



Royal Commission Update - Townsville Day 38 - 28 June 2022

RSL References

Positive:

NA

Negative:

NA

10:00am - 11:15pm - Hon. Leonard Roberts-Smith RFD QC, Former Chair, Defence Abuse Response Taskforce (DART)

Culture

- Whenever reports were received, Defence at the policy levels usually responded quite well to reports of abuse - despite these policy responses, abuse was still happening - culture was beyond policy documentation
 - Culture is what people actually do, how they respond to particular circumstances - norms and belief - important aspect of acceptance - can be where documentation fails
 - Lack of good culture erodes trust, leads to unsatisfactory performance, and in the military efficacy and capability
 - Looked at assisting Defence culture through Pathways to Change etc.

Defence Abuse Response Taskforce

- Could investigate systemic abuse - but was not the focus
- Taskforce setup following inquiry into abuse in Defence for abuse prior to 11 April 2011 - cut off date because otherwise there would be no chance to investigate - essential purpose was delivery of outcomes to help redress complainants who had been abused in Defence - abuse meaning physical assault, sexual assault, sexual harassment, general harassment or bullying
- Counselling reparation payment, referral to civilian police, referral to CDF, and restorative engagement and free counselling - path to be determined by what complainant wanted - referrals depended on consent of complainant - often long time to come to restorative engagement program
- Sole case managers for each complainants - didn't want them to retell stories - developed relationship and trust - trained in trauma-informed care, experience in women's help centres, rape crisis centres etc.
- Had to find ways around Commonwealth Government recruiting processes - high amount of turnover - got staff from DLA Piper
- Had support of the CDF and the Secretary - could go wherever they wanted in Defence and request information - Defence Legal examined this and it took a long time - nature of this bureaucracy - eventually were given instructions that every request was to be granted ASAP - overall good provision of

information throughout the process, with some issues

- Some issues with attaining records at unit level
- Defence didn't have access to info received by DART - info received from DART in strict confidence by small secretariat - minimum info provided to Defence
- Need to develop clear guidelines for assessment - allowed them to be used consistently, transparently
- System of reconsideration - in case decisions made could be reconsidered - part of the plausibility test
- Emphasised independence from Defence and confidentiality - located in different place - this spread by word of mouth
- SeMPRO was a good initiative - promoting health and wellbeing regarding sexual assault management - but it is a management tool - not sure if it's independent - having the best interests of the individual at heart, but may also serve interests of Defence and chain of command
- Provided info to DVA to outline patterns of abuse in particular ships or locations etc. to assist DVA with assessing benefits for veterans
- Resisted a Royal Commission into ADFA
- IGADF is closely connected with Defence - probably not independent investigating body
- Overall complainants were 2300 approx.
 - Not many complainants were too difficult for the DART, but was one

Restorative engagement

- Restorative justice had to be tailored for this particular situation - engagement with Defence, not offenders - didn't want harm or trauma of having them deal with someone in uniform again
- Factor in belief that complainants didn't believe that any action would occur or that they would be punished and ostracised
- Victims said Defence let me down - wanted acknowledgement from Defence that the things that happened were done and they were wrong
- Fractured relationship with Defence - wanted to serve, wanted to be part of the Service - abuse happened - seen as betrayal, Service had let them down
- Level of reconciliation with Defence

Initiation points

- HMAS Leeuwin - low staff turnover - staff tended to go home in the afternoon, leaving younger trainees under the care of older trainees, who had more authority - serious abuse occurred, and they had no one to turn to
 - Closed system - complaints would be ignored by staff, or passed back to the perpetrator
 - Could even include medical staff
 - Intimidated into not making complaints, nowhere to go, trapped - led to psychological injuries
 - Could also have been cycle of violence - I went through that, so that the abuse continues
 - Abuse by staff members led to abuse by junior recruits - that is the culture they see, and this then flows on to the recruits
 - Impacts of abuse include:
 - Acute, long-lasting impacts - lives were destroyed = some were suicidal

12:30pm - 2:30pm - Colonel Nianne Bennett, Director, Mental Health and Strategy in Joint Health Command - Jennifer Wheeler, Director, Navy Psychology, Navy Health Services

Mental and physical health screening

- Service deployment can expose people to traumatic events and separation from family and friends - increased risk
- K10 Post-operation psychological survey (POPS) - different to pre-deployment health check, no screening tools included - pre-deployment health check includes making sure there are no changes in a person's testing

- Pre-deployment forms filled out in the Defence medical centre - filled out one-on-one with the health provider -- deployability is at the command discretion level? Not sure
- There is also a desktop audit of readiness to be deployed - always required before deployment
 - Is the duration of previous deployment/s considered at this time? Yes, if they have access to this information
 - First stage - there is no interview - checklist
 - If there is an issue, they will have to go and see someone
 - May not be approved for many reasons - can issue a waiver, with a health officer assessing factors such as support available during deployment
- Mental health screening during deployment
 - Defence provides screening at a number of times during an individual's career - some of these are operationally-specific
 - Command can request mental health screening or critical incident screen - in addition, mental health services are available to deployed personnel
 - Screens available are on an as-required basis - Defence believes this is sufficient
- Return to Australia Psychological Screen (RTAPS) and Return to Australia Medical Screen (RTAMS)
 - RTAMS conducted by health officer, with RTAPS administered by Identified operations
 - RTAMS is a Health Screen, with RTAPS focussing on mental health
 - Neither is mandatory - if it is included in a Health Support order, then it will be mandatory
 - Navy has a separate screening done annually for longer-term deployments in Navy, done in the last two weeks before heading back to Australia, with a POPS done 3-6 months after return
 - RTAPS process is completed by Psychological Support Team - completed by individual and brought with them to the interview with the team - if there is a support team in country, interview is done in person
 - Before the interview, RTAPS only has the questionnaire - no concerns, individual proceeds into normal POPS - if an issue arises, referral would be arranged, facilitated through Defence Electronic Health System, so wherever the individual is returning, appropriate support is provided through the Mental Health Centre and Mental Health and Psychology Unit
 - If a member refuses the referral, or refuses to attend, is considered failure to report - CO will be required to follow that up - individuals are encouraged to attend, although consent is still required - conversation to understand why and provide member more information
 - May affect further deployment if they refuse this follow-up - could end up at Welfare Boards
- Psychoeducation brief for returning member
 - Give members a brief about what to expect and what is required - includes RTAPS info, things to be aware of in terms of response to transition from employed to home environment, potential sources of frustration - this is for preparation
 - Last few days there is a number of processes to be completed - returning equipment, completing admin processes, and the RTAPS
- Post Operation Psychological Survey (POPS)
 - Can be done 3-6 months after return from deployment
 - Can be done in campaign if there are many returning
 - Means that POPS, RTAPS, pre-deployment screen and any other screens is available to the Psychological Support Team doing assessments
 - Pops can be waived - this is not monitored by Defence and therefore someone who has a waiver can be deployed - this data cannot be acquired in current system
- Self-reporting
 - Honesty and removing barriers to self-reporting - encourage individuals to answer honestly as possible - underreporting is a potential concern with screening - screening processes allow opportunity to reflect on that with the individual
 - Psychoeducation process emphasises that early intervention is the best path - can work through

concerns in screening process with the member

Issues

- Can RTAPS and POPS be treated as tick and flick?
 - Process looks at how people respond to the questions - it's not just a certain number-based score - there is examination of individual items
 - Scales and occupational stressors identified allow for further analysis
 - All psychologists on deployment are registered - number of years - developing cultural competence - involvement and engagement with particular units allows them to see nuance in the groups
- Is there a psychology working group in Defence? Yes. Meet together regularly through Joint Health Command in this space - kind of
- Stigma - there has been a change reflected in Defence and the community - has seen a change, but still to be improved

2:45pm - 4:15pm - Liz Crowe, Wellbeing Counsellor and Educator, Critical Incident Expert and Clinical Debriefing

Critical incidents

- Risk factors are hard to pin down and determine patterns
- Rarely just about people's psychological wellbeing
- Responses to exposure to a critical incident:
 - No set of responses is predictive of coping or resilience
- There needs to be processes in workplaces to critical incidents - need to have opportunities to learn, processes for doing things consistently, defining safety
 - No formal process is called a 'tea brief' - defined by peoples' particular experience, and may miss critical pieces of information
- Difficult to get longitudinal studies about debriefs - how is effectiveness measures - any informal debrief increases risk - not conducting a formal debrief can be dangerous - should be multi-tiered
 - Can normalise emotions, bring people together quickly, provide learning opportunity
 - Need to name things to tame things - getting things out into the open can be a healthy way of getting truth out and getting support
 - Attribution - what was our place and how could we make it different? Discussing perceptions can help align with reality
- Hot debrief - voluntary post-event collaboration where the team meets to discuss what's occurred, what was done well, and what we can do to address future challenges - try to make it in the same shift, ideally doing it in minutes afterwards - STOP Framework (Summarise, Things that went well, Opportunities to improve, Points to action and responsibilities)
 - Ideally led by senior person - everything should have opportunity to speak - cannot be a monologue or there will be no participation
 - Decompression is a component - if someone doesn't feel safe continuing, they can leave the workplace in an ideal workplace
 - Some very serious incidents may be reported with consent, but otherwise, no notes
- Cold debrief - may want to get back together - voluntary process - may have more facts - don't always have to hold them - about learning more things, or if there is lingering stress - responds to the needs of the individuals - this is grassroots
 - May let people de-escalate pure emotion
 - Should be two facilitators - a senior subject matter expert and one with psychological training - allows for later follow-up
 - Should be face-to-face wherever possible - builds psychological safety - but there's risk in doing

- nothing
 - o Need to allow choice to speak up for everyone - helps to normalise emotions
 - o Acute stress reactions would be addressed immediately
- Key elements include:
 - o Rules - attendance to those who were actively involved, no notes
 - o Hot debrief - happens as soon as possible - Cold debrief - 5-7 days, without endpoint
- Desensitisation to debriefing - not in experience - not strong research - each incident is different
- Culture of an organisation - affects everything
 - o If people feel there is a consequence for speaking up - they won't participate - need to ensure safety - often personality driven
 - o Need to be mindful of language being used i.e. blaming and judging - judging can reduce capability
- Challenges:
 - o Who leads? Are they trained formally? Is their time for the team?
 - o There is tension between normalising emotions and re-traumatisation - need to find the balance
 - o Debriefing shouldn't be compulsory
- There should be frameworks for response after the debrief
- In absence of a screening process, how do you assess when a person can return to work - self-assessment of when they have returned to normal - in utopia, there would be formal assessments - need some checks and balances and some responsible person oversight
- Foundation of work wellbeing sit with mastery of skills and the opportunities for growth and learning - after critical incidents learning opportunities are very important, and sit within this
 - o Being able to be seen, heard and acknowledged by colleagues is also important for wellbeing - part of debrief
 - o Need to feel safe enough to be vulnerable - can bring support - again, part of debrief
 - o Distress does not exclude resilience or ability to return to work
- Dealing with family is a very different process to the debrief