

ROYAL COMMISSION – DEFENCE AND VETERAN SUICIDE AWWNSW SUBMISSION – OCTOBER 2021

Australian War Widows NSW Ltd would like to thank the Royal Commission into Defence and Veteran Suicide for the opportunity to assist the Commission in its Inquiry. The Submission on behalf of Australian War Widows NSW Ltd (ACN: 083 075 914) is outlined below.

SECTION ONE: ORGANISATION OVERVIEW

1. Australian War Widows NSW Ltd (AWWNSW) was established in 1946 for the purposes of teaching war widows' skills to earn income in their own right post World War 2. Originally established as an incorporated association in NSW, the organisation made the transition to a Company Limited by Guarantee in 1999.
2. AWWNSW is undergoing a significant transformation. On 23 September 2021 the objects of AWWNSW changed for the very first time. The purpose of AWWNSW is now *"to provide support for all members of the veteran community (including war widows, veterans of the Australian Defence Force, their spouses, parents, grandparents, children, and siblings) who are disadvantaged or in need due to poverty, distress, suffering, misfortune, or helplessness (Veteran Community)."*
3. AWWNSW has a particular focus on supporting and advocating for women and families within the veteran community. This is not a new focus for the organisation what is new is the breadth of that focus. While traditionally limited to war widows, AWWNSW can now provide community support to all of those who seek it.
4. The changes made to the objects of AWWNSW are significant and commit the organisation to delivering a new voice, programs and services targeted at veterans' families. AWWNSW has been working toward this change for many years and looks forward to delivering on its promise to veterans' families.
5. AWWNSW has always existed to empower women, to connect them to their community and provide avenues to reduce social isolation. AWWNSW has also advocated strongly for the needs of its community for more than seven decades. It is on these foundations that AWWNSW will build on expanding its support to all women and veterans' families with a connection to the Australian Defence Force ("ADF").
6. AWWNSW does not and will not through its transformation, replicate services that already exist within the veteran community. AWWNSW has always offered complementary services to other organisations and is already working in collaboration with leading organisations such as RSL, Legacy and Soldier On at national and state levels to deliver projects that will benefit all of those we collectively represent.
7. AWWNSW maintains an operational level relationship with the Department of Veterans' Affairs ('DVA') in NSW and the ACT. Through this relationship, AWWNSW is a referral point for DVA when they come across widows in need of support which they cannot provide. Similarly, AWWNSW refers widows to DVA and will link widows directly with DVA when their needs are best addressed through entitlements available under legislation.



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8. The operational relationship between AWWNSW and DVA at the state level works well and AWWNSW will be seeking to further enhance that relationship as it brings its assistance service back in 2022. AWWNSW also maintains a relationship with DVA's communication team. A mutually beneficial relationship whereby AWWNSW is able to reach widows and veterans' families through DVA publications and DVA is able to reach those connected and interested in AWWNSW through its publications.
9. Strategic interactions between DVA and AWWNSW are limited. AWWNSW is currently a member of War Widows Guild Inc. The national body was established by member states to advocate at the strategic level for matters and entitlements affecting war widows nationally.

Governance Structure

10. AWWNSW is the only organisation that was established by veterans' families, for veterans' families. The functions and rules that govern AWWNSW are outlined in the Company's constitution which is publicly available.
11. AWWNSW is governed by a Board of Directors. The Board consists of 9 Directors, 6 of whom are elected to their positions and 3 that are appointed for their skills and experience. The Board provides strategic oversight of the organisation, setting the strategic direction and ensures that the organisation has the resources it needs to service its community. The Board must always consist of a majority members, given that AWWNSW is a member-based not-for-profit.
12. The strength of governance processes and practices within the organisation continues to grow. Over the last 12 months the Board has focused on ensuring sound and robust decision-making practices and introduced new measures to strengthen accountability and financial management.
13. AWWNSW is regulated by the *Australian Charities and Non for profits Commission (ACNC)*. AWWNSW reports its activities annually to the ACNC. The activities reported through the Annual Information Statement and Audited Financial Statements are publicly available on the ACNC website and further enhance the organisation's accountability to members, the veteran community, government, and the public.
14. AWWNSW is considered a large organisation due to the value of assets it holds and the number of widows it represents. The annual budget for the organisation for 2021/2022 is \$1.6 million. This is \$0.5 million more than previous years. The budget increased in 2021/2022 as the Board commences investing in the future of the organisation and in its transformation.
15. 75% of AWWNSW's annual budget is attributable to the delivery of the Company's purpose. The remaining 25% is purely administrative in nature and this figure will reduce as efficiencies are found in administrative expenses throughout the course of the implementation of the organisations' five-year strategic plan.



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16. AWWNSW is staffed by 8 paid staff, 4 contractors and approximately 50 volunteers.¹ Contractors deliver critical ICT and finance functions. The paid staff deliver services, support, communications, governance, and compliance functions. The volunteers are all members of the organisation and assist in the delivery of programs and services.

Current Funding Lines

17. AWWNSW has multiple funding lines which include investments, member fees, donations, bequests, and grants. The proportion of funding attributable to grants which include community and government grants is around 10%. More than 60% of the organisation's funding comes from its investments with revenue from other sources noted above accounting for 30%.
18. AWWNSW applies for grants to offset the costs of delivery of some projects that align with government and community programs.
19. The proportion of grant funding received from DVA accounts for 8%. In the last 12 months AWWNSW has received funding for a project under the veteran and community program. Funding has also been traditionally received under the Building Excellence in Support and Training program. This funding was last received for the 2020/2021 financial year.

Members and Charitable Recipients

20. AWWNSW is a member based non-for-profit Company Limited by Guarantee. It is also a charity and holds public benevolent institution status. As a member based non-for-profit, individuals who meet the eligibility criteria can apply to be a member of the company.
21. An individual may choose to be a member of the Company as they seek to advance the interests of the Company. Membership to the Company entitles individuals to have a say in how the Company is run, how it is governed, what programs and services it offers and assists in the delivery of program and services.
22. As a charity that delivers a public benefit, AWWNSW services, programs and communications are not limited to members. Any person that meets the Company's charitable purpose can access services and support.
23. Entry and eligibility requirements for members are outlined under cl.4 of the Company's constitution. In August 2020, cl.4.3 was amended and membership was expanded beyond war widows. The constitution does provide for affiliate membership to the organisation under cl 4.9. with the changes made to cl.4.3 in 2020. This clause is seldom used; however, it remains open to the Board to accept membership from those that don't meet the criteria in cl 4.3 or are an organisation.
24. The Company's charitable purpose (cl.2) was also expanded in September 2021. Prior to the passing of this change the Company's objects and charitable purpose was restricted to war widows.

¹ This is an approximate number as the number fluctuates often, sometimes monthly. There are however at least 50 members who are volunteers at any one time.



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25. As of 30 September 2021, the Company had 1,773 members across NSW, Tasmania, Queensland and the ACT. Most of these members are NSW based. There are currently more than 3,000 war widows and veterans' families on AWWNSW's database.

Services and Support

26. Services and support provided by AWWNSW is currently targeted at older war widows, but is open to all widows, women and families connected to service in the ADF. The organisation is currently developing a new program of services to meet unmet needs in the veteran community. This submission will speak only to the existing suite of programs and services.
27. AWWNSW provides peer to peer support through a program known as the Friendship Line. Through this program, widows connect with their peers monthly, building friendship, social connection and support. The program is staffed by volunteer members who are all widows. Together, they make between 400-500 calls per month. As part of this program, calls are also made to widows on their birthdays.
28. Peer to peer support is also provided through the Clubs Program. Under this program a network of more than 50 groups meet monthly, face to face and online. AWWNSW facilitates this network through the provision of financial and administrative support to bring the clubs together. Currently over 800 members are connected to a club.
29. Peer connection and wellness is also facilitated through online programs such as Chair Yoga, Modified Dance and Singing. This program has been running for 12 months, attracting more than 30 members since its commencement. In order to facilitate access to this program, AWWNSW offers a digital mentor service to its members by building their confidence and skills in using technology to connect.
30. AWWNSW has also provided a welfare service to its members and those within its community. This service has assisted widows navigate complex issues, access support and services across the veteran community. At times, and depending on the issue, AWWNSW has acted as an intermediary for veterans' families and the DVA. Due to resourcing constraints this service formally ceased during 2020 but will be bought back in 2022.

Communications and Events

31. AWWNSW communicates with all of those on its database regularly digitally and through mailouts. AWWNSW publishes a magazine quarterly and a newsletter monthly. Members and charitable recipients are also engaged through 6 social media channels and through communication partnerships with DVA and the NSW Government Department of Veterans Affairs.
32. AWWNSW traditionally hosts and attends several events throughout the year. Ordinarily the organisation would host its Field of Remembrance, an Annual War Widows Walk, its Annual General Meeting and an end of year function. COVID-19 has impacted the delivery of these events throughout 2020 and 2021.



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33. Events and face to face connection are important for members within the AWWNSW community to connect and deepen bonds and establish new peer connections. AWWNSW looks forward to recommencing its events throughout 2022.

Recognition and Advocacy

34. AWWNSW seeks to highlight the views and voices of women and veterans' families through its advocacy work. Throughout 2021, AWWNSW has made submissions to the Defence Honours and Awards Tribunal, National Commissioner for Defence and Veteran Suicide Prevention and the Attorney-General's Department on the development of the terms of reference for this Royal Commission.
35. Through these submissions, AWWNSW has been able to ensure that decisions on policies, initiatives and programs include the views of all of those they impact. AWWNSW is built on a foundation of women and veterans' families; the needs of these groups are at the centre of its work strategically and operationally.
36. AWWNSW continues to highlight the role of the families in the service of Australia, the human costs of war and recognition for all of those impacted by the unique nature of military service in Australia. AWWNSW speaks on behalf of veterans' families, always has and always will.

SECTION TWO – VIEWS ON SYSTEMIC MATTERS

37. Due to its experience, leadership, and network AWWNSW has formed a view on several items raised by the Commissioners in the Notice issued to the National Office. The opinions expressed by AWWNSW below were formed through consultation with members, its broad community, Directors, and staff.
38. Consultation activities involved widows from World War 2, Vietnam, and Afghanistan. Widows with lived experience of suicide and attempted suicides, spouses with experience in caring for veterans with mental and physical injuries, adult children of veterans, parents of veterans and veterans themselves. The experiences collected, analysed, and shared below relate to experience of and within the Australian Army.
39. Through the opinions expressed below, AWWNSW is amplifying the voices of veterans' families and caregivers.

Effectiveness and Availability of Support Services within the Veteran System

40. AWWNSW submits that there is inadequate availability of services and support within the current system for veterans' families, including children of deceased veterans. AWWNSW's consultation confirmed that families, particularly women and children who live with veterans who are wounded, injured or ill from their service are vulnerable and there is limited support available for them. Further, there are unrecognised impacts of service wounds, injuries and illnesses on the children of these veterans. Not only impacting their emotional and social development but also placing additional pressures on households that are already strained.



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41. The role of families in supporting veterans through illness and rehabilitation isn't well understood or acknowledged. Families, friends, and caregivers of veterans are very much on the 'font line' of mental and physical injuries and illnesses. However, they are not being meaningfully engaged nor supported within the system. They are generally left alone to manage and assist their loved one access support, entitlements, and treatment. Often navigating complex systems and processes just to make sure the veteran has what they need. Many families engaged by AWWNSW observed that these processes are draining (mentally and emotionally) and do not deliver timely access to support.

"Once he was sick it was like they didn't care, he was on leave for 2 years, there were no check ins." Widow, Suicide 2021.

42. Specifically, through its consultation AWWNSW found that following attempted suicide, some families were left on their own to not only manage the aftermath of what has happened to their loved one; but also, to make connections across the system and re-establish care for them through either Defence or civilian systems. AWWNSW also heard a number of stories whereby veterans were undertaking mental health treatment alone, isolated from the families and support networks. This is particularly concerning given exposure-based therapies and trauma recovery therapies are rarely confined to the 1-hour appointment. In fact, they continue in between sessions as the brain makes new connections, revealing memories and releasing emotions. In between session is when veterans need those that love them unconditionally the most, it can be a dangerous time for an individual undertaking intensive treatment.
43. AWWNSW found that families and caregivers are not being meaningfully engaged in treatment and rehabilitation journeys for veterans. This is concerning given those with mental illness, particularly in acute stages, have little insight into their behaviours and limited understanding of how unwell they are. It is the family, friends and caregivers who are the only ones who have this awareness. Consequently, treatment providers and funders (i.e. Department of Defence and DVA) don't necessarily have all of the information that they need to help the veteran reach optimal health outcomes.
44. Families and caregivers themselves need support and assistance. As mentioned above, there is limited support available to this group. Currently there is only one official avenue open to them to access assistance from government in their own right through Open Arms. However, the availability and effectiveness of services through Open Arms is limited and doesn't often meet the needs of families and caregivers.

"We walked on eggshells; the threat of violence was always there. We tried hard not to trigger him, even stomping around the house so he could hear us coming." Widow, Suicide 2021.

45. AWWNSW found that families and caregivers need practical information, a support network, assistance in managing their responsibilities, assistance in mitigating burnout and recognition for the role they play. Families and caregivers are central to achieving positive health and wellbeing outcomes for veterans. They must be a priority for the system, because without them the system won't be able to reduce the prevalence of suicide.



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“I was given no information on the condition my husband was diagnosed with. Where was the preparation? Teach us how to cope and manage, how to care for them.” Widow, Suicide 2021.

46. AWWNSW is firmly of the view that looking after and supporting veterans’ families and caregivers makes good policy sense for government and its agencies. Families and caregivers are at the centre of the solution and are not a by-line in the pursuit of inclusivity. AWWNSW therefore believes that the duty of care owed to veterans must also be extended to their families and caregivers. As stated by Prime Minister Curtin in 1944 when visiting Australian soldiers during the war he stated:

“Our first task the day this struggle ends will be to do justice to the valour and devotion of you lads. This will not be a matter of politics. I feel able to give the pledge on behalf of any post-war Australian Government whatever its party, that our responsibilities to you and your dependants will not be forgotten.” – John Curtin, 1944.

47. Psychiatric injuries impact the cohesiveness and functioning of families. Children are particularly vulnerable to the impacts of not only suicide but also mental injuries and illnesses in the home which is why having a parent with ill mental health is considered an Adverse Childhood Experience (ACE). The long-term health impacts of ACEs which can be both physical and mental are only just emerging. Research to date has linked ACEs not only to increased risks of mental illness but also autoimmune conditions, respiratory diseases, diabetes, stroke, and cancer (Emerging Minds, 2021).
48. Veteran suicide and ill health have unrecognised impacts on children which can affect their development and health outcomes. This places additional pressures on families and in particular widows of veterans who have died by suicide. There is limited meaningful support in the system for children of veterans.

“I just don’t have room in my brain for this, I am still trying to process and accept my husband’s death and now my child has complex PTSD...” Widow, Suicide, 2021

49. The DVA system, despite providing some benefit to children of seriously wounded, injured and ill veterans and children of deceased veterans’, does not match contemporary need. Nor does it factor in the illnesses that children now suffer due to their childhood traumas which have a direct causal link in many cases to their veteran parent.
50. AWWNSW found evidence that some of the children of veterans who have died by suicide are becoming very ill, very quickly yet accessing treatment and support is incredibly difficult.

“In the end I went outside the system and found someone that would treat her, if that means I have to work three jobs to fund her treatment I will and I do.” Widow, Suicide, 2021.

51. The support system is geared around and modelled on support for adults. At the time of preparing the submission, AWWNSW is unaware of any appropriate assistance Open Arms can provide to children under the age of 15 and suffering mental illness. The Gold Card issued to children who have lost a parent due to service is also of limited benefit with very few providers who specialise in child psychiatry and psychology willing to accept the Gold Card.



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"I couldn't access any support for my child through DVA, I even went through the family advocate who gave me a list of names of providers, I went through them all, no one would accept my child." Widow, Suicide, 2021.

52. The interim National Commissioner for Defence and Veteran Suicide Prevention, Dr Bernadette Boss referenced Social Contract Theory, specifically *"The social contract between the Australian Government and veterans obliges the Australian Government to ensure veterans' lifetime health and wellbeing as repayment for the abrogation of their absolute right to life during their service defending the country and the lives of its people."* (Attorney Generals Department, 2021). AWWNSW submits that this contract also extends to the children of veterans. Truly the most innocent of bystanders yet the ones that are now suffering, some as significantly as their parents.

Systemic Risk Factors

53. AWWNSW has formed a view on the systemic factors that are contributing to defence and veteran death by suicide. Using the same means noted above, AWWNSW considers that there are factors from within the veteran support system and from outside; that increase the risk of suicide and ill mental health among veterans and their families.
54. The factors from within the system that AWWNSW will speak to include maladaptive behaviours emerging post deployment and Defence service and the influence of military subcultures. The factors external to the system that AWWNSW will speak to include ACEs, relationship breakdowns, privacy policies and practices and a lack of interoperability between the veteran and others key systems.
55. Commencing with maladaptive behaviours, AWWNSW consultation found consistency between almost all participants in relation to the emergence of behaviours which were symptomatic of the veterans' ill health. Common behaviours included addictiveness, hypervigilance, physical or psychological violence, disproportionate emotional reactions to common situations, withdrawal from social networks and or family and alcoholism. Families and carers of veterans were not supported in the management of these behaviours and often had difficulty in convincing their loved one that those behaviours are not 'normal'.

'He couldn't stand the noise of the kids crying, yelling, or arguing...and drank heavily, very heavily. I cannot tell you how many times I was embarrassed by the drinking. He was very good at hiding his drinking when he was in service, alcohol was part of the culture.' War Widow, 2021

56. AWWNSW was informed of one particularly heart-breaking case where the veteran began exhibiting increasingly odd and at times potentially criminal and violent behaviour. It wasn't until the police arrived at the family home that the threat to the safety of the veteran's spouse and children became apparent. Prior to this event, the spouse had reached out to Army on multiple occasions seeking assistance, however her requests were left unanswered.

'He was convinced that we were going to be attacked so he built a large fence around the home to feel safe – then he lit it on fire. That's when the neighbours called the police. They turned up and came inside. At the time there were holes in the walls in our home everywhere. He used to punch holes in the wall all the time, this was normal, it was how we



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lived. The police were worried, and they told me it wasn't safe, and I had to leave.' Widow, Suicide, 2021

57. By maladaptation AWWNSW means the failure to adjust appropriately following service resulting in behaviours which are not only indicative that the veteran needs assistance, but so too their families and caregivers. The failure to adjust is inevitably linked to the separation from the ADF, that is the transition experience.

"The person that came home is not a person I know." Widow, Suicide, 2021

58. For a veteran, journeying through transition (and illness) is isolating and one that challenges intrinsic concepts of identity. At the heart of a "successful transition" is the transition of identity. That is, an emotion shift from being part of the ADF to having a fulfilled future as an individual within a civilian context (*Thompson et al 2017*). All transitions are processes whereby individuals need to re-establish their roles, relationships, routines and assumptions within a new context (*Anderson et al, 2011*).

59. Research conducted in Canada into military identity formation and transition, suggests that identity consists of both personal and social identify paradigms. Critical to a successful transition from the military is the reformation of both paradigms. When individuals fit within a social context and subscribe that identity, they feel valued and valuable (*Thompson et al 2017*).

60. The challenges veterans face in finding a new social identity outside the military cannot be underestimated. It can be further complicated when individuals feel a sense of rejection and abandonment from their military family, when their injuries and illnesses become a part of their post service identity and/or when they struggle to find peers and connect with others. Research suggests that failure to manage the shifts in identity can lead to dissonance, diffusion and result in overall poor wellbeing (*Thompson et al*).

"people become institutionalised, not in a negative way, they just do...there is a paternalistic approach to welfare when something goes wrong in the services – there is always someone there but now there is not. We need to give them [veterans] the skills they need to face the challenges they will inevitably face as individuals" Veteran, Transition Taskforce Participant, 2017

61. From the families AWWNSW spoke with it appears that the expectations some veterans have of life as a civilian are difficult for them to reconcile. For some, leaving the ADF, particularly where this choice hasn't been the veterans can cause a questioning of self-worth and value. AWWNSW submits that it is the role of the veteran community sector to fill this gap, to assist with the transition of social identity, to provide linkages back to the military and defence lifestyle and culture; for as long as the veteran and their family require it. Some veterans and families will want to remain connected for the rest of their lives, others will deselect when they are ready to do so.

62. It is the role of the veteran community sector to provide the soft-landing for veterans and their families who are no longer serving, to help them through challenges just like they did in service. It is the role of the government to point veterans and their families toward this sector.



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63. AWWNSW acknowledges that since the end of the Vietnam War, the veteran community sector seems to have become too focused on survival and competition. This survival culture hasn't been assisted by government grant frameworks that tie funding to fuelling adversarialism. Instead of truly partnering with the community sector to build and cultivate cultures of collaboration and sustainable wrap around services, unfortunately the system has unintentionally encouraged competition at all levels; from the smallest grass roots organisations to the largest and most financially secure organisations.
64. AWWNSW is however encouraged to see large 'players' within the sector coming together to develop and deliver collaborative initiatives that will help the sector find its way back to its foundations. AWWNSW is proud to be part of these collaborations and looks forward to building more of these in the near future.
65. Turning now to military subcultures. AWWNSW seeks to highlight the subcultures as it submits that it is these cultural influences which are the most problematic for veterans and their families. There are a plethora of subcultures that exist within the ADF. The closer the Commissioners look, the more cultures it will find. For example, there are different cultures depending on services, locations, divisions, units, brigades, platoons, teams, corps, trades etc.
66. What is common though all subcultures is, *esprit de corps*. This most distinct strength for the ADF as it is the foundation through which strong relationships are formed between individuals at all levels. The bonds form through enduring common challenges/ hardships and are not easily broken. Often these bonds are stronger than those shared among family members. For the individual veteran the sense of obligation to their mates is incredibly strong and difficult to articulate. This is what builds the culture of the team, and it is the foundation that the ADF is built on. The ADF therefore isn't a workplace in the traditional sense, and it ought not be viewed as such.
67. *Esprit de corps* is a significant strength until an individual becomes unwell and can no longer fulfil their role in the team. Throughout its consultation, AWWNSW heard stories of veterans returned home from deployment due to mental illness, being shamed and ostracised as they let the 'team' down. This behaviour is unacceptable and should never have happened, however is important to understand that in a life-or-death situation having one person 'down' impacts the safety and security of the entire team. The team resents the fact that they are now at greater risk and the individual who increased the risk becomes the target of their resentment. While AWWNSW does not condone this behaviour, however it is important to demonstrate the complexity within these subcultures as it is what drives behaviours.
68. A cultural norm for many veterans is that the needs of their team comes before themselves and their families. The team culture drives the emergence of stoic behaviours among its members. As many veterans' families and caregivers are aware, veterans are very good at hiding behind stoic personas. They know how to answer questions and to keep vulnerabilities hidden from others, particularly those who are in a position of real or perceived authority over them. This includes telling health care professionals what they want and need to hear to get through appointments and undertaking treatment outside of Defence and DVA systems to hide illness.

"They don't want to show weakness in front of others, they say what they have to say".
Widow, Suicide, 2021



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69. AWWNSW found evidence of subcultures extending to families, in particular spouses. Families become militarised by exposure to the subcultures, this can be equally empowering and disempowering. The invisible standards that spouses in particular are held to can make it very difficult for them to seek help for their loved one, particularly when they are civilian or a 'civvie'. Being a 'civvie' means that many of these women in particular try harder to achieve acceptance and once attained are reluctant to jeopardise that.

“My husband was an officer; I felt the need to meet an invisible standard of what it meant to be the wife of an officer. We had to present a united front. I didn't think I could talk to Army about what was happening to my husband because I didn't want his career or social standing to be impacted.” Widow, Suicide, 2021

70. What is even more difficult to accept is that when some civilian spouses, choosing to jeopardise their own social standing, speak out and seek help, they are dismissed, denied, or even ostracised themselves. This inevitably breaks trust in the system that is there to help where help is needed.

“I went to defence and was told he was not our problem; he is your problem.” Widow, Suicide, 2021

71. AWWNSW submits that the Royal Commission will find a disconnect between what the Department of Defence and indeed the institutions of the Navy, Army and Air Force think is happening compared to what is happening at an individual level. The policy and program settings at a strategic level are sufficient. The issue is the implementation and interpretation of policy; and the power of subcultural influences that impact the veterans' self-esteem, self-worth and trigger feelings of abandonment.

72. Regarding the risk factors outside of the veteran system, AWWNSW considers there is enough research and evidence to suggest that there is a causal link between ACEs and development of mental and physical illnesses to conclude that it is a risk factor which must be highlighted. Individuals with ACEs ought not be excluded from service, however they should be supported and empowered with the skills and knowledge they need to access support if and when they need it. Screening is simple and the information invaluable when it comes to recognising those at higher risk.

73. While there has been little objective research completed on the prevalence of relationship breakdowns among couples where one or more persons serve, anecdotal evidence suggests the number is significant. So much so that there is a colloquial saying amongst junior and non-commissioned officers in the Army: *“if the Army wanted you to have a wife it would have issued you one.”* Relationship breakdowns are again, a well-known factor and contributor to poor mental health outcomes for veterans. They are particularly concerning for AWWNSW as it has found often breakdowns are not the choice necessarily of either party. AWWNSW has found many instances where the spouse has left the relationship for their own safety and that of their children. This leaves both the veteran, their spouse, and their children in very vulnerable situations.

74. Throughout its consultation AWWNSW heard numerous stories of families and caregivers being denied information about the health and wellbeing of the veteran due to privacy.



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Families and caregivers were also not engaged through the veterans' treatment due to privacy and sometimes their diagnosis withheld. Again, leaving families and caregivers living with these veterans disempowered and vulnerable.

75. Finally, AWWNSW also observed a lack of interoperability between the veteran and other key systems such as Medicare and state-based services. At its most benign level the disconnect causes frustration and confusion. At its most serious level it can have devastating consequences. Preventable deaths are occurring within the system because of these disconnects. Objectively it is difficult to comprehend that the level of accountability and oversight on the expenditure of \$4.1 billion (*DVA Annual Report, 2019-20*) in veteran healthcare and wellbeing is so low that some veterans can fly under the radar, doctor shop and obtain access to the means to take their life, paid for by the Commonwealth.
76. The system is ill equipped to provide the oversight it needs to ensure the wellbeing of veterans and their families. The system lacks the business intelligence and expertise to ensure that veterans are not falling through the cracks; and are not using the funds it provides to access the means to attempt to or indeed take their own lives.

Challenges in Accessing Government Services and Departments

77. AWWNSW also examined the challenges in accessing Government Services and Departments. Symptomatic of the entire veteran system (including the community sector), AWWNSW submit that veterans and their families fall through the cracks simply because the system is overly complex.
78. The complexity within the veteran system makes it difficult to navigate at all levels, particularly for those that are unwell. The system isn't coordinated and there is a blurring of lines between organisations, government bodies and individuals. Rather than looking for opportunities to partner and collaborate individuals and organisations jump toward building a niche solution.

"I don't know how to prioritise what I should be looking at and when". Widow, Suicide 2021

79. To many of the individuals AWWNSW consulted, the process of having claims accepted by DVA is hard work, stressful and wears people down to the point that some will disengage. The system features a labyrinth of processes, entitlements, services, poor judgements, forms, requirements, reports, red tape and statements of principles. Further adding additional pressures to households.
80. While the system and indeed government have a good handle on the contemporary needs of veterans and their families, the transfer of this research into programs and services is slow and disconnected. Programs and services across the veteran sector are traditionally not well coordinated, measured, or evaluated.
81. The system in its current form isn't working because it centres around adversarialism and the application of a (real or perceived) insurance model and framework. This was never the intent behind a system built on a social contract, entitlement, and compensation.

"It isn't fair and not what veterans, and their families expect when they join." Veteran, 2021



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82. AWWNSW also submits that it is not what the Australian public and community expect either.

SECTION THREE – RECOMMENDATIONS AND CONCLUSION

83. AWWNSW submits that there are several improvements that can be made to the system to reduce the prevalence of death by suicide, mitigate its impacts and help those with mental health conditions (both veterans and their families) live a full and empowering life.

84. AWWNSW recommends that the Commissioners have regard to the following opportunities:

- a. Provide investment into the system to allow for the establishment of the tools and governance structures that can provide strategic oversight. These tools and frameworks ought to have the ability to view the operation of the system at the individual and strategic level.
- b. Resource the ADF sufficiently to ensure that it can become people focused - at all levels - as it intends to be at the strategic level. Build depth and redundancy into the system so that the removal of one individual doesn't result in a significant burden to the team.
- c. Allow those with mental or physical injuries to return to work within the ADF once they have recovered rather than discharging them at the first opportunity.
- d. Provide a greater focus on and investment in, the community sector to combat social isolation and assisting in the formation of new civilian/military identities.
- e. Ensure that families and caregivers are meaningfully engaged throughout a veterans' service journey and beyond. Place families and caregivers at the centre of the system. Just as hiring a veteran makes good business sense for the private sector – taking care of veterans' families makes good policy sense for all arms of the veteran community and in particular, from government.
- f. Enhance and provide access to psychiatry, psychology, and trauma recovery treatments to and for children of veterans under the age of 15.
- g. Invest in the development of programs and services which mitigate the impacts of intergenerational trauma and allow the children of veterans to thrive.
- h. Equip families, caregivers and support networks with the tools, information, knowledge and support they need to care for themselves and their loved one. Importantly families and caregivers want, need, and expect proactive connection from the veteran support system.



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85. The system which includes both government and non-government entities must be simplified as much as possible. There must not be any more wrong doors for veterans and their families. The system needs to be built around the people who are at the centre of it all, the families, and caregivers. There is no more room for judgement in this system, no more room for territory marking or competition; and no more room for privacy being used as an excuse to not meaningfully engage families, caregivers, or the community sector.
86. The ‘problem’ of veteran suicide doesn’t belong to one element of the system. It isn’t government’s problem to solve on its own. It is incumbent of the entire veteran system to do what it does best, unite itself guided by the Commissioners to understand the challenge and implement solutions together. There is a subtlety in the *esprit de corps* which extends beyond the uniformed member and continues post service, that is no one will walk alone or be left behind. It is time to remind the system of that.
87. Knowing obligates government, its agencies, and the entire veteran support system to action. There will be deaths that the Commissioners will find were preventable. Deaths which occurred because of the failure of the system. It is time to give the system what it needs, leadership, strategy, governance, investment and importantly connection to close gaps and prevent the deaths that can be prevented. The cost is simply too high.

Questions on this submission can be directed to Ms Jennifer Collins, Chair, Australian War Widows NSW or Ms Renee Wilson, Chief Executive Officer, Australian War Widows NSW. (02) 9267 6577 or rwilson@warwidowsnsw.com.au.



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