



**Royal Commission
into Defence and Veteran Suicide**

ROYAL COMMISSION INTO DEFENCE AND VETERAN SUICIDE

TRANSCRIPT OF PROCEEDINGS

PUBLIC HEARING – DAY 5

10.01 AM FRIDAY, 03 DECEMBER 2021

COMMISSIONER NICK KALDAS APM

COMMISSIONER JAMES DOUGLAS QC

COMMISSIONER PEGGY BROWN AO

MS BRIDGETT: May it please the Commission, I will be making the usual brief opening remarks about the evidence you will hear today. Before I do that, Commissioner Kaldas, would you like to take appearances on behalf of the other parties?

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CHAIR: Yes, please. There do not appear to be any, or no additional ones, that is.

Sorry, before we start, I want to acknowledge serving and former members of the ADF who are here today. I also want to point out again, if anybody is struggling with the evidence that is being heard on the various days, we have a number of counsellors who work with the Commission who are present in the back of the hearing. Put your hand up briefly if you would. They are available to assist anyone who wishes to talk about what they are feeling or what they are thinking, from the evidence they are hearing.

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It is important that people have support. We are dealing with difficult topics and we want to make that service available to anyone who may need to talk to someone. Mike and Lauren are at the back there. They are available to assist anyone. Thank you.

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MS BRIDGETT: Thank you, Commissioner. The first witness this morning is Mr Isaac Adams, who will give lived experience evidence. After the morning break, commencing at about 11.15, Ms Elizabeth Broderick AO and Ms Alexandra Shehadie will give evidence about the work they undertook regarding the treatment of women in the Australian Defence Force Academy and the Australian Defence Force.

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Ms Broderick AO is Australia's longest serving Sex Discrimination Commissioner at the Australian Human Rights Commission, having been in that role from 2007 to 2015.

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After the lunch adjournment, we will call our third support organisation panel, which is a panel of witnesses representing organisations that, in very general terms, provide advocacy support to Defence members and veterans. The panel will consist of Major General Paul Irving AM PSM RFD (Ret'd), National President of the Defence Reserves Association; Major Heston Russell (Ret'd), Managing Director at Veteran Support Force; Mr Michael von Berg, MC OAM, President of the Royal Australian Regiment Association; and Ms Pat McCabe, National President of TPI Federation of Australia.

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I now ask that the operator please display the Panel 3 support organisation tender bundle list. Operator, please display the second page of those documents.

Commissioners, I make two tenders. First, I tender as public exhibits the documents listed in sections 1 and 2 of the list. The second tender is a confidential exhibit, the document identified in sections 3 and 4 of that list.

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CHAIR: Thank you. They will be accepted as exhibits and assigned exhibit numbers in the order in which they appear on the list.

5 **EXHIBIT #0013 - LIST OF DOCUMENTS TENDERED IN EVIDENCE OF SUPPORT ORGANISATION PANEL 3 - SECTIONS 1 and 2**

10 **EXHIBIT #0014 (CONFIDENTIAL) - LIST OF DOCUMENTS TENDERED IN EVIDENCE OF SUPPORT ORGANISATION PANEL 3 - SECTIONS 3 AND 4**

15 MS BRIDGETT: Thank you, Commissioner. May it please the Commission. I call our first witness, Mr Isaac Adams.

MR ISAAC ADAMS, AFFIRMED

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EXAMINATION BY MS BRIDGETT

25 MS BRIDGETT: Mr Adams, could you please tell the Commission your full name?

A. Isaac Adams.

Q. Have you made a confidential statement to the Commission?

30 A. Yes, I have.

Q. I show you a document. Mr Adams, without reading it, can you flick through the pages. Is that the statement that you have made to the Royal Commission?

35 A. Yes, it is.

Q. Is it seven pages?

A. Yes, it is.

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Q. Is that your signature on the final page?

A. Yes, it is.

45 MS BRIDGETT: Commissioners, I tender that document as a confidential exhibit.

CHAIR: Thank you. It will be accepted as an exhibit and assigned the exhibit

number, the next consecutive. Thank you.

EXHIBIT #0015 (CONFIDENTIAL) - STATEMENT OF MR ISAAC ADAMS

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MS BRIDGETT: Mr Adams, thank you for agreeing to give evidence in this Royal Commission. Am I correct in saying that you are giving evidence today as someone who has lived experience?

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A. Yes, that's correct.

Q. You are also giving evidence as someone who is a welfare officer and advocate in the veteran community?

15

A. Yes, that's correct.

Q. You are also giving evidence as someone who offers a horsemanship program as therapy to the veteran community.

20

A. Yes, that's correct.

Q. Is it correct that you joined the Army in 2008?

25

A. Yes, I did.

Q. You discharged in 2013; is that correct?

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A. Yes, that's correct.

Q. You were deployed to the Torres Strait and later to Afghanistan when you were in the Australian Army?

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A. Yes, that's correct.

Q. Can you tell the Commission how you found life after your deployments?

40

A. Yes, sure. I did have some issues with adjusting from working in a sort of high tempo environment to a slower sort of pace that life really has. And yes, I had my own experience of that and took some time to process that.

Q. You decided to voluntarily discharge from the Army, didn't you?

45

A. Yes, that's correct.

Q. Would you like to tell the Commission why you decided to voluntarily discharge?

A. I felt that my mental health at the time, I wasn't in a position to give my service as best as I previously had, so I felt it was in the best interests of myself and the Defence Force to voluntarily discharge and go and get some life experiences away from the military. At that time I intended on returning to the Defence Force. And yes, it just led me on this journey really where I am now.

Q. Which we will speak about in due course.

10 A. Yes.

Q. Do you know how long it took from the time you decided you would voluntarily discharge to the time you did discharge?

15 A. I can't remember exactly but it was fairly quick because I had secured employment, so I believe it was around about a month. I did take some leave without pay so that I could separate or leave sooner, and then I could commence employment somewhere else.

20 Q. When you were going through that process, did you receive support from your chain of command?

A. Not that current chain of command. I had to change whilst I was going through that transition period, and I did have a change in the sort of support and the treatment that I received during that time, which was a little bit disappointing, but for me it's neither here nor there any more.

Q. When you did get support from your chain of command, and it is correct, isn't it, there was a period where you did get some support from your chain of command?

30 A. Yes, I did.

Q. What was that like for you in getting that support?

35 A. It was good. The soldiers that were mentoring me or were a part of my chain of command were guys that I looked up to. They were, in my opinion, very proficient and experienced soldiers. So having that mentoring and that guidance gave me a lot of reassurance, and at that time it gave me hope that I could stay in, because I did have all the backing and their door was open, so to speak. And yes, it was very supportive.

Q. Do you recommend to the Commission that that is the kind of support that people need when they are going through and having mental health issues?

45 A. Yes, absolutely, I do. I believe that the chain of command role -- the role within the chain of command is to train and educate soldiers or airmen and sailors. These guys, typically they have the most experience within those roles, so they are

going to very likely have been through some of the things that junior soldiers or servicemen have been through, so I believe that they are well positioned to support these guys.

5 Q. Thank you. Having been through that experience, do you have any views about how mental health is perceived in the Australian Defence Force?

A. I believe that it's improved a lot. I've seen from obviously my time and when I served to now that there has been a shift in that culture. Though I still feel that it
10 could improve, I think that we can always be better in anything really, but I still see a little bit of a culture, you know, making comparisons, for instance, of the significance of different people's service as an example, and those sorts of comparisons can make some people feel as though they are not allowed to feel the way they feel and it can affect them in coming forward and speaking about what they
15 are experiencing. So I think that for as long as that's occurring, it's still got a lot of room to improve.

Q. Can you say a little bit more about what you mean by those comparisons.

A. Yes. I experienced it when I was working with a -- running a clinic for
20 current serving members and I had someone come to me -- during these clinics, I generally share my experiences and my stories and what I have been through, through my journey, and had someone come to me and say, "I haven't been through what you've been through so I'm not sure how I feel about the fact that I have been
25 diagnosed with PTSD," for example. I found that quite sad because this person is holding onto a belief system that is holding them back from expressing how they feel and accepting help.

Interestingly, I have had people tell me in the past, a long time ago, but they did
30 make that comparison and tell me that I wasn't allowed to feel how I felt, based on my experiences. So it sort of goes both ways, you know what I mean? That's something we really need to improve on.

Q. You have a lot of experience speaking with Defence members and veterans
35 through your horsemanship program, which we will get to, Mr Adams--

A. Yes.

Q. -- but can you speak about what that is like when somebody is being told that
40 they can't feel what they are feeling or being given a label. If I've summarised that correctly in terms of what you are saying --

A. Yes.

45 Q. -- can you tell the Commission how that impacts on somebody.

A. Yes, from my experiences and speaking with returned service people and

people that are currently serving, sometimes they have a really hard time just putting into words how they feel, without feeling external pressures or criticism or being undermined about what they are trying to express. As I said before, from what I have experienced and what I see and my belief, that really does hinder people's ability to speak freely and openly and to start working things out. A lot of the work that you would do with a psychologist is then giving you tools to express yourself but also to then strategise and work through these experiences, and if you take that away from someone, I think you have really just inhibited their ability to move forward, and ultimately I think that's what it affects.

10

Q. And when you voluntarily discharged, did you go off and try to find some help for yourself?

15

A. Yes. I had a hard time finding a psychologist that I could gel with, click with, and felt like I could speak openly with. I think that was just who I was at the time and what I was going through. But I eventually found a psychologist in Sydney when I was living down there that had a very straightforward and concise sort of way of communicating with me. And something I found really refreshing was when she said to me, "Look, what you are going through at the moment, as an analogy, I talk about it like we put a cast on -- if you broke your leg, we would put a cast on, then we do the work, do the rehab, we take the cast off and you go back on your path."

20

That was really my focus at the time and it still is my focus regarding mental health. I like to think if you simplify mental health, you can look at it similar to physical health, in that you can sustain injuries, and it doesn't mean it won't come back, but it doesn't mean you should stop working on it.

25

Q. How do you think professionals can simplify mental health?

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A. That's tricky. I think a lot of understanding mental health comes down to a level of comprehension, which is really like an education and understanding. If we can give people more understanding or education around mental health, then you are going to start to develop a foundation for these people. With that sort of foundation, then you can start to endure things, you have got something to work with.

35

Again, if I was to put it to a physical health context, you wouldn't send someone on a 10k run without pre-training, right? And a lot of the time I see, particularly in men's health, that level of comprehension still isn't quite there and it's still not openly spoken about, and perhaps the way that guys feel that they should express themselves is probably a little muddled. So that's what I feel is the answer.

40

Q. Thank you. As part of your work as a welfare officer and advocate, you have had many conversations with veterans from both world wars, wars in Korea, Vietnam, Somalia, East Timor, Solomon Islands, Iraq and Afghanistan; is that correct?

45

A. Yes.

Q. From the stories that you have heard, what have you learned in your role as a welfare officer with respect to mental health and suicide and suicide prevention?

5 A. When I separated from the military and started working in the mining industry and then really wasn't able to work because of my mental health, I wanted to try and find some people who had been through what I had been through and see what they had done to overcome it or to deal with it, process it, however they have worked through it. So I started volunteering at the RSL at Bribie Island, and
10 I accompanied a welfare officer there who was a Vietnam veteran, and we would go and visit lots of different veterans. Then I moved down to Albury and I was doing the same thing with the RSL down there, doing welfare visits and visiting people in nursing homes.

15 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.

20 The other one that stood out to me a lot was these guys said, "You are going to get to a point in your life, everybody will get to a point in their life" -- and for some of them it's not until they are put in a nursing home and they are left staring at the ceiling, essentially, which sounds pretty grim but it is a point of reflection, and they start to then have to face the things they have run away from, that they have
25 developed skills to process -- or to avoid, really. 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."

They were the two biggest things that stood out to me and that was really what
30 motivated me to go away and, as we will probably talk about later, do the horsemanship stuff.

Q. Just on what you are were saying there, do you think that early intervention is needed?

35 A. I think early intervention is almost like a bit of a buzzword because it sounds really good and it sounds like we are going to catch it. However, you have got to have someone that's willing to come forward and speak about it. And sometimes, as I said before, these guys aren't aware of what they are suffering, they are not aware
40 that how they are behaving is not appropriate. I have had experiences of that where the individual will be behaving all sorts of different ways and I try to speak to them about it and they refuse. That's a problem, but you speak to their partners or their families and there's all sorts of stuff going on.

45 So an early intervention with that individual, you will probably just push them away. So that's probably something I don't feel I have the answer to, but I again I do bring it back to a need for foundation and emotional intelligence, so that guys or people can

express themselves.

5 Q. Drawing on those personal experiences, your personal experiences, to the extent you want to, and your experiences as a welfare officer and advocate, what do you think is key to supporting Defence members and veterans as they transition?

10 A. I believe that they need to be treated individually. Part of the process of becoming a service person, doing basic training and things like that, that process is about how you then act as a team and how you can think about a task or a mission that is greater than you. Depending on how long that individual served in the military, they will have a level of institutionalisation that makes them react and respond in a certain way, because we need that for our Defence Force. So when these guys transition out of the military, I believe that we need a very structured, systematic sort of approach, similar to what basic training is for guys, but in a way of helping these guys reprocess and rethink about how they should now be separating from the military.

20 I think it needs to be client-centred or centred around that individual because although the veteran community and the ADF community is seen as a whole, it is made up of individuals. As I said before, they have been trained to act as a body or as a whole unit, so I feel that we need to give these guys the tools and start to give them the abilities to make their own decisions and support them in what they want to do after they discharge.

25 Q. You have spoken a little bit about having seen the psychologist when you left the Australian Defence Force. Did you find yourself wanting to go and explore other forms of therapy?

30 A. Yes. It was before I had started working with this particular psychologist down in Sydney that I was looking for different therapies at the same time. That was because my perception and my beliefs, from what I was experiencing with that system that we were using to treat people, was medication and compensation, and I wasn't interested in either of those things. I don't have a problem with medication, I just didn't feel it was best for me. And I was only 25, 26 at the time, I wasn't prepared to retire, I didn't want to receive a compensation payout, I just wanted to move on with my life, so I needed to do something outside of what everybody else was doing.

40 So that was my belief at the time, so I started researching different therapies and just different modalities. I came across equine therapy. I had a go at it and I went down to it, but I didn't feel like those people understood what I was talking about. I found it -- to be frank, I found it a little bit fluffy and it wasn't getting to the point and I didn't have any likeness to anything they were talking about.

45 So I kept going along that sort of line, as I was interested in horses, and then I just started finding horsemanship videos, starting following the principles of horsemanship. Then I found a link between that and these sorts of therapies that

I was doing with the psychologist, and a lot of it was around challenging your own beliefs and your own perceptions, understanding your projections and how we can carry a bit of a lens in our interpretation of things.

5 So then I found a man by the name of Scott Brodie, who I have spoken about in my statement. He's a Mounted Police Officer, I understand he's speaking next week to the Commission, which is great.

10 So something that I found working with Scott and his offsider Bill is their likeness, because they had served in the Police Force and they understood a lot of the things that I was experiencing. And that was what started my journey there with horsemanship and alternate therapies, I suppose.

15 Q. Can I go back and ask you, what is the difference between equine therapy and horsemanship program?

A. I don't want to offend the equine therapy world so I'll just say you don't turn up to a horsemanship clinic and I say, "We are going to talk about what you have been through" or "We are going to talk about this" or "This horse is reacting a certain way because you are doing this." I don't come at it like "We need to talk about your problems", and I don't come at it like, "This session is about therapy". The session is about the horse and it's about how you can work with that horse and how you can positively influence the horse. And then it becomes a process of indirectly discussing what you are observing in the horse, but then realising it's actually got to do with you. Because a lot of the work I do is using the same horse with different people. Interestingly, you will get a different response every time you put a different person in there, but it's the same horse.

30 Horses don't have the same level of processing as we do, they don't develop an agenda or a bias, so they really do react in the here and now. And they purely just are feeling out what's occurring in that space and they are just giving you instant feedback to that. So it's very honest and -- again, I guess the difference is that I'm teaching people or working with people to train and educate a horse, rather than focusing on therapy. It's sort of a by-product.

35

Q. Can you go into a little bit more detail now about how the horsemanship program works and maybe give us an example of a day-to-day experience that you have with people coming into your program?

40 A. Sure. The program started with Scott Brodie and he was working for Racing New South Wales, so he was taking off-the-track thoroughbreds, retraining them, repurposing them, and then they would be sold on to all sorts of different jobs, anywhere from like the RDA, riding for the disabled, all the way to competition riding, eventing, things like that.

45

Then he was asked by a member of Soldier On at the time to develop a program and bring in some veterans and introduce them to horses. At the same time he also had

an inmates program, so he was training inmates to retrain these horses, and they would do a lot of the ground work and foundations to train these horses and they would come to him and he would finish the riding component.

5 So he really involved us in that aspect of the training of the ground work. And it really started to highlight the parallels between some of the feelings that veterans feel and what thoroughbreds go through in the racing industry, because thoroughbreds are bred for that purpose and they have intrinsic values that make them enjoy the work, that's my personal feeling on it. They definitely like purpose and they like work.
10 But when you take them out of that environment and you just put them out in a paddock, there's suddenly no structure, there's no routine in their life. There are lots of opportunities but they are not really sure which way to go with it, and they honestly look quite lost when you put them out. They don't have great social skills because they are typically kept apart for their own safety, that they don't get injured or kicked or something. I saw a parallel there with the veterans that come out of the
15 military and they are like, "Well, I had so much purpose in my life and I identified myself with that purpose and now I'm not really sure what that is."

Another large part of that, too, is the hypervigilance or hypersensitivity that
20 thoroughbreds have. I believe that most people in the Defence Force will come out with a level of hypervigilance because of the way we are trained to maintain situational awareness, which I don't think is a bad thing, I just think that it needs to be managed and guys probably need to be better educated about how they are conducting themselves and how that might impact them.

25 So, basically, now the program that I run -- I moved back to Queensland about 18 months ago and I re-engaged with the RSL. I was hoping to bring the program to Queensland and with the support of the RSL sub-branch at Ipswich, I have been able to do that.

30 Q. When you do that work with the sub-branch RSL at Ipswich, do you work with families as well as Defence members and veterans in the horsemanship program?

A. Yes. This was supported by what I had spoken about previously with the
35 feedback that veterans had given me. I wanted to support families of current serving members. Through the sub-branch, I work with students whose parents are currently serving at Amberley. Basically, I sort of -- it gives them a bit of an outlet but I also speak a little bit about what their parents are probably experience, because it's pretty hard for a teenage kid to understand posting cycles or to appreciate what that's about,
40 and help them with understanding a little bit about the way their parents might process things and think about things. A real positive out of that is when families then come to the program on the weekend, when the veteran and the family comes and works together with the horse. So it's really about connecting everybody and supporting everyone.

45 Q. From those experiences in working with families, what have you identified in terms of some of the issues that they may present with and how the horsemanship

program helps them deal with those issues?

5 A. Something that I have seen is children suffering a little bit with, as I said before, posting cycles and moving a lot. They change social groups and friendship
10 groups every three years sometimes. And also just some of the dynamic situations that they end up in with deployments and things like that. That just really -- it 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
15 reacting to them and they start to develop that emotional intelligence that I spoke about before. 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. Even at a lower level, it doesn't have to go that deep, it's just about them getting out of school for an hour and they get to go and hang out with a horse and connect with kids who are in a very similar situation to them because their parents are also serving.

20 Q. You spoke before about purpose, you mentioned that word "purpose". How important is purpose?

25 A. As I said before regarding the thoroughbreds and their intrinsic values, I believe that anybody who is willing to put their hand up or sign on the dotted line, so to speak, and serve their country is a type of person. I think unfortunately, particularly through that medical discharge process, guys lose that purpose because
30 they are probably not that stoked about being discharged from a job that they probably couldn't see themselves doing anything else but. So purpose is everything. I think that if you are not feeling meaningful engagement or that purpose in your day-to-day life, it's going to start taking away your sense of achievement and your sense of happiness, really.

35 Q. You were talking before about transition and you mentioned something about culture. But when you were talking about transition, it was an idea about almost unsoldiering. Would you like to speak about that?

40 A. Yes. We had some experience with the guys that are part of a rehab wing down in New South Wales, from the Navy. I found their chain of command very progressive and very supportive, and I saw the way that the higher-ranking guys were interacting with their subordinates. They treated them with a great amount of respect and they really supported them and guided them and mentored them, and
45 there was a lot of open conversation. I found that very refreshing and I found that very useful. What these guys -- some of them were there because they were feeling unwell, they might have had a mental or physical injury, or they might have been separating, and so they were moved to that unit to help them either way with that.

I saw that by taking them in and teaching them horsemanship and speaking about some of the things I learnt that helped me to transition out and changed the way that I approached things and just more insights into myself, they were able to take that and

realise, "When I'm serving, I need to conduct myself like this because my job depends on me to do that, but when I go home and I'm with my partner, I can switch and I can start to think about the things I have learnt working with a horse. That is going to change the way that I approach things, the way that I comprehend things.
5 Things might not need me to react immediately", just little things like that.

It was a very good program and I know that there are a lot of -- the other Defence Forces have -- like Soldier Recovery Centre, there are programs in place to support guys, and I have even seen a massive change in DVA in the way that they support
10 guys, and I just think it's really positive to see. Obviously we can always be better, as I said before, but I do see a lot of positive change.

Q. Can you talk a little bit about what have been some of those positive changes that you are seeing and also hearing from the work that you are doing?
15

A. Yes. There's funding available for guys that are separating from the military to do further education when they leave, which is a good step in giving guys training so they can go and do what they want to do after their service. I have heard of situations where the chain of command is very supportive of mental health and they
20 just guide that person however they want to be guided and support them in whatever they want to do, so to speak.

I have found that DVA's processes have sped up a lot. It was quite clunky, and that was just -- I think they got a massive influx of people after their operations and things like that, and they weren't really equipped at the time to deal with it, but I do
25 feel like they have gotten better at that.

I have seen a change even within ex-service organisations and the way that they handle people. I have heard stories of negative experiences with the RSL, but that's
30 not something I have experienced now and I see a lot more progressive thinking.

Q. Would you like to speak about -- because you are right in there, aren't you, with the veteran community and you do a lot of activities, including your horsemanship program.
35

A. Yes.

Q. You have established your own business, haven't you?

A. Yes. It happened organically. I was contacted by a provider from NDIS and they said, "Would you like to work with NDIS clients and support them with your experiences and things like that?" They also go through a process of adjustment and there might be someone who has sustained an injury that has now given them a disability, and helping them to reintegrate into life after that occurrence and helping
40 them find meaningful engagements. So, yes, it's been a really cool journey and I've really enjoyed it, and I'm very grateful to be requested by the Commission to speak.
45 It came as a bit of a surprise but yeah, it's really good.

Q. We are really grateful that you are here, Mr Adams. I just want to explore a little bit more about the NDIS. I think that would be of interest to the Royal Commission. Can you just explain how that happened, in terms of what the process was and how that helped you to establish your own business?

A. To be honest, it just happened. I got a phone call and they said, "How do you do this?" I was like, "Well, I volunteer, mate. I don't have anything really to tell you." This isn't a business, it's just a Facebook page that started out -- the SBS did a story on me a couple of years ago and people would start contacting me personally, so I made a Facebook page so they could follow that rather than me personally. There was a lady and she just said to me, "Go and get an ABN and get some insurance and start running this." So that was really how it started. It really has just started. I only have a handful of people that I work with. But I do run it pretty much the same as I run it with the veterans. There's a different context, but the principles are the same.

I do feel like that's a really important factor when we are looking at mental health and I think, again, it's something that should challenge some of the beliefs that I hear from veterans regarding their mental health, because men's health and male suicide is obviously a real problem that our society faces, and these are people that haven't gone through the process of what it takes to serve your country, they haven't been overseas, but they suffer too and that's still significant. So if you have people who are finding day-to-day life challenging, how about the people who are taken out of that day-to-day life and then sent overseas, for example? I think that some empathy across the board of everybody, just as people, would really help everyone move forward.

Q. In terms of empathy, are you talking about being individual and listening to people?

A. Yes, just throwing away the judgment and getting rid of undermining one another. I see it all the time. There will be people that are trying to do something positive in the veteran community and someone will get on social media and just slag them about -- that they've got an agenda or they've got their own need for gratification, or whatever it may be, and I just think, just go and do something positive, mate. There's no need to go and try and undermine other people and there's no need to criticise someone for putting their hand up.

Q. As I was saying before, you are right in the veteran community. Is there anything else you want to say about what you are seeing and hearing and what your experiences have been and ways that can be improved?

A. I truly believe we need to establish a formal process of how we help guys transition out of the Defence Force. I would hate to see from this Commission knee-jerk reactions that flow into the Defence Force, because I'm sure there are some things that should probably be addressed, but what I saw when I was in the Defence

Force, when we start to try to implement changes, is knee-jerk reactions, and the only people -- well, not the only people, but the people who are affected by that is the Defence Force and these are people who are trying to serve this country.

5 So I think what probably needs to be handled better is the tail end of that process of when people serve their country and support them becoming civilians. That's where I think our focus should be and I think we are in the right -- there's a lot of people doing the right things, and there's loads of veterans out there that are forming organisations that support one another, and I think that's where we need to be.

10

Q. Thank you. You are currently in your final year at university; is that right?

A. Yes.

15 Q. What are you doing at university at the moment?

A. I'm studying sports and exercise science, I'm doing my honours in exercise physiology. I engaged in that degree because I would like to also be a part of physical rehab for veterans. I understand that most veterans, particularly in the Army, have done PT every single day, so when they have an injury they are not overly excited about going and doing more PT, so to speak. I recently did a placement with a clinic that has a lot of DVA clients and veterans and I liked the sort of approaches they had towards getting guys active and moving again, and obviously that impacts mental health as well.

25

So, just thinking outside the box a little bit. Again, there are organisations out there, ex-service organisations, that get guys doing adaptive sports. They do cycling, paddle boarding, they do physical challenges, things like that, so that's somewhere I would like to go with my degree when I become qualified.

30

Q. When you did your placement, what were your experiences in terms of what you were observing about rehabilitation and how veterans or Defence members were responding to that rehabilitation.

35 A. It was varied. There was a variation between motivations and discipline to do that, as with everyone. The individual that I was working with is actually a veteran himself, so he had a lot of empathy towards these guys. But it is a painful process, it's not always fun, but I did see guys really improve in their physical health.

40 Q. Where do you want to go, in terms of when you are finished your studies? What do you hope to do with those studies?

A. I am looking to start my own business, as I said before, and also have a veterans retreat at my property, that's supported by the RSL as well, but just somewhere for guys to get away and do horses and train and get outdoors and interact, that's really -- I'm working on that.

45

Q. Mr Adams, I want to thank you for giving evidence at this Royal Commission and I want to particularly acknowledge your positivity and the work you have been doing in the community, including this unique approach to therapy, being your horsemanship program. Is there anything else you would like to say to the
5 Commission as part of your evidence today?

A. No, just thank you for the opportunity. That's it, really.

10 MS BRIDGETT: Thank you very much, Mr Adams.

Commissioners, I have no further questions.

CHAIR: Thank you, Ms Bridgett.

15 Commissioner Brown.

QUESTIONS BY THE COMMISSION

20 COMMISSIONER BROWN: I have two questions. The first one perhaps is not so much for the Royal Commission but I'm going to ask it anyway. I'm really curious as to how the horses react. If it's the same horse working with different people and they respond differently, does that confuse the horses?

25 A. We are mindful of how long you will leave a horse in that space working with different people. We don't do it all day, so to speak, it would be only a handful of times at the most. The horses -- when we are coaching and mentoring these guys, we don't leave it to a point where it's going to become confusing, and we always make
30 sure that we have a good understanding of where that veteran is at, so that we are mostly setting them up for success. So we don't ever allow something to go for so long that it would be confusing or detrimental to the horse.

35 COMMISSIONER BROWN: Thank you. It's very interesting the parallels you draw between the therapy that you are essentially doing, the horsemanship, and other forms of therapy.

My other question is in relation to the transition. You talked about really the need for, in essence, an individualised approach. Yesterday we were hearing about the
40 need for an approach that follows people along their journey perhaps while they are in Defence, pre-deployment post-deployment, et cetera, and periodically checking in so you can actually see and detect any change. You are talking about transition and beyond, in an individualised approach. And you talk about being a formal or a formalised approach. Who do you see best placed to do that? Is it Defence, is it
45 DVA, is it ESOs? What would it look like if it was a formalised approach?

A. Just on what you mentioned before about people that are within the Defence

Force, essentially, in the idealistic world, that's the chain of command, that's the unit, they take responsibility for that and they support the person through that process. After that, I don't think it is placed with the Defence Force. I think it would be an external organisation. Currently, DVA utilises rehab companies or external
5 providers to support and do the face-to-face work, and I think these people are generally social workers or occupational therapists, and I think that model works. I have had a really good experience with my provider and the way that she manages me and supports me in what I want to do, and I think that with the right people in those roles, that system works.

10

To answer your question, I think it would still be along the same lines of external providers that are outsourced and it would be through DVA, ultimately.

15 COMMISSIONER BROWN: Just to clarify, do you see this as only for people who, for example, have been medically discharged or do you see it as a process for, essentially, any discharging member?

A. Yes. I'm yet to find a person who has served who doesn't go through a period of adjustment. It doesn't mean that they are mentally unwell, it doesn't mean that
20 their health is at detriment due to serving, it just means they go through a period of adjustment. Sorry, it has slipped me. Can you repeat the question?

25 COMMISSIONER BROWN: I was asking whether it's just a select group who would do this or whether it's everyone, and you are essentially saying everyone.

A. Yes. Again, I don't think you need to necessarily make people go through that process, but just let them know it's there and have that opportunity for them to engage with it.

30 I think a part of that and a key component of that is going to have to be around the culture and the way it's viewed, in the way that you offer it. But I still believe that, no, this doesn't just need to be for people who are being medically discharged, because there are a lot of really functional guys out there that are really having a go. I think of those guys and I think, "What if you were given some funding or support
35 so that you are not paying for yourself to do a trade, or supporting yourself?" Guys can join the Army and get 80 grand a year as a young 20-year-old guy. Then they get out of the Defence Force, there's no more healthcare cover. Where are you going to find a job on 80 grand a year with no industry experience? Either they are trying to go through uni or they're trying to do trades. I think of those guys and I think, you
40 could really support them better and help them get going. They are not necessarily people who need help.

COMMISSIONER BROWN: Thank you.

45 CHAIR: Commissioner Douglas.

COMMISSIONER DOUGLAS: Mine is a question along the same lines and it's

about you going to university. Was that something that was your own idea or was it suggested to you by the rehabilitation manager that you compliment in your statement?

5 A. To be completely honest, my first work rehab provider did not support me to do university. That was something that I wanted to do. But the idea actually came from someone who is supporting me within DVA and they did a lot of work to get that approved for me. And they were the ones that really planted the seed and supported me through that process. Then I changed rehab providers and everything
10 just became very slipstream, sort of thing.

So it was really -- it was a 50/50, really, once I saw the opportunity -- because I didn't realise that would be available, I didn't realise that was on offer. And at that stage I was being told by my work rehab provider that I wasn't well enough to do it.
15 So --

COMMISSIONER DOUGLAS: I suppose that's what I am interested in. If you had known it was on offer while you were still serving, would it have helped you to direct your mind to what you might do after you were serving?
20

A. Yes, it would have. But I don't necessarily think that's going to work for everyone.

COMMISSIONER DOUGLAS: No, I understand that. What if, as has been recommended before, some of the trade training within the services was made more parallel with civilian trade training? Do you see a role for that?
25

A. Yes. I think another thing that started happening, too, and I know I haven't really drawn on it, but when you do your promotion courses there is a bit of a crossover, you can get RPL for certain certificates and things like that. For example
30 as well, I had a lot of driver qualifications, so I was able to transfer those over to civilian. Little things like that help, for sure.

COMMISSIONER DOUGLAS: Thanks.
35

CHAIR: Thank you, Mr Adams.

Ms Bridgett, is there anything further before I wrap up?

40 Mr Adams, this Commission is happy to hear positive good news and testimony, frankly. We commend you for what you do, we thank you for being here today and we wish you every success.

A. Thank you.
45

CHAIR: We will adjourn shortly. Perhaps I can excuse Mr Adams from the notice to appear.

MS BRIDGETT: Thank you, Commissioner, if you can excuse him from his summons.

5 CHAIR: He is so excused. Thank you.

THE WITNESS WITHDREW

10

CHAIR: We will adjourn for 15 minutes or so. Thank you.

ADJOURNED

[10.54 AM]

15

RESUMED

[11.31 AM]

20 CHAIR: Mr Gray.

MR GRAY: Thank you, Commissioner. I will start by tendering documents in relation to the next panel session, which is a session comprising Ms Elizabeth Broderick AO and Ms Alexandra Shehadie. Then I will call those witnesses. I will
25 ask that the operator display the tender bundle for those two witnesses and I'll do an omnibus tender of the documents in the list.

Commissioners, do you have the list before you? It is a one-page list. You will note that the fourth item is a redacted item, _R.

30

CHAIR: Those documents will be accepted as exhibits and assigned exhibit numbers in the order they appear on the list.

35 **EXHIBIT #0016 - LIST OF DOCUMENTS TENDERED IN EVIDENCE OF MS ELIZABETH BRODERICK AND MS ALEXANDRA SHEHADIE**

MR GRAY: Thank you, Commissioner. I call Ms Broderick and Ms Shehadie and
40 they are available on the videolink. I ask that the court officer administer the oath or affirmation.

45 **MS ELIZABETH BRODERICK, AFFIRMED**

MS ALEXANDRA SHEHADIE, AFFIRMED

EXAMINATION BY MR GRAY

5

MR GRAY: I will ask that Ms Broderick's curriculum vitae be displayed. It's EXP.0001.0021.0254.

10 Ms Broderick, I will ask you some preliminary questions. Were you Sex Discrimination Commissioner at the Australian Human Rights Commission from 2007 to 2015?

MS BRODERICK: Yes, that's correct.

15 MR GRAY: Broadly speaking, in that role, did your work involve breaking down structural and social barriers faced by women and men and promoting gender equality?

MS BRODERICK: Yes, that's correct.

20

MR GRAY: Did you found and are you the convenor or a convenor of the Champions of Change strategy, which activates influential men to take action on gender equality?

25 MS BRODERICK: Yes, I am.

MR GRAY: In the course of that work have you led 16 major cultural reviews into Australia's leading national institutions, including the ADF? We will come to that in a minute.

30

MS BRODERICK: Yes, I have.

35 MR GRAY: Is that separate from the work we are going to be discussing, which you performed when you were Sex Discrimination Commissioner in the Australian Human Rights Commission?

MS BRODERICK: Yes, it is separate. It is part of my consultancy, actually, not out of Champions of Change but out of EB & Co. So yes, that's separate.

40 MR GRAY: We may not come to that in much detail but I will ask you a little bit about it, if I may.

45 In 2017 were you appointed by the United Nations as Special Rapporteur and Independent Expert in the UN Working Group on Discrimination Against Women and Girls?

MS BRODERICK: Yes, I was.

MR GRAY: In 2016 you were NSW Australian of the Year; is that right?

MS BRODERICK: That's right.

5

MR GRAY: You are an Officer of the Order of Australia.

MS BRODERICK: Yes.

10 MR GRAY: Are you currently an Adjunct Professor at the University of Sydney, as well as holding other honorary positions and holding honorary degrees of various descriptions?

MS BRODERICK: Yes, that's right.

15

MR GRAY: Ms Shehadie, I will ask that your CV be displayed. It is EXP.0001.0021.0256. Ms Shehadie, I think both you and Ms Broderick are available for consulting as part of a consulting service which bears Ms Broderick's name; is that right?

20

MS SHEHADIE: Yes. And I consult to Liz through my own consulting company as well.

MR GRAY: You have identified yourself in your CV as a director of MAPN Consulting.

25

MS SHEHADIE: That's right.

MR GRAY: Is that the capacity you just referred to then?

30

MS SHEHADIE: Yes.

MR GRAY: You have worked with Ms Broderick on many projects over many years, including when Ms Broderick was Sex Discrimination Commissioner in the Australian Human Rights Commission, your work in that regard was performed in the period 2011 to 2015; is that right?

35

MS SHEHADIE: Yes, that's right.

MR GRAY: In particular, you were director of the Australian Defence Force cultural reform program during at least some of that period, if not all of that period; is that right?

40

MS SHEHADIE: That's right.

45

MR GRAY: You have extensive experience in leading large-scale projects and reviews of national significance, using qualitative and quantitative research methods;

is that so?

MS SHEHADIE: That's right.

5 MR GRAY: You have held leadership roles in government with responsibilities including the provision of strategic advice to premiers and Ministers and including sitting on many boards; is that right?

MS SHEHADIE: Yes, that's correct.

10

MR GRAY: I am going to ask you about your formal qualifications. They are a Bachelor of Arts and a Bachelor of Laws, but also a Masters in Public Policy from the University of Sydney?

15 MS SHEHADIE: That's correct.

MR GRAY: I am going to principally be asking you both about two reports, which I will ask the operator to display for the public in succession. The first is a report of the Australian Human Rights Commission in 2011, INQ.0000.0001.0977. That is
20 the Commission's report on the Review into the Treatment of Women in the Australian Defence Force Academy. That is ADFA in Canberra. It was a report of phase 1 of a broader review; is that right, Ms Broderick?

MS BRODERICK: Yes, that's correct.

25

MR GRAY: I will principally be directing questions to you about the second phase of this review. I ask the operator to display the cover of the phase 2 report, which is INQ.0000.0001.0349, the Australian Human Rights Commission Review into the Treatment of Women in the Australian Defence Force. So phase 2 in 2012 is a report
30 of the broader inquiry into the treatment of women in the ADF more globally and not restricted to ADFA; is that correct?

MS BRODERICK: That's correct.

35 MR GRAY: Before we get into detailed questions about aspects of this work -- and we won't be able to cover it all but I will ask you about aspects of this work -- can I just explain, in effect, the format of this discussion, which is a panel because there are two of you giving evidence at the same time. Principally, I will direct my questions in the first instance to you, Ms Broderick, and Ms Broderick, if you wish to
40 refer that question to Ms Shehadie, that's fine. Ms Shehadie, I will try to remember to give you an opportunity to add to anything Ms Broderick says in response to the questions, and please feel free to indicate, if I have forgotten to do so, that you wish to add something to a response Ms Broderick has given.

45 MS SHEHADIE: Thank you.

MR GRAY: Directing these preliminary questions to Ms Broderick but, in effect,

conforming to those rules for the conduct of the panel discussion, I want to ask some questions, before diving into the detail of your work for the ADF, at a more general level. Ms Broderick, what is institutional culture? What is the culture of organisations or institutions, in brief?

5

MS BRODERICK: In brief, the culture is the way they do things around here. So the culture is the human interactions, the systems, the processes, the practices. In many large and complex and geographically diverse organisations like the ADF, there is no single homogeneous culture. There are a number of subcultures which are often based on trade or occupational groupings. So different individuals will experience the culture differently depending where they sit in the organisation and also where they sit in the hierarchy. There are some particular elements of military culture which are often different to, say, private sector culture.

10

MR GRAY: Before we get to those, staying very general at present, Ms Shehadie, do you want to add anything to Ms Broderick's broad description?

15

MS SHEHADIE: No, I think that is a good description of culture.

MR GRAY: I want to ask now about traditionally or historically male dominated institutions, of which there are many examples in the community generally and around the world. What is the influence in your view, Ms Broderick, where the organisation in question is coming from a background where it has been male dominated?

20

MS BRODERICK: Most organisations like militaries and national institutions are male dominated because they were invented by men for men and even today are still largely run by men. So that means they are -- basically, their practices, their structures and systems are designed around a male life trajectory, a male way of operating, a male model of leadership.

25

This means, in terms of the way women experience those organisations, recognising that women now make up half the talent base of our nation and many nations around the world, women are being brought into organisations which were not necessarily structured with them in mind. Now, that is shifting as organisations shift their culture, but without the active and intentional inclusion of women, the system will unintentionally exclude them.

30

MR GRAY: Ms Shehadie?

35

MS SHEHADIE: Just adding that within male dominated organisations as well you can have hyper-masculine cultures and that's what we found in the military, but I'm sure we will get on to that shortly.

MR GRAY: Perhaps we should get to it straight away. I will ask the operator to leap ahead, in a way, to an aspect of your phase 2 report in 2012. Operator, please redisplay on the witness screen, and perhaps you can stream it to the public, the

40

45

phase 2 report. Please go to pages 306 to 307 under headings 9.5 and 9.6.

5 This passage is chapter 9 of the phase 2 report concerning international research, international comparative experience. I will ask now that you have a look at section 9.5 in chapter 9, entitled "Hyper-masculine culture". Did you discover that this concept of a hyper-masculine culture within militaries is far from being restricted to any one country and, in fact, it is an international phenomenon?

10 MS BRODERICK: Yes, we did discover that. We saw it in different militaries around the world in our communications with them and also in the international research we did. But what we found is that in military cultures, irrespective of the nation, although I am talking more now about coalition militaries, so ones which are similar to us, there is a strong sense of tribalism which sometimes you don't see in other environments.

15 It is really part of a hyper-masculine culture and it is a perspective that sees the team to which you as an individual belong as better than other teams in the organisation. I think it is particularly the case in the military because team members are bonded by such a strong commitment to mission but also the connections they have with each other in that tribe, so to speak, or that team are very strong and intense because potentially they could face the risk of death as well.

20 MR GRAY: Did you find that this might be an encouragement of dangerous behaviours which could involve harassment, discrimination and even serious abuse? Can the operator display the next page, page 307, heading 9.6. Ms Broderick?

30 MS BRODERICK: Yes, what we saw in hyper-masculine culture is that male ways of operating and being are normalised. So that might be locker room talk, it might be your everyday sexism, those types of things are more likely to occur in hyper-masculine cultures, because we know that when we bring women into a very male dominated environment or, indeed, men into very feminised environments, the group dynamics change and, actually, everyone lifts. That's the case for diversity and inclusion in culture. So if the gender balance is significantly out of sync or out of whack, which it is in male dominated environments like the military, then there is a greater propensity to those types of behaviours.

40 MR GRAY: At the time of your work with the ADF, and still we can take notice, still very largely as at the present day, is it the case that women are a minority of the ADF, really throughout the ADF and in particular in certain services and branches and skill categories of the ADF?

45 MS BRODERICK: Yes, that is the case. There has been progress, I would like to say, over the last decade because this has been a focus. But yes, particularly in Army. Army will have the lowest representation of women. They are aiming for 15 per cent, I think. Navy and Air Force have higher levels but still only in the early 20s. So it's very much still a male dominated environment.

MR GRAY: We will come to this in a little more detail, Ms Broderick, but if you could speak at a general level based on your quite extensive experience in this area, what is the effect on the individuals, both on women chiefly but also perhaps the men, and also at a system level? What is the effect on the system? Does this create
5 unhealthy cycles of creation and perpetuation of norms?

MS BRODERICK: I think at the system level in a very male dominated environment, without strong intervention, yes, it does create probably a greater propensity to what we would now determine as unacceptable behaviours. There I'm
10 talking about sexualised work environments, everyday sexism, potentially sexual harassment. I think that pretty much in every male environment where women are seen as the "other" -- because the thing for women is if I'm not part of the dominant grouping, then I sit outside the dominant grouping and when I'm outside the dominant grouping, my ability to speak out about these behaviours is much reduced.
15

So what we see women try to do is fit in. They want to fit into the dominant culture. But the problem for women is they can't be too blokey because that's not going to be admired, they can't be too feminine because then they are sitting outside the group of the "other", so they are trying to walk this femininity tightrope, in a sense, which is
20 how it has been described to us in the ADF; not too feminine but not too "one of the boys".

MR GRAY: Does your expertise extend, of course, to those systemic and organisational matters but it doesn't go further than that into the individual
25 psychology and the social and psychological impact on particular individuals? Is that where you --

MS BRODERICK: We are not -- (overspeaking) --

30 MR GRAY: -- the line?

MS BRODERICK: Yes. We are not mental health experts. Having said that, we are the keepers of thousands of stories of women's experience of sexual misconduct, exclusion, bullying and harassment. Particularly, I will hand over to my colleague
35 Alex, who has a good understanding of what the impact on women is of these behaviours.

MR GRAY: Ms Shehadie?

40 MS SHEHADIE: Thank you. The impact of sexual misconduct, so sexual harassment or sexual assault, what we have learnt over the years in our work is it can be devastating and it can be short, medium and long-term, those impacts. What the women in the ADF told us, who had been harassed or sexually assaulted, is that they experienced anxiety, depression, a sense of fear, a loss of self-esteem and
45 confidence, relationship dysfunction or breakdown. We did hear from some that they had experienced suicidal ideation or were actually suicidal.

As well as those impacts, they also told us that what happened to them impacted on their careers. They often left the ADF, they were moved from their base or they took time off, often for an extended period of time.

5 The other thing they told us was that these experiences had a silencing effect because reporting was just not an option. They believed that it would adversely impact their career, lead to ostracism or victimisation by their peers and by their leaders. They also thought nothing would change as a result of their complaint. What we found was that sexual abuse of women ruins lives, divides teams and undermines
10 capability.

MR GRAY: Thank you. I will come back to that in a little bit. With those scene-setting matters covered, I think it's time to ask you a little bit more about the two reports or the two phases of the review you conducted in 2011-2012 into the
15 treatment of women in ADFA and the ADF. How did the reviews come about?

MS BRODERICK: The review came about following what was known as a Skype incident in March 2011. In 2011 there was an incident in the tri-service military academy, which we know as ADFA, where two cadets were having consensual sex.
20 What the female cadet didn't appreciate or didn't know, so without her consent, was that the consensual act was being broadcast via Skype to a group of men in a nearby room.

At that time there was, understandably, community outrage. The Minister for
25 Defence, who was Minister Stephen Smith, at that time asked or reached out to the Australian Human Rights Commission and reached out to me to see whether I would lead a review into the treatment of women, firstly in ADFA, in the academy, but then as an extension of that across the tri-services.

30 Indeed, we ended up putting together the Terms of Reference in conjunction with the ADF and the senior leadership of the ADF. At that point, we decided it would make sense to do it in two parts. The first part and the report which was tendered before is our examination of the military academy; and the second report is a much more detailed look into the treatment of women across the whole of the ADF.
35

MR GRAY: What were the overarching aims of the review?

MS BRODERICK: The overarching aim was really to have a particular focus on gender equality, women's safety and the initiatives that were necessary, either
40 whether they were in place or not, to prevent sexual harassment, sexual abuse and discrimination. So the focus was on the lived experience of women; although, necessarily, when you look at the lived experience of women, you are looking at the team dynamics between men and women, so you are looking at the lived experience of men as well.
45

Also, we really sought to demonstrate that the equal treatment of women in Defence was not just critical to stop human harm but it was critical to the Defence Force's

capability and their operational effectiveness.

MR GRAY: Can I just ask -- and perhaps I could direct this to Ms Shehadie, if that's all right, Ms Broderick -- what were the methodologies? I'm not asking for every detail but, in broad terms, what were the methodologies employed in the review?

MS SHEHADIE: We used both quantitative and qualitative research to gather the evidence. So the use of survey tools in both reviews, as well as an extensive number of focus groups. In particular in the ADF review, that took us right around Australia to all bases. It took us to assets. We visited Naval, Air Force and Army bases, training colleges and recruit schools. We observed exercises and demonstrations. We went on submarines, helicopters and fixed-wing aircraft.

Ms Broderick and I actually went up to Afghanistan because we felt that to understand the business of the military fully, we need to see it in a deployed environment. So we conducted a number of focus groups up in Afghanistan and the Middle East.

We also invited people to contribute via written submissions. There were a number who wanted one-on-one confidential interviews and in particular those who had suffered harm. So that was the mixture. As you will see in chapter 9, we did a comprehensive literature review and comparisons with other military.

MR GRAY: Ms Broderick, do you want to add anything?

MS BRODERICK: No.

MR GRAY: I'll ask another question, which is an impossibly big question. You have already said, Ms Broderick, that culture isn't a homogenous phenomenon in the ADF, and you have to think about different places or units within the ADF. But I am going to ask you to say something by reference to both the phase 1 and phase 2 reports about what you found concerning the culture that is encountered by women in the ADF or, as you say, in the specific individual units and locations within the ADF. It's a very big question. Can I perhaps help, or it may be a hindrance, I don't know, by going to the phase 1 report, INQ.0000.0001.0977. Don't feel inhibited by the references I am giving you to the content of the report.

At page 1 on the very first page of the contents of the report, you have a description of the hard culture, so that is hard copy paginated page 1 and page 2. You have quite a detailed look at the culture of ADFA, and at that point you are saying you are limiting findings here to the culture of ADFA, but of course you are not ignoring the fact that there will be a broader cultural context within the ADF.

You go through the sorts of matters you have already covered in some of your oral evidence. I want to go to one aspect, and I don't mean to limit you, but if we go to hard copy page 0017, which goes over to page 0018, at (d) there is a reference to the social context and various themes. On page 0018 there is a concept of tribalism that

you were referring to earlier, and a concept of "Don't jack on your mates". Can you speak about that in a little more detail, Ms Broderick?

5 MS BRODERICK: Yes, I can, and could I ask for it to be zoomed in, just so I can see the pages to which you are referring?

MR GRAY: Certainly. Page 0017 -- we are at page 0018, in the middle of the page, the third paragraph and the quote, commencing:

10 *There is significant pressure placed to cadets not to 'jack on your mate'.*

MS BRODERICK: 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. As this person said, I think the biggest sin is selling out on your mates, because you are all living together. If you sell out on one of your mates, you're gone. Usually people have the integrity to come forward. If they have done something bad -- and they will usually go forward and say it, because that's one of the things we're taught here. So, you don't really ever have to tell on anyone, and you're not going to anyway, which I think was an interesting perspective, because generally cadets won't report on each other.

MR GRAY: When you refer to mates in that context, are you referring to fairly small groups, that is ties and relationships between fairly small groups who are actually living together, so quite small units within the military?

MS BRODERICK: They usually are small groups because when you look at tribalism, how it plays out, there's a lot that's really fantastic about being bonded as part of a team. But when you see your team as better than other teams, that creates an additional reinforcing mechanism which makes it even more harder to speak out because you are going to speak out against your own team in a way that diminishes the reputation of that team. So I think it just makes speaking out much more difficult.

40 Alex, I don't know if you want to add anything that to that.

MS SHEHADIE: It's not just related to ADFA. It's in all the colleges and recruit schools, the sense that you don't jack on your mates or you don't dob on your mates at all, and then in the ADF as well. And what that does is it creates a culture of silence.

MR GRAY: Ms Broderick, I think in 1998 there had been a review of the culture

and in particular a review of harassment and abuse of women at ADFA, called the Grey review or the Grey report, and there had been reforms at ADFA dating from that time. I understand that was part of the context in which you conducted phase 1 of your review. One of the items of information available to you was a survey called
5 "An ADFA Unacceptable Behaviour Survey" that was administered from time to time. Can I ask you a bit about surveys of that kind.

In the phase 1 report, at hard copy page 119 there is an extract in an appendix -- it is more than an extract, it is a reproduction of that survey and it has a number of
10 questions in it about the person filling out the survey, the experiences that they have over the last period. For example, on hard copy page 125, in question is about various kinds of mistreatment, have you experienced these kinds of mistreatment? There are questions about -- can you see that, Ms Broderick?

15 MS BRODERICK: Thank you. I can, my colleague Alex will be answering this question.

CHAIR: Mr Gray, sorry to interrupt. Could we blow that up a bit so it is legible?

20 MR GRAY: Operator, perhaps we could blow up the first half of the page and then the second half, so the public can see that.

CHAIR: Thank you.

25 MR GRAY: Ms Shehadie, these sorts of surveys seem to be quite an important feature of understanding organisational culture and in particular any unhealthy aspects of culture that might involve harassment or even abuse; is that so?

MS SHEHADIE: Yes.

30 MR GRAY: Do you have expertise in this? I see there was an improved version of this survey that you ultimately recommend should be adopted by the ADF at the end of your phase 2 review, and it seems there has been rollout of a survey of this kind across the ADF; is that right?

35 MS SHEHADIE: I couldn't say now, some 10 years later. But certainly when we went back and did our audit, they had rolled out the improved version of the survey.

40 MR GRAY: Did you build on this survey that was being used at ADFA at the time you were there, and enhance that in various ways and recommend that that be rolled out?

MS SHEHADIE: That's right, yes.

45 MR GRAY: I will ask about another interesting page of this survey, on page 122. It has questions on hard copy page 122 of the phase 1 report about things like to what extent is your divisional officer committed to preventing and stopping unacceptable

behaviour?" If we could expand the top half of that page, so that will be visible. It is question q, the third question -- sorry, question p, the third question that appears.

5 Ms Shehadie, is a Divisional Officer a middle ranking person to whom the respondent to the survey is reporting?

MS SHEHADIE: Yes.

10 MR GRAY: Above a Divisional Officer, is there a Commanding Officer?

MS SHEHADIE: Yes, that's right.

15 MR GRAY: In your improved version of the Unacceptable Behaviour Survey did you also have questions directed to eliciting this sort of information about whether within divisions of units there was commitment to improvement of culture?

MS SHEHADIE: Yes, we did.

20 MR GRAY: Is the idea there that you will be able to collect data, ultimately across the ADF, to identify not only whether there are trends emerging across the ADF but in particular services, in particular units and even in particular divisions?

25 MS SHEHADIE: Yes. It was to identify where progress, I guess, is being made, as well as where gaps are, and risk, it was to identify risk and any challenges -- and the hope being that Defence would put in some interventions when they analysed that data.

MR GRAY: That's an important element, is it, what you do with the data?

30 MS SHEHADIE: Absolutely, yes.

35 MR GRAY: We may come to that. But in broad brush terms, what would you expect to see should be done with data of this kind if, say, it is collected every year, what would you expect to see as a result of the collection of that data?

40 MS SHEHADIE: I would expect to see a comprehensive report of the data, the results of the data. As I had mentioned before, identifying not just where progress is made but where risks are identified, where there are challenges, where there are problems, where there are patterns that require interventions to correct that. I would also expect that the results of the survey are disseminated quite widely, and particularly to leadership, who have oversight of these issues.

45 MR GRAY: What about if there are variations? So over the entirety of the ADF reporting the aggregated outcomes is one thing, but what about if there are variations, so that there are patches of poor progress or even negative outcomes within certain units, should that be broadly disseminated?

MS SHEHADIE: Yes. You can do this in a de-identified way. But I don't think for the senior leaders it should be -- or the leaders that have oversight of that core area, I think they should be aware of what's going on, whether it's deficient or not.

5 MR GRAY: Thanks very much.

Ms Broderick, anything to add?

10 MS BRODERICK: No, I agree with that. It can be -- the whole idea about trend data and interventions is the organisation needs to learn what is having an impact and what isn't, so that's why the dissemination of the information is really important. But it is important to maintain certain people's confidentiality and many organisations that are doing this were de-identifying that data.

15 MR GRAY: We are still now in the phase 1 review, phase 1 of the review, the report of phase 1, concentrating on ADFA. I just want to ask you -- perhaps I will ask you, Ms Broderick, and of course refer to Ms Shehadie if you wish -- about the data that was available to you at the time of the phase 1 review by reference to the Unacceptable Behaviour Survey in 2011 which we just looked at. That of course
20 isn't the survey that you later recommended should be improved and rolled out across the ADF, but just looking at the results of that survey, if the operator goes back to the phase 1 report, the first page of which is INQ.0000.0001.0977 and goes to hard copy page 149, there are some interesting results in the last two rows of that document. Perhaps the operator might call them out, then we will go over the page.

25 Here there seem to be the results, I think in percentage terms, of responses to the question of the extent peers are committed to preventing and stopping unacceptable behaviour. We will have to go back to the main page and you will be able to see that the last three columns are "Neutral," "Agree" and "Strongly agree." So across the
30 page, the first column is "strongly disagree", the second is "disagree", the third is "neutral", the fourth is "agree" and the fifth is "strongly agree". If we go back to the foot of page 149 and call that out so that it is legible, do you see that there is a disconformity between the extent peers are committed to preventing and stopping unacceptable behaviour, compared with the extent DO, Divisional Officer, is
35 committed to preventing and stopping unacceptable behaviour. Do you see that the peers are committed to preventing and stopping unacceptable behaviour, there is a reasonably strong figure for "neutral", 16.7 per cent -- and indeed, there are some noticeable figures even for "strongly disagree" and "disagree". The main, almost 50 per cent, the main weight of responses is for "agree", which is a good thing. But
40 there is not that many for "strongly agree", that's 27.3 per cent. I think I'm interpreting these data correctly; is that right, Ms Broderick and Ms Shehadie?

MS BRODERICK: Yes, I think you are.

45 MR GRAY: The disconformity with the next row, the extent Divisional Officers are committed to preventing and stopping unacceptable behaviour, is that there is greater commitment to those matters on the part of divisional officers, according to the

perceptions of the respondents to the survey. If you go over the page, to the extent the CO is committed -- that is the Commanding Officer, that's presumably a unit Commanding Officer as opposed to a section within a unit; is that right?

5 MS SHEHADIE: Or it's the leader of ADFA and his or her team, senior leaders.

MR GRAY: Senior leaders. Their commitment attracts an even higher "strongly agree" outcome. The extent senior leadership at ADFA are committed attracts the highest of all, that's in the second row, 76 per cent.

10

Now, my question to you is: there seems an impediment to the trickling down of leadership commitment to cultural change through the ranks down to peers. It's healthiest at the senior leadership point, it's pretty good at the Unit Commanding Officer point, it's a little weaker at the Divisional Officer point and it's weakest at the peer level. Is that at all surprising?

15

MS BRODERICK: Well, from my perspective, not really. I'm really pleased, just you refreshing our memory here, that there was strong leadership commitment to change, particularly from the Commanding Officer and then coming down, as you say, to Divisional Officers. I wonder whether there's a link between "Don't rat on your mates" and this particular data point that you are pointing us to, which is peers. We haven't got it on the page there now, but the less likelihood of peers to actually speak out.

20

25 MR GRAY: Does this accord with your recollection of this being a consistent pattern across the ADF when you moved into phase 2, that there was some sort of resistance to trickling down into the lower ranks of these cultural reform messages?

MS BRODERICK: I think it's clear that the case for cultural reform was much better understood by those who lead, so the more senior leaders of the ADF, they really understood that. Whereas as it came down the ranks, it was less and less well understood until at some point if you look at the issues around women, it was probably seen at some level, "Oh, well, women are getting preferential treatment," rather than that this is about capability.

30

35

MS SHEHADIE: If I could add to that.

MR GRAY: Please.

40 MS SHEHADIE: I was just going to add to that. We did find challenges in middle management as well, so maybe above the lower ranks, which we call the keepers of the culture. So if you had a middle manager who didn't believe in gender equality or didn't take reports seriously, then that person's views would definitely trickle down to the lower ranks. So that's why we made some recommendations about interventions with middle management.

45

MR GRAY: I might come to those in a minute using the phase 2 report, because

they were recommendations across the entire ADF, weren't they?

MS SHEHADIE: Yes, that's right.

5 MR GRAY: Just pulling out of this military context altogether and asking you about your expertise in organisational change, sometimes called change management, I believe, is this at all surprising, that there is a resistance in middle management and an impediment there to the message getting down to the people who are performing operations at the frontline?

10

MS BRODERICK: No. It's not a surprise at all, because as Alex said, as middle managers are the keepers of the culture. When I come in as a frontline or a junior person, a graduate, however it is in the organisation, I'm not looking up to the Chief or the CEO, I'm actually looking just a couple of ranks up above me to understand how to be in this organisation. And I think when I'm also at the lower level, I don't have an enterprise-wide view of why we are embarking on this cultural change, why it's so critical to the organisation. So I'm not surprised at all that people further down the chain of command, say in the military, would have less exposure to the arguments as to why this matters.

15

20 MR GRAY: Ms Shehadie?

MS SHEHADIE: No, I've got nothing to add to that.

25 MR GRAY: Just before leaving phase 1, it would be remiss of me not to allow you to comment on the key findings on the very serious matters of harassment, abuse, discrimination and assault, which were largely, I believe, based on those data available from the Unacceptable Behaviour Survey. I will ask the operator to go back to the phase 1 report, at hard copy page 33 of that document we will expand on the "Key findings", the first full paragraph and three dot points. We are able to stream that to the public.

30

This is based on those data collected in the survey in 2011. The figures were that there's a discrepancy between females and males at ADFA reporting having experienced an unacceptable gender or sex-related harassment, 74.1 per cent of female cadets and 30.3 per cent of male cadets had reported experiencing such behaviours. Is that unexpected, was that unexpected to you?

35

MS BRODERICK: That pattern of more female cadets than male cadets reporting unacceptable sex-related or gender harassment is a standard picture, so that wasn't surprising. And the second dot point speaks to general harassment, so that would be bullying or other forms of discrimination, and women are still higher, but they are not as high as sexual harassment. So I think that probably wasn't surprising -- and probably what was surprising was just, even though those figures clearly are totally unacceptable, it was an improvement on what the Grey review actually discovered back in the mid-1990s. So that was one positive to take out of that.

40

45

I don't know. Alex, whether you want to add to that.

MS SHEHADIE: No.

5 MR GRAY: Could I also ask you, Ms Shehadie, about the significance of the third dot point, that is, in effect, a lack of consciousness, perhaps, that certain kind of behaviour is even unacceptable. What are the implications of that? Is that concerning to you?

10 MS SHEHADIE: Yes. Or normalised behaviour. Yes, it is concerning.

MR GRAY: Let's unpack that. It says:

15 *A proportion of cadets reported experiencing the discriminatory behaviours listed in the surveys ...*

So they objectively said "This happened to me", but the survey revealed those respondents didn't consider those behaviours to be "unacceptable". What does that tell you?

20 MS SHEHADIE: That certain behaviours could be normalised in the organisation, and that's why they are accepted. And so that's why they are considered not unacceptable by cadets.

25 MS BRODERICK: Essentially, "That's just the way it is, that's what normal looks like." Which is concerning.

MR GRAY: Are there some real risks implied by that normalisation of unacceptable behaviour as being the norm and accepted by the people who are subjected to it?

30 MS SHEHADIE: Absolutely.

MS BRODERICK: Yes.

35 MR GRAY: I will ask now about phase 2. I won't ask you to comment again on the cultural aspects. At INQ.0000.0001.0349, on hard copy page 75 you broaden out your discussion of organisational culture, extending that to the ADF as a whole, and you have already referred to women being treated in that culture as "others", talking about a tendency, we are not talking about every single unit or every single man in
40 the ADF treating women as others, but you are identifying a tendency in culture from the methodologies you adopted, I take it. At page 78 there is reference to that topic. Did you find that treatment of women as "others", that aspects of the culture, to be pervasive throughout the ADF, in some units, similar to what you had found at
45 ADFA? What were your impressions?

MS SHEHADIE: I found it more pronounced probably in the ADF more broadly than at ADFA. There was a level of collegiality at ADFA because they all lived

together, went to university together. But it was certainly pronounced in the ADF more broadly, particularly in areas that were very male dominated, where there was only one woman, for instance, or two women. They were very, very much on the outer. We also came across women who had to change their behaviour so that they weren't the other, so that they actually were able to fit in.

MS BRODERICK: Just adding to that, we actually documented in the report those areas where there were very few women, and there were technical roles and particularly more in the war-fighting roles as well, rather than in recruitment and the administration, or what I call the functional roles. But I absolutely agree with everything Alex has said, particularly going to the point that fitting in is quite difficult and depending on what women feel they need to do to fit in, can be quite -- can come at quite significant personal cost.

MR GRAY: I won't take you to all these pages, but at page 79 you report on sexual harassment; at page 80, a culture of reluctance to report. These are matters that you drew from the material you were obtaining. You also made a similar observation to the one you had made in the ADFA report, that is that there was a significant proportion of women experiencing treatment that was objectively harassment because they weren't identifying it as such. That was something you found across the ADF. That's at page 258. You identified the proportion of women receiving that treatment but not identifying it as harassment as at about 20 per cent; is that right? Do you recall that?

MS SHEHADIE: Off the top of my head, I don't recall that figure. But if it's in the report then yes, I agree with it.

MR GRAY: I want to ask you about data. You were a little concerned -- I will ask the operator to go to page 35 of the phase 2 report -- that there were deficiencies in collection and action on data. Rather than page 35, let's go to page 250. This is the chapter on *Sexual harassment, sex discrimination and sexual abuse*. On page 252 there is a heading under section 7.2 "ADF Data". If we could call out that section, operator. At the end of that discussion you noted:

It was difficult to ascertain with certainty the number of sexual assault and other sexual offences reported ... Different figures were provided by different areas ...

You gave details later. I won't go through all the relevant references but you did seem to have a concern about reconciliation of data across the organisation. By the time you did your audit, had there been improvement in this area? You did your audit in 2014.

MS SHEHADIE: There had been some improvement. However, one of our key recommendations was that there be a central data store in SeMPRO, the new unit responding to sexual misconduct complaints, that that be the central repository for all reports of sexual misconduct. Now, that hadn't happened when we did our audit.

The intent was there, but it hadn't happened.

MR GRAY: Did you have other concerns about the tracking of data over time and strategic use of the data?

5

MS SHEHADIE: Yes. Really serious concerns. I guess my main concern was Defence didn't know if or where predators were in the organisation, because the data just wasn't there and it was inconsistent. There wasn't -- we didn't know whether certain bases were problematic, those sorts of things, what was going on, why weren't people reporting, what were the incidents of this, what was the prevalence. So there were massive gaps and we were very concerned.

10

MR GRAY: Did those concerns remain to an extent at the time of the audit in 2014?

15

MS SHEHADIE: Yes, they did. But as I said there, the audit was looking at progress rather than actual full implementation, and there was an intent that that data would be improved. Now, because we didn't go back and do another audit, I'm not sure where they are at, and looking at the SeMPRO annual report, the most recent one, we couldn't tell whether it is the central repository or the central store for data at all.

20

MS BRODERICK: Just to add to Alex's comments there, it was our intention that SeMPRO have a single data store from which the audit would be done, particularly that identify where the high risk basis were, particularly in terms of sexual harassment and sexual assault. That may have happened but we haven't seen it as yet.

25

MR GRAY: Let's unpack what SeMPRO is. We will go to page 36, which is recommendation 18, which I think it is fair to say is a cornerstone recommendation of the 21 recommendations you made in the phase 2 report, would you agree with that characterisation?

30

MS BRODERICK: Yes, that was -- it is a whole different way of organisational response to complaints of sexual harassment, sexual assault, which is trauma-informed and puts the victim or the survivor at the centre of the response.

35

MR GRAY: Thank you.

Commissioners, is that legible enough, or should I call out the first paragraph in particular?

40

We will call out just the first paragraph. We won't go through all these paragraphs, but call out the first paragraph and expand that to the public.

SeMPRO is the acronym for a new dedicated Sexual Misconduct Prevention and Response Office; is that right, Ms Broderick?

45

MS BRODERICK: That's correct.

MR GRAY: It includes those facets and activities you just described. One important aspect -- it might not be covered in that particular quote -- is that there can be choice
5 by the person making the complaint as to restricted dissemination of information about the complaint, so there is a focus on caring for that person and not necessarily referring criminal charges, things of that kind. Is that right?

MS BRODERICK: Yes, that's correct. And also it has an advice function as well.
10

MR GRAY: I won't take you to it but this actually was informed by what amounted to a pilot program being run at HMAS Cerberus, where there had been quite a successful program with a focus on supporting the person who was making the complaint; is that right?

MS SHEHADIE: Yes, partly, but it was also based on a successful US system as well.
15

MR GRAY: Thank you very much. I will leave that there and I will just note for the public that the most recent SeMPRO annual report has been tendered in the tender
20 bundle I referred to at the beginning of this session, so it is available.

One aspect of the SeMPRO annual report refers to the model being one where SeMPRO is acting both for the person making the complaint and for Defence as a
25 whole. Did you note that, Ms Broderick? In looking at that report in recent times, is that something you want to comment on? I'll bring it up.

MS BRODERICK: The original design of SeMPRO was very much people-centred. When we say "people", that's the victim. They would have a wraparound service in a
30 way that was just not possible before. But there was also a view that early intervention should be one of the options, and if that was to be the case, then there should be some good advice, so trauma kind of oriented advice which could go to those who are managing through these incidents actually out on the base. So it did have a dual function, but very much it was about victim support. It also did outreach
35 and that was to go and educate what is sexual harassment, what is its impact, and how can bystanders respond. So it had a number of different aims.

MR GRAY: I might ask you to comment on the quote. It is at EXP.0001.0021.0237, that is the most recent SeMPRO report. I ask the operator to bring that document up.
40 Could we please go to hard copy page 8, which is 0244. Could we call up the text under "Support and case management". The second paragraph refers to:

*The services are delivered using a dual client model where the person and Defence are simultaneously clients. SeMPRO case managers act for the best
45 interests of the client within Defence rather than representing the client against the organisation.*

Then there is a reference to the broader role that you alluded to a minute ago. Is that consistent with your understanding of an appropriate role for SeMPRO?

5 MS BRODERICK: I actually don't know what that means. We had a couple of
design choices when we were formulating the recommendation. One design choice
was to have a totally separate unit outside Defence. And we were dissuaded from
that because people that we spoke to throughout the ADF said, "Well, we need
people who understand our culture, our business, so it needs to be headed by a very
10 senior level leader, but we would like to see it inside the umbrella of Defence." And
that's really where SeMPRO ended up being located. So I'm not exactly sure what
that statement means, but it was very much the original intent was, as I said, the
wraparound service around the victim, the recognition that that needed to be a focus,
as much as holding perpetrators to account. But we also, as you noted before, said
15 that you had the option not to name an alleged perpetrator, if you were too fearful to
do that because of the recriminations that might eventuate. So we had what we
called restricted and unrestricted reports.

MR GRAY: Thank you. Ms Shehadie?

20 MS SHEHADIE: Like Liz, I'm not clear on that what sentence means. One of the
things that we had intended was, even should a matter go to a civilian court, that
SeMPRO also support the person, and if the perpetrator is an ADF member, I don't
know whether that means that they are acting for, they are acting against the
organisation. I don't quite know what they are getting at there. The intent was
25 certainly to have a human-focused, victim survivor-focused support service, because
in the past that hadn't been the case. So they may have changed some of the terms of
reference on which it was established with that sentence, I don't know.

MR GRAY: Thank you. I'm not going to take you through all the recommendations
30 in the phase 2 report, but there are some aspects I'll ask you about now, particularly
the ones that are directed to accountability amongst the leadership, and strategies for
continuous improvement based on trends over time.

35 Is it fair to say that many of your recommendations were directed at facilitating
improvements in ADF culture, and obviously the SeMPRO piece directly focused on
complaints about gender harassment and abuse -- it was an important part of that but
it wasn't limited to that. There was also the topic of the number of women in the
ADF and their promotion to ranks whereby they would be able to have both a direct
influence on culture and also to provide a good example to other women of what
40 might be achieved; performance review of officers, based on what you called climate
surveys regarding culture and cultural change in their units, and the collection and
strategic analysis and action upon data. Are these all features of what you were
trying to achieve?

45 MS BRODERICK: Yes, they are. They are all features of a cultural change, and
leadership is absolutely critical because where we saw issues of unacceptable
behaviour, often that was a failure of leadership as well.

MR GRAY: I'm back in the other report, the phase 2 report. We will be able to stream this to the public. We will go to recommendations 1, 2 and 4 on page 24, hard copy page 24. On page 24 we have recommendations 1 and 2.

5 Recommendation 1 refers to monitoring key metrics and taking corrective action, and it is directed to -- is this the organisation or the group, at the very top of the ADF, the Chiefs of each service of the ADF --

MS BRODERICK: Yes.

10

MR GRAY: -- Navy, Army, Air Force, in a committee known as Chiefs of Services Committee or COSC; is that right?

MS BRODERICK: Yes, and that includes the Chief of the Defence Force and Vice
15 Chief as well, so it is really leadership at the highest level.

MR GRAY: They are to monitor key metrics and take corrective action, so is that that data piece, collect data, have it comparable across the organisation so that that top leadership knows where there is strong performance, where there is poor
20 performance, what the trend are, and can take action as a result?

MS BRODERICK: That's right. That is why the data piece is so important, the aggregation of the single data store, so it can inform the deliberations of COSC.

25 MR GRAY: I won't go back and ask about the data again but you have given us some important lines of inquiry in that regard. I want to now go down recommendation 2, the paragraph at the bottom, where there is a reference to something you mentioned a minute ago by agreeing with a question I put about performance appraisals. Performance appraisals are important for officers to be able
30 to attain promotion in the Australian Defence Force; is that right?

MS BRODERICK: Yes, that's right. The promotion boards.

35 MR GRAY: You are recommending in recommendation 2 that the framework for implementation -- that the way of implementing cultural change should include individual performance appraisals as to success or otherwise in attaining cultural change in that individual's unit or division. Is that a fair summary of what you are trying to achieve here?

40 MS BRODERICK: That's correct, and it's supplemented by another recommendation we make, which talks about a commander's role in a healthy culture.

45 MR GRAY: I think it is probably recommendation 4, at page 26. It begins with another reference to COSC but it then is really directed to ensure that COSC -- ensuring that Commanding Officers are accountable for a healthy organisational culture within all those Commanding Officers' units and that includes

using, I think what you refer to as a climate survey to inform the performance appraisal report for each respective commanding officer. What's the idea there?

5 MS BRODERICK: The idea is to ensure that the person charged with the learn of the team or what's called the commanding officer has a strong focus on culture, by surveying people in the team as to their views on culture, how positive it is, where the areas are that need strengthening, and that that data actually has an input into the performance appraisal report. So the idea is that someone who has no focus on culture or presides over teams which has a very poor culture will see an impediment
10 in their performance appraisal report. When I say impediment, they will be disadvantaged in their performance appraisal report. So it's about directing the focus of the commanding officer and leader on to culture.

15 MR GRAY: Is that important because it's something that creates an individual incentive to encourage the trickle down of those directives coming from the top; leadership down to the lower ranks and eventually to the peers in the units?

MS BRODERICK: Yes, it is important for that reason.

20 MR GRAY: You conducted audits of your recommendations both from phase 1 and phase 2 in 2013 and 2014. Your report of the audit, completed in 2014 in relation to the ADF as a whole, is INQ.0000.0001.0141. Is that your audit report in respect of the 21 recommendations from phase 2?

25 MS BRODERICK: Yes, it is.

MR GRAY: As at the time you completed that audit, you say in the audit report that the ADF, was it, or was it Government as well, had decided to implement most of the recommendations. Was this specifically the ADF or was government involved as
30 well?

MS BRODERICK: Alex, do you want to speak?

35 MS SHEHADIE: Yes, it was the ADF. So it was the Chief of the Defence Force and COSC accepted the recs, and Government agreed with that.

MR GRAY: This is at page 19 or page 0165. Fifteen recommendations met with agreement by the ADF, and 16 were agreed in principle but there were issues about implementation, you note. I want to ask you, just to take an example of one of the
40 ones that only attracted agreement in principle, I want to ask you about the recommendation you made concerning the use of climate surveys about attainment of cultural change in performance appraisal reports for officers in leading positions. What was the response to that recommendation, recommendation 4?

45 MS BRODERICK: I'm seeming to remember that that was a recommendation that we had discussions about because of some of the difficulties in its implementation. Alex, I'm just wondering whether you can remember.

MS SHEHADIE: Perhaps we could take that one on notice, Counsel.

MR GRAY: I can probably help by taking you to the report.

5

MS SHEHADIE: Thank you.

MR GRAY: Let's go to page 45, which is page 0191. You see there, there is a discussion of recommendation 4 intention and implementation actions. Perhaps the operator can call that out. Thank you very much. You see there, under "Implementation actions", it was agreed in principle, and I will quote:

10

Rather than full implementation, COSC agreed to monitor its key elements to inform performance management through existing reporting tools and the accountabilities and responsibilities of leadership support for gender inclusion within the Performance Framework previously outlined.

15

I must say, you expressed some disappointment about this. You had a discussion which went over the page and analysed the responses that had been made and it ended with an expression of disappointment at the top of page 48, page 0194. Does that refresh your memory, Ms Broderick? There is more on the rest of the page if you want to see it but probably leave it there. You refer on the rest of that page to the intent of the recommendation being specific and individualised.

20

MS BRODERICK: Yes. I think we had quite a deal of discussion because there was a performance framework and there would probably be difficulty in implementing the recommendation. But I'm not surprised that one year on we were disappointed. I don't know where it's gone to from here. Maybe they have found a different way to hold CO, Commanding Officers, directly accountable for the unit's culture. I think it's fundamental, that is. And particularly, just on the previous page, it reminded me why the recommendation was so important, that it required the Commanding Officer to get out and talk to people, all the people in their unit, to understand what their lived experience was, how they were travelling, what they were doing. And I think that's another important part of the recommendation. It may be that the intent of that recommendation has been able to be implemented in a different way; I just couldn't comment on that because I'm not close enough to it.

30

35

MR GRAY: Did your work essentially cease in 2014, apart from that consulting that you mentioned a short time ago?

40

MS BRODERICK: In terms of with the ADF, yes, it did. Having said that, the Chief of the Defence Force is one of the members of the Champions of Change and is committed to that strategy. But that's the main engagement that we have had.

MR GRAY: The main engagement concluded with the audit in 2014; is that right?

45

MS BRODERICK: Yes, that's right.

MS SHEHADIE: Just to clarify on that, Defence subsequently has entered into an agreement with the Human Rights Commission to do partnership, work around diversity more broadly, so they are currently looking at how to recruit more
5 Indigenous people into the military and the Human Rights Commission is advising on that. As part of our work on the treatment of women, it ended in 2014.

MR GRAY: Thank you. That work on gender equality, what's the connection? Perhaps it's reasonably clear, but it would be useful if you could spell out for us,
10 Ms Shehadie, what is the connection between that work and the work of reducing or preventing, at the more severe end, harassment and abuse of women within the ADF and other cultural norms that are of an adverse character?

MS SHEHADIE: I might hand the first part of that to Liz, if that's okay.
15

MS BRODERICK: They are deeply linked. The number of women in leadership in an organisation really speaks to the treatment of women and how able women are to progress. So in more gender equal organisation we see more women at the top. So I think all the work we do to remove systemic and structural barriers to women's
20 participation, whether that's reinventing the career continuum, which is one area we looked at with the ADF or indeed giving greater flexibility for women to both work in care -- all those things enable the women to thrive within the organisation and that in itself will have an impact on reducing the levels of sexual harassment, sexual assault. Because the fact is, those unacceptable behaviours grow in cultures which
25 are permissive and where women do not have equal share of voice to men. So promoting gender equality is a really important strategy as part of reducing sexual harassment and sexual assault.

MR GRAY: I want to show you one final document on that topic. It is intended to
30 in effect get a comment from you about how the data being reported at present by the ADF shows that there is some progress being made, and where there might be cause for concern. I ask the operator to display EXP.0001.0021.0142. This is a supplement to the Defence annual report titled *Women in the ADF Report*. This document is the report for 2019-2020. You can see there, I ask that that be streamed
35 to the public as well, this is available on the website operated by Defence, it is publicly available.

If we go to page 0178, there are data referred to in a series of bar charts, and there is a description of each in plain text above each bar chart. The first is senior leadership,
40 level 06 or E6 and above. The summary in text is that there are proportionally fewer women in senior or pipeline positions -- pipeline position is the rank before 06 and E6 -- but figure 18 indicates that the representation of women in officer senior leadership positions over time has improved, because there is that noticeable upward tilt in proportional terms, in percentage terms, over those years 2016 through to
45 2019-20.

However, if we go to the next page, figure 19 indicates in the middle management

area, Senior Non-Commissioned Officers, there is not such an optimistic picture, and the text description is that for Senior Non-Commissioned Officers, the proportion of women in senior positions in Army and Air Force has decreased since 2016-17, and the same with pipeline positions in 2020. That's decreased since 2016-17. I know
5 you completed your audit in 2014; does the second chart give you some cause for concern even if the first chart gives you some cause for optimism?

MS BRODERICK: I think that's correct. One thing I'll say is I'm pleased that 10 years on from us making the recommendation about transparency of data around
10 women's advancement, there's still every year a detailed report, so that's a positive from the ADF, even though it is, as you quite correctly say, it is trending in the wrong direction in relation to Senior Non-Commissioned Officers. So yes, it is a cause for concern.

15 I don't know, Alex, whether you want to add anything.

MS SHEHADIE: No, I agree.

MR GRAY: Thank you. I have no further questions.

20

CHAIR: Thank you, Mr Gray.

Commissioner Brown?

25

QUESTIONS BY THE COMMISSION

COMMISSIONER BROWN. I'm aware of the time but I have three questions
30 I would like to ask you. The first is I appreciate the focus of your work was on women in ADFA and the ADF about gender and sexual matters and how you effect cultural change in relation to that. Are the strategies that you outlined equally applicable for other forms of minority groups? I'm thinking there particularly around Aboriginal and Torres Strait Islander members, LBGTQI+ members, et cetera.

35

MS BRODERICK: Yes. I can't say what every strategy is, but what the strategies are designed to do is to level the playing field for minority groups, so women being one minority group, but as you say, people from LBGTQI grouping, also people from culturally and linguistically diverse backgrounds, so to the extent it's about
40 levelling the playing field, it's about empowering minority voices, those types of recommendations would also be ones that are applicable in that situation.

COMMISSIONER BROWN: Thank you. My second question goes to the recommendation you made about where SeMPRO should sit, and you indicated your
45 initial thinking was that it should sit external to ADF. But there was an argument put to you that for various reasons it would be best to sit within ADF, and you were obviously sufficiently persuaded by that argument. I wonder -- I'm just wondering

what persuaded you, and whether you considered that there was a risk that over time that might actually be watered down.

5 MS BRODERICK: Look, I think it was definitely something that we did consider in terms of the risk that if it sat within the umbrella of Defence, that maybe it would be watered down. But there were a number of design decisions. Another one was should it be headed by a civilian or should it be headed by someone senior in uniform? In the end, based on what we saw in the US military, we were persuaded that it should be headed by a very senior member of the ADF who had a track record
10 in actually dealing well with these types of things. But what we were really keen was that there were trauma-informed specialists, so not necessarily the HR professional or legal or whatever, this was to be people who had a particular skill set around how to respond to those individuals who were suffering trauma.

15 As to where it is now, I think I can say that Alex and I are not sufficiently close to it to really comment on who is in there and how it is set up currently, but that was the original intent.

20 The other thing was that at HMAS Cerberus there had been some good work done at that particular base, which was part of the reason for modelling it that way as well.

MS SHEHADIE: Can I add to that. We did tend to -- with many of the women we spoke to who had suffered sexual assault, we did socialise it with them, and a number of them said, "No one will go to an outside one, but you have to make it confidential,
25 you have to ensure confidentiality." We sort of tried to meet it a little bit halfway by part of the recommendation includes that SeMPRO also access external services as well, they have partnerships with other services, for example rape crisis services in the community.

30 COMMISSIONER BROWN: Thank you. My last question is in relation to the issue of accountability. You have brought out that really to effect change you have to implement, monitor and then continue to adjust, based on your data and the findings. Part of that was taking it up to the level of the Commanding Officer, using the culture survey, their performance appraisal, and you said get them to go out and talk
35 to people. I guess, however, if the predominant culture is "You don't go jack", how valid is the culture survey? How valid is the Commanding Officer going out and talking to people? Are people actually going to say? Is that really giving the level of accountability that we need to see?

40 MS BRODERICK: I think part of that -- that's part of it, but also coupling it with strong education, and promoting those commanders who are actually doing it well. We did come across many teams where there was an ability to talk about these issues, where the commanding officer was really interested, was someone who people thought they could go to and seek advice.

45 We wanted to replicate what we saw as a promising practice across other areas as well. But we recognise that for some people, engaging like that is easier and for

others it's quite difficult. So it was coupled with a strong education piece. But ultimately we thought there should be accountability for commanding officers and at that time, which is 10 years ago now, the way that progressive organisations were doing that was through climate surveys.

5

COMMISSIONER BROWN: I absolutely agree about the need for accountability, it is just the method of that, I guess.

10 MS BRODERICK: Yes. One thing that has actually shifted in the 10 years since we did our work with the ADF is that many organisations that are doing this well are now attaching this agenda to the workplace health and safety agenda. They are really leveraging the safety infrastructure.

15 I think that is the opportunity for the ADF at the minute, that these psychosocial risks that were always there and continue to be there can be addressed in a much better way through the safety infrastructure. Because if you were to look at that, someone who comes forward to identify risk in the organisation, just as they do with physical risk, is celebrated. So similarly, there should be a celebration of someone coming
20 forward who is identifying a psychosocial risk like sexual harassment. So that's the shift.

COMMISSIONER BROWN: Thank you.

25 CHAIR: Commissioner Douglas.

COMMISSIONER DOUGLAS: In my looking at these two reports, phase 1 and phase 2, there doesn't appear to be an explicit or direct examination of any relationship between, say, sexual harassment or discrimination and suicide or
30 suicidal ideation. I have only found one instance of the use of the word "suicidal" in an anecdote. Was that because it was just assumed there would be such a link or because it didn't occur to you to look at it? The figures we are looking at show that among female members of the forces, both suicidal ideation and suicide among people who are veterans are very significantly higher than the norm.

35

MS BRODERICK: The Terms of Reference didn't go specifically to that but, secondly, I would say we are experts on organisational culture, we are not mental health experts. So we faithfully reported what people told us and that's included in the report. But based on our work, we wouldn't necessarily say there's a causal link.
40 That's outside our remit and outside our expertise, to be honest.

COMMISSIONER DOUGLAS: I understand.

MS BRODERICK: I don't know, Alex, if you want to add to that?

45

MS SHEHADIE: In saying that, Commissioner, people did speak to us about some of their mental health struggles as a result of what had happened to them and we had

a bank of support services where we referred people. Also a number of the people we spoke to had their own outside counsellors as well. But as Liz said, our remit wasn't to look at mental health and we weren't mental health experts, and we felt that to make a causal link could be a little bit dangerous, given it wasn't our expertise.

5

COMMISSIONER DOUGLAS: Thank you.

CHAIR: Mr Gray, are there any further questions?

10 MR GRAY: No, thank you, Commissioner.

CHAIR: Ladies, I want to thank you for your attendance today. Perhaps they can be released from their notice to appear today.

15 MS BRODERICK: Thank you.

MS SHEHADIE: Thank you.

20 **THE WITNESSES WITHDREW**

CHAIR: We will adjourn and return at 2 o'clock.

25

ADJOURNED

[1.09 PM]

RESUMED

[2.00 PM]

30

MR SINGLETON: Commissioners, subject to any other applications that anyone wants to make, we are ready and proposing to proceed with the third panel discussion of the week.

35

CHAIR: Thank you, Mr Singleton. Please proceed.

MR SINGLETON: Commissioners, the nature of the panel discussion was introduced briefly this morning and documents have already been tendered in respect of it. With your leave, I will proceed directly to introduce and have sworn the four witnesses.

40

CHAIR: Please go ahead.

45 MR SINGLETON: I call on Mr Irving to be sworn first.

MAJOR GENERAL (RET'D) RICHARD PAUL IRVING, SWORN

5 MR SINGLETON: Perhaps you could swear Mr Russell, who is present in the room.

MAJOR GENERAL (RET'D) HESTON GRAHAM RUSSELL, SWORN

10 MR SINGLETON: Thank you. Could you swear Ms McCabe.

MS PATRICIA JOY MCCABE, SWORN

15 MR SINGLETON: And finally Mr von Berg, please.

MR MICHAEL VON BERG, SWORN

20

EXAMINATION BY MR SINGLETON

25 MR SINGLETON: I will attend to some additional formalities.

Mr Irving, could you please tell the Commissioners your full name?

30 MAJOR GEN. (RET'D) IRVING: My full name is Richard Paul Irving, known as Paul.

MR SINGLETON: Are you a retired Major General, also AM PSM RFD?

35 MAJOR GEN. (RET'D) IRVING: Correct.

MR SINGLETON: Mr von Berg, can you tell the Commission your full name?

MR VON BERG: Michael Günther Joseph Baron von Berg.

40 MR SINGLETON: You are an OAM and MC?

MR VON BERG: MC OAM.

45 MR SINGLETON: Ms McCabe, could you tell the Commission your full name?

MS MCCABE: Patricia Joy McCabe.

MR SINGLETON: Also OAM?

MS McCABE: OAM, yes.

5 MR SINGLETON: Mr Russell, your full name, please?

MAJOR GEN. (RET'D) RUSSELL: Heston Graham Russell.

MR SINGLETON: You are a retired Major from the Army?

10

MAJOR GEN. (RET'D) RUSSELL: Yes.

MR SINGLETON: I would like each of you to introduce your organisation and then your role in it, such matters as when your organisation was established, the nature of the organisation, its principal focus of operation and the respective role each of you has.

15

Mr Irving, could I perhaps invite you to introduce your organisation, the Defence Reserves Association?

20

MAJOR GEN. (RET'D) IRVING: The Defence Reserves Association was established in 1969 as the Citizen Military Forces Association. It underwent several name changes until 1971, when it became the Defence Reserves Association. I have been the national president of that association since 2013.

25

It was originally established as a lobby group to improve the conditions of services of Defence Reservists. It is a membership based organisation with an overarching national executive and branches in each State and the Northern Territory. While it's a lobby group, we engage with other ex-service organisations in improving the welfare and betterment of serving and former Australian Defence Force members, with specific attention to Defence Reservists. We also represent the interests of Defence Reservists in the promotion of an effective Australian Defence Force.

30

The Defence Reserves Association provides support to any veteran and their family who seek it, regardless of whether or not they are a Reservist. We seek to identify the issues and what professional support is required and then we refer them to an appropriate provider. If the issue involves the Department of Veterans' Affairs, we can raise that issue with the state Department of Veterans' Affairs Deputy Commissioner's consultative forums or with the national Ex-Service Organisation Round Table.

35

40

As the national president, I coordinate all matters of policy and representations to external organisations, government and politicians. I represent the Defence Reserves Association on the Department of Veterans' Affairs Ex-Service Organisation Round Table and the Alliance of Defence Service Organisations. Thank you.

45

MR SINGLETON: Thank you, sir. Ms McCabe, would you mind introducing TPI,

which has both a long name and an official shorter name, and your role.

5 MS McCABE: That's correct. Thank you. The Totally and Permanently Incapacitated Ex-Service Men and Women of Australia Federation was formed in the mid -- it has had various formulations, but it initially started around the mid-1920s. The TPI Federation of Australia is the short name. We basically support our most disabled veterans to engage local and Federal Government sectors for the benefit of those TPIs and their families.

10 MR SINGLETON: Thank you. Mr von Berg, could you introduce the Royal Australian Regiment Association and your role in it?

15 MR VON BERG: Yes, sir. The regiment was established in 1948, the organisation was established in 1968. It comprises of the 12 Battalion Associations and the seven State and Territory RAR Associations. We are principally involved in wellbeing, welfare and policy at the national level. Like Paul and Pat, I'm also on the Ex-Service Organisation Round Table. I have just completed two terms on the Prime Minister's advisory council for veteran mental health. We generally look after our regimental members but we never shut the door on anyone, we will try and help
20 anybody. Thank you.

MR SINGLETON: Thank you. Mr Russell, your organisation, is a little newer.. Perhaps you could introduce both Voice of a Veteran and the Veteran Support Force.

25 MAJOR GEN. (RET'D) RUSSELL: Absolutely. Voice of a Veteran was founded in September last year, after my own experience and suicidal ideation and the realisation of the need to break down many of the stigmas surrounding mental health and mental ill health. Then took on board advocating for a number of contemporary veteran issues, including the fall-out from the Brereton Report, Anzac Day parade
30 cancellations, through to campaigning for the Royal Commission. That culminated in the conduct of our national consultation for submissions to the Terms of Reference.

35 That then led to us developing and setting up the current charity I am here representing, the Veteran Support Force, of which I am currently the managing director. VSF was established specifically with a constitution to provide support to veterans and family members to engage with and around the Royal Commission into Defence and Veteran Suicide.

40 MR SINGLETON: I want to take the opportunity to ask if there are any other details any of you want to mention. Perhaps, Mr Russell, with a focus to some of the activities and services provided. One thing your organisation has been doing is conducting surveys of members on various issues. Could you give us an introduction to that activity?
45

MAJOR GEN. (RET'D) RUSSELL: We have conducted -- Veteran Support Force is primarily a large digital community, whereby we have won the trust of many

veterans who engage in a number of surveys we send out. This included, during the conduct of the consultation for the Terms of Reference, an accompanying survey that helped us to better define the demographic of those veterans engaging with us. That report has been provided, of which over 400 veterans engaged and demonstrated that they had either experienced or considered suicide.

We have also conducted some surveys on recently transitioned veterans, to try and pick up some key similarities in any of those narratives. Additionally, we have conducted, and I have conducted, a number of what we call veteran connect sessions, travelling around the country to basically do town hall style presentations and conversations with veterans, and taking away a lot of their information.

I also personally do a lot of advocacy for contemporary veteran issues to the current Minister and also to the Department of Veterans' Affairs.

MR SINGLETON: You have provided the Royal Commission with some data from the surveys. What is the method or methodology for conducting those surveys? Are they through your website or some other method?

MAJOR GEN. (RET'D) RUSSELL: Our website has always been our central call to action or central resource. We maintain a very large email database, are very active on social media, myself on social media. Just basically using every element of digital marketing we can to bring people to those surveys. Those surveys are conducted online, with the data then collected and forwarded on.

MR SINGLETON: Your organisation, as I recall it -- but correct me if I'm wrong -- has one employee and a much larger number of volunteers; is that right?

MAJOR GEN. (RET'D) RUSSELL: Yes, absolutely. The one employee Sam, she is here. If you want evidence from someone who has jumped into the veteran community with no experience and has been along for the ride for the last year, seeing exactly the current issues, I would really encourage a private conversation with her.

We have another amazing volunteer who manages our online group. We have a Facebook community of 1,100 people who have expressed they need that digital community support.

We currently have about 170 volunteers at the moment helping with around 40 veterans to provide their submissions to the Royal Commission. All we do is we only provide peer support. There are zero qualifications. There is zero clinical support required.

Veteran Support Force targets the community level, acknowledging that so many veterans just need to re-engage with someone who understands who they are and to be there for them. Our volunteers conduct proactive outreach calls. So, as mentioned previously, during the conduct of the Terms of Reference consultation, we

provided that survey that had over 400 people vulnerable enough to say they had either attempted or considered suicide. When there was zero outreach from the government organisations we provided those reports to, we put together a team of volunteers and still to this day conduct proactive calls, with the consent of those people, just checking in and seeing how they are doing. You will be able to see some of the testimonials within the documents provided as part of our submission.

MR SINGLETON: Financially, your organisation is based on donations?

10 MAJOR GEN. (RET'D) RUSSELL: Yes, financially we are based on donations made via our website from the general public.

MR SINGLETON: Ms McCabe, perhaps I could turn to you to get a sense of the size of your organisation, staffing or volunteers, what finances it has, just in a broad sense, that is complicated by being a federation.

MS McCABE: That's correct. The TPI Federation has associations in each state and the ACT. Some states are big enough -- for example, WA and New South Wales -- to have some paid staff, but the vast majority are all volunteers. It is based on membership fees for providing the services that we do.

MR SINGLETON: What are some of the services offered by your organisation across the country?

25 MS McCABE: On a local level, in each state and the ACT, it is basically towards the state or territory government, ensuring that benefits and support services that can be provided locally are provided. On a federal basis, it is advocating to the politicians and the Department itself to ensure that benefits are not delayed in any way and are maintained. And various welfare issues, such as hearing and My Aged Care and Veterans' Home Care, and so forth, just maintaining everyone's service. If somebody is missing out on a service, we advocate on their behalf to get that service provided for them. This is for TPIs as well as veterans and war widows. So we don't discriminate at all.

35 MR SINGLETON: Mr Irving, what is the relative size of your organisation, its resource base and if there is any additional information you want to give on the activities of the organisation?

40 MAJOR GEN. (RET'D) IRVING: If I could answer the last question first, I should point out that a number of our members are senior medical officers who have extensive operational service. You would appreciate that the Australian Defence Force relies very heavily on its Reserve medical staff to deploy on operations, and some of our staff have been on operations from Vietnam through to Afghanistan. So, part of our advice has been guided by their experience in dealing with veterans, both in an operational sense and in the barracks sense.

We have, as I said, branches in every State and the Northern Territory. We are very

much a membership based organisation, where members pay an annual fee. We have up to, we think, several thousand members. It might be a little lower than that but that's essentially the size of the organisation.

5 From the executive -- the national executive communicates very often with the state branches, who are also on the national executive, about issues affecting Reservists and, in particular, the effectiveness of issues they raise with local politicians, local government, state governments, et cetera, on behalf of veterans.

10 MR SINGLETON: Thank you. Mr von Berg, could you give us a sense of the size and, I think, the federal structure for your organisation as well and its resource base?

MR VON BERG: Certainly. As alluded to earlier, we are an incorporated body limited by guarantee. We operate as a proper board, in terms of a board of directors.
15 We basically have only the members -- our members are actually organisations, which is our battalion associations, plus our State and Territory Royal Australian Regiment Associations.

We work very much bottom-up, in terms of trying to speak with one voice for a
20 fairly large organisation. We work from our battalion associations to the board, where we tend to discuss those issues, either amongst ourselves or we take it, if necessary, to Defence or we take it to DVA.

We are also a member of the ADSO, the Alliance of Defence Service Organisations,
25 which are 18 national organisations, where we can also, if you like, discuss and percolate a bit more policy.

We are very much driven by policy but also very much driven by helping the
individual. By that I mean that our organisation here in South Australia, of which I
30 am also president of the local incorporated association, we have a licensed club and we started a program called Trojan's Trek, which has now been floated off independently, which takes individuals who are struggling with their lives up into the Flinders Ranges and elsewhere in Queensland to help them. It's about 99 per cent successful, but it's all done through donations and grants and the like.

35 Also, many of us are first responders on the outreach program, which is also a wonderful national organisation which started as the Royal Australian Regiment outreach. Now it is also independent on its own. Principally, looking for signs on social media or direct contact with individuals who might be struggling with their
40 lives, to go out and talk to them fairly quickly.

Also, because of, if you like, my personal involvement where I sadly lost my
signaller from Vietnam in 1988 through suicide, I have taken a personal interest in
the subject, particularly in the area of mental health and, in particular, as Heston's
45 organisation has done, on a peer-to-peer support basis. No medical training, lived experience, peer-to-peer support, and that's basically what we do.

MR SINGLETON: Thank you, panellists. I want to attempt now to get your views on what are the major issues, problems, gaps, and so on. Fair warning, Mr von Berg, I will go to you first this time.

5 Don't feel constrained by my long-winded question. We want to hear what you think are the major issues. But things such as the issues arising from a life in service, issues that may arise from dealing with the government and its various agencies and departments, issues arising from the culture of the organisations or the laws or systems and processes. And what are the gaps in the systems.

10 Some of you will have particular interests in TPI, for example, and Reservists, and we want to hear especially your particular focused interests, but if you have insights into any of the issues that are facing servicemen and women and veterans, particularly as they may lead to suicide and similar problems.

15 Mr von Berg, I know you have thought a lot about some of these issues. What do you think should be highlighted for the Commissioners?

MR VON BERG: I have done 13 pages. I don't know how long I have. I might add, if I may preface what I'm about to say, that this is not about bagging -- I can only speak Army because that's where I've had the most experience. This is not about bagging Army. It's an organisation that has been extremely good to me, where I have had an enormous amount of fun and made a lot of friends. It's also not about bagging DVA, because they have made incredible improvements in the 11 years I have been at the ESORT table.

20 However, in both organisations, as in any corporate environment, everything in life is subject to review. Quite often, when you are doing that review and you are living it on an almost daily basis, there are issues to do with people, empathy, lack of sensitivity, understanding, and there is also the issue of systems, some fundamental systems, which are not helping people to do their jobs.

30 So I don't know where you want me to start. I could talk about, for instance, recruitment, where there are some serious issues that I had. I have discussed that both with people who are serving and I have also discussed it with Defence at a Defence briefing. I might add, we have a wonderful relationship with Defence. We don't hide anything, we put it on the table. They then try to convince us that everything is okay, but I don't think it is.

40 They do the standard of psychological testing before individuals are even engaged in the ADF, because that high-risk group of less than 12 months' service can only be recruiting, core or skills training in some form, maybe a little bit of unit or regimental life and then, for whatever reason, they take their own lives. That is a very, very crucial segment of the market -- not the market, that's the wrong term -- of the tragedy of suicide.

45 You then come across the other group. A lot of these young people come from

disadvantaged homes. They are trying to find a new family, they are trying to find a new life, they are trying to get away from where they are at, and they fail. I would think there is probably a lack of empathy and understanding and out-counselling, or a bit of tough love if you like, on the way out. They're not failures, they're just individuals who have not been suitable in the first place. Therefore, I think that whole psych testing or the enlistment process should be more qualitative driven, as a KPI, than quantitative. Because if people who aren't suitable are enlisted and are taking their own lives, that's not good for anyone.

10 MR SINGLETON: Could you comment on this proposition: it may be that the psychological and other testing and assessment is not a "yes" or "no", but a "yes", "no" or "in between"? You could identify people who are appropriately enrolled or enlisted but who will need special training and support? Or do you think it should be a "yes" or "no" approach?

15 MR VON BERG: In some cases, from what I have been advised, it should be a straight "yes" or "no". In others, I think some appropriate counselling, perhaps into another level of service, another part of service, rather than back to from where they came. I think for some of these young people this is absolutely soul destroying.

20 MR SINGLETON: Another topic is transition, sometimes thought to be at the end of the career, but you don't think transition is at the end, do you?

MR VON BERG: No, no.

25 MR SINGLETON: How important is the issue of transition and what are your views on it?

30 MR VON BERG: I think in my six years on the Prime Minister's advisory council, transition came up at every meeting, three times a year. It is probably one of the most serious issues in relation to the health and wellbeing of individuals transitioning out of the ADF.

35 My proposition is that transition should start from the day you sign on, not from the day you separate. If you like, it's a life journey through your period of service, where from the time you sign on, technically with one day's full-time service, you are entitled to the DVA White Card. The DVA White Card is probably one of the most important decisions we have made in the last three years. There used to be a huge chasm between separation and DVA claims, if they had a claim process -- and most had -- but we didn't know where they were and if we don't know where people are, we can't help them.

45 With transition, every course an individual does, a civilian equivalent of that course, so that transition isn't just a shock in the last three weeks, it's something the individual, over a period of one year, seven years, thirty years, has been planning towards. All the medical records, all the employment records, all the courses the individual has completed successfully, they are all on, if you like, a long sheet of the

journey in the military service. Whereas in the past, it hasn't been that way.

I am very encouraged by the joint transition command which has been established. We'd get a fantastic brief from General Fox every year while we was in that role.

5 I have been really encouraged by the way the ADF has taken up the recommendation for the joint transition command. Hopefully, by a change of mindset on actually when transition starts, that may improve the whole transition process.

10 MR SINGLETON: One of the things, and only one of the things, that can lead to a transition is to be discharged on medical grounds, physical or mental medical issues. Do you have any thoughts on the significance of that issue?

15 MR VON BERG: Again, a highly critical group, a highly sensitive group, in terms of suicide and self-harm. In fact, they are number 2. Less than 12 months' service was number 1 in the suicide study, and wounded/injured physically or mentally ill discharge was number 2.

20 Here we may have individuals who come from similar backgrounds as perhaps somebody from disadvantage -- and this is purely an assumption. Not everybody comes from disadvantaged homes. But this individual, say, came from a disadvantaged background but has managed to make a very, very successful life in the Army. He could be a top SF operator, corporal, sergeant, whatever the case might be, a battalion sergeant in one of the battalions. All of a sudden, through no fault of his own, he is either wounded on active service or he is injured or his mental health is not coping well, and that individual has to separate, not voluntarily. He is basically no longer of use to the Army, effectively, because of his mental health conditions maybe or his physical conditions.

30 In this particular case, I use it as an analogy and I don't want it to be seen as a negative analogy, but I see a top operator, whether it's SF or whether it's a battalion operator, and they're the only ones I can talk about, or combat engineer, I see a top operator suddenly have to leave the job that he or she loves, has to find another life, another job, another way of moving forward.

35 Most importantly, losing the tribe. There's a wonderful book written by Sebastian Junger called *Tribe*, and I didn't realise how important tribe was to an individual until I had separated from the Army. I still miss my tribe. It has such importance psychologically.

40 When I was sitting on the PMAC, one of the issues I raised, because I'm very much involved in rugby, is that when a top athlete like a potential Olympic athlete or a top AFL player or a top rugby player suddenly can no longer carry out their tasks, the problems are the same. I think we can learn from other people, a bit of cross fertilisation.

45 The Rugby Union Players' Association, under Justin Harrison, does all sorts of things for rugby players who suddenly cannot earn a living or play the sport they love.

I think we can learn from those organisations as to how best, potentially, we manage our top operators who can no longer serve, because they are also a very, very high risk. I can relate to that personally, I really can.

5 MR SINGLETON: We may have time to get back to that issue in more detail later. You have thoughts on officer leadership as an issue?

10 MR VON BERG: Yes, I do, very much so. In many of these issues where I have been called in, like for instance the young ladies up in Townsville that have been badly treated, the soldiers that have been badly treated, and the military justice system and just the whole range of issues which refer back to upstream, things that happen back up in the ADF.

15 I generalise but I am absolutely convinced that so many of these issues that appear could be better managed through better officer leadership. I just wonder what they are doing these days. There are some great leaders in our Army, no question, and I am thankful to know a lot of them. There are some great leaders, but there are some real duds as well, because when somebody has a problem and they try to take it upstairs through the chain of command and the chain of command ignores the
20 problem or refuses to listen, that's not good leadership. That then leads to mental health issues and then leads to potential suicide, especially young female soldiers in some of the battalions.

25 MR SINGLETON: I draw your attention to one more issue for your thoughts and that is veterans having to deal with the Department of Veterans' Affairs for claims, benefits and other services that should be available to them. Do you have any thoughts, both on the legislated system of what benefits should be available, and the administration of that system by the Department?

30 MR VON BERG: Certainly. The claims processing at the moment is just woeful, to say the least. The uptake on claims, especially the online claims processing, has put an enormous burden on the Department. The unrealistic cap on full-time employment by the Department which was imposed, I think, in 2006. The Department had to go out and hire contract labour and 42 per cent of the staff of
35 DVA were contract labour prior to the previous budget, this last budget. With this last budget, they have been approved to employ 240 full-time employees, which is a vast improvement.

40 But contract labour that hasn't been properly trained and who, I suggest, probably doesn't have the same level of empathy and sensitivity to soldiers' and families' problems is not the way to run a department. I don't blame DVA for that, I blame the government, both sides of the aisle, because that's been around for quite some time.

45 An area where I think there is an issue is the online claims, especially with the COVID lockdown at the moment. I think a lot of veterans are actually doing their own claims online. I mean, they are far more technically capable than me. The trouble is, they do it in good faith online and they have every entitlement but, for

whatever reason, their application is not completed satisfactorily. In other words, they haven't had the ability to sit next to a trained advocate who can walk them through the claims process. We had an excellent advocate in Adelaide who could probably do between six and 10 claims in a morning, online, because he had all the documentation, all the evidence was there. So I think that's a problem.

I know for a fact, because the Department has basically relayed it to us, that the online MyAccount processing system has overwhelmed them completely, in terms of the volume of business that has been coming in. Then when you don't have the staff to handle it -- more importantly, you have full-time staff who are flat out doing their own job, let alone training contract labourers to do their job as well. So, effectively, the full-time employee may be doing one and a half jobs, which is unfair on them as well.

The last one is, I suppose -- I hate to say it -- the gender balance issue. The reason I say that is in my experience, when I want to help people or when I want people to help me -- it's a two-way street -- I don't particularly want to speak to -- I'm not being derogatory but I don't want to speak to a fellow officer from the education corps in terms of what I might be struggling with in my own mind. I would rather deal with another SF operator or with a fellow platoon commander or company commander from a battalion, and I also want to speak to somebody of my gender because there are male things that males relate to far better than relating to a female, in particular if it relates to mental health.

The imbalance in gender in the Department is quite startling, where 66 per cent is female yet only 38 per cent of the ADF is female. 81-plus per cent are male, therefore I think there is a gender imbalance. Through that, from time to time, and I have experienced it for individuals I have helped, there has been a lack of empathy and sensitivity.

I can quote one young man -- well, he is young by my standards -- who was seriously, seriously wounded in Afghanistan and had to wait two years to have his vehicle modified and had to wait 12 to 18 months to get a ramp to his house, so he could get up onto his verandah of his home. That's disgraceful, absolutely disgraceful. I made one phone call to the secretary and, to her everlasting credit, that problem was solved in a matter of days.

But it should not work that way. If you have a young man who is in a wheelchair, incapacitated, can't drive because a vehicle is not modified to be able to carry a wheelchair and he's not able to get up into his house without getting out of his wheelchair, getting up on the verandah and pulling the wheelchair up, that is unforgiveable. It's just not necessary, yet there is a young female in Brisbane who calls the shots. I think that is unforgivable. So, gender balance is an issue.

There are not enough veterans being employed in the Department. I mean, it is a veterans -- in effect, it is a veterans' department and I think veterans in the Department talking to other veterans would be a major step up, in terms of

understanding and empathy.

MR SINGLETON: There are two different gender imbalances, aren't there, one in the ADF and an opposite imbalance in the DVA; is that right?

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MR VON BERG: That is correct.

MR SINGLETON: I will need to move on in a moment. A perhaps different issue that you have strong views on is the abuse of women in the ADF.

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MR VON BERG: Yes.

MR SINGLETON: Is that one of your concerns?

15 MR VON BERG: Very much so. I have dealt with five young ladies in the last five years, I suppose -- yes, five years. One or two are very happy to come forward as witnesses, because I have spoken to them, but I obviously can't divulge their names right at this point in time.

20 There's some dreadful stuff going on: gaslighting, harassment, intimidation, bullying, mental cruelty, and attempted suicide, hospitalisation. That's just unforgivable. It's unforgivable in the everyday commercial environment and it should not be anywhere near like that in the armed forces. It's just disgraceful.

25 MR SINGLETON: One final very small question: SF, that's Special Forces?

MR VON BERG: Yes.

MR SINGLETON: Lucky guess on my part.

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MR VON BERG: I also served in Special Forces.

35 MR SINGLETON: Ms McCabe, could I turn to you. Perhaps the name of your organisation gives away its central focus. Could I ask you, firstly, to focus on TPI issues and the concerns your organisation has. Then, if there are other issues that you want to raise, please proceed to go straight to them.

40 MS McCABE: The TPI Federation has members who are the most disabled veterans in the community, such is the nature of TPI, totally and permanently incapacitated. The vast majority at this time are Vietnam veterans, who are slowly working their way into the My Aged Care system. A huge issue for us is they lose a lot of their DVA benefits going into My Aged Care. The individual residential aged care facilities don't like the two-layer effect of the normal civilian and the veteran, where the veteran may get more benefits than the other, so they just normalise the entire
45 population. That's a big issue. We put in a submission to the Aged Care Royal Commission on that and, unfortunately, the issue wasn't addressed.

One of the issues I feel veterans have is they are such a small percentage of the general population. It's approximately 3 per cent of the population and TPIs are a large percentage of that. TPIs are approximately 75 per cent of the disabled population in DVA.

5

To have benefits diminished -- for example, the Gold Card is now a welfare card for pharmaceuticals, insofar as you have to pay your \$6.20, the same as the Centrelink Blue Card holder. It's supposed to be compensation, in our view, and the Gold Card states that it's for all health conditions. So why are we pulling back? Why are we making it a welfare card and not a compensation card?

10

The same with hearing aids. Hearing loss and tinnitus are the two most claimed for conditions in DVA, yet they will not provide hearing aids over and above what the general population get for their welfare conditions. Why? We have never been able to get a solution on that. They have just had a hearing services program review and the veterans' needs in this field were not addressed at all, in my view. It just seems to be a miner set-up. This is where you get the ratio level between the general population and the veteran just diminishing all the time and it is losing its relevance because of that, unfortunately.

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MR SINGLETON: Sometimes a distinction is drawn between mental and physical illnesses. Is that a significant distinction in the context of TPI?

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MS McCABE: Hearing loss, definitely. For a TPI to not be able to say goodbye to his grandchildren because he can't hear them or his children is a disgrace. I have had TPIs on the phone, begging to be able to talk to their kids over Christmas because they think it's their last Christmas. It's not good enough, it really isn't. Compensation should be compensation, not diminished into welfare.

25

Then you have the example -- see, the veteran legislation is supposed to be beneficial legislation. That's what it's catered to. For a 90-year-old woman who has just put her 95-year-old TPI husband into a home because he has dementia, she asks for help around the home. Now, once she is a war widow she can get that help but under legislation, while he is still alive, she cannot get that help. He might be dead in 12 months time, whatever, meanwhile she can't get any assistance kept through My Aged Care as a welfare system. That's not good enough.

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The reason you have war widows' compensation, and it's in legislation as compensation, is to thank the widow for caring for the disabled veteran. Now, how is that thanking her at 90 years of age, saying, "No, you can't have that service"? It's not a beneficial legislation if they are going to address any issue to the letter of the law. There has to be a grey area where you can say, yes, you are close to being a widow, we will give it to you, or you are close to this, so we will give it to you.

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I have had a war widow's claim rejected because the fellow got cancer of the pancreas and it was 1/10th of a centimetre away from a certain area, so it was rejected. It didn't fit the SOPs for that. How pedantic have we got to get? The

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secretary a number of years ago admitted there was a 3 per cent fraud rate in DVA. Centrelink would love that figure, I know. So if it's only a 3 per cent fraud rate, why not give these people the benefits they are entitled to eventually or now, and stop arguing about the pedantic grey areas that may or may not put a claim through? It's just ludicrous, in our view.

10 MR SINGLETON: So far as you have been able to observe, have these difficulties, these pedantries and other imperfections, had an impact on the happiness or mental health of the people your organisation serves?

MS McCABE: Definitely. It came out in the hearing services program that the lack of hearing reflects on the mental health of the person. The lack of socialisation because of the lack of hearing reflects on the person. Yes, there have been suicides because the services haven't been there for them. They just give up.

15 The Vietnam vets are getting older and sicker, and they are tired of fighting the system. They have been fighting the system ever since they got home from Vietnam and it's just one fight after another. Why does a veteran have to fight the government? It's just wrong.

20 MR SINGLETON: A number of the issues you have mentioned, tinnitus and others, are physical problems. Sometimes mental health issues arise from the way the system treats those people. Are there cases where a mental health illness is the original problem and, if so, how well does the system cope with mental health issues, as distinct from physical health issues?

MS McCABE: If you are talking about Open Arms, how does Open Arms cope with it, they are so understaffed and so under resourced that they don't cope very well. The waiting list for Open Arms is quite phenomenal. I have had TPis wait eight weeks and more, just for an appointment with a psychologist. Some travel from Canberra to Sydney, Melbourne to Sydney, just for appointments, because that's where they can get the appointment. The cost involved to do that is astronomical.

35 MR SINGLETON: Thank you very much, Ms McCabe. Perhaps, Mr Irving, I could turn to you. Your organisation is not, as I understand it, limited to Reservists but does have a focus on their issues. We do have your written submission, we have a number of the detailed concerns.

40 Could I ask you to reflect upon the major issues that Reservists face, the way they are treated differently in some cases from permanent members, and then proceed to any other issues you think are relevant to the issue of suicide and related issues.

45 MAJOR GEN. (RET'D) IRVING: Thank you very much. My submission is clear on the background to the issue by government of the Department of Veterans' Affairs White Card. We, like Mr von Berg, think that the access to treatment for mental health is absolutely critical in reducing the incidence of self-harm.

I have indicated the poor recordkeeping within Defence. They have no idea how many Reservists have served who have not done any period of full-time service. As I have also pointed out, this was a Reserve initiative that the additional question in the most recent Census should give that information later this year.

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But DVA, the Department of Veterans' Affairs, and sometimes the Minister for Veterans' Affairs, attempt to use that White Card as the panacea for all the mental health problems within the Australian Defence Force.

10 I have here in front of me an article from The Sun-Herald newspaper in Sydney on Sunday, 14 November. There is a big write-up about the Royal Commission and the work of the Royal Commission and some of the cases the Royal Commission will hear. It quotes a spokesperson from the Department of Veterans' Affairs, who said:

15 *Each year the government invests more than \$11.5 billion to support about 336,000 veterans and their families in Australia. This includes free mental health care for life for all veterans without the need to link that condition to their service.*

20 That's patently false. As I have indicated, there are something like 40,000 Reservists out of the 100,000 people in uniform and we don't know how many of those are actually entitled to a White Card. So there is a percentage, maybe a very large percentage, of Reservists who are not entitled to a White Card and, therefore, not entitled to mental health treatment when they have concerns. Some of these people
25 have done more than 40 years service in the Reserves.

MR SINGLETON: Could I clarify a detail? A Reservist per se is not entitled to the full benefit but if they happen to have done some full-time service along the way, then they might be? Is that part of the distinction?

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MAJOR GEN. (RET'D) IRVING: If they have done one day's full-time service, they are entitled to a White Card automatically.

MR SINGLETON: Perhaps you could give us the example of the bushfire call-up a couple of years ago. Some were called up full-time?

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MAJOR GEN. (RET'D) IRVING: They were called out by the government and some volunteered to work at Reservists. The ones who were called out were clearly entitled to a White Card because they did a period of continuous full-time service.

40 The ones who volunteered to work as Reservists and were remunerated as Reservists, which is a daily rate of pay, in this instance, they were also entitled to the White Card because a few years ago the government changed the rule and said that if you are called out for emergency services or if you have been involved in an accident, then you are entitled to a White Card.

45

But those people, for example, who may have served as Reservists on Cyclone Tracy or the earthquakes in Newcastle or the Hunter River floods in 1955 where we lost a

number of Reservists who were killed, they are not entitled to a DVA White Card for treatment for mental health.

Does that make that issue clear?

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MR SINGLETON: Yes. In short, some Reservists will get it and others won't, depending on various criteria.

MAJOR GEN. (RET'D) IRVING: Yes.

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MR SINGLETON: Two people who are very similar in the service they have given, maybe one has even served for 40 years and might not get the benefit someone else, just on a technical criterion difference, will, and we don't even know from the records who they are?

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MAJOR GEN. (RET'D) IRVING: Correct.

MR SINGLETON: Sorry to interrupt you. Could you go back to what you were saying.

20

MAJOR GEN. (RET'D) IRVING: The other thing, you asked a question about the Department of Veterans' Affairs and the claims processing. I support the comments that have been made by Mr von Berg. I am also aware that the Department of Veterans' Affairs has tried to implement a lot of reforms to improve the processing. But it causes a great deal of frustration for Reservists when they do put a claim in, either because their records are missing or they have multiple records which are paper based and it's hard for Defence to track them down.

25

For example, every time in the past when you did a period of continuous full-time service, Reservists going into continuous full-time service, you had a separate medical. You might have done five periods of continuous full-time service, you will have five different medicals. None of them are connected and they are all paper based, so it makes it very difficult.

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I'll give you a very minor example but something that created an enormous amount of frustration for the individual Reservist. This Reservist served in Timor-Leste in 2008 on continuous full-time service. While he was there, he had to have some surgery on his teeth, which was all fully documented on his medical record. In 2015, he submitted a claim to the Department of Veterans' Affairs for a new dental plate. It was declined by the Department of Veterans' Affairs as not being service related.

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He then had to appeal to the veterans' appeal board, which found in February 2020 the claim was in fact service related. The entire process took more than four years and the cost to DVA in that process would have exceeded the cost of the claim, by a significant amount, for a dental plate. Plus, he had the cost and the frustration incurred by this process.

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Some Reservists, in particular, get worn out by the process and just don't continue to proceed with their claim. It's all too difficult. That is very unfortunate when it comes to the treatment of their mental health.

- 5 The other thing I would like to mention: trauma-informed care can only be provided if the ADF members come forward and report the incidence or events of what happened to them. This is the real question to be asked, "What happened to you?", not, "What's wrong with you?"
- 10 I cannot provide real evidence of this but anecdotally, ADF members appear to be reluctant to come forward with their mental health problems within Defence because of the fear of the impact this will have on their careers. In other words, they are more likely to go and get counselling support from an independent organisation like Open Arms than they are going to be to raise the issue through their chain of
- 15 command or through their medical system.

Secondly, the trauma from workplace bullying, misconduct and abuse also leads to depression, anxiety and other mental health conditions. I don't think Defence knows enough about these incidents in the ADF workplace, their impacts and the extent of

20 their occurrence. It's a personal view, but I think Defence appears to focus too much on culture and values and not enough on more effective leadership, decision-making and dealing with dysfunctional relationships within the workforce.

We touched upon recruiting and I would like to indicate one aspect the Defence Reserves Association is concerned about. That is, the current generation of young people do not appear as resilient as earlier generations. Those comments in support of that statement have been raised with me over recent years by staff in Army and Navy training schools, that the young people are not resilient but they are

25 technologically savvy.

30 Defence has reacted to this by reducing the physical entry standards. To get into the Australian Defence Force at the moment you only have to do to four push-ups. We give recruits much more time to reach the minimum physical training standards, so they can actually complete a recruit training course in the Army and march out of

35 that course and not be up to the qualification standard physically.

Some of the cases of self-harm I have read about that have been raised before this Commission involve young people who have been recruited into the ADF direct from school. So from one institution, a school, to another institution, with little life

40 experience.

The lack of life experience of young people has been recognised by the Royal Australian Navy, which requires its naval officer cadets selected to attend the Australian Defence Force Academy, or ADFA, to spend a year at sea before they

45 commence their academic studies at the Australian Defence Force Academy. Navy is the only service to mandate that one year at sea. I personally believe that serious consideration should be given to the Australian Defence Force moving away from

the model aimed at recruiting young people aged 18 to 20 with minimal life experience.

5 This is one of the benefits of the Reserves and one of the reasons we haven't had, to the same degree, the gender equity issues raised by Mr von Berg. First and foremost, our Reservists tend to be older, more mature, better educated and are either working in the civilian community or they are undertaking tertiary studies. And they are volunteers, true volunteers. If they don't like the way they are treated, they walk with their feet.

10 Secondly, we have had a long history of having female soldiers working in all our units, infantry battalions included, for about 40-plus years. So there is a long history of using and employing and engaging with females in the Reserves. We haven't had the same problem as we have had in the permanent military, where we have inculcated -- where we have introduced females into what was previously
15 100 per cent male units, like infantry battalions, engineer regiments and artillery regiments, et cetera.

I really think the resilience issue is something that needs to be addressed. It can't
20 always be addressed by the psychological testing. It's very complex. We should be able to work out, through a combination of medical and psychological, should they be fit for service. Unfortunately, I don't think we do it very well because we are recruiting too many people that are not fit for service. If we recruited older, more mature people, I'm sure we would get a better outcome.

25 MR SINGLETON: Can I clarify the focus of the point you are making about recruitment. Correct me if I'm wrong, I don't apprehend you to be just criticising the younger generation. You are criticising the lowering of standard, which may mean more that vulnerable people are then enlisted and at risk, is that a part of the point
30 you are trying to make?

MAJOR GEN. (RET'D) IRVING: There is a degree of physicality in resilience training, and we are recruiting people that are not fit and don't have those physical standards, compared to what it used to be. So we are now dropping the standards.
35 But over time, for example, they join an infantry unit, they end up after a period of time carrying a lot of weight on their back, and doing very physical things, and we don't start at the beginning to make sure we have got the right product, that they are physically resilient as well as mentally resilient, we end up with the problems that this Commission is seeing with young people in particular, who spend a short time in
40 the Australian Defence Force, then discharged for whatever reason, and attempt or succeed in self-harming.

MR SINGLETON: Correct me if I'm wrong, but is it your view that lowering the standard is actually unfair to the people then being enlisted rather than fair to them?
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MAJOR GEN. (RET'D) IRVING: No, it's being unfair. It's being unfair to them and it's being unfair to the system, it's being unfair to their families that have to deal with

the trauma some years down the track.

MR SINGLETON: I want to continue with your general presentation, but on this point, I might ask the other panellists to chip in.

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Mr Russell, would you agree that there is a problem of lowering the entry standard and secondly, if so, do you think it is a bad or unfair thing, or do you have a different perspective?

10 MAJOR GEN. (RET'D) RUSSELL: There is a systemic issue that people think equality of opportunity equals equality of outcome, and the lower you raise the standard, the lower you allow that outcome to be that lower standard as well. I come from a lived experience where in 2016 I took over and reformed the commando selection course in the way in which we brought people in to be commando support staff at a time whereby it was mandated to have a certain number of females attend that course, regardless of the standard that they were to meet, and I definitely remember how that absolutely undermined those women from the outset and they refused to be included within such a quota.

20 Resilience is a lot more than physicality. A large part of the issue that is facing many veterans in this suicidal space is actually that mental but really emotional resilience. I have never even thought about that older age group demographic, as the gentleman just mentioned before, that is a really great insight, and again within the Special Force we had the direct recruitment scheme whereby people with lived experience former Olympians, former Ironmen and women could try and attend straight through. It was fascinating on those selection courses to see some of the fittest people drop out first, and 90 per cent of the people on the selection course withdraw themselves at own request.

30 It was some of those who were the least physical but would go until bones and limbs broke at the end who were those that went through the end, then we can train that person to do anything, because they have the mindset and they have the emotional resilience. Standards have to be set and maintained, but for a purpose. Again, on the selection course, we have stringent entry test standards for the first phases, based on the run or the lift or the carry, whatever it was, and they were derived by working with organisations like the Australian Institute of Sport, where someone had to meet a 3.2 km run time because then it enabled us to use a reduced risk weather template so we could make them work harder in longer, more arduous conditions because scientific evidence had proved that this was facilitated by their level of fitness.

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40 Simply back casting, and this is why the Defence Force should be the best at this. When I ran the selection course, we were preparing people to conduct operations in Afghanistan, operations in Asia Pacific region, and counter-terrorism operations. And you back cast the qualifications required from that, and then also quantify the emotional intelligence requirements for those individuals and you put that into

45 trainable and assessable modules.

At the moment, instead of focusing on the output capability we're focusing on the

input capability too much in Defence, looking for these pointers, looking for this equality, therefore we are reducing standards at this end with no direct relevance to the actual operational requirement as opposed to essentially cultural or social influences that have entered into the production of that output capability.

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MR SINGLETON: Mr von Berg, do you want to chip in on this proposition from Mr Irving?

10 MR VON BERG: I could double up on some of Heston's words, because I ran three SAS selection courses. One of the things that we certainly worked very hard on was the issue of character integrity and resilience. I also worked in Brunei with the Gurkhas, pre-COVID, and the Gurkhas have 24,000 applicants and they run a pre-selection course and then they finally select about 500 to actually go on recruit training. So I think there is a method in the madness of looking at, if you like,
15 pre-selection enlistment perhaps. When you apply for, in my case, Officer Cadet School in the old days, we would go on a pre-selection exercise to see whether we were suitable.

In terms of resilience, I have got all the confidence in the world in young people.
20 But if we expect individuals to behave in a certain way and they haven't got what it takes from the outset, why even have them there? It is demoralising for them, it's also not in the best interests of a war fighting machine, as we are.

25 MR SINGLETON: Ms McCabe, did you want to throw anything in the recruitment thing?

MS McCABE: Thank you. At the TPI level we don't see much of the recruitment injuries. We did have one recently, the youngest TPI I have seen, he was 19 when he joined and at 21 he was broken, just from recruit training. I believe he didn't have
30 the body build to be in infantry and this is what caused his injuries. He had too much weight on his back for his frame and so forth, so I can see what they are saying about that is a pre-selection would have denied him access to that, basically. But the other area he fell down on was once he was declared unfit for infantry, they just said, "You are going to be medical discharged." He asked for a change of -- I don't know what
35 the Army calls it --

MR SINGLETON: Change of corps.

40 MS McCABE: Change of corps to linguistics, because he was an untrained expert in languages, he was amazing, but the Army said, oh, no, no, no. In the old days, they used to try and find them another job. They don't do that any more. They just say, "No, you are no benefit under infantry, you are out." Trying to find that other job, he could have been trained as anything. He just wasn't any good for infantry. Now, at 24, he's TPI. That's his life gone. Basically -- not gone, but basically he hasn't got
45 much of a future to look forward to. His mental health is destroyed, at 24, because of the way the Army treated his injuries, which I won't go into details for just now. But it's these sort of examples where the culture -- this young bloke was told that after

having operations on his feet, he was told he had to sweep the storeroom. When he said, "I have just been operated on, they said, you're wearing the King's uniform and earning the King's shilling, so you will do the job." He came to me and he said, "What's a shilling?" The young blokes don't know this, but that was the culture of the NCO that he was dealing with in the rehabilitation unit, and that unit destroyed his mental health because of what they put him through. It's sad, very sad, at that young age. And he's had many, many examples also of trying to commit suicide as well.

10 MR SINGLETON: Thank you very much, Ms McCabe. Back to you Mr Irving, to interrupt to your presentation, I did want to get the other panellists' thoughts on your --

15 MAJOR GEN. (RET'D) IRVING: There are a couple of additional things I would like to mention. The first is that the medical-in-confidence nature of mental health issues and treatment often means that a commander of a unit might not have any knowledge or visibility that a member of their unit for whom they are ultimately responsible has been diagnosed with a mental health condition and is receiving treatment for that mental health condition. Somehow in the system, the commander 20 must be taken into confidence in this situation so they can exercise their responsibility and duty of care towards those individuals and to other members of the unit. So that is something that I think Defence needs to consider.

The second issue associated with mental health is that at the beginning of each year, everybody in Defence undertakes a couple of days of mandatory training on a range of subjects, one of which deals with suicide. It is our belief that the mandatory training in respect of suicide should be -- a review of that training should be undertaken by the Joint Health Command in consultation with other key stakeholders in Defence and outside defence.

30 The academic research relating to suicides is likely to be considered much more extensive than when the training course was first designed. This review should focus on moving away from an awareness based course to one which has a far greater focus on suicide prevention. A more advanced course should be developed for supervisors, commanders and managers, and the premise is that while there may be many factors leading to self-harm, many cases can be prevented. If that's the case then the training should be made much more practical with the inclusion of case studies and scenarios. That's another recommendation I would ask you to take forward in the context of your deliberations.

40 On the positive side, being a member of the Ex-Service Organisations Round Table, we have seen a considerable amount of work being undertaken in recent years by Defence, particularly in the Joint Health Command and in the Defence Member and Family Support Branch, which used to be known as the Defence Community Organisation. The initiatives in those areas have been important and valuable in improving of the transition arrangements and experiences for ADF members and their families.

We also see that the establishment of the Joint Training Authority has the potential to make significant improvements to the health and wellbeing of all those who have served.

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We believe that the Joint Training Authority must be appropriately resourced and supported by Defence, so that policies and procedures are designed to ensure that all the support services wrap around the individual ADF member. The aim must be to identify and meet the member's needs so that transition is more seamless. That is not just at a point in time, but that the member can move to a self-management of their own circumstances at the required rate, and as best as possible, so they would go from a situation of care to a situation of recovery to a situation of normalisation.

We also believe the transition is a process before, during and after discharge, retirement, or transfer to another service category. I have articulated the service categories in my paper, as has the Department of Defence in its background paper.

The Joint Training Authority has the potential to become, in our view, a coordination hub for all health and wellbeing matters that also include housing, education, employment and financial considerations on transitioning, in however people transition.

We believe that an assessment of the current roles and responsibilities of the Joint Training Authority against what was originally envisaged should be undertaken, and any gaps or opportunities should be identified, and that review should be undertaken shortly, we believe.

They are the key points that I wish to raise to the Commission this afternoon.

MR SINGLETON: Thank you very much; Mr Russell, could I invite you to pick out some of your most significant issues, the problems that we are facing?

MAJOR GEN. (RET'D) RUSSELL: I definitely caveat this by saying that there's a lot more contained within our submission and the attachments to that. Just to quickly cover off on a bit of lived experience I bring to this, having again a large portion of my career primarily in the Special Forces, and again during that time working within the Special Forces Training Centre, and as far as an example of excellent culture and the way in which I would highly recommend to use as a model, going to the Second Commander Regiment and going to the Special Forces Training Centre and having a look at the maturity of that process would be a thorough recommendation to the Commission. I have also lived and worked in the United States within their Special Forces for the entirety of 2015, so I have had direct exposure not only to their selection training continuums but also their transition continuums.

As far as just highlighting some of the key issues, first and foremost, it comes down to the mindset. The Australian system currently has this terrible mindset that people enter the military for the entirety of their life, and that needs to be changed. The

military is great at mission command and mission nesting, and the role of our Defence Force is to defend and protect Australian national interests, and it also has to include preparing our veterans for life after service as well.

5 As so many people have covered off on, transition is not really mentioned, or has not
historically and most recently been mentioned until people are actually looking to
transition. Whereas again, as I have seen experience within particularly the US
forces, people join knowing that their service time is finite. Currently we have many
Australian veterans in the system and the recruitment process, we sell them on this
10 infinite dream, and we definitely need to change that.

The next piece is this mindset toward identity. There will be a video contained
within our attachments that we conduct the Ex-Service Organisation Consultation
Planning Conference. A huge part, and relating this back to just suicide prevention
15 and mental health supports specifically, is the Defence is fantastic at indoctrinating
people into service, that is why, for the majority, the suicide rate within the Defence
Force is less than half of the Australian community average. Again, I have to caveat
it very specifically that there are so many different demographics, issues, everything
else in between as we know, so these are general statements, but Defence is fantastic
20 at indoctrinating people off the street and issuing them with an identity that puts their
personal identity subordinate to that of the collective identity of the group, and also
provides them with a purpose that is able to motivate them at the intrinsic level, be
that national service or be that out on mission and variety, and all forms of conditions
that provide them with what is essentially the best remedy for any mental health
25 illness, and that is being able to live and commit yourself to living in the moment.

Then what we tend to do is when someone approaches transition, we put them
through the only element of service in the Defence Force that is not a proper course
with trainable and assessable modules, that is not simply based on achieving
30 competencies or ticking boxes on a sheet. We then reissue them with an individual
identity that has otherwise been dispersed in this collective identity and purpose. It
comes down to a CV or a resume or a list of qualifications they have obtained during
their time in service. Whereas, just like we deploy our service men and women
overseas and we take them through such mature cultural training to understand the
35 human terrain and the nature of the environment we're going to go into, we don't sit
down and explain to our Defence personnel that life outside the Defence Force
doesn't hold the same values that you are instilled and held accountable against each
and every day by the system, by yourself and those you serve with as it does in the
Defence Force.

40 The Defence Force, when I was there, encouraged initiative, teamwork and respect,
responsibility, accountability, service before self. These are not the values that are
currently present in the majority of Australian society, in particularly the built-up
urban areas. It is not responsible, it is entitled. It is not selfless, it is selfish.
45 Everyone talks about this dog-eat-dog world, and we perpetuate this identity that
comes down to quantifying the value of service members by the qualifications they
have on their sheet, or by the like-for-like predominantly the corporate career that we

are going to transition them into, often measured by a pay scale, and we don't teach them that you have been working for a giant not-for-profit that is filled with more purpose than you could ever buy, or earn, within the commercial world. And they find themselves looking for careers -- they're looking for purpose as well as personal profit to survive, and are unable to achieve or sustain that level of fulfilment.

When they transition, one of the first things we get them to do is hand in their identification card. The amount of veterans I've spoken to, and I know myself included, driving past the Gallipoli Barracks, you long to be able to go back onto that base just to be able to go and work out at the gym and be around people, you long to be connected back to that community.

This is one of the biggest issues, is when we transition veterans, they lose that connection, and it is that moral connection back to that tribe. And by going from the Department of Defence to the Department of Veterans' Affairs, you are asking this person to manufacture a new connection to an organisation where they have to be at their most vulnerable and finally, for the first time in their life, having to put themselves first usually at a time when they are the most vulnerable because they actually need to receive medical treatment, or they have been stuck in this further perpetuation of their identity being defined by how many incapacity points they deserve, how much compensation they deserve.

None of these are the character traits that were instilled and were essentially in the best version of themselves, as too much of us find ourselves comparing to ourselves to. And it perpetuates down this new mindset, that, particularly given the protracted nature of how long claims take, people who don't fully understand the unique nature of service and try to manufacture empathy with veterans, it builds an adversarial process. It is Psychological Warfare 101, expose people to something for long enough, it is going to have an impact on them. When people are then spending one, two, three, five years engaging with the claims process, that aims to develop this psychological indication of their own personal derived value, given the demerit points or the financial compensation they received as a measurement of their success, then that's what they become. They become their grief, they become their trauma. And the whole time they feel like they have been abandoned by the system they work with, and this is the moral injury you keep talking about. So many of the veterans and families I have engaged with that are of my demographic, particularly with the fall of Afghanistan earlier this year, and so many Vietnam veterans have connected with. And that is the number one demographic that is experienced, trauma from combat and trauma from moral injury. From the way in which they experienced combat trauma and then were completely rejected by our nation when they came home.

The amount of veterans at the moment in this space who felt this moral injury, given -- they have felt abandoned during that transition process, they haven't felt supported around that transition process, they haven't felt the ability to reach back and connect with that tribe that they felt they're best with, through to watching Afghanistan fall this year, and seeing the lack of messaging -- and this is my next

point -- that we are so adept within the Services at everything we provide our veterans and the support we provide our veterans, but the way in which we message our Defence Force and support our veterans on the outside is absolutely the worst I have ever seen it.

5

This year alone, we have everything from the failed release of the Brereton Report at the end of last year and the direct impact that has had on so many veterans, through to the collapse of Afghanistan, we have this ongoing trial by media with accusations made against our Special Forces, and there has absolutely zero positive messaging coming from anyone in government to support and defend those people.

10

I say this in direct contrast to when I was in Afghanistan, and if ever there was support I needed, I could pick up a radio, I could call in every asset in the sky, if one of my guys got injured, I could fly in support to be there with them. But on the outside, if you are in a situation that might bring any form of bad attention to the Defence Force, even when you yourself come into the media, there is no support coming. I know that from a personal example. Our organisation has directly supported a number of these accusations going forward, and you reach back into those who you know from the organisation to not be contacted by any of your commanders or any of those people you thought had that moral obligation to you.

20

The next part about the mindset piece is leadership. If there is anything that needs to change, and I believe it is the biggest issue, it is changing this mindset on leadership. In the Defence Force, every single person is accounted for by the unique name of the chain of command. One of my own mistakes, as a leader and many others that I have spoken with, is that when someone leaves your organisation, as we do, the role of Defence Force is to put the best team on the field, we move on because our job is to provide that capability. But now, so many of us who have since transitioned know that if one of those commanders that was responsible for you had just kept touch with you and felt you connected to that community somehow, we would not have the suicide rate we have. You don't know what you don't know. Heston Russell, as a non-retired Major, would never have known that unless you told me that because you don't know what you don't know.

25

30

So for me, going back to the Australian Defence Force Academy, going back to the junior NCO courses and saying "Hey, leadership is a responsibility you take on board now, and make sure when you get that commission, it has to carry through to more than just your life in service."

35

I know myself, reconnecting with my own soldiers who have had their own mental health issues, have expressed exactly that. And I know that feeling myself.

40

Another key issue that we have, along with having terrible messaging, and for example, the Royal Commission is on at the moment, there are no advertisements on TV. I have veterans still contacting me through our network, saying, "How do we engage with them? What's going on?"

45

MR SINGLETON: Are you talking about the recruitment advertisements that we used to see a lot?

5 MAJOR GEN. (RET'D) RUSSELL: No, I'm saying about the Royal Commission, and why my entire organisation has been stepped up, I see it as a huge opportunity to bring together the veteran community behind the cultural change that must accompany these pragmatic systemic changes that are contained within every single report.

10 The seats are empty and there are plenty of people online, but at the same time, coming out of COVID and coming out of everything, the number 1 treatment we found to support any veterans, as we keep relying on an ever-shrinking clinical resources in this country, is getting people together as a community.

15 When people transition and they go through all these things beforehand, they go through their own isolation, they go their own personal rejection as they then start to adopt those values on the outside or feel isolated from their community.

20 Particularly, the last two years with COVID and everything else in between and our suicide rate at the highest level it is, being able to do the some of the sessions like we do, getting people together and allowing the community to get back together and communicate and problem-solve collectively, and hold each other accountable, that unique way that we do every single day in service. Life in service and every day in service, you are surrounded by a variety of people, you are made to again live in the moment, you are held accountable to these standards, either extrinsically or
25 intrinsically, and these days, we only have veterans engaging with services when they need them which, as we all know, is already too late. And the reservoir of those services is getting smaller and smaller and smaller as the entire nation is going through a mental health and suicide crisis.

30 So there is not a single grant from the Department of Veterans' Affairs focused on suicide prevention. Everything is focused on commemoration. We are going to need to increase that commemoration budget because we are going to keep losing more people until we actually start investing money in proactive measures, and that is
35 simply getting people together for the purpose of getting people together.

You talked previously about the proactive resilience that comes from community and the purpose, that provides people with the opportunity to have a safe area through which they can rediscover their own personality and identity. At the moment, one of
40 the biggest issues is how cluttered the ex-service and veteran support and after-service space is. We all mentioned 3,500, 5,000 ex-service organisations all communicating differently. In 2021 we don't have a single point of website where people can go to, to access different veterans services. We need to define them by capabilities, not define them by categories or who is on what board or who does what
45 or who links in to who. It is, where are you and what service do you provide?

There is something else I want to say, it just jumped out. I will come back to it.

MR SINGLETON: Come back to it. What I want to do in the remaining time, we have to leave a little time for the Commissioners to ask questions. But first, each of you has referred to a number of problems and potential solutions and other
5 recommendations to address issues.

But I want to invite each of you in turn to consider any particular top priority reform that you would urge the Commission to pursue, and although I put it in the singular, if there are two or three, feel free to have more than one top priority.
10

Perhaps I could start with you, Mr von Berg, then go around the virtual table.

MR VON BERG: I think one of the most important, and again it has been spoken about for a long time, is the three Acts of legislation which are just so confusing. I'm
15 reasonably intelligent. I don't understand it. So what is an unsuspecting poor bloke going online trying to understand these three acts of legislation, which are all interrelated in some peculiar sort of way. So a very strong recommendation to the Commissioners from us would be to in some way harmonise those three Acts in some way. I know it's difficult, but lawyers can do anything. It can be done. But
20 nobody is worse off, nobody is disadvantaged. But the VEA, the MRCA and the SRCA definitely should be legislated into some form of some easy-to-understand, legislation because that has created enormous problems at the advocacy level.

Another issue is one I have documented in our submission, which sadly is a hidden
25 and silent cohort, and that's incarcerated veterans. Now, for something like about 10 years we have been trying to get the numbers of veterans who are incarcerated, and we have had great difficulty in trying to secure that information. Luckily, here in South Australia, one of our corporation directors is a young officer, an ex -- a young digger actually, 3 Battalion, who works in Correctional Services and he of his own
30 account did a survey. It has now been recognised, we have 230 incarcerated veterans in prisons in South Australia. All of them may not be in prison, some might be wearing a little charge bracelet or home detention or something like that but effectively they are prisoners. If we look at the 230 being a base number, and then I extrapolate that out over the nation, of States and Territories as a percentage of
35 population, it's an assumption, but there would be something like 3,000 veterans in prisons in Australia in some form; if not actually residents of a prison, but definitely in some form of home detention or whatever the case might be.

Now, 3,000 is considered to be a little bit high, well, even say 2,000, even 1,000, say.
40 If we don't know where they are, we can't help them. From the investigations we have done here in South Australia, these are not what we would classify as career criminals. They have all got mental health issues, and whilst they have mental health issues, and if they are then released, and they are then homeless or they are penniless or whatever the case might be, or they don't have a support mechanism out there, we
45 consider them to be extremely high risk in terms of suicide because they are basically just left on their own.

One of our directors and myself have been invited to the next mini-COAG which is being held here in Adelaide, where we are going to do a 10-minute presentation to try to get the responsible ministers or bureaucrats from the states and territories to try to find out exactly how many veterans are incarcerated in each Territory and State.

5 Because then we can start working on it. Already here in South Australia, they have now appointed a Veteran Rehabilitation Officer in the system, with a proper strategic plan as to how to best rehabilitate veterans who have been incarcerated back into normal civilian life. That is a hidden cohort, and I think it's a really high risk group, and we just don't know who they are or where they are. And as the investigations
10 here have shown, they are not what the system calls "career criminals". They are in there for something like assault or it may be, sadly, domestic violence, or it could be drugs, it could be anything. But they are just people who have erred, for whatever reason, and they too need help. That's that one.

15 The other one is -- again, I seem to be agreeing with Heston on a lot of things -- because if you are commissioned and you are out of the system, doesn't mean that you are no longer responsible for your soldiers. I am still in touch with my platoon from Vietnam and vice versa, and I could not agree more that that moral, that tribal, and peer-to-peer support is just so strong. We became stronger because of my
20 signaller committing suicide. It was something we decided to do. And I think you have a responsibility, because you are no longer holding the Queen's commission and you are out there, but if you have been through the heat of battle with a bunch of young blokes who have been looking after your back, you have a responsibility. And I think by having that responsibility which becomes a mutual responsibility, you are
25 able to discuss things, you are able to counsel each other if necessary, and I think it's a bond, it's a brotherhood, it's a bond that's never broken.

The last one is a bit trivial but I think it's relevant. In my 11 years sitting around the table, we have had eight Ministers, and that's not good for consistency. I know
30 politics is a different game to the corporate sector, but in terms of our portfolio, which is an \$11.4 billion budget, I think getting some consistency and getting some, if you like, more experienced Ministers in our particular portfolio would certainly not go astray. I think -- we are looked at as a junior portfolio, if you like, and we probably are, but the fall-out -- and that's why we are here today, the fall-out, if you
35 like, is that the veterans are not being properly accommodated and managed is a national tragedy which has to be stopped.

MR SINGLETON: Mr Russell, have you remembered the point and/or have you got a top priority you would like to urge upon the Commission.

40

MAJOR GEN. (RET'D) RUSSELL: Mr von Berg, you've done it perfectly, and it's been brought up previously in this week, it's that peer support. The better we enable our veterans during their service and after their service to still remain connected with peer support, we are going to eliminate so many of these issues and we can actually
45 get into better supporting the clinical elements of PTSD as opposed to that which manifests through a large part of this moral injury piece.

Looking at it from a systemic investment level, I really see so much investment needing to be provided into the unit level associations, for someone to join a unit and then also join the accompanying association, and that association being properly resourced as opposed to donations, and having that access to provide so much of that welfare advice and support that you hear so many of these other cultural elements being briefed during this week, back to the Unit Commander from people who have been in the unit, to provide that immediate transference of current information of what's going on outside to support families, in parallel to that service.

10 Legislation absolutely. For me, it's delinking care from compensation. The current DVA system has members needing to engage, to go through the process of claims in order to achieve care and treatment for their conditions. I know there is a whole bunch of rapid and expedients, that you will see in my submission, as opposed to people having to proceed down this toxic mindset of chasing points and colours of cards, providing and finally quantifying the unique nature of service by providing guaranteed medical and dental support to any veteran who has completed their minimum service, be that a Gold Card, be that a new card. The Gold Card currently has that stigma. That comes just back down to empowering veterans to be able to take responsibility of their own medical welfare and even during their time in service. At the moment we don't let veterans access any medical support outside of that provided by the system until they leave.

25 So we get them to leave and they become less active, less engaged with the community and the most reliant on medical support when we drop them into a system that they've never had to use outside of perhaps some external referrals from their time in the system. So better enabling that, and removing so many of these issues that come with maintaining Defence medical capabilities that are never going to keep up to the external corporate side or the external civilian side.

30 Last two I will probably touch on is leadership and accountability. Commissioner Brown said on her opening speech, "Without accountability, there can be no trust." The veteran community is here at a Royal Commission because it has lost such trust with everything. From what we have seen, again, and I can't belabour how damaging this last year has been to our veteran community, through to not having people step up and provide any form of positive messaging from within the Department of Defence, the fact that the Australian public and media has been left to ask, "Was Afghanistan worth it?" is the biggest strategic failing of governments in our nation's history because we did not provide that information to the Australian public to support our veterans long after, and we learnt that same lesson from Vietnam.

40 Accountability has to be seen. This Commission is going to hear and be able to investigate, and I would encourage you to use your coercive powers to look back into things like how the Brereton Inquiry was conducted, through to even some of the information within my submissions that has individuals accountable for actions that have directly led to the deterioration of mental health and suicide in veterans.

Without seeing accountability, then there is not going to be trust, and without trust,

people are going to be able never be able to move forward and actually fully adopt and take these on at an intrinsic level, and keep being told what to do.

5 Lastly, it is leadership. If there is one thing which I didn't say, there are veterans like myself, like those on the screen and like so many others who stand here, ready to drop everything to volunteer to go back in and help reset or better inform that leadership for those junior commanders who are there responsible for our servicemen and women, to help them realise the obligation, the responsibility and the active input they can have into better helping the development, both personal, professional and emotional of our veterans, and help to prevent further mental health issues and suicide.

MR SINGLETON: Thank you very much.

15 Ms McCabe, do you have a top priority that you would urge this Commission to pursue?

MS McCABE: It's a bit difficult because the Department is extremely hamstrung by government policy, policies such as efficiency dividends, which decimated the staffing levels. It's constrained the budget. Veterans' medical budget used to be uncapped, but now it's only uncapped sometimes. It's a bit more detailed than that, obviously. But the Government needs to say, this is an important area and all right, we would like to restrain Government spending, but the veterans are not going to pay the price for that.

25 You look at the budget, it's \$11 billion, that's not greatly different from 10 or 20 years ago, yet costs have gone up, the number of veterans has gone up, so the Department has to shuffle the books somehow and enable us to have the services we want, but there have to be times when they say no. That's not their fault, that's the lack of funding.

30 So I would like to see the priority for the Veterans' Affairs Department move from its current standpoint and be beneficial for the health of veterans as a number one priority. It's not the number one priority at the moment. We have got wellbeing, we have got, as somebody else said, the commemoration, all those sorts of things. The Repatriation Department in the 1920s was for the health of the World War I veterans. That's purely what it was for. Now there are family needs as well, there is employment needs, there's a whole range of needs. But the health of the veteran is being ignored to some degree because of that.

40 MR SINGLETON: Mr Irving, would you like to urge upon the Commission any top priority or two?

45 MAJOR GEN. (RET'D) IRVING: I do, but could I make a comment in relation to transitioning. One of the things I noticed with Reservists when we first started to involve them in a large number of operations and deployments where they would have to leave their civilian workplaces and enter the Army, as it was, as I was

involved in it, on full-time service for periods of in excess of six more, how confident the young people were about obtaining employment when they return. Many of them resigned from their jobs because they were very confident. So transition for our members has not been a major problem. But I do know there are a lot of people in the Australian Defence Force don't have a problem with transitioning because their skills are highly sought after in outside industry. But we do have a problem with those that are medically discharged or those that are administratively discharged, and those with short periods of service, because they have no life experience outside the Australian Defence Force.

This is a difficult one. I think there's a major problem with leadership. I have always worried about the production of officers, when we take 18-year-old kids out of an institution school, we send them to a very select institution, the Australian Defence Force Academy, they do three years there and a year in their individual service schools, and at 22, without any life experience under their belt, we expect them to command soldiers. I don't think that's the best model.

But I think there's a problem with leadership at all levels, not just the officers. One of the recommendations I would ask the Royal Commission to make is that there be a roots and all review of leadership training within the Australian Defence Force.

The other thing, I come back to a major part of our submissions, is that I would ask the Royal Commission to make a recommendation that the Department of Veterans' Affairs White Card be provided to all veterans, regardless of whether they have had any period of continuous full-time service. To continue that is completely inequitable, unfair and disadvantages some Reservists who have got some significant mental health problems but can't access mental health treatments through the process that DVA provides to everybody else. Thank you.

MR SINGLETON: Thank you, Mr Irving.

Commissioners, could I yield to you three, in case you have any questions. There are plenty more I've got, but I think it's time to give you a turn. We will be in touch with all four panellists in the coming year to keep getting their additional ideas.

CHAIR: Thank you, Mr Singleton. I do want to make that clear because there were concerns expressed that some of the people we have spoken to in hearings didn't get out everything they wanted to get out. It doesn't mean it's the end of the piece. I'm certain, as Mr Singleton said, there will be further contact with all of you.

Commissioner Brown?

QUESTIONS BY THE COMMISSIONERS

COMMISSIONER BROWN: I have a couple of questions, a very quick one for Mr von Berg. You mentioned the Veteran Rehabilitation Officer in South Australia.

That's obviously a state-funded position by the sounds of it, but I'm just wondering in which department it sits and which level of government funds it.

5 MR VON BERG: It sits in the Department of Correctional Services. Hopefully it's going to be a pilot model, potentially for the nation. We will see how it goes here. We have already shared it with DVA Minister Gee, we have already shared it with him and at the mini-COAG we will be doing the presentation, and it has already been sent out to the Ministers for the other States and Territories, so they can read and review before that particular meeting.

10 But we will pilot it here to see how it goes, and if it's successful, we do not see why it shouldn't be rolled out nationally.

15 COMMISSIONER BROWN: The other question I have which is possibly for all the panellists, there were some reasonably strong opinions expressed around the need to establish a certain standard and particularly around physical and mental resilience. Whilst I don't necessarily disagree with the sense that there has to be a standard set, I'm wondering how much you see this as -- you see resilience as residing within the individual themselves as opposed to the individual within their environment, and
20 what do you see as the responsibility with the environment to support or build the resilience of the individual, rather than just saying, "You are in" or "you are out" because you are resilient or you are not. I'm sorry if that doesn't make a lot of sense but I value your thoughts.

25 MAJOR GEN. (RET'D) IRVING: If I can make a comment, I think in a way it's a problem with meeting recruiting targets. You have to meet certain recruiting targets. The services indicate what their recruiting targets are, that goes to the recruiting organisation, which is a mixture of civilian and Defence Force, and if they meet the target, they say, "Isn't that wonderful, we met our target" or "We are 90 per cent of
30 the target". Part of it is that the recruiting people that are unlikely, with support from the environment, ie the Australian Defence Force, to ever meet the standard that is required in relation to physical, emotional resilience that is required to be an effective member of the Australian Defence Force. It is a difficult job, and we should not shy away what we are asking the members of the Australian Defence
35 Force to do.

MAJOR GEN. (RET'D) RUSSELL: Commissioner, I think there are a lot of elements of recruitment we can hen peck at, and in order to actually look at it from a systemic default perspective, I again default to my time at the Special Forces
40 Training Centre, where the same team, my same team who screened everyone and conducted the initial training for everyone entering the course was the same team that screened the people going off the course, should they have withdrawn or become injured or whatever. You can imagine how fast, how tight that learning loop was. You would have people leaving the course because all of a sudden they wanted
45 to -- decided they had family commitments they needed to attend to, or a number of people on the course kept getting bursitis in their knee, and immediately you can feed that back to the mechanisms and the preparation and the information you push out to

those considering selection in Special Forces to include in their own personal preparation.

5 I have never worked within Defence recruiting, but I know it is a separate
organisation to joint transition. Particularly as we step up this joint transition, one of
my biggest recommendations to help facilitate systemic fixes to all these issues are to
join those organisations. Knowing who you are getting in, who is going out, how
you can get someone who is going out coming back in, and tightening that learning
10 curve is one of the best systemic ways we have ever seen of us being able to only
make sure the capability we are bringing into the system is appropriate, but also to
keep track of the capability going out, to know what we need to bring in, et cetera.

That includes the conduct of more professional medical screening. Again, we do
15 tremendous work conducting the medical processes and screening in the pursuit of
claims for members through DVA or members who have transitioned, are we feeding
that information back into our recruitment process for those who getting shin splints
or knee bursitis and all of this -- just like AFL teams do at the moment with their
femur scans for their top players, is there actually any form of medical preconditions
we can identify early on and save these people from a lifetime of physical suffering
20 at the cost of some well-informed purpose realignment.

CHAIR: Thank you. Commissioner Douglas? Nothing?

25 I have a few questions myself. I will be brief, I hope.

Mr von Berg, you mentioned a book called *Tribe* and I didn't catch the name of the
author but I'm keen to look at that.

30 MR VON BERG: Yes, sir. Sebastian Junger, Y-U-N-G-E-R. He is a war
correspondent but his profession is university degree of anthropology. He has just
written -- it's a book that has really resonated with me.

Another book I would recommend for the Commission is *After War* by Professor
35 Sherman, S-H-E-R-M-A-N. *After War* is a very, very informative book on moral
injury and moral wounding.

CHAIR: Thank you, I appreciate that.

40 Ms McCabe, you mentioned there was a forum in which the secretary -- I guess it
was the Secretary of the DVA -- had stated that the fraud rate was around 3 per cent.
Do you recall where that was or when it happened?

45 MS McCABE: From memory, I think it was an ESORT meeting. It was probably
three or four years ago but I couldn't be any more precise than that at this stage.

CHAIR: Thank you. It's certainly a statistic that we are interested in.

Mr Russell, you mentioned you -- you had begun to mention that in terms of engagement with veterans we could probably do better but the conversation went in a different direction. I apologise we didn't get back to it. Mr Singleton is trying to get in a lot of stuff in the short time he has got. Can we go back to that. We are very

5 keen to engage with as wide a range a group as we can within the various veteran communities. Apart from websites, we have links for other government websites. I should place on the record, as at today, as I understand it, we have 152 requests for private sessions and somewhere over 800 submissions from groups and individuals that we are fairly quickly getting through.

10

Do you have any suggestions about what we may be able to do to engage even more widely?

15

MAJOR GEN. (RET'D) RUSSELL: Commissioner, this comes back, and I pay testament to Karen Bird and the life of Jesse Bird and one of the recommendations that came from his inquiry was for the Department of Veterans' Affairs to do a wide reaching, across all media platforms, advertising campaigns, in order to pick up the veterans that slip through the cracks. I said that at Dr Boss's Interim Commissioner Symposium in Canberra earlier this year, and I met with the Secretary of DVA as we were leading up into the first Anzac Day post-COVID through to the Census, finally recognising, asking for veterans, asking for a national campaign. Young veterans are the highest demographic of people taking their own lives, per the current statistics. They are the most engaged with mainstream media, social media, yet we continue to top late things through government websites.

25

The biggest success I have had through reaching such a veteran audience so quickly, through Voice of a Veteran and Veteran Support Force has been engaging with media, putting a lot of funding into paid digital and social media advertisement. When veterans see something to do with them or that relates to them or they get a digital connection with online, they felt part of that purpose, part of that tribe, in some way, and the easiest way these days is to reach veterans via the digital community, but our websites are old and outdated, they are not aspirational or relational to them, they are not having (inaudible) ads on their social media, so I really first and foremost just recommend engage with a proper digital marketing agency and just start doing what all the big companies do.

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CHAIR: Commissioner Brown has one more question.

I want to commend you, Mr Russell, on your attendance record. Like some people here, you haven't missed one day. Thank you.

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COMMISSIONER BROWN: Thank you very much for giving me one more question. I want to ask Mr Russell, you mentioned about maintaining -- well, a couple of panel members mentioned the importance of maintaining contact. You can obviously do that at an individual level with people who you might retain their mobile phone numbers. Mr Russell, you talked about funding the unit associations as a way of doing that. You have just spoken about social media and the power of

45

that.

I wonder, is there any advice or recommendations to us about the best way you can utilise to maintain those connections once out of service?

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MAJOR GEN. (RET'D) RUSSELL: I think, Commissioner, it's a difficult question because everyone goes through -- depending upon why they leave from service, they go through what I call the pendulum swing. First and foremost, working upstream, focusing on transition like customer service. You know, you could have a terrible meal but as long as the person was nice to you on the way out, you want to maintain that connection. Reinforcing those associations and having that transition process supported by those associations would be fantastic. But I guess it's just appreciating that some people need that break.

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It's assigning a mentor. I have spoken with the Joint Transition Authority and they are looking to do this. Again, had you told me I was going to have a mentor on the way out, I would have said "I don't need that". But if you had given me a former Special Forces officer who was going to be a mentor, then they would have told me and I would go back and have to tell someone, "Look, you don't want me but I'm going to be here because one day you will need me."

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Unfortunately, these problems aren't solved easily with big brush strokes and just saying "peer support". It has to be an aspirational or relatable peer. It has to be someone who is able to achieve more than just a physical connection, but some form of deeper emotional or professional respect connection with them. That takes time and detail and, again, that's why I say these associations could potentially do that.

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There, maintaining registers, maintaining -- and again the open lead generation through the conduct of digital marketing campaigns is something we really don't harness enough in the veteran community and is something ready and waiting to be engaged with.

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COMMISSIONER BROWN: Thank you.

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CHAIR: Commissioner Douglas.

COMMISSIONER DOUGLAS: Following on from that, having an aspirational or relatable peer, would that connection be best set up not when you are leaving but when you are joining with somebody who is already out of the force?

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MAJOR GEN. (RET'D) RUSSELL: Absolutely. I think the common theme here is, let's say we have a professionally funded association -- and I come back to this funding piece because during the period I ran Voice of a Veteran and that time in service, when you're not chasing money, when you're not chasing profit, it opens up so much of your mindset to be able to focus on purpose.

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So coming back to having associations, that border, every single unit in the military

have some form of funding that is directly linked to that unit that has people there from the time someone turns up to the unit through to when they leave, and is engaging with those people throughout, and provides them with a potential alternative to the chain of command that isn't an independent unit but is someone
5 who has been from that unit and is professionally employed in that unit and actually cares about still contributing to the operational capability of that unit by supporting the holistic welfare of those individuals, from the reputable experience of being lived experience in that unit. So from day 1, hey, this is your section, to put it in Army speak, and this is also your contact at the association. The association, it's then on
10 them to prove their value to that capability. Again, that comes down to leadership.

COMMISSIONER DOUGLAS: We keep on being told there is a need for a circuit-breaker for some people who don't want to complain to their chain of command, they want advice or guidance outside of that.
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MAJOR GEN. (RET'D) RUSSELL: Absolutely. For instance, if you said I was going to go back and work with the 2 Commando -- this is what I do already at the moment, you know? Soldiers will bring to me their issues and I will find a way to feed back into most of my peers and our unit commanders.
20

If you have recently transitioned, you know someone who knows someone who knows someone. That is the nature of our tribe. You can go back and help head it off before it reaches media attention or it reaches a critical point, and just helping people to know that is it. Also, what is most important in this veteran space is the ability for us to turn to that veteran and say, "Hey, no, that's your problem. Stop trying to exploit the system and go around it." Unfortunately, this is real life and you can't really do that unless you have the credibility of being in that place yourself.
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CHAIR: Thank you. I know I said I have finished but I have one more question. It has been discussed that one of the differences which has not been helpful for serving men and women is they don't have -- I know we have a plethora of organisations that represent both serving and retired members, but if you look at the police forces, all of them have unions. They're called different things but, essentially, they are an industrial organisation which has some clout and can represent, without fear or
30 favour, the interests of their members. I know it would probably have all sorts of problems if our military was unionised, but could we go around very quickly and can I ask you -- and I'm conscious of your time and we are grateful for your time -- what your thoughts would be about a form of union representing members?
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40 MR VON BERG: Could I have a go, Commissioner?

CHAIR: Please go ahead.

MR VON BERG: Thank you. A very provocative proposition. But effectively -- I mean effectively -- our organisation at the moment, we certainly don't call ourselves
45 a union but we operate, if you like, like a union, effectively. An issue is brought to us. If it's within the chain of command -- we will always try and operate within the

chain of command, providing the chain of command is prepared to listen. It's like in the old days, sitting across the table with a slab of beer with a union rep, you solve a lot of problems. You solve a lot of problems. And I've done a bit of that.

5 But sometimes, unfortunately, based on some of the reasons or some of the examples I have given previously, the chain of command is not prepared to listen, so you have to go outside the chain of command to fix the problem. Now, unions do that too, very effectively. It's called the media.

10 I think the proposition is sound but because of the nature of service and the way the ADF operates, it probably is not going to fly, put it that way. But the way that many of the proper national ESOs operate -- for instance, the RSL at national level operates on that same basis. Greg Mellick can go straight to the Prime Minister if he wants to, without any great problems.

15 Within the chain of command, we would be like a little union, if you like, where we are able to discuss a particular problem with a commander of some description and express a view that some of the troops are unhappy about a particular thing that's happening within the unit. Then it's up to that commander to accept your advice or
20 not. If that particular commander doesn't accept the advice, then you go upstairs, you go higher. With some of the issues which are serious issues, there's only one way to operate and that's top down.

CHAIR: Thank you. Mr Russell.

25 MAJOR GEN. (RET'D) RUSSELL: Commissioners, it is provocative, as Mr von Berg says. Basically what we were saying before with the association is kind of that, in more of a -- not the same lexicon, but it has to come down to that purpose and the purpose has to be the maintenance of the mentoring aspect and contribution to
30 capability, as opposed to anything else we need to further represent people.

One of the biggest issues we have in the ex-service organisation space is a complete lack of deregulation. All the ex-service organisations simply have to prove our
35 ACNC status and tax return to the ATO, but there is no ground-up justification, apart from what we then provide up for grants. That's why there's such a huge clutter in this space and it causes more issues.

But having something within the Department of Defence, within the ADF, that maintains the moral connection and is then able to actually help to better support all
40 the complexities that come with that unique nature of service, such as the unions -- such as the associations, I think absolutely. I just don't know if that's under the same union type banner.

45 MAJOR GEN. (RET'D) IRVING: Commissioner, I would strongly oppose it. I think you would destroy the unique nature of military service. Members of the ADF would end up as employees, considered to be employees with unions representing them. It would completely destroy the unique nature of military service,

when the system requires people to go to war and do all sorts of terrible things in defence of the country on behalf of our senior leaders. I have been closely associated with unions for 40 years. I think it would be a massive mistake. Thank you.

5 CHAIR: Thank you. Ms McCabe, do you have thoughts?

MS McCABE: Yes, I agree that the union concept really wouldn't work, but the current ESOs are doing this already as a mediation. They mediate with government, they mediate with the Department, they mediate with ADF, so this is happening now
10 already. So I'm not sure what more than that you want.

The younger people don't tend to go to the established ESOs. That's a huge problem. I don't know. The union concept just wouldn't work. How can you give a direct order to somebody when the person is going to say, "Oh, no, my union wouldn't
15 allow me to do that"? It just doesn't work.

CHAIR: Thank you. I wasn't advocating it, it's just something to think about, some means of uniting the voice of those who they represent. Mr Russell?

20 MAJOR GEN. (RET'D) RUSSELL: One thing I think is very important to note, also, is the time and space in which we are having this conversation. For the last two decades our armed forces have been held together with a high operational tempo and purpose, given the nature of operations in the Middle East. It has required a lot of -- combat leadership has required a lot of tactical leadership, and we are
25 potentially entering into a period where it requires a lot more career leadership. Arguably, the military always requires career leadership and it's actually the hardest. I've done plenty of combat leadership and career leadership is the hardest.

Some of these problems come down to approaching the problem from how do we
30 better support the leaders who need to provide that career leadership? Again, that's why I talk about those associations, because it's easier having old bulls teach young bulls. I would really probably focus on how best to mentor and train our leaders to be equipped for the large variety of issues we have.

35 Also, again there is the opportunity to provide that alternative support measure to those individuals who do suffer from toxic leaders, because there are those. But definitely that prolonged career leadership is something we need to focus on a hell of a lot more, as opposed to more combat leadership focus.

40 CHAIR: Thank you. Mr Singleton.

MR SINGLETON: Well, I yielded the floor and I have to accept the consequences. Could I take your time for two more questions?

45 CHAIR: Please go ahead.

MR SINGLETON: Panellists, this is not a question about trade unions. However,

I will remind you, Mr Irving, your submission reported that your organisation encourages members and veterans to join their relevant unit organisations. Mr Russell, your submission effectively said the same thing, encouraging servicemen and women to join their unit organisations. I think, Mr von Berg, it is perhaps close
5 enough to say you lead a federation of unit organisations.

MR VON BERG: That is correct.

10 MR SINGLETON: With that background in mind, there is no single unit organisation for the entire ADF or Navy or Army or Air Force. Would any of you see any value in having an official organisation which, in effect, had automatic enrolment but noncompulsory participation, so that for life, servicemen and women are a member of an organisation, so that even if they have transitioned out, they still belong somewhere and they are still a member of the tribe? Perhaps I could ask
15 Mr Irving first whether there is any merit in that kind of organisation?

MAJOR GEN. (RET'D) IRVING: Yes, I believe there is. In some ways, you might consider that was the original role of the Returned Servicemen's League of Australia. They were there to provide that level of support to veterans well after they had left
20 the Australian Defence Force. But it's not been a happy history of providing the level of support after each major conflict, so that is probably one of the reasons why so many other ex-service organisations have developed and why, as Ms McCabe pointed out, so many of the younger veterans leaving the Australian Defence Force are more motivated to join more modern ex-service organisations that deal with the
25 social media.

So it's a nice ambition but I'm not too sure whether it's achievable.

30 MR SINGLETON: Mr von Berg, we might be treading on your territory in this concept, but do you have any thoughts on it?

MR VON BERG: No. Basically, we encourage individuals to join their respective battalion association because that is their tribe and that is their connection and that's where they have all their old mates. And with reasonable success, I might add.
35

However, with our younger veterans being more driven by modern technology and social media, we are lifting our game to be more virtual, if you like, through social media, et cetera. What we have experienced in our past -- I have to go back to Vietnam, it shows how old I am. What we have experienced in the past is that
40 individuals quite often, for whatever reason, do not wish to join a unit association until about 15 years in, roughly 15 years after they have left the service. The reason for that, in many instances, is they are young, they have young kids, they have activities on the weekend, school sport, all sorts of things. Where they're not really too fussed about a unit association per se, they stay in touch with a small handful of
45 their contacts within the old unit. But we found, in many instances, it's between 10 and 15 years before they actively get involved in a unit association. That's my era.

Now with the new, modern, younger era, I think many of them are on social media, not necessarily as a matter of association but as a matter of information. Sharing information is probably the most important for them.

5 Overall, though, we are very happy with the membership of our battalion
associations, which in some instances continue to grow and in other areas are
probably a bit stagnant, because the battalion associations in some cases are the old
merged battalions where everybody is getting quite old. Those merged battalions
10 have now demerged. For instance, 5th/7th is now 5 Battalion, separate, 7 Battalion,
separate.

But overall, the young people we have on our books per se have all joined over in the last two years, basically.

15 MR SINGLETON: Mr Russell?

MAJOR GEN. (RET'D) RUSSELL: It's very important in approaching all of these cultural and community elements to really focus on a bottom-up approach. For instance, a lot of the things that I see with DVA and with really large ex-service
20 organisations like the national RSL, they become so big over such a period of time that it's hard to respond rapidly to what's needed on the ground. I want to quickly point out that we are speaking very army-centric here. You know, Army is a very tribalised organisation with battalion associations and whatnot, whereas perhaps something like an Air Force Association that captures all former Air Force members,
25 or I know in the Navy they love to have a distinguishment between submarines and fleet and everything else. So it has to be ground up, covering off on where people want to go to, and reinforcing that, and then naturally you're going to build in those coordination elements and harness those opportunity to coordinate amongst other association. But the key thing I will include is it is then -- young veterans will join
30 these organisations, these associations, if they demonstrate value. We join purpose, not organisations. It has been one of the biggest mindsets we are trying to change in the current ex-service organisation space, where organisations come to me, saying, "We need you to help us to get more members." People will join you if you are doing things and they want to be a part of that. It is really actually developing a
35 proper, and funding these associations to be able to demonstrate value, and to go back to what the RSL used to be, which was a safe place that a veteran knew they could drop in to, a physical location they could drop in to, and be with people who perhaps knew them or had some connection with. They don't have to go there and be seen to getting medical support or anything, it's a safe space that they can get back
40 access on to, and be there, and see what activities are on and see what's going for families, and then build it from that ground-up level.

I would just really hesitate any real top-down approach because particularly for my generation of veterans, that's how you push them away so quickly, as they become
45 that resistant to authority.

MR SINGLETON: Can I have two minutes on an issue that arose from

Ms McCabe's evidence?

CHAIR: Certainly.

5 MR SINGLETON: Ms McCabe pointed to the fact that in the past -- perhaps I will
oversimplify -- an injured serviceman or woman could find another job. We have
heard from others in our research in the last few weeks that roles such as cook or
mechanics and other non-deployment roles in the ADF have now been outsourced,
10 and that the result is jobs that might have been available to allow injured personnel to
stay in the ADF are no longer there, and the result is they then have to be discharged,
they have lost the tribe, they have lost their vocation, they have lost the purpose that
perhaps led them to join the Armed Forces in the first place.

15 As quickly as possible, do any of the four of you have an opinion on whether there
should be such non-deployment roles that will enable those injured service men and
woman who want to stay in the ADF to do so in another role?

Mr Russell, as quickly as you can, supportive or not?

20 MAJOR GEN. (RET'D) RUSSELL: Supportive, but from lived experience you have
to be so careful. Keeping people around just because they want to be part of the tribe
and then not being able to provide value to that tribe can be some of the worst. But
again, that's the opportunity for these associations to be able to support, but also,
backpedalling that, helping that mindset up the front that their time in service is
25 eventually going to end from the day they enter service, and having better processes
to make them not feel like their existence within service is the whole sum of their
individual identity.

30 MR SINGLETON: Ms McCabe, what's your opinion on whether there should be
more flexibility or more scope for people to say in the ADF if they want to?

35 MS McCABE: Based on the young 24-year-old I mentioned earlier, I would highly
recommend finding another job. This young man joined the Army full of dreams,
and two years later he was a shattered man. That's not fair. Even if they had given
him another corps or job or whatever you want to call it, and it failed, at least he
tried. Whereas this way, he only tried being in the infantry, that didn't work, so he
was useless to man nor beast and was just kicked out. There must be a better way to
do it.

40 MR SINGLETON: Mr Irving, do you have a perspective on this?

45 MAJOR GEN. (RET'D) IRVING: I think your underlying assumption might not be
correct. There are very few positions within the Australian Defence Force that are
not deployed or not capable of being deployed. Even if you take mess stewards, the
Navy has posting for mess stewards within their naval bases because those people go
on ships. When they come back from a six-month deployment, they need
somewhere on a base to have their deployment to maintain their career. Even Army

cooks can get deployed with them. So I think your underlying assumption is not quite correct. There was what used to be called respite postings, where we used to have, particularly post-Vietnam, we used to have one-armed QM's, one-legged transport supervisors and things like that, people who had lost limbs in Vietnam, and the Army looked at that quite satisfactorily.

There are still a number of people deployed in the Australian Defence Force that will never deploy overseas because of their medical conditions. I also know that within Forces Command in Victoria Barracks, Sydney, there are a couple of officers whose sole job is to try to find jobs for people that have been broken in the recruit cycle or in the trade training cycle. So I don't know how the example that Ms McCabe has given to the Royal Commission this afternoon, how that got through the cracks, because I know that there are officers, that their full-time job is to get transfer these people into corps where they can perform a satisfactory service on behalf of the Australian Defence Force.

For example, particularly females that wanted to join infantry, they have been broken very early on in their trade training, they might then have them transfer to ordnance corps or transport where they can drive trucks and other things, where they don't have the same rigours that they might have if they tried to maintain their career in an infantry unit. I think there is some difficulty there in accepting the premise you raised. I know there were people injured from the Black Hawk crash many years ago in Townsville that were still being employed, and I think one of them was blind as a result of that accident. So there is some flexibility there. It's not all black and white.

MR SINGLETON: And Mr von Berg.

MR VON BERG: Totally supported. There are many post-Vietnam loss of leg, arm, whatever the case might be, and a wonderful friend of mine, Zeke Mundine, he was the uncle of the Army, lost his leg on the second tour of the Battalion, he was in the Army as a Warrant Officer Class 1 until he retired. It's the proper and the humane and decent thing to do.

MR SINGLETON: Thank you.

And thank you all panellists for your time this afternoon, also for your documents, for your discussions with the team in the last few weeks. We very much appreciate it.

Thank you, Commissioners.

CHAIR: Thank you, Mr Singleton. I add my voice and the other Commissioners' voices to Mr Singleton's. Thank you, not only for the contribution you have made today, but for the information and submissions that you have furnished us with. As we said a little bit earlier, we don't think this will be the last time we will need to come back to you to discuss issues. We are grateful for your time and for your thoughts. Thank you.

MR SINGLETON: May the witnesses be excused from their summonses?

5 CHAIR: Yes, the witnesses will be excused from their Notices to Appear. We will
now adjourn and reconvene on Monday morning. Thank you.

THE WITNESSES WITHDREW

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**THE HEARING ADJOURNED AT 4.22 PM UNTIL MONDAY, 6
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