you get out, and especially when you don't want to get out, you can't get a job anywhere.

The widow of an RAAF officer who died shortly after being medically discharged praised an ESO for its compassionate support:

I felt really stuck and I did not know what to do to advance my matter with DVA. By chance, I reconnected with someone I had known through work. She was a veteran herself [...] and she brought me into [the ESO]. And thank goodness she did.

[The people at the ESO] have consistently and exclusively been the ones who have allowed us the freedom to feel proud of, and not disadvantaged by, [my husband]’s sacrifice.

The support I’ve received [...] has essentially allowed [my daughter] to grow up without disadvantage. [They] supported her going to day-care, [...] supported us in moving house, keeping our home clean, helping me retrain and getting back to work.

Probably most importantly though, [they] have provided a connection for [my daughter] to her father’s service. She has other little friends in this community who have grown up without a parent due to service, and she proudly wears [-]’s medals on significant days, telling anyone who will listen that ‘these are Daddy [-]’s medals, and he died, but we are so proud of him’.

An Army veteran who served for nearly 20 years and deployed to East Timor and Afghanistan, referred to the support of an ESO and the difference it made to him. He explained how a knee injury during service started a chain of events that saw him medically discharged. An unsuccessful operation led to a PTSD diagnosis and that, in turn, cascaded into

alcohol abuse and a marriage breakdown. He broke his cycle of desperation by his connection to the ESO:



I go twice a week to the [-] centre. If they’d had organisations like that when I was in [service] it would have been better. If I can’t go when I usually do or if I don’t turn up someone will ring me and say, ‘Where are you, all OK?’ It’s very positive what they do for veterans and the community and there needs to be more spaces like this.

There needs to be more accommodation for veterans so they are not homeless. The rental market is hard. I have been told I am not eligible for territory housing as the DVA allowance is higher than Centrelink.

I was homeless and living for eight to nine months at a men’s shelter after I discharged. There were three or four other veterans there at the time with me. We did some of our claim forms together. One of those veterans also goes to [-] with me now.

There needs to be other options like low-cost rent to keep veterans from becoming homeless. I get the incapacity payment now from DVA.

The daughter of a veteran, whose father had difficulties after returning from deployment in Vietnam, wrote about her experiences of family violence and how an ESO helped her:

On his return from service he disappeared into alcoholism and the TV, punctuated by drunken bouts

of rage. He would lecture and rant and escalate to emotional and sometimes physical violence. My sister and I were lucky to be born girls as I'm sure if we were boys, the journey would have been much more challenging.



We understand now the impact of trauma and what it does to the human soul. I would like to extend my thanks to the [ESO that] provided me a lifeline and countless hours of support helping me to understand the impact of Defence Force training, combat and returning to 'normal life'. I was also a member of the [-] in Victoria, work which gave us comrades, shared goals and a sense of alchemy as we shared our traumas, supported each other and most importantly, finally expressed what we had endured in our childhood.

It took her father's death for her and her siblings to fully understand the depth of his trauma:

My father died in the end from a leukaemia that we all suspect was linked to his service. I always dreamed that one day we would talk about what he did to us as a family, that he would know how much he hurt us and how long it took us to get over it. That he would apologise and we would have some sort of epiphany. Strangely, in the end all that matters is love and that despite all the hurt and trauma there was still love and that was all that mattered.

The next chapter focuses on the Department of Veterans' Affairs, the primary government agency responsible for providing support and assistance to current and former serving members of the Australian Defence Force and their families. As will quickly become evident, DVA evokes strong and often deeply emotional responses from those who have dealings with it.



"The common perception of DVA's policy amongst many veterans is, 'Deny, delay until they die.'"



The Paper Chase

Dealing with DVA

During the final years of the First World War, Australia's national parliament established the Repatriation Commission and created the Repatriation Department to care for the nation's returning war veterans.

The *Australian Soldiers Repatriation Act 1917* gave powers to demobilise and repatriate members of the Australian Imperial Force (AIF) – the famed diggers of Gallipoli and the Western Front – in anticipation of their homecoming.

By the time the guns fell silent on 11 November 1918, some 93,000 diggers were already back home in Australia (with almost 75,000 of them having been classified 'unfit for service'), another 95,000 were still in France and 30,000 were in the Middle East or elsewhere. A further 6,000 were recuperating in hospitals or working on British military staffs in the UK.

Their homeward journeys were long and convoluted. Of course, in those days travel was by sea and took, on average, two months. The first returning

transport ship left the UK in December 1918 and the last one docked in Fremantle in September 1919. Overall, the operation transported around 135,000 troops in 147 shipments from Britain, and another 17,000 in 56 shipments from the Middle East.

In addition, the Australian Government also repatriated around 20,000 wives, fiancés and children of Australian soldiers who had partnered with women while on service in France and the UK.

The Repatriation Act established a compensation scheme and appointed a federal minister and a ministry responsible for caring for Australia's veterans. In typical Aussie fashion, the Repatriation Commission soon became known as 'the Repat'. It administered war pensions, health care, veteran education, vocational training, employment assistance and housing, soldier settlement on the land, and activities of remembrance and commemoration.

The commission grew and expanded through WWII and the Vietnam War until, in 1976,

“Veterans and their advocates must make their own claims with respect to these Acts and must justify them to the satisfaction of DVA. To do so they need to navigate a tangled legislative and bureaucratic web. Some people may be eligible for compensation under more than one Act – even all three Acts – for the same condition.”

the Fraser government created the Department of Veterans’ Affairs (DVA) and integrated the Repatriation Commission into it.

From the mid-1990s, DVA gradually transformed from being a healthcare provider with a large internal capacity to becoming a purchaser of health services. By 1997, it had handed over its repatriation hospitals to state and territory governments and, by the early 2000s, was a major healthcare purchaser, contracting medical professionals, private hospitals and medical centres to provide healthcare.

Over the course of more than a century, DVA expanded into a massive complex bureaucracy with an annual budget equivalent to the total cost of the Australian involvement in the twenty-year Afghanistan War (around \$12 billion). Down the years, successive pieces of legislation were enacted that added complexity to the DVA portfolio, however there was little or no attempt at integrating the new Acts.

At the time of writing (early 2024) DVA is governed by three major pieces of overlapping

legislation – more than 2,000 pages of it – covering veterans’ entitlements over various timeframes according to years of service. The three Acts are: the *Veterans’ Entitlements Act 1986* (the VEA); the *Safety, Rehabilitation and Compensation Act 1988* (the SRCA); and the *Military Rehabilitation and Compensation Act 2004* (the MRCA).

Veterans and their advocates must make their own claims with respect to these Acts and must justify them to the satisfaction of DVA. To do so they need to navigate a tangled legislative and bureaucratic web. Some people may be eligible for compensation under more than one Act – even all three Acts – for the same condition.

Until 2017, even the very definition of a ‘veteran’ was unclear. In that year all states and territories and the federal government finally agreed that a veteran is a person who ‘is serving or has served in the Australian Defence Force’.

The overwhelming majority of submissions made to this Royal Commission related to DVA talked

about difficulties that veterans and their families have experienced in dealing with the organisation.

They wrote about DVA's lack of transparency, the complexity of its systems, its adversarial approach, its inconsistency in interpreting the Acts that govern it, its inflexibility in delivering services, its lack of understanding of military culture (even a perceived anti-veteran bias), its tendency to disbelieve claims, its adoption of an insurance-style service delivery model, the absence of a productive relationship between DVA and ADF and the inordinate delays in processing and deciding claims.

One Army veteran put it this way:

There is a common saying that the paperwork loops and hurdles you must climb over [are] deliberately designed to be [so] hard [that] veterans will either just give up or do themselves in. Either way the problem goes away.

A Navy veteran, who was sexually assaulted several times during her service, said this:

I suffered deeply with emotional trauma and suicidal thoughts and this was all before I even knew Department of Veterans' Affairs even existed. Little did I know the damage that agency would do. I felt betrayed, judged, and belittled by DVA over my claims and how I was treated by delegates [and] social workers was extremely cruel [and] unethical [...] to the extent I threatened many times to kill myself. And I am not the only one that is treated this way.

An Army veteran's widow talked about her experience trying to navigate the DVA system after her husband took his life:

The DVA website is very overwhelming. I am an English teacher and I struggle with the nuances of legalese [...] that is present in a majority of the forms. The website needs to be simplified. It stopped me from wanting to access help and discover what was actually available for my children. I had to turn to ESOs to get support.

Others mirrored her difficulties with the DVA system. One wrote:

I don't have an advocate to help me navigate their language, it's confusing talking about 'points' and 'Acts' to someone that just wants to get treatment and recognition of the conditions I suffer [...] It truly is appalling and I'm just thankful that I have a strong wife. It's not fair on her, or my nine-year-old son to bear the brunt of my problems. We receive family counselling to help us through. I'm glad for my sake she stays around and helps me where she can, she is the only family, besides my son, I have around and I would be lost without her, because the ADF don't care, and DVA 'fight' you on everything.

A Vietnam veteran with extensive experience dealing with DVA wrote:

The online claim form is an example of how DVA has been trying but, with help, could easily achieve improved user experience. DVA encourages veterans to do their own 'DIY' online applications for compensation.

“There is a common saying that the paperwork loops and hurdles you must climb over [are] deliberately designed to be [so] hard [that] veterans will either just give up or do themselves in. Either way the problem goes away.”

The online form looks simple and straightforward but a veteran without advoca[cy] or legal support can easily fall short of the standard required for a successful claim. What looks like a simple question is underpinned by a maze of guidelines, legal precedents and statements of principle.

A special forces operator with an extensive list of service-related injuries told of his long and painful journey seeking DVA recognition for his claims. He wrote:

While pain and limitation associated with these injuries present a daily challenge, by far the biggest hurdle with my military injuries has been the process of having these service-related injuries recognised by DVA. This was a process that began in 2009 and is still ongoing today, 13 years later. The processes surrounding claims are [...] cumbersome and repetitive and lengthy; in some cases, months [have gone] into years of being transferred from area to area internally within DVA to try and decipher my entitlements and repeatedly retell my story. My local GP has been more helpful in the past two years regarding service-related entitlements than DVA over the past decade.



One veteran’s widow, herself an ex-serving Royal Australian Navy (RAN) member, summed up her experience as:

DVA must think veterans should just accept and come to terms with whatever a DVA delegate ultimately deems they are entitled to. [There is] no care. No accountability. No transparency. No repercussions. No consequences.

She felt especially aggrieved by what she believed was DVA’s adversarial approach:

DVA hire lawyers and medical specialists from their allocated budget to assist them to deny veterans [...] their entitlements or by minimising their entitlements by using the three legislative Acts against the veteran. The responsibility for this culture sits with the secretary of DVA. Many veterans feel Delay, Deny, Die (wait until we die) is the DVA motto.

Many others detailed their personal experiences of dealing with DVA and its web of systems and processes. One partner of a former serving member wrote:

DVA’s poor quality of service is a gateway to a person’s suicidal tendency. I can see this is from an outsider [...] perspective looking in. The three Ds



Darrin Free, *Adapt, Improve, Overcome* (2020, ink and watercolour on paper, 60 x 42 cm each) AWM 2021.260.1.1

Adapt, Improve, Overcome are three ideals the artist learnt as a young recruit. This work depicts the experience of deploying, coming home, and overcoming challenges once home.

[delay, deny, die], and her feeling that DVA would rather her dead than [to] pay her the correct entitlements. The positive outcomes of DVA care can be rewarding, but not without a great battle and a lot of casualties along the way (pardon the pun).

A former long-serving non-commissioned officer in the Army with a series of ongoing service-related injuries wrote of his experience after medical discharge:

[T]he most horrible thing I had to endure was dealing with DVA. While it was impossible for them to knock

back the shoulder injury, they tried to rate it very low and [it] took a lot of fighting to have it assessed at the correct level. Concurrently I [made a claim related to] the depression. My GP had diagnosed me with clinical depression but when I went to DVA to have it assessed I was met with, without a doubt, the most corrupt and unprofessional fight I have ever experienced up to then or since.

DVA sent me to see 'their' expert. I now know that this person was not in private practice and had not been [...] for some time. He was employed through a firm that specialised in preparing reports for compensation insurers to dismiss psychological claims. In a meeting that lasted



“DVA’s poor quality of service is a gateway to a person’s suicidal tendency. I can see this is from an outsider [...] perspective looking in. The three Ds [delay, deny, die], and her feeling that DVA would rather her dead than [to] pay her the correct entitlements. The positive outcomes of DVA care can be rewarding, but not without a great battle and a lot of casualties along the way (pardon the pun).”

about 30 mins where not much was discussed, he took a few notes and appeared to already have a considerable amount of prior information written down.

As I later found, his report bore nothing in common with the little we had discussed, and made the conclusion that I had no symptoms of depression and never have. This is despite being on treatment through a GP [who has] a lot of patients with depressive illnesses.

A former Army officer who served in Vietnam wrote:

A veteran with a debilitating condition is already in a vulnerable state. Unsatisfactory experiences in dealing with DVA can generate suicidal thoughts, and some suicides have been attributed to this.

Following on from this theme, other authors were unequivocal in their belief that DVA contributed to veteran suicidality and suicide. One veteran wrote:

Department of Veterans’ Affairs is the number one contributor to veteran suicide. I am still in a very dark place and receive nothing but stuff around after stuff

around from them and the arrogance and personal attacks I have received from them is outstanding. Even have had [a] receptionist at [...] receive a mouthful of cheek from DVA. The department needs to be run by ex-servicemen and women NOT CIVILIANS.

A former Army member who served for 11 years before discharging with undiagnosed PTSD, wrote:

I believe DVA is a major problem for veterans. There have been veterans that have committed suicide over their treatment or their claims with DVA. I personally have spent 20 years fighting DVA for my entitlements and I am still not at the point of where I should be. This further adds to my mental health issues.

An Army veteran who experienced a traumatic peacekeeping deployment wrote:

My dealings with DVA since leaving are terrible. It takes forever to get a liability approved. [This is] not a big issue for my conditions but I have friends who are sick of waiting for help and have taken their lives. I have lost at least 10 friends who have served overseas.

“I feel my treatment by DVA was appalling. There was a total lack of duty of care to a long-term serving member [in providing me with] the support I was entitled to.”

A Vietnam veteran lamented the lack of empathy and compassion from DVA when veterans are at their most vulnerable:

Why did DVA put me through all the trauma again [in having] to prove my case? Why did my claim take so long to approve when all I wanted was to be recognised for my service and be afforded the compensation that would assist? This is the time when many [are] suicidal and very vulnerable. In essence, what I am suggesting is that DVA should focus more on operational service veterans that have hit the wall. I know there are cases of veterans who have suicided while their claims were in [...] process [...] but because their claims were lengthy, they took their life instead.



A former Army non-commissioned officer wrote of the steady deterioration of his mental health after one of his subordinates died by suicide on his watch. His mental health issues were exacerbated by his dealings with DVA:

In addition to my journey navigating my way through the DVA process of making claims, I'd like to comment on the ineffectiveness of the system.

The process takes way too long to obtain any kind of help, with the financial strain being a huge factor as to why young men with responsibility tend to take their own lives, especially where issues are compounded by the effects of service life and post-service life integration.

I often wonder [what would have happened] if my circumstances were even slightly different. Would I have been homeless? Or would I have been featured on a granite headstone? [...]

It appears that Defence and DVA have nothing more than saving money on their agenda and rubbing it in your face when dishing out compensation payments for injury. As a justification for someone who sacrificed their life for their government, to be given the bare minimum in compensation shows their belief in the value of a life.

Many authors' involvement with DVA left them feeling abandoned, distressed and bitter, as this long-serving Navy veteran explained:

I feel my treatment by DVA was appalling. There was a total lack of duty of care to a long-term serving member [in providing me with] the support I was entitled to. Without my claims being accepted, my injuries were not recorded as service related so I was unable to get the treatment and surgeries that I needed under DVA. I held grave concerns about my future due to the complexity of my injuries.

My treatments, surgeries and ongoing care were going to be expensive. I didn't have private health cover as I had been in the RAN all my adult life. I was not well enough to seek employment.

Another veteran complained that an individual from DVA directly interfered with his treatment:

A DVA representative directly contacted my psychiatrist and told him that I [was] making my PTSD up. This resulted in a complete breakdown of my relationship with my psychiatrist and any ongoing mental health support.

One RAAF veteran wrote about the devastating financial penalties he suffered because of what he believed to be a failure in communication between the Commonwealth Superannuation Corporation (CSC or ‘ComSuper’) and DVA:

The final straw, as far as I am concerned, was when in 2021, I received correspondence from ComSuper advising me that I was going to be adversely affected if I didn’t do something with my super. I thought about my options and decided to withdraw my super and invest it. Unfortunately for me, I hadn’t read the very fine print [...] that told me that if I did, I would be severely punished! Right on cue, I received a lovely phone call from DVA saying that I had been a very naughty boy and as a result, my incapacity payments were to be cut by about \$1,000 per month and that I was also required to pay back approximately \$4,000 of overpayment. Th[e] process of review by DVA took well over six months [and it was that] that resulted in the enormous debt that I had inadvertently accrued. This was like a kick in the teeth as I was under the impression that my super was mine! It wasn’t as if I had obtained this extra money from somewhere, it was mine. How wrong I was! So, as well as trying to deal with the devastation that I have suffered due to my knees, and treatment whilst serving in the RAAF, now I am having

to deal with \$1,000 less per month and a debt of around \$4,000. I must admit, this really drove me close to despair and thoughts of how to release myself from this pain and anguish.

I am very strong willed and have always taken things on the chin and looked to the future, however, the treatment dished out by the RAAF and especially DVA has pushed me to the limits, and this shouldn’t happen to anyone!



An Army veteran who received injuries during training that meant he could no longer serve in combat roles, chose to accept medical discharge. He wrote how important it was to have an advocate when seeking compensation from DVA:

Now, eight years later, I have been waiting just short of two years for DVA to accept my claims for a variety of conditions that include major depressive disorder, PTSD, general anxiety disorder and alcohol use disorder. Without my advocate I have no doubt that I would never have been able to submit these claims successfully due to the bureaucratic nightmare that is the DVA. It is a system that almost none can navigate or understand.

Many authors reported that DVA’s rationale for refusing claims seemed to come from a strict application of the ‘letter of the law’ that utterly failed to take into account a person’s circumstances. On this theme, a former senior Army officer, who served for 27 years, including deployments to East Timor and Afghanistan,



“Without my advocate I have no doubt that I would never have been able to submit these claims successfully due to the bureaucratic nightmare that is the DVA. It is a system that almost none can navigate or understand.”

outlined his dealings with DVA. He was medically discharged, suffering from a number of serious physical injuries. He needed a joint replacement. After his discharge he was diagnosed and began treatment for depression, PTSD and alcohol dependence.

By the time of his discharge, he had submitted, but not finalised, his DVA paperwork. His financial situation had substantially diminished – his pension only amounted to about 30% of his military wage – and he received \$100 a week from an injury pension. He wrote:

This would not normally be a problem, but due to my physical injuries I was unable to work straight away [...] I was discharged on a Wednesday and had an operation [...] the following Friday. I was then given a medical certificate from the surgeon stating I would be unable to work for approximately three months.

I then submitted a claim to DVA to access part wage subsidy for the period I could not work (noting my joint problem had been accepted by DVA several years prior). My claim for wage subsidy was denied.

The basis [...] was that the wage subsidy is based upon the wage you were earning before you were unable to work. DVA determined that [since] I was discharged on Wednesday, I was therefore unemployed on Thursday

before having my operation on the Friday, therefore I was not earning a wage prior to the operation.

This is despite the [fact that the] operation on the Friday [was] the reason I was medically discharged.

This decision placed major financial stress and personal stress upon me and my wife. These actions did not assist in my mental health issues.

This veteran reported receiving some relief about six weeks later when DVA advised him it had accepted all his medical claims. But six months after that, when he sought details on the progress of the claims, he was told that if he needed money he should ‘go to Centrelink’:

I found this very stressful and [it] caused undue pressure on my family and myself, considering [that] all claims had been accepted [...] The financial stress was very high.

Two months later DVA referred him to a series of specialists for review, including an orthopaedic specialist:

I was informed he was to assess my physical injuries, particularly hips, knees and lower back. During the consult he never asked once about my physical injuries nor did he actually check [the] range of motion of joints etc. Rather he informed me DVA had asked him

to see 'if I was mental'. When I stated that seemed strange he rather ignored it.

On later reading of the specialist's report, the veteran found:

[He] had stated he reviewed my physical injuries, which he had not, and he also made a statement about my mental state, stating he found nothing. I found this very stressful, as at this time I was seeing a psychiatrist who had diagnosed me with depression, alcohol dependence and PTSD.

Adding to the veteran's distress, DVA initially refused to cover his transport costs to see his psychiatrist, only relenting when the psychiatrist intervened. Subsequently, DVA informed the veteran of the level of disability they had assessed him as having. He believes they incorrectly applied the GARP (Guide to the Assessment of Veterans' Pensions) scale:

When speaking with the DVA representative and challenging him on the correct application of the GARP, he responded within 30 seconds stating 'I will upgrade you another 10%, are you happy with that now?' At no stage did I request a change to the disability level, rather I simply stated DVA had not applied the rating in accordance with the standard they use. The quick response from the DVA representative to change it, highlighted that they had not applied the GARP correctly. The major problem here is the DVA representatives seemed to apply what they thought rather than applying the GARP as per legislative

requirements, but if challenged, applied it correctly. How many ADF members have been incorrectly assigned a rating under the GARP scale because DVA staff have failed to apply it correctly?

His dealings with DVA stretched out for another 10 months before they determined his claims. He concluded by saying:

[In] the 18 months following my medical discharge and [by] the time DVA finally sorted my claims out, suicidal thoughts due to depression, alcohol abuse and legal drug abuse were constant.

An Army veteran who had been seriously injured in a fall during training for deployment, wrote of his experiences in dealing with DVA:

After the fall I was ignored by the Army and later by DVA. My wife at the time received no support and quit medical school to look after me. I had to get witness statements to prove I was even present at my fall. It took nine months to get surgery approved. Twenty-three years later I can barely walk.

Constant pain and the delays in his treatment resulted in mental health issues that pushed him to the brink of suicide. He went on:

I have recently had nerve blocks put in which offer me some relief and was to have more put in [...] I have submitted lots of paperwork, spent more than six months this year having diagnoses done to try and determine what could be done to get some relief [...]

My friends and GP convinced me to attend [-] hospital because it is not associated with DVA. I am very happy with [-] hospital who diagnosed all my issues and made useful suggestions as to what I should do for treatment [...]

And this is where the problems started again. To get surgery I have to fill out DVA paperwork, doctors have to fill out DVA paperwork and no one seems to be able to do this correctly when you have more than nine separate conditions.

After a series of delays, he eventually secured a date for the operation and turned up to hospital on the scheduled day:

I turned up for the surgery, shower[ed], change[d] etc, got on the bed and just as I expect to be wheeled into the theatre the surgeon walks in and says, 'Sorry, DVA has disallowed your claim.'

I must say I was confused as I was having pain management surgery which I have an accepted claim for, [and] I also had a claim in for thoracic spondylosis which was on a signed [...] treatment confirmation form. I can't believe that they cancelled whilst I was in the hospital ready for surgery.

This is the general attitude towards veterans. This behaviour is a result of poor regulation and [the rules] that govern DVA.

An Army veteran with an ongoing service-related injury shared his story about how his experience with Defence and DVA after his eventual medical discharge affected his mental health:

I was not told if I was the one that would have to reach out to DVA for treatment or what was to happen, and how I would get my medications after leaving Defence. After running out of [the] supply I had left over from Defence within three months, I finally got my DVA card and was able to get the discounted rate for my meds, but [I] still wasn't linked in with a rehab provider.

[M]y discharge being at the end of 2014, it would not be until mid-2017 [that] I would need another surgery. I reached out to DVA for help and that is only when they started to link me in [to] a rehab provider.

“[In] the 18 months following my medical discharge and [by] the time DVA finally sorted my claims out, suicidal thoughts due to depression, alcohol abuse and legal drug abuse were constant.”

The veteran felt he was pushed to the extremes of his resilience when DVA confronted him with a series of ultimatums requiring him to do a work trial that he felt was beyond his physical and mental capacity. Feeling cornered, he threatened to take his life:

[M]y rep didn't skip a beat and only said 'Is that a threat?' I was emotional and told him it was a promise,

to which his only response was, 'If it is, I will have to get a welfare check done.' I started going off at him and it was only because [my wife was there] to calm me down. When she took the phone off me, I do not recall much of what happened after that [...]

I did not get a call from anyone about my self-harm threat. I called him back to ask for the recording of the conversation we had, to which he told me that they do not record phone calls. Not knowing if it was a lie or fact, I did not take it further.

Since that day I have been riddled with anxiety when it comes to getting letters from DVA or phone calls from unknown numbers. Also since that day I have

had two close attempts of suicide both thankfully stopped before it was too late, and only one [of them] I reported to DVA [...]

Also during all of this [...] I put in claims for injuries received while serving [...] I had my first three claims accepted before I [separated] and didn't get my compensation until after 2018. As it stands now, 13/10/22, I think I have 16 claims in with DVA – waiting for the past 18 months – and only three of them have moved up to be seen by a rep there.



“In regards to suicide, it was enough to almost push me over the edge. I mean that literally ... I have had and sometimes still have to battle this idea that life isn’t worth continuing.”

A young Army veteran who medically discharged with physical injuries that left him unable to work, believed that his dealings with DVA seriously exacerbated his problems:

My discharge caused a discontinuity in my medical treatment, or at least the funding of it. When I left Defence my medical issues were under investigation and they are still. As it has not been determined [...] whether my neurological issues were caused by my service or by some other factor, the appropriate thing [...] would be for DVA to continue to pay for the maintenance of this particular medical issue until such a time that it is resolved.

This did not occur and as a result, for the last decade I have had to suffer significant financial costs in regards to this one issue alone. During the 2019 calendar year I remember dealing with significant costs [...] at [a] time where I had lost my employment, [my] real income had declined by over 50% [...], [and] I was required to maintain all the costs of living including private rental and somehow fund the existing child support arrangements that I had [...]

In regards to suicide, it was enough to almost push me over the edge. I mean that literally ... I have had and sometimes still have to battle this idea that life isn’t worth continuing, often due to chronic pain, however that particular moment was a moment where it was the

financial situation that caused a feeling of unassailable despair that [I thought] could only be ended via suicide.



He said he believed that things at DVA had improved since his discharge in 2012 but he cited the failure of Defence and DVA to properly communicate as the root cause of many of his difficulties:

[T]here was absolutely no interaction between the Department of Defence, on behalf of the discharging soldier, and any other government department [...] — in my case [...] DVA. This is where my DVA problems began. Today I am told by men who I served with that at least these days, the Department of Defence won’t discharge you until you are properly captured by the Department of Veterans’ Affairs. By ‘captured’ I mean that if you are, for example, someone who is significantly compromised in medical terms, you will not be allowed to discharge and leave the care of the Defence Department until all of your claims with the Department of Veterans’ Affairs have been received.

He pointed to the disconnect between Defence and DVA as contributing to the delays and

“His advice was ‘to be happy with what you have now’, which was nothing but a significant injury, no job and no support.”

difficulties he experienced in resolving his medical issues and DVA’s slow acceptance of them after transition:

When I put in my claims, DVA should have continued the medical investigations that were ongoing at the time of my discharge from Defence. This did not occur. When I did put in my claims, they were treated in a manner that one mid-level DVA staff member described as ‘tunnel vision’. It wasn’t until years later in 2017, that I found out which conditions they had accepted liability for and which ones they hadn’t.

It has taken a legal team over two years to build a case based on not only the previously rejected claims from 2013, but also a whole suite of new claims based on private investigative work. Had DVA done their investigations properly the first time around, it is highly likely that my claims process would have been resolved years ago. It would have negated all the extra pain and suffering that I have personally endured over the last 10 years.

As at the time of writing his submission to the Royal Commission, this veteran’s claims remained unresolved with DVA:

One thing I find about interacting with DVA is that I have a hard time keeping track of the discussions [...] This is due to a combination of my prescription medication [...] combined with chronic lack of sleep.

As each email and phone call is referred to a different

staff member, having a chain of evidence [...] is not possible. This means that quite often a significant amount of time is wasted speaking to different people about the same things [...]

There is no timeframe given for resolution. This alone [has] almost driven me to my wit’s edge. I would love nothing more, once my claims are resolved, than to litigate for the pain and suffering that they have caused. In fact, a class action against DVA, for all the reasons this Commission is probably hearing about and more, would be a splendid idea.



An Army veteran who served in Afghanistan and returned with career-ending spinal injuries was recommended to consult the RSL-paid advocate on base:

This RSL advocate told me due to the significant amount of time from injury to now, along with the paper trail that was required, it may be very hard to prove. His advice was ‘to be happy with what you have now’, which was nothing but a significant injury, no job and no support. On completion of all my paperwork, [...] DVA rejected my case. This left me with no support, no job and no future.

In 2017 he attempted suicide and was unable to attend work for three months afterwards:

There was not one phone call from the unit health or my unit to check on my welfare. Later in 2017, I returned to work and within days I received my second letter for medical discharge. This is where I read a paragraph saying I could put in a statement of reason and fight the discharge. I took it upon myself to at least walk out with my head held high and with some rehabilitation behind me. To give myself a chance to fight DVA's decision. Also to look after my family and [myself] in the civilian world.



The widow of a RAAF officer contacted DVA after her husband was medically discharged:

[-] had gone to Afghanistan healthy, and had come back with a brain tumour, so naturally we explored seeking compensation through DVA. This proved to be an extremely damaging and destructive process. Dealing with DVA was a horrific experience from the outset. To get support, [-] had to give statements about his terminal cancer and short prognosis, and he was asked to relive those awful moments of realisation around his diagnosis. One of the few times I saw [-] cry was after one of his experiences with the Veterans Review Board, and this is one of the things I'm most angry at DVA about: they have left me with that memory of [-] crying – one I'll never be able to shake. [-] said it was awful being in the headspace of impending death when he was trying so hard to live.

This author wrote that DVA had asserted, 'based on their statement of principles', that her husband's cancer 'had manifested before deployment':

On a clinical level, there could be no way to know if this were true or not. The type of tumour that [-] had is not well understood, either the causes or progression. But DVA has built a statement of principles that states that the onset of the tumour needs to have occurred no less than two years from the time of deployment. [-]'s tumour was found within six weeks of his return from his deployment, so irrespective of the type of work [he] performed over there, or what he may have been exposed to while overseas, the Statement of Principles was a complete bar to establishing the connection between his illness and his overseas service. And there was no wiggle room. So we had no choice but to just give up.

She believed DVA did not take into account that her husband had enlisted in the RAAF when he was 17 and that the tumour had been discovered four years later:

He did everything that was required of him and willingly went anywhere he was directed to go. As an air battle manager, he would have worked around radar systems and in high radiation environments, even whilst training. I do not understand why it is relevant if the cancer was caused by his work in Australia, Afghanistan or the moon. It occurred during his time in the ADF, and likely because of his service.

The couple accepted DVA's rejection and concentrated on treating the tumour and living the best lives they could.

DVA paid for [...]s medical bills, including MRIs and the cancer treatment itself. [...] was able to pay for things that we would have otherwise had to pay for

out-of-pocket, such as a fluorescent dye that helped his neurosurgeon to see the cancerous cells in his brain during surgery, and a cancer drug called Avastin that was not yet Medicare funded.

When her husband died aged 31, she was pregnant with their first child. She assumed that she or her daughter would be entitled to some DVA medical coverage or compensation, perhaps a DVA gold card:

I had been expecting to be dealt with on compassionate grounds now that [-] was gone [...] I soon realised that this was the same claim of compensation with the same barriers presented by the Statement of Principles as before. But I was now in a worse position because I was now doing it without my 'primary witness', [-].

There were no cards in my favour, and my DVA application was declined, again with reference to the Statement of Principles.

DVA makes the judgement at all stages with these kinds of claims: they are judge, jury and executioner. And I was executed.



It was a shattering conclusion but she persisted in her claims for hers and her child, driven by her desire to honour her husband and his service:

[-] wrote a blank cheque up to and including the cost of his life to be in service and he did everything he was told to do. He would have done anything for Defence. I believe

“DVA makes the judgement at all stages with these kinds of claims: they are judge, jury and executioner. And I was executed.”

that [-]'s service was directly connected to his illness. It means a lot to me to know that [-] gave his life for his country, and I know that this would have also meant something to him. It would mean the world to me to be able to legitimately call myself a 'war widow'. My efforts with DVA were all about getting this acknowledged. I was not asking for millions of dollars, just some recognition and some cheap public transport. It's hard to understand why a pregnant widow in her 20s, or a daughter who would never get to meet her dad, would be denied that recognition simply because a disease did not track on DVA's timeline.

The cumulative stress of dealings with DVA gradually built up over the following year and a half before she almost reached breaking point:

I had a day where everything became too much for me. I have never spoken about this before but have decided that I need to be honest with myself about what occurred on this day.

[My daughter] was just over a year old, I had received the determination letter in the mail from DVA informing me that my application had been declined and [I] had still not come to terms with [-] dying. The pressure had become too much for me and the final straw came when an online delivery that I was expecting [...] did not arrive.



Soile Paloheimo, *They Are Never Far Away*, in collaboration with Jasmin Diab, Anneke Jamieson, Kat Rae, Kate Tollenaar (2021, digital collage, original printed image gifted to recipient Rachel Brennan, 84 x 60 cm) courtesy the artist. Reproduced by ANVAM, 2023 March to Art: Create

They Are Never Far Away was produced as a digitally transformed collage in collaboration with four veteran artists. Each artist created an individual image with the intention to 'creatively embrace' the recipient, a close, mutual friend during a challenging period in her life.

'In the midst of my grief, I received this artwork in the mail. This print is much more than a piece of art. It was created out of love, friendship and support, from my closest friends who I served with in the Army. It was created to give me hope. It was created to remind me of the love around me.'

It sounds like a small thing, but because of the pressure I was under it sent me over the edge. I asked my mum to mind [my daughter] for me and I took [-]'s car, a mini which was his pride and joy, to go to the supermarket to complain.

I received a call from my dad on the way and I told [him] I just wanted to end everything because it had all become too much and I felt like I couldn't cope.

My dad called [-]'s mum to get her to call me to see if she could calm me down. I pulled over to the side of the road and got out of the car [and] walked to a nearby park to talk to her. She did a wonderful job of calming me down, but when I came back to my car I found I had parked in a no stopping area and [had] a parking ticket [...] Frustrated and angry I got in the car and took off. I was so distraught [...]

Months later a man came up and introduced himself [...] while I was having morning tea with [my daughter] at a local café and told me he was the person who had [rescued me] [...]

It was lovely to be able to introduce him to [my daughter] and he said he was happy to see me looking so well. Looking back, it feels like [-] saved my life because it was his car that protected me, and that he had sent this man in the café to remind me he was still watching over me.

For a long time, I have described this incident as an accident or a panic attack. In reality, it was a suicide attempt. I have never wanted to admit that before because of the guilt I feel. [-] had fought for 10 years to stay alive, had given me a daughter that was his legacy, and in a moment, I had almost thrown my life away for nothing.

She made a final point about her suicide attempt, a point also made by a number of other authors:

If I had died in this crash, it would have been recorded as an accident and not as the suicide attempt that it was. I, like many others, would have been an unrecorded statistic of suicide related to service.



She refused to accept DVA's denial of her claim and appealed the decision to the Veterans Review Board, where she argued her case against a team of DVA lawyers and experts:

At the board hearing, I read out my prepared statement, it finished with the words: 'To you, it may be a box that can't be ticked, or a process that can't be followed, but for me it is the ability to maintain a quality of life for my child that [-] and I had planned to provide. The one she deserves. If that doesn't fit into one of your boxes, then maybe you need some new ones.'

Later that day, I remember thinking that it would have cost them more to get all of their lawyers in the room that day than to simply give me the White Card.

Once again DVA declined her claim:

But they did not deliver the bad news to me directly, they had my advocate pass the information on [...] It was at this point I asked myself, what is DVA doing to my mental health? I was starting to lose track of the amount of times this process had caused me to feel desperate and suicidal. I did not think there was any purpose feeding myself into a system that was so broken [...]

Eventually, I did what I promised myself I would never do again – I gave up on my DVA claim. I decided that instead, I would devote my energy into making systemic changes so that no other family would experience the heartbreak and destruction that we had.

She has since devoted her time and energy to working with an ESO and being an advocate for change within Defence and DVA:

Clearly, the majority of my own trauma rests with my experiences with the [Veterans Review Board] and with DVA. I fully believe my grief experience would have been different if my experience with DVA had been different. At the peak of my dealing with DVA I felt as though I wanted to 'lift out' and not be here anymore. Instead of assisting me at my darkest hour, DVA turned the screws on my suffering which led to my suicide attempt [...]

We need to find ways to increase eligibility and simplify the process. Sure, some people do seek to exploit the system, but this should not be used as a reason to disadvantage people who deserve support.

I remember seeing a talk late last year from someone from the [Veterans Review Board], who stated that 100% of claims put before the [Veterans Review Board] were 'resolved' with the claimant 'accepting' the resolution. I remember putting up my hand and asking 'What does this mean? Does the claimant have a choice?' I realised that, according to their statistics, [they] would consider my claim to be 'resolved' and 'accepted'.

She has found purpose in advocating for a more compassionate, less rigid approach to supporting serving and ex-serving members and families

by Defence, DVA and the other organisations charged with their care:



I don't need DVA anymore, I have now rebuilt my life enough without it. I have rehabilitated myself, all by myself, and I am really proud of that. This submission is not to change outcomes for me – the damage has been done – but because I continue to see that those same issues [...] are still common in our community.

This submission is because there are others out there today, calling their advocate for the first time, or putting the final touches on their first DVA claim, and I want to know that they will be treated better than I was. I find it extremely validating to be given the opportunity to tell my truth as a result of this Royal Commission, and actually feel very honoured to interact with it, after fighting for so long for it. I hope that my story will allow others to see that these feelings are a normal response to the trauma that this system has created. I'm sick of each of us being told that we are the 'anomaly' or the 'exception to the rule'. There are too many of us anomalies. It's time for some new rules.



A former Army padre with two decades of service drew on his experience to suggest that DVA adopt a different approach to dealing with veterans' claims:

[I]nstead of members having to prove that Defence injured them [before getting] compensation, instead their claims [should be] accepted and then the

process of proving them begins. That way the added burden of finding a way to make ends meet is not laid on the member. This would also incentivise DVA to act a lot faster. In the event [that] a person's claim is rejected, they get to keep whatever monies they were paid. It is not like Defence never wastes money. The point is this would at least reduce the number of people who get depressed and suicidal because of the process [...]

Personally I have not had problems with DVA and when I sat in on a DVA hearing as a support person I felt the DVA staff were genuinely caring. But too many Defence members with genuine claims have their claims either rejected outright or they have to jump through so many hoops that the process itself defeats them. Furthermore, the whole process takes far too long, with many members waiting years before their claims are accepted.

The former wife of a Navy veteran, who had been diagnosed with PTSD as a result of his service, wrote about her perception of DVA and the impact of the claims process on her then husband:

He found the process humiliating and exhausting. It seemed very much like the system was geared to be so difficult that veterans would give up, that veterans would have to go to extraordinary lengths to prove the effect of their service on their mental health and their lives.

Having to prove that they were impaired enough to warrant compensation. This process of impairment measurement was terribly flawed and penalised

veterans who attempted, with enormous effort daily, to keep their lives together. It ignored the true nature of a veteran's impairment (and impact on their loved ones).



Around this time her then husband's mental health declined as his dealings with DVA dragged on:

Our family were walking on eggshells daily, terrified of setting off the ticking timebomb living in our home. It may have been my former husband, the veteran, who had PTSD, but it was his family who often bore the brunt of the symptoms of his condition.

Sadly, our marriage couldn't withstand the enormous stress, nor the trauma of the acute episode. The breakdown of our marriage was devastating for me, our children, and [the whole] family unit. We had a strong marriage up until approximately six months prior to the acute episode. However, it wasn't possible for me to recover from the trauma I had experienced.

She explained the long-term implications of the DVA experience on her former husband's mental health:

My former husband is not the man he once was. He suffers from an extremely low mood (depression and anxiety), is unable to continue his career, and is unable to take on equal parenting responsibilities.

The impact on his children is that they have a father who loves them dearly but is not able to give them the

time and energy that other fathers are able to give. Our children live with me full time, although he sees them very regularly. I have no doubt this causes my former husband enormous sadness, and it also causes our children enormous sadness.

They have struggled to cope with the separation at times, particularly my son. They would love to be cared for together by their parents, or at least 50/50 shared care. They are missing out on the kind of fully engaged and participatory father they deserve, and would have had if he did not suffer from PTSD.



An Army veteran with eight years' service was medically downgraded due to a back injury sustained early in his service and eventually medically discharged. He raised issues relating to the impact of pension reassessments by the Commonwealth Super Corporation (CSC) post service:

I have been hospitalised numerous times and the only answer from the medical professionals has been to increase medication and frequency. I am now in my early 30s and taking over 25 pills a day while trying to maintain a role, that if reviewed by CSC – can mean that my pension would cease [...]



So the pressure on me, is if that's taken away (due to the premise of me working) and not guaranteed to be there for life, and I have to take time off of work due to my injuries sustained in the ADF, I will not be able to support my family or my household [...]

I (and many others) did not choose to be broken; but once you're out of the service, you feel incredibly isolated and have to deal with so many uncertainties. Please change the way DVA supports people, streamline certain requests (i.e., provide members with standing desks if they [work from home]), provide them with opportunities to improve their quality of life and make it easily accessible without having to jump through [hoops]. I have had friends kill themselves or self-harm recently due to some of the reasons listed above. One, who was on a Class A pension, had his pension removed under review because he was working in an office environment but was a truck driver in the ADF. He constantly speaks about him wanting his life to be over as he was already struggling to work in an effective capacity in his current workplace.

In our final chapter we present just a few of the many inspiring examples of growth from trauma that have been shared with the Royal Commission. We outline some of the elements the Commissioners believe must be put in place to ensure its recommendations are implemented, and offer their reflections.



"On behalf of the nation, we say: thank you.
we see you, we hear you and we salute you."

Commissioner Nick Kaldas APM, speaking at end of
Hearing Block 12, 28 March 2024



Hope and Healing

Growth from trauma

Speaking the truth often comes at a heavy cost. In the case of the Royal Commission, the human cost has been borne by people with lived experience and their family members, friends and loved ones. In a different way, it has also been borne by the Commissioners and their staff who have had the privilege of hearing and reading many, many harrowing personal narratives.

Like many other countries, Australia has been slow to face the truth of harms associated with military service and it has been slow to learn by listening to its people. One witness giving evidence at a public hearing referred to Defence's slowness in acting on the tragedy of defence and veteran suicide as 'governance atrophy'.

The Official Medical History of WWI (published in 1943 in the midst of WWII) described the purpose of the 'rehabilitation, treatment and pensioning of the war-damaged

soldier' as being 'the restoration, in as full degree as possible, of his ability to take his place in the social scheme as a self-reliant and independent citizen without handicap through war damage or loss'.³³

Yet it reported that in the years immediately after the war, decision-making processes regarding WWI veterans' entitlements had become so mired in bureaucracy that, in 1923, the government established a Royal Commission into War Service Disabilities to examine the best ways to resolve the issue. A century later, the problem persists.

Commissioner Kaldas, in his closing remarks of the 12th and final hearing block of the Royal Commission into Defence and Veteran Suicide in Sydney on 28 March 2024, pointed out that the first step to fixing a problem is to acknowledge that a problem exists. He noted that the secretary of the Department of Veterans' Affairs, the Chief of the Defence Force

33. A Butler, *Official History of the Australian Army Medical Services 1914–1918, Volume III: Special Problems and the Services*, Australian War Memorial, 1943, p 790.

“Your contribution to the Royal Commission is more than you may ever realise.”

and the chiefs of Army, Navy and Air Force had all recognised the link between service and negative – potentially tragic – outcomes for serving and ex-serving ADF members.

He said the ‘extremely complex and multi-faceted phenomenon’ of veteran suicide and suicidality was not just about mental health (although it often plays a role), nor, as it has been widely assumed, was it always related to trauma experienced in the theatre of war (although this too can play a role). Resoundingly, it does not negatively reflect on the character of the individual nor indicate any deficit in their psyche or moral framework. He said:

Lastly, while suicide may not be predictable in every individual, it must be seen as preventable [...] It’s been those with lived experience of suicide and suicidal behaviour who have bravely come forward and shared their stories with us at public hearings, in private sessions and through written submissions. It is they who have enabled us to shine a bright light on the many complex cultural and systemic issues that are failing serving and ex-serving ADF members and their families.³⁴

Much of the heartbreaking truth-telling heard in the Royal Commission occurred in the many private sessions held by Commissioners and Assistant

Commissioners. Private sessions gave people the opportunity to share their stories and perspectives in a safe and supportive environment, to have those experiences heard and acknowledged, and to have their emotions validated. Every private session contributed to the work of the Royal Commission. Indeed, speaking directly to those who had participated in one, Commissioner Brown said:

Your contribution to the Royal Commission is more than you may ever realise.

For Commissioner Douglas, the very act of listening to participants during private sessions was significant. With his background as a barrister and judge, he learned in the private sessions to surrender his natural instinct to question people, and in doing so, gained more from the process than he anticipated.

He was particularly struck by the depth of emotion and visceral reactions shared by some participants when recalling mistreatment experienced during their military careers. He said:

In many ways, the personal and unfiltered nature of these disclosures was only made possible due to the confidential and safe environment of the private sessions. They were therefore uniquely valuable to the work of the Royal Commission.

34. Hearing 12 transcript, 28 March 2024, p 101-10357 lines 12-13, 40-44.

Due to their confidential nature, the information disclosed to Commissioners and Assistant Commissioners in private sessions was de-identified and only shared with other Royal Commission staff under strict conditions. As such, private sessions shaped the work of the Royal Commission in ways that differed from written submissions and evidence given in public hearings.

Private sessions provided useful background information and suggested further lines of inquiry to pursue during public hearings. Following their private session, many participants also made a written submission that would enable the Royal Commission to be informed of the central issues and report on them publicly.

Commissioner Kaldas said the Royal Commission's final report would be:

a blueprint for the long-overdue cultural and system-wide reforms required to deliver improved health and wellbeing outcomes for our serving and ex-serving ADF members and their families.

He also called for the establishment of an 'enduring, powerful new body' to hold 'government, the ADF, the DVA and other

relevant agencies as well as state and territory governments to account, to make sure they prioritise the major long-term and complex reforms that are required'.

He emphasised that the proposed new body must not only be independent but must also have the confidence of serving and ex-serving ADF members of all ranks and seek direct and significant input from them. It must be a genuine oversight body, with sufficient powers to deal with the issues it faces without usurping or absolving Defence leadership of its primary responsibility for the wellbeing of its members and veterans.

Dr Nikki Jamieson wrote in her book, *Darkest Before Dawn*:

We now know that physical and mental traumas can leave scars on the body and mind. Scars that we civilians might not ever truly understand. This is why some veterans seek other veterans for support – the 'knowing' and 'kinship' felt in the Defence and veteran community cannot be underestimated.

[M]oral injury is deeply connected to relationships. Therefore, it makes sense that a 'cure' (if ever there was one) could also be grounded in relationships.³⁵

35. *Darkest Before Dawn*, p 66.

Community Connections

Support initiatives across Australia



In the spirit of veterans helping themselves, a rich crop of ex-service, veteran support, and community organisations is blooming across Australia. These organisations draw on the tenacity and resilience of serving and ex-serving members to offer hope and healing to those who are struggling with their mental health as they transition out of service and back into civilian society.

Many of these organisations, large and small, made submissions or engaged with the Royal Commission to pass on their experiences and to inform us about how their work positively impacts and supports the defence and veteran community. We showcase a small number of these inspiring organisations and initiatives below, but acknowledge the crucial work of many individuals and organisations that support veterans and their families on a daily basis.

Some organisations, like the Melbourne-based, community-led Australian National Veterans Arts Museum (ANVAM), harness creativity to strengthen the health and wellbeing of many veterans and families through community-based arts engagement and placemaking.

With an emphasis on providing a safe and connecting place, ANVAM champions the arts,

and arts therapy, as a ready resource for veterans on their life journey, including transition from military to civilian life.

ANVAM Director, Mark Johnston, told the Royal Commission in 2023 that ANVAM has created ‘a home and space to belong’ for everyone they’ve engaged with.

[ANVAM] is a place veterans don’t need to come every day, but is an inclusive place they may feel comfortable being connected to where there is no judgement and no expectations. This is fundamental.³⁶

ANVAM was established in 2013 as an innovative solution to a gap in veterans’ wellbeing services. It describes its approach as ‘strength-based ... grounded in creative expression and agency, prioritising community over competition, and promoting our heritage, identity and social connectedness as the keys to wellbeing’. Veteran artist, Ben McNeil explains:

The act of creating is non-judgemental, it has a power to it that sees you when you feel invisible, embraces you when you’re alone ... self-exploration through creativity allows you to untether the chains of negative emotions that you hold so tightly.³⁷

36. Personal communication during site visit, April 2023.

37. Personal communication between artist and ANVAM.



Kat Rae, *Afghan Mountains*, (2021, series of three unframed collages, monoprints on somerset with rice paper and historic book pages, 29 x 42 cm) ANVAM permanent collection, 2023.

'This collage series is in response to the fourth anniversary of my veteran husband's death, which coincided with Kabul's fall to the Taliban. My experience as a mother, deployed Army officer and war widow means my work often meditates on war's cost, especially for those traditionally under-represented.'

ANVAM offers arts programs for individuals, groups and families, peer mentoring and referrals to other support services. ANVAM also works with the veteran community to facilitate broader opportunities in arts and culture, and to showcase lived experience stories through a range of co-produced exhibitions, events and collaborations to validate and publicly acknowledge individual experiences now and into the future.

Recent events include the touring photographic exhibition, *Persona*, which offered insights to the creative lives, identities and stories of veteran artists, and the 2024 Festival Of Veterans Arts (FOVA24), an inclusive celebration of the diversity and richness of veterans arts, and which served to expand understanding of the importance of artistic expression across the whole-of-life, including aspects of recovery and rehabilitation.

Veteran artist Kat Rae told the Royal Commission in 2023:

I feel like the art that I make is socially engaged and important ... to do with art and veterans and war and how we remember the people who are affected by war. To find someone who really believed in that voice and someone who gave it a platform – it's really important to me.³⁸

Another community organisation, Remount, uses equine therapy and horsemanship and mustering

38. Personal communication during site visit, April 2023.

programs to provide a ‘circuit-breaking opportunity’ for those experiencing post-traumatic stress disorder (PTSD), depression, isolation or lack of self-esteem as a result of their service.

Remount’s programs teach people to build a relationship with a horse because it requires controlling emotions and being completely present to build trust and respect.

Founder and Director, Ben Maguire AM reports that program participants show increased confidence and social connection, reduced signs of PTSD, increased motivation, self-worth and feeling valued, optimism about their futures and renewed pride in their service:



It gets people back in the saddle and it’s a way of saying thank you to veterans and current serving members of [the] Australian military for what they’ve sacrificed, what they’ve been through. We love giving them an experience that they really enjoy and it teaches them new skills.³⁹

Remount stockman, Melissa Weller, finds the life lessons learned at Remount most rewarding:

I think some of the magic about Remount is through the horsemanship itself and a lot of what you learn about working with horses you can apply to your life as well.⁴⁰

In the sporting arena, Port Adelaide AFL Football Club’s charity arm, Power Community Ltd, has been running a veterans’ program for three years. It draws on the similar challenges faced by veterans and elite sportspeople as they transition from high-performance environments to the next phase of their life.

Over six weeks, ex-AFL players and ex-serving ADF members come together to rediscover a sense of purpose and community connection, delving into various topics, including mental health and wellbeing, transition challenges, and relationships.

LEFT: Remount Program

39. Remount 2018 video, www.remount.org.au.

40. Remount 2018 video, www.remount.org.au.



ABOVE, LEFT TO RIGHT: Power Community Limited ADF Veterans Program, Mad Snake Cafe, Connected By

Power Community Ltd General Manager, Jake Battifuoco, says one clear parallel between the two groups is the loss of their ‘tribe’ when they transition to civilian life:

Really it stems from their identity and the pressure they face during that period, so we thought it’d be a really unique way to draw upon those similarities, understanding that for the veterans as well, serving their country is very much a part of their identity.⁴¹

Mental health professionals are present during the program. As at September 2023, more than 130 participants had been through the program.

Port Adelaide Football Club aims to expand the program and hopes other AFL and professional sporting clubs may come on board in the future.

Meanwhile in Darwin, veteran Sam Weston established the Mad Snake Café, named to honour those with mental health concerns or those who haven’t always fitted in.

Featuring 1980s pop culture décor and board games, it serves breakfast, brunch and coffee and hosts a regular veterans’ catch-up. These provide a place of connection where veterans from all walks of life and with all types of service histories can share stories and strengthen bonds with others. He told the Royal Commission:

41. Personal communication during site visit, July 2023.



Most people I've encountered who've left the ADF feel they've been let down in some way. I wanted to provide a space where veterans would not feel this way, even if only for a small part of their day.⁴²

Perth-based not-for-profit, Connected By, also understands the value of a dedicated space. It offers a creative space for ex-ADF personnel, first responders and the general public to create and connect. Its 'Connected By Water' project teaches people to build their own wooden surfboard, bodyboard or paddleboard from locally grown timber.

As one veteran said:

The factory and board-building process became my escape. It was my new focus and distraction from the pain and feeling of self-worthlessness. It was the perfect escape from the harsh realities of military life.⁴³

Many participants praised the program for showing them that there were still places to connect and find a sense of belonging after their service.

Wellbeing programs and courses that help participants learn new skills and connect with others can be difficult to access outside of major city centres.

To help improve access, Canberra-based charity, The Cuppacumbalong Foundation,

42. Personal communication during site visit, October 2022.

43. Connected By, 'Testimonials', webpage, 2024, www.connectedby.org.



LEFT: The Oasis Townsville.

OPPOSITE PAGE: Aussie Quilts.

Alongside the travelling workshops, Tharwa Valley Forge courses are also offered in Tharwa, just outside of the Canberra CBD.

The Foundation has helped members suffering from Post-Traumatic Stress Disorder and other trauma-related illnesses to develop mindfulness, improve confidence and find a sense of hope.

in partnership with Tharwa Valley Forge, has recently taken their creative courses on the road with their purpose-built, all-wheel-drive truck, allowing participants from remote or regional locations to be involved.

A course at Tharwa Valley Forge, accessed via The Cuppacumbalong Foundation, teaches participants to make things and develop new, creative skills, while also ensuring they feel supported, expertly guided and valued.

The courses are offered to anyone who has helped others and may have been impacted by their service to the community. Each course is designed to help participants recover from difficult experiences and embrace a more hopeful and positive future.

Operation COMPASS also has connection at its heart. It was the codename for one of 12 national suicide prevention trial initiatives aimed at reducing the rate of suicide in the ex-serving veteran community.

Running from June 2017 to December 2022 from Townsville, North Queensland, it was launched at a time when many in the veteran community were struggling with a sense of helplessness driven by years of loss and grief.

The Operation Compass campaigns offered local solutions that, over time, reached further and further into the veteran community and contributed significantly to the suicide prevention evidence base in Australia.

Through the use of strategic communications and social media health promotion activities, what began as a local journey expanded to veteran communities in nearby regions, across the state of Queensland, and then slowly across Australia and overseas.

The project, with its whole-of-community approach to veteran suicide prevention, brought with it a sense of hope. After running for five years, the operation rolled into The Oasis Townsville and is the foundation of all Oasis activities – forging connections to improve mental health and the overall wellbeing of veterans and their families.

Aussie Hero Quilts is another community organisation supporting veterans. It is a volunteer organisation hand making individualised quilts and laundry bags on request for our past and present Australian Defence Force members to recognise their service, both in Australia and overseas on deployment.

Through these very personal items, sailors, soldiers and aviators receive a reminder of home and an indication that the broader Australian community cares for them.

Since 2011, Aussie Hero Quilts have made 16,258 quilts and 34,795 laundry bags for Defence force personnel, as well as 67 Stay Mats for Defence Community Dogs.

Providing a quilt or laundry bag to Australia's serving men and women is what the organisation calls a 'small gesture' of their unending appreciation of their service and the sacrifice their service asks of their loved ones.

At the heart of this generous organisation is the belief that anyone who serves our nation and is brave enough to wear the uniform, should feel supported, valued, recognised and appreciated. Aussie Hero Quilts cares about the people not the politics or the mission.



Final Words

Significant statements from our final hearing

The Royal Commission's final hearing block, held in Sydney in March 2024, drew together many of the core elements of its three-year search for ways to improve the lives and futures of our serving and ex-serving members. It took the total hearing days past 100, featured many of the key decision makers and elicited some heartfelt sentiments, observations and commitments.

Our people deserve and should rightly expect the wellbeing, support and care they need, both during and after their service. I acknowledge that this has not always been the case and has tragically led to the death by suicide of some of our people. I apologise unreservedly for these deficiencies. Defence is committed and I am committed to doing better.⁴⁵

General Angus Campbell AO DSC, Chief of the Defence Force

[I] think we now clearly understand the nexus between an individual's experience in service, particularly if they experience negative outcomes where they're involuntarily separated or they're a victim of unacceptable behaviour [...] [I]f we don't address those issues while they're in service, then it leads to negative outcomes for them once they leave. So it is a service issue.⁴⁶

Air Marshal Robert Chipman AM CSC, Chief of Airforce

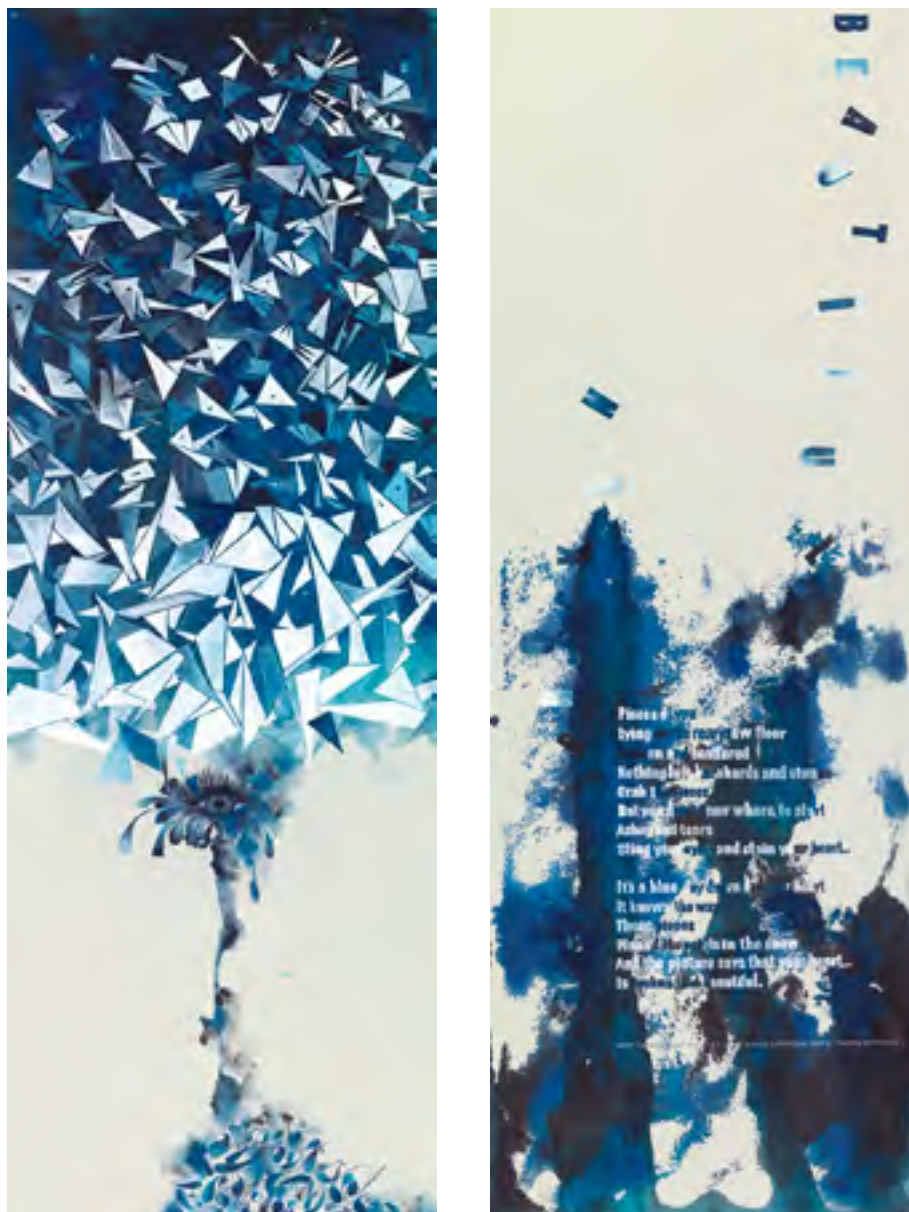
[We] do place our people in challenging, risky environments and sometimes harrowing environments, and it leaves a mark. We do a good job of trying to rehabilitate physical injuries. We've got to find a better [way] to rehabilitate and manage mental health injuries [...] [A]utomatic transition or leaning towards a medical separation is not the answer. It should be the path — the path of last resort.⁴⁷

Vice Admiral Mark Hammond AO, Chief of Navy

45. Hearing Block 12 transcript, 28 March 2024, p 101-10256 lines 46–47, p 101-10257 lines 1–4.

46. Hearing Block 12 transcript, 13 March 2024, p 91-9177 lines 3–8.

47. Hearing Block 12 transcript, 14 March 2024, p 92-9270 line 41–45.



Glenn Buesnel-May & Janine Mitchell, *Broken and Beautiful* (2020, song lyrics watercolour pigments on paper board, scripted poetry, 95 x 50 cm) courtesy the artists. On loan to ANVAM 2022, *March to Art: Voice*

A sensitive and profoundly impactful collaboration between two skilled artists, *Broken and Beautiful* speaks to one of the most universal human themes – vulnerability.



As Chief of the Australian Army [...] I offer an unreserved and sincere apology to everyone whom we have failed. I want to thank you for your service and to let you know [...] that your courage will make a difference.

[T]o the point that Commissioners are seeking an assurance about ownership, I can give you that assurance. I own this problem. We own this problem and we are committed to doing something about it.

[T]here are three generational influences on [...] today and the future of the Australian Army: one is [...] the long shadow of Afghanistan; the other is our Defence policy as

articulated through the strategic review; and the third is this Royal Commission into Defence and Veteran Suicide.⁴⁸
Lt Gen Simon Stuart AO DSC, Chief of Army

[T]his is urgent [...] this is a national priority. We don't need to ask the Australian people, they've already told us how important this is to them [...]

We need to act as quickly as we can on this.

The question is: how do we act the right way?⁴⁹

Maj-Gen Jeff Sengelmann AM DSC CSC, former Commander Australia's Special Forces

48. Hearing Block 12 transcript, 22 March 2024, p 98-9993 lines 18–20, 28–29, 44–46, p 98-9993 line 47 to 98-9994 line 3.

49. Hearing Block 12 transcript, 7 March 2024, p 89-8869 lines 39–41, 44–45.

[I]n the past there have been failures [...] [L]eaders at all levels should have been very conscious of the reality of stigma, why our members didn't want to come forward or present as needing help [...] [...] we have let some of our own people down, with appalling and tragic consequences. [T]here ha[ve] been [...] some real challenges for us in terms of dealing with stigma and making it acceptable [...] for people to say, 'I've got an issue here' and for our people to be able to better identify when somebody is struggling or has challenges.⁵⁰

Mr Greg Moriarty AO, Secretary of Defence

Usually when a veteran comes to our office [...] they are on their last legs [...] [I]f we don't do something, we will probably lose them.⁵¹

Senator Jacqui Lambie

[W]here the family's not happy, people will leave the Defence Force [...] So the better we can support families in service, as well as families out of service, we will get better results for our Defence Force and its capability. We'll have better wellbeing for our serving personnel, we'll have better wellbeing for our veterans.⁵²

The Hon Matt Keogh MP, Minister for Veterans' Affairs and Defence Personnel

[We] need to follow through and put in place the thrust of what this Commission recommends [...] [We] need to do that because that's what we need to do for veterans [...]

What is actually going to matter is what you recommend and what we ultimately implement. History will be our judge [...] This needs to be a moment of change.⁵³

The Hon Richard Marles MP, Deputy Prime Minister and Minister for Defence

History will indeed judge those who are in a position to make a difference and service members, veterans and their families and the future workforce of the ADF will be watching.⁵⁴

Commissioner Nick Kaldas APM

And a final word from Commissioner Kaldas, highlighting the central challenge the Royal Commission faces in ensuring its work is transformed into action:

The stark reality is that despite 57 previous inquiries over the last 20 to 30 years examining the risk factors for suicide in our military community - and almost 770 recommendations arising from those inquiries - very little has changed. People are still dying to this day.⁵⁵

Commissioner Nick Kaldas APM, National Press Club, Canberra, 13 September 2023

50. Hearing Block 12 transcript, 26 March 2024, p 100-10176 lines 40-41, p 100-10225 lines 7-8, p 100-10249 lines 2-4, 8-11.

51. Hearing Block 12 transcript, 12 March 2024, p 90-8970 lines 18-22

52. Hearing Block 12 transcript, 7 March 2024, p 89-8931 lines 3-7.

53. Hearing Block 12 transcript, 7 March 2024, p 89-8926 lines 15-17, p 89-8932 lines 11-13, p 89-8940 line 14.

54. Hearing Block 12 transcript, 28 March 2024, p 101-10368 lines 39-41.

55. N Kaldas, 'The tragedy of veteran suicide: How Australia has failed its finest', speech, National Press Club, Canberra, September 2023.

OBSERVATIONS OF OUR COMMISSIONERS



Mr Nick Kaldas APM, Chair

Like my fellow Commissioners James Douglas and Peggy Brown, I did not come to the Royal Commission with a blank slate. In my previous role with New South Wales Police, over many decades,

I had worked closely with many military units in training exercises and joint operations of Police and ADF, such as the Sydney Olympics and the 2007 Asia-Pacific Economic Cooperation forum. However, I gained a deeper awareness of military welfare issues during my time in Iraq, and more recently, Syria. In most of these locations, I lived and worked among military units for months at a time, both Australian and those of other Five Eyes nations. That experience was the deciding factor for me to agree to join the Royal Commission. I knew that there were problems that deeply and negatively affected members' wellbeing. I felt that through this Royal Commission, I could bring my experience to bear on finding solutions to these many problems. I also felt that there were many similarities between the ADF and police and emergency services, and that I could add some insights into those issues.

The single most impactful kind of evidence we've received in the Royal Commission has been hearing of lived experience. It has affected me very deeply and personally and will stay with me long past the life of the Royal Commission.

The courage of those coming forward in public hearings, in making submissions and in private sessions has been incredibly inspirational. The lived experience testimony we have heard has been heartbreaking to listen to and often extremely difficult for people to relive, but it has been essential for us to hear, and has greatly influenced and shaped our thinking. The sheer lack of recognition and appreciation that many members have suffered, despite them serving their country with all they have, was highlighted clearly. I hope that those who so graciously shared their experience with us, painful though it was, know that it has had a huge impact on the direction of the Royal Commission and will lead to positive change.

When we started the Royal Commission, we asked ourselves, 'What does success look like?' While this was difficult to define, we all had a vision of leaving our stakeholders – serving and former members of the ADF – in a much better place than when we started. My fervent hope is that our recommendations are accepted and embraced by the government of the day and that they are seen through to success and followed up on. But that will not be enough in the long term. I hope that the Royal Commission will also be a pivotal moment that causes a fundamental shift at every level of society: at the political level, at the level of ADF and DVA leadership, and in the public's mind, so that we are all much more aware of the various issues, recognise the problems and act to do better in terms of looking after those who serve or have served.



**Dr Peggy Brown AO,
Commissioner**

Coming to the Royal Commission, I understood the complex nature of suicide and recognised the breadth and complexity of the ecosystem that the Royal Commission

was tasked to examine in relation to defence and veteran suicide. What I did not appreciate initially was the extent to which leadership and cultural factors across the entire ecosystem would emerge as key drivers underpinning the risk factors that lead to suicidality and suicide in current and ex-serving Defence members. Recognising this has helped me to understand why there has been so little real change in suicide rates over many decades but also underscores the magnitude of the challenge we all face in addressing this national tragedy.

I don't think anyone could listen to or read the volume of lived experience accounts that staff and Commissioners have, and not be impacted by it. The gamut of feelings I have experienced have reflected the many and varied accounts shared with us – sadness and at times heartache, disbelief, concern, frustration, disappointment, anger, a sense of helplessness, and even occasionally outrage and despair. But I have also been uplifted by the strength and resilience of veterans and their families, their sacrifice in service of their nation, their willingness to

contribute to the Royal Commission for the greater good, and their hope for a better future where the factors contributing to suicide are diminished and preventable deaths no longer occur.

My hope is that the seriousness of the many issues contributing to veteran suicide are recognised fully and addressed, and that the efforts of those with lived experience and of this Royal Commission will not be in vain. That may sound trite but the very factors that have impeded effective change to date remain obstacles to effective change in the future. Leaders at all levels must take concerted and sustained action and be accountable for what they do, as well as for what they fail to do. There are many clear learnings from this Royal Commission which need to be heeded, not just recommendations to be implemented. Leaders across the veteran ecosystem must demonstrate their willingness to learn and continuously improve. Achieving sustained change will take time. At the centre, however, is the need to treat people with respect, dignity and compassion, above all else. The legacy of this Royal Commission should be a stronger, more resilient and more capable ADF, free of abusive practices and behaviour; a veteran ecosystem that recognises the contribution of veterans and their families and supports them to participate fully in their communities to the extent they desire; and governments that truly see their roles in preventing suicide.

REFLECTIONS FROM THE COMMISSIONERS


**The Hon James Douglas KC,
Commissioner**

I was not a blank slate coming into the Royal Commission as I was aware of the possible effects of war and the military life on members of my family and their

friends. I knew that most WWII diggers did not talk much about their wartime experiences but that many of them had suffered. I had also seen them standing by each other at funerals, Anzac Day ceremonies and other social gatherings and knew that they tried to support each other when they were having problems.

I was not aware of the potential size of the suicide problem nor of what may have been its causes. In particular, I was surprised by the many stories of members feeling abandoned by their compatriots when they started to suffer problems in service and when they left. I was also surprised by the apparent distance between too many commissioned officers and the other ranks that I was hearing about now, compared to what I had heard from my father and his generation of soldiers. I would have associated such a view historically with the British and other professional armies but not with what I had heard about the egalitarian WWI and WWII diggers, members of a 'citizens' army'.

I have been immensely saddened by many of the stories I have heard and seen in evidence and private sessions and read in submissions about the suffering of so many who were trying to do their best but did not cope with the horrors of war or the trials of dealing with others in the military. Some of that evidence has become part of a larger whole into which the individual details have merged in my memory. But there are several episodes, particularly in private sessions, which stand out vividly because of the visceral pain the participant had suffered and continued to suffer over a lifetime – and not necessarily from treatment at the hands of our enemies but from treatment within our military.

My hopes for the outcomes of this Royal Commission are that we will have set in train a process, no doubt triggered by our recommendations and our report, but maintained by intelligent assessments of the results of our work over time and adjustments to recognise how the problems can be addressed even better than we envisage now. I hope that the process results in a significant drop in suicide rates in our military over time but also in singularly better equipped members of the Australian Defence Force physically, mentally and emotionally, who are, therefore, both more cohesive and effective warriors.

CRISIS AND COUNSELLING SUPPORT SERVICES

Open Arms – veterans and families counselling

Call 1800 011 046 or visit www.openarms.gov.au

Open Arms specialises in providing free face-to-face and/or telehealth counselling, group programs and peer support. They are committed to your privacy and confidentiality.

Lifeline

Call 13 11 14 or visit www.lifeline.org.au

Lifeline provides 24-hour crisis support and suicide prevention services. Anyone in Australia who is experiencing a personal crisis, contemplating suicide, or caring for someone in crisis can contact Lifeline.

1800 Respect

Call 1800 737 732 or visit www.1800respect.org.au

1800 Respect offers 24-hour telephone and online crisis support, information, and immediate referral to specialist counselling for anyone in Australia who has experienced or been impacted by sexual assault, or domestic or family violence.

13Yarn

Call 13 92 76 (13 Yarn) or visit www.13yarn.org.au

13Yarn is a phone service run by Aboriginal and Torres Strait Islander people. It provides a free and confidential service that is available 24 hours a day. You can call 13Yarn knowing you will be able to have a yarn with another Aboriginal and/or Torres Strait Islander person in a culturally safe space.

Qlife

Call 1300 555 727 or visit <https://qlife.org.au>

The QLife phone and webchat service is available from 3pm to midnight every day. QLife provides a space where LGBTIQ+ people and their loved ones can talk about anything that is affecting their lives, including gender, sexuality, identity, feelings or relationships. Anyone who supports the LGBTIQ+ community can contact Qlife.

Beyond Blue

Call 1300 224 636 or visit www.beyondblue.org.au

Beyond Blue provides 24/7 brief counselling which is available over the phone and via webchat. Beyond Blue also offers support through their online peer support community. Their website can assist you to find mental health support via a range of resources available there.

Kids Helpline:

Call 1800 55 1800 or visit www.kidshelpline.com.au

Kids Helpline is Australia's only free (even from a mobile), confidential 24/7 online and phone counselling service for young people aged 5 to 25. The service is staffed by counsellors available to support kids and young people via phone or webchat any time and for any reason.

CREDITS AND ACKNOWLEDGEMENTS

Sources

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- Mad Snake Café <https://www.facebook.com/madsnakecafe>
- Connected By <https://connectedby.org>
- Cuppacumbalong Foundation <https://cuppacumbalongfoundation.org.au>
- Operation COMPASS | The Oasis Townsville <https://www.theoasistownsville.org.au/operation-compass>
- Aussie Hero Quilts (and Laundry Bags) <https://aussieheroquilts.org.au>

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ABBREVIATIONS AND ACRONYMS

ADF	Australian Defence Force
ANZAC	Australian and New Zealand Army Corps
ANVAM	Australian National Veterans Arts Museum
APS	Australian Public Service
CO	commanding officer
DVA	Department of Veterans' Affairs
DVSRC	Defence and Veteran Suicide Royal Commission
ESO	ex-service organisation
GARP	Guide to the Assessment of Veterans' Pensions
IED	improvised explosive device
NCO	non-commissioned officer
PTSD	post-traumatic stress disorder
RAAF	Royal Australian Air Force
RAN	Royal Australian Navy
RSL	Returned and Services League
RSM	regimental sergeant major



Shining a Light contains some of the many poignant testimonies of Australian veterans and their loved ones who bravely came forward during the Royal Commission into Defence and Veteran Suicide.

Their voices have been at the heart of this wide-ranging and historic inquiry.

Their stories illuminate failures in leadership, culture and systems that have contributed to the national tragedy of suicide and suicidality among Australia's defence and veteran community.

The book is a tribute to this community and a call for urgent and meaningful change.

The Royal Commission has heard their voices. Now you can hear them too.

Cover image: Alex Seton, 'For Every Drop Shed in Anguish' (detail).
Collection of the Australian War Memorial, AWM2021.938.1 © Alex Seton.
Photograph: Ian Roach © the Australian War Memorial, AWM24.PR.016.

Artist Alex Seton says, '*For Every Drop Shed in Anguish* is a field of marble droplets set on the grass of the Australian War Memorial. These rounded and abstracted liquid forms represent every drop of blood, sweat and tears ever shed by Australian military personnel and their families.

It was very important that we create a different kind of memorial, not a singular heroic monument, but a grouping that acknowledges that there is a wider impact of mental and physical trauma. The large group of forms alludes to the suffering that radiates out from the individual, affecting their family, friends and communities.'

The sculpture provides a place in the Sculpture Garden for those who have experienced and witnessed the ongoing trauma that can result from service, and for visitors to the Australian War Memorial to reflect on this experience. This may include family members, friends and visitors laying a poppy as seen on the front cover.

It is hoped that this work of art, by providing overdue recognition and understanding of the scars both seen and unseen, can assist in recovery.