

Ex-Service Organisation Round Table Feedback Paper

Vietnam Veterans Family Study

Final Paper

Compiled by Research Section, Policy Branch

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1. Executive Summary

Following the release of the Vietnam Veterans Family Study (VVFS) on 28 October 2014, the then Minister of Veterans' Affairs utilised the Ex-Service Organisation Round Table (ESORT) to conduct a consultative process to examine the findings of the study.

After much consideration of the findings of the VVFS by the ESORT, the following issues were identified as priority areas for future consideration by the Minister:

- **Future research**

A strong theme that emerged from the ESORT comments was the expectation that the Department of Veterans' Affairs (DVA) will continue to research the impact of military service on veterans and their families, including specific themes such as early intervention strategies, health and wellbeing of families and the unique features of service.

- **Further education**

Many ESORT members called for increased education for current Australian Defence Force personnel, veterans and their families, as well as health providers, regarding the impacts of military service and living with conditions such as PTSD and other mental health issues.

- **Increasing collaboration with the Department of Defence on family matters**

There was also a general call to increase collaboration between the Department of Defence (Defence) and DVA on family matters, such as working together on improving pre- and post-deployment briefings, supporting existing programs in the Defence Community Organisation (DCO) and backing successful government mental health initiatives such as KidsMatter.

- **Involvement of families in the transition from military service**

Related to the above, ESORT members expressed a specific desire for further work to be done to increase the involvement of family members in the process of transitioning from military service, to include practical help in the areas of financial planning, social connectivity and coping with other transitional issues.

Another theme that came through strongly from the ESORT membership was a call for expansion of DVA services to second and third generation family members of veterans.

This important study will contribute to the evidenced-based policy development to improve the health and wellbeing of veterans and their families. These identified priority areas will assist the Minister as he considers the government response to this integral research on the long term impact of military service.

2. Introduction

a. Background to the consultation process

On 28 October 2014, the then Minister for Veterans' Affairs launched three key health studies, the Vietnam Veterans Family Study (VVFS), the Peacekeepers Health Study and the Rwanda Deployment Health Study, as a Ministerial Statement in the Senate.

The Minister decided to conduct a consultative process on the findings of the VVFS utilising the national Ex-Service Organisation Round Table (ESORT) forum. On 13 November 2014, ESORT members were presented with a comprehensive briefing detailing the scope, methodology and key findings of the studies and asked to assist with the planned consultation process.

On 16 December 2014, ESORT member organisations were formally asked to provide their feedback, with a closing date of 13 February 2015. From the 17 December 2014, the consultation process was outlined on the DVA website page containing the suite of VVFS reports and a Fact Sheet.

During the consultation process, individuals or organisations not affiliated with the ESORT but wishing to submit feedback could do so via a member of ESORT or via the VVFSFeedback@dva.gov.au email address.

At the ESORT meeting on 27 August 2015, the Secretary requested that ESORT provide advice to the department as to its key priorities amongst all of the feedback provided. The members agreed to the following:

'Members to send a consolidated response to the Secretary, using RADM Doolan as the coordinator, by 30 September 2015, incorporating both endorsement of the final ESORT feedback paper and providing a prioritised list of recommendations to the department.'

In correspondence received from Rear Admiral Ken Doolan AO RAN (Rtd), National President of the Returned and Services League of Australia on 2 October 2015, DVA received further comments on the Vietnam Veterans Family Study (VVFS) research findings from five individual Ex-Service Organisations represented on the ESORT.

DVA undertook an analysis of the further comments, along with initial comments from ESORT members in an effort to identify priority areas of concern based on the commonalities and/or specific interests identified by the ESORT. This analysis was undertaken to assist the Minister of Veterans' Affairs to prepare the Government response to the VVFS research findings.

The method of analysis used included the cross-referencing of all comments to identify issues with the common themes previously identified in the draft final paper presented at the most recent ESORT meeting: Technical, Health, Education and Communication, Lessons Learned and Future Research.

b. ESORT Final Feedback Paper

This paper contains general feedback, opinions and prioritised issues provided from ESORT members as well as individuals. It has been grouped into five major themes (see Section 6 below), with a summary of points that fall within these groupings at [Appendix A](#). These documents are to be used in conjunction with each other. The general feedback received for each of the major themes is included under the heading '[ESORT Feedback](#)'.

The prioritised issues identified by ESORT correspondence received by DVA on 2 October 2015 have been included in Section 13 of this paper.

This paper also includes some additional information not included in the feedback under the headings '[Background and Current Context](#)'. It is widely accepted that many advancements have been made in the veteran and defence environments since the Vietnam War. Services available within the Australian community and the way that Australia commemorates military service have significantly changed since the Vietnam War period. The inclusion of these sections is to allow for discussion of the feedback in the context of today's veteran and defence environment. It is not to discount, or brush aside, the traumas described in the research and experienced by Vietnam veterans and their family members.

3. Feedback received from ESORT and individuals

All 14 ESORT member organisations were invited to provide feedback. Feedback was received from all ESORT member organisations in February 2015. The Australian Special Air Service Association's feedback response is combined with the Defence Force Welfare

Association feedback. Eight of the 14 member organisations provided subsequent feedback in May 2015 on an interim paper tabled at the ESORT meeting on 24 March 2015.

Some organisations provided feedback that the VVFS reports were quite technical and difficult for a layperson to fully understand (p.1, TPI Federation). There was also comment provided that the time allowed for consultation was inadequate for a considered review (p.1, PVAA).

The Partners of Veterans Association of Australia (PVAA) and the Vietnam Veterans Federation of Australia (VVFA) requested the right to provide further feedback at a later date. These organisations sought external review of the VVFS reports by appropriately qualified parties who had yet to finalise their considerations (p. 4, PVAA and p.1, VVFA). A second submission was received from the VVFA containing an external review on 9 March 2015.

DVA promoted an email address to enable individuals or organisations to provide comment as part of the public consultation process. A total of 17 individual submissions were made. Comments and feedback from these submissions have been incorporated into the feedback paper, and are available for viewing from the ESORT Secretariat.

4. Consideration of the ESORT comments

The ESORT was presented with a draft interim report at its meeting of 24 March 2015. Lengthy discussion took place and members were asked to talk to their representatives and provide any further final feedback by 1 May 2015. Additional feedback was received from eight (8) organisations with an additional three (3) responding that they had no further comments to submit. Three (3) ESORT members did not submit further feedback after being contacted multiple times by the ESORT Secretariat.

The majority of the feedback on the interim report emphasised prior comments and indicated agreement with issues raised by other ESORT members. However, there were new suggestions provided and these have been integrated into the main body of the report.

The final comments received by DVA on 2 October 2015 contained further comments from five (5) ESORT members. These further comments were analysed along with the feedback

provided in the interim report to identify the prioritised areas for consideration by the Minister. Please refer to Section 13 for details.

5. Summary of initial feedback

Overall the majority of the feedback recognised the importance of the VVFS and its potential to report on the intergenerational impact of Vietnam War service on families. However, the core focus of the feedback was on ensuring that Vietnam veterans and their family members were adequately supported now, and into the future, and how best to utilise this research to inform best practice for contemporary veterans and their families.

...We acknowledge DVA's initiative in undertaking such an important piece of work. The findings will help inform the formulation of Legacy's strategies and implementation plans as we move to actively embrace the growing Vietnam and contemporary veteran cohorts and importantly their families in this next phase of Legacy's work (p.1, Legacy).

In the context of the socio-economic consequences of our conflict, our Association enjoins the Department to advocate the precautionary principle whereby Governments, in committing our forces, also commit the resources needed to mitigate the multi-generational consequences (p.2, RAAFA, second submission).

It is also important to acknowledge that this level of service and future enhancements to their care and support should become the benchmark for contemporary veterans and their families (p.1, NAA, second submission).

While noting the key findings in the VVFS and acknowledging "that it is too late to consider preventative initiatives aimed at minimising the consequences of their father's PTSD" it is not acceptable if the children and grandchildren of Australian Vietnam Veterans are ignored on completion of this study (p.2, PVAA).

The Royal Australian Regiment Association commented that '*although the VVFS report is welcome and applauded, it's a bit of "the horse has bolted" as far as [Vietnam veterans] are concerned but still very relevant to the children and grandchildren as to why certain family events and/or trends were experienced'* (p.1, RARA).

There were some comments indicating that the VVFS, although giving validity to the intergenerational impact of the Vietnam War, did not achieve what was hoped. The comments mentioned the cost of the study and the fact that *'it would have been better spent on helping all ADF'* (Individual ES, 20 December 2014). One ESO commented:

Personally, I would suggest the money expended on this study would have produced a better return on investment had it been directed to support those ESO volunteers who are actually working to assist veterans and their families (p.3, NAA).

The feedback received represents a general interest in seeking improvements to services for veterans and families as a result of this study. These improvements include those support services provided by DVA, Defence, ESOs and the broader community. Feedback also includes suggestions for further research and analyses.

6. Consolidated themes of the general feedback

The initial feedback received covered many topics. To allow timely analysis and discussion, the feedback was grouped under the following major themes where possible:

- **Technical/Method** – including comments on methodology and analysis.
- **Health** – incorporating comments on the research findings, recommendations on health, treatment, compensation and support.
- **Education and Communication** – focusing on the areas identified where additional education, awareness and communication may be required.
- **Lessons Learned** – acknowledging what has changed to improve DVA, Defence and veteran community and family support since the Vietnam era and also identifying what still needs to be worked on.
- **Future Research** – outlining areas that would benefit from further research.

Comments that do not fall within these themes will be reported separately at Section 12 Miscellaneous feedback of the paper.

7. Technical/Method

Background and the Current Context

DVA invests significantly in health research. Major health research is undertaken with the support of a Scientific Advisory Committee (SAC) and a Consultative Forum (CF). These two groups provide both scientific expertise and a veteran-specific focus to the discussion of relevant administrative issues that may impact on a health study.

The VVFS was implemented after considerable investigation into the feasibility of an intergenerational study of Vietnam veterans' children. The *Feasibility of a study into the health of the children of Vietnam veterans* (Feasibility Study) was released in 2006 and *The Intergenerational Health Effects of Service in the Military – Research Protocol* (Research Protocol) was released in 2007.

During these investigations, limitations of the study were discussed and considered by the study's SAC and CF. Of concern was the difficulty in obtaining research outcomes on rare conditions in children that may be associated with a father's exposure to chemicals, such as Agent Orange, because the Department of Defence does not hold documented records with this information and relying on veteran recall could introduce a self-reporting bias. Another significant concern was the exclusion of Royal Australian Air Force (RAAF) and Navy Vietnam veterans from the study's randomly selected group because there were larger numbers of enlisted Army veterans, a list of Army veterans who did not go to Vietnam was already available for a comparison group, and for consistency in the nature and length of deployment in Vietnam.

At the conclusion of the investigation, the SAC identified that a study of the sons and daughters of Vietnam veterans would be feasible and selected a study design that would endeavour to provide an intergenerational study that could produce valid scientific outcomes in assessing the evidence for differences in the mental and physical health of sons and daughters of Vietnam veterans compared to children of other military personnel who did not serve in Vietnam and children from the general community. However, the SAC noted that the magnitude of the effects that would be detectable would depend on the prevalence of the conditions and the total sample size. Therefore, the SAC cautioned that while the study design would allow the identification of associations between Vietnam service and

health outcomes in children, the ability to show a direct causal link between children's health and a father's Vietnam service would be limited.

ESORT Feedback

Feedback received on the technical aspects of the VVFS identified two important areas of concern: the limitations of the study design (small sample size) and the subsequent limitation to investigating health outcomes related to chemical exposure including Agent Orange, and the absence of reporting on spouse and partner analyses within the Main Survey report.

Findings related to toxin exposure during the Vietnam War

The following comments provide a representation of the feedback received from organisations and individuals relating specifically to VVFS and the exposure to chemicals, such as Agent Orange:

RAAFA is particularly concerned about... [the fact that] the study sample was not sufficiently large to enable an assessment of the association with rare outcomes such as spina bifida and other congenital problems (p.3, RAAFA).

In particular there is emphasis on mental health problems, where other medical conditions in later generations suggested as being linked to exposure to chemicals appears to be given a lower priority (p.1, VVAA).

This statistic's lack of significance was particularly disappointing in the case of the pregnancy problem of miscarriage, stillbirth, babies born with spina bifida, and babies born with cleft lip and/or palate, problems identified...in previous studies. It was similarly disappointing in the case of suicide, a problem identified and confirmed in previous studies (p.1, VVFA).

The Government in the USA has accepted that Agent Orange affected their soldiers and their families yet once again Australia somehow can deny any connection...It appears that this is just another study that was undertaken to [quieten] the masses (p.1, Individual DA, 20 January 2015).

The Vietnam Veterans Federation of Australia commented that the report does not provide any certainty to the significant concerns of veterans and their families of exposure to Agent Orange. It was recommended that:

If the department truly believes that there should be NO concern – assure people of that or else listen to, and acknowledge their concerns. Do not shove it aside, as was done to their parents and in some cases now grandparents (p.6, VVFA).

Further to this, the Vietnam Veterans Association of Australia recommended that ‘an intergenerational report be commissioned to further study the effect of chemical exposure of veterans and the related effects on their children and grandchildren’ (p.3, VVAA, second submission).

The Vietnam Veterans Federation of Australia also raised the fact that the Main Survey did not consider the psychological impact of anxiety in family members of the potential impact on exposure to chemicals may have (and still may have) on their welfare and their father’s health. The Vietnam Veterans Federation of Australia commented:

One particular factor that emerged among sons and daughters—and could perhaps be overlooked in the design process since it is not an overt physical, mental or social health matter—involves being ‘concerned’ or worried about their own health and/or the health of their father, mother, siblings and children. This concern was often associated with the possible future effects of a veteran’s exposure to Agent Orange and other chemicals in the Vietnam War (p.5, VVFA).

Main Surveys completed by spouses and partners

The absence of the analyses of the Main Surveys completed by the spouse/or partner of the veteran was a significant issue in some of the feedback received. The following quotes highlight the concerns:

The VVFS was promoted as a ‘whole of family’ study and the overarching message in the communication strategy for recruiting participants was that the Family Study Program (FSP) was to conduct research into the effects of war service on the families of veterans and that it would provide research findings on the effect of service on

families...we ask where is the analysis of the partners/mothers who participated in the study? (pp.1-2, PVAA).

There does not appear to have been an instance where the wife (or partner) has been given a chance to voice how the effects of her husband's service in Vietnam affected her as a wife (or partner) only as a mother (p.2, VVFA).

The exclusion of Navy and Air Force personnel in the VVFS randomly selected study sample was also raised:

Of the 5396 RAAF personnel who served in Vietnam, 14 died and 56 were wounded or suffered an illness that necessitated repatriation. Until a companion study is undertaken, the consequences of their wartime experiences for their families will remain un-researched. Anecdotally, however, the same range of medical conditions and socio-educational issues appear to be manifest for members and their families. Their prevalence is, of course, unknown (p.3, RAAFA).

Significant evidence exists of the high cancer mortality of Navy Vietnam veterans and the [Repatriation Medical Authority] (RMA) has recognised those links in its Statement of Principles regarding various medical conditions. Unfortunately the VVFS study did not examine Navy Vietnam families to understand if there had been subsequent issues for descendants, related to this concern. The lesson to be [learned] is to be more systematic in designing research studies to ensure the study sample is truly representative of the entire veteran community (p.1, NAA, second submission).

The Partners of Veterans Association of Australia requested information on DVA's strategy for publishing the key findings of the VVFS in academic literature to enable peer review and international exposure (p.1, PVAA).

The Vietnam Veterans Federation of Australia and the Partners of Veterans Association of Australia (through an independent review conducted by the Australian Families of Military Research and Support Foundation Ltd) provided additional comments about the statistical analyses used in the study. DVA asked the Australian Institute of Family Studies (AIFS) to respond to the comments. AIFS undertook the major analyses of the study and wrote Volume 2 of the study reports. In a letter of response, AIFS explained the context of the

study including the objective of the research and the nature of the data to be analysed and provides reasons for the methodological approach. The letter is available at [Appendix B](#) and was emailed to members of the ESORT on 16 June 2015.

The Vietnam Veterans Federation of Australia suggested that DVA consult the Australian Families of Military Research and Support Foundation on needed research and give support (p.1, VVFA, second submission).

The Vietnam Veterans Federation of Australia also queried the impact of the findings of the VVFS on the past health studies conducted relating to children of Vietnam veterans (p.1, VVFA).

Commenting on the technical aspect of the study, and following consideration of the Interim Feedback Paper, the Returned & Services League of Australia further commented that:

The considerable number of comments by ESOs questioning technical aspects of the conduct of the survey is of concern, especially when the summary (page 5) indicates that a Consultative Forum (CF) as well as a Scientific Advisory Committee (SAC) provided scientific and veteran-specific focus and input to the discussion of relevant issues (p.1 RSL, second submission).

Individual feedback relating to this theme included comments on the study's comparison group and descriptive research findings.

8. Health

Background and the Current Context

Over the past few decades, our knowledge about mental health has significantly advanced, including what supports good mental health and how to effectively treat mental health problems. There have also been positive steps to address stigma around mental health issues, and to encourage people who are concerned about how they are feeling or coping to seek help early. This has been facilitated by the growing availability of mental health support, including rebates available through Medicare.

The changing knowledge and attitudes around mental health are reflected in much of the feedback which recognised that over the past 40 years DVA and Defence have implemented

improvements to treatment and support services for both veterans and families. More broadly, there has also been significant change in the way the Australian community supports and commemorates military and defence service when compared to the Vietnam War.

Counselling services provided by Veterans and Veterans Families Counselling Service (VVCS) are available to Vietnam veterans and their children for life, regardless of the age of the child. Partners and spouses of Vietnam veterans are also eligible for VVCS counselling for life, and ex-partners of Vietnam veterans can access support within five years of separation.

In July 2014, the eligibility of counselling services through VVCS was extended to newly eligible service groups.¹ The partners and dependent children up to the age of 26 of these newly eligible service men and women are also able to access VVCS services, along with the partners, dependent children and parents of members killed in service-related incidents.

The services provided by VVCS are generally limited to core business services and include intake and assessment, counselling, referral, psychiatric assessments (for the children of Vietnam veterans), group programmes and information sessions.

VVCS provides couple and family counselling to meet the specific needs of each family, both in centre and through its outreach providers. Although parental support programs are not identified as a core business for VVCS at this time, some locations do provide limited services to support parents including a range of family-oriented programs and interventions, including those focused on family (and other) relationships (i.e. the Building Better Relationships Program).

ESORT Feedback

A variety of health areas were discussed in the feedback received including the provision of better support systems for families including parenting support, developing a sense of community for Defence families, and a focus on improving mental health services for veterans and families including children and grandchildren of all ages.

¹ Newly eligible groups include: people with border protection service, service in a disaster zone either in Australia or overseas, service as a submariner, personnel involved in training accidents resulting in serious injury and members who have been medically discharged.

Provision of better support systems for families

Defence Families of Australia commented that *'the Defence family is a unique community that faces risk unlike most other sections of our community'*. Suggestions of *'improved deployment support'* and an *'assessment of deployment policy regarding the length'* of deployments were made as the research findings indicate this impact on family wellbeing (p.1, DFA).

The Returned & Services League of Australia suggested that consideration should be given by DVA to fund access to mainstream services for psychological support for veterans' children, rather than just VVCS (p.1, RSL).

Two other recommendations relating to the provision of psychological support were *'to expand VVCS services to assess and manage younger children (under 6) for behavioural problems'* and the provision of *'child care facilities for those people wishing to have counselling is a necessity'* (p.2, PVAA & pp.7-8, VVFA). In their feedback on the interim report, PVAA also suggested that *'school aged children of current and/or ex-serving ADF personnel affected by mental health issues (PTSD) be funded to attend camps specifically designed for children to share their experiences with children living in similar situations'* (p.2, PVAA, second submission).

The Vietnam Veterans Association of Australia supported an extension of eligibility for mental health services and treatment to the descendants of Vietnam veterans with no age limit imposed on the provision of services (p.2, VVAA).

The Partners of Veterans Association of Australia commented that the programs and support systems presently administered by the Defence Community Organisation (DCO) *'do not appear to be effective and in some cases are relatively non-existent'*. The PVAA recommended a needs-analysis be undertaken and any future policy be underpinned by a uniformity of guidelines and be appropriately flexible to meet the needs of families at local levels (p.2, PVA). Defence Families of Australia shared a concern about the *'effect the Commonwealth-wide public service cuts have had on DCO's ability to provide services to ADF families'* (p.1, DFA, second submission).

The Royal Air Regiment Australia commented that *'Defence must double its efforts to provide counselling to deploying and returning service men and women about the need to*

recognise mental issues, seek support, involve their family, and understand the generational problems that can be caused by behaviours such as hard parenting and regimentation’ (p.4, RARA).

Defence Families of Australia also stated the VVFS *‘highlights both the importance of parenting education as part of treatment and the whole-of-family approach that is a necessary ingredient for success’ (p.2, DFA).*

The Vietnam Veterans Federation of Australia and the Partners of Veterans Association of Australia have both referenced the Australian Government initiative KidsMatter (Health, 2015) in recommending improvements to services and supports provided to present and future children of the Australian Defence Force (ADF).

KidsMatter is an Australian mental health and wellbeing initiative set in primary schools and early childhood education and care services.

It’s not a program, but a framework that helps staff, parents and carers to work together to create settings that better support children’s social and emotional wellbeing needs (Health, 2 March 2015, <https://www.kidsmatter.edu.au/families/about-kidsmatter>).

The Royal Australian Air Force Association provided feedback supporting the consideration of implications for interpersonal relationships and family life when evaluating professional help provided for PTSD and acute stress reactions. They also supported the notion that treatment protocols be sufficiently flexible to include goals of family functioning and better parenting as well as allow family member involvement in treatment programs (p.3, RAAFA).

Defence support and services

The need for family inclusiveness was re-iterated by Defence Families of Australia who supported a *‘holistic view of the member that sees them as part of a family unit rather than just an individual’ (p.2, DFA).* They also called for *‘an “opt-out” method for receiving support rather than the ADF member “opting-in” their family’ (p.2, DFA).* This would reduce the potential risk of having a Defence member as ‘gate-keeper’ for deciding whether their family receives support (p.2, DFA).

The transition from the ADF to civilian life is identified as an important period for veterans and families. The Returned & Services League of Australia recommended that *'more time, resources and education'* be available generally during this vital period and also identified the need for specific programs that focus on *'military culture (harsh discipline, giving orders) that are incompatible with civilian life'* to assist veterans transition to civilian life (p.2, RSL).

The period of deployment was also raised as a risk area for family support for those ADF personnel. There was a request for family-inclusive pre- and post-deployment briefings, specific family support for those who deploy outside of their unit as a composite group and the necessity of having family support issues documented and transferred with the soldier upon a posting (p.2, RARA).

The Vietnam Veterans Federation of Australia and the Partners of Veterans Association of Australia recommended the following specific Defence support services:

- Extra family support during times of exacerbation of mental health issues of Defence personnel.
- Further work to reduce the stigma of mental health issues within Defence.
- Activation of involvement with sporting links and clubs at a local level.
- Expansion of the Defence School Transition Aides (DSTA) and Defence Transition Mentors (DTM) programmes to meet local level needs.
- Expansion of, and improvements to, the Partner Education and Employment (PEEP) (pp.7-8, VVFA & pp.3-4, PVAA).

Compensation

The Returned & Services League of Australia has indicated that there is *'a need for a treatment path and compensation for descendants of Vietnam veterans who are unable to work because of the link of their own mental health condition to their parent's service in Vietnam'* (p.1, RSL).

The Vietnam Veterans Association of Australia has recommended *'that the government develop a compensation program to financially support the descendants of Vietnam*

veterans where it can be shown a link exists between the child and the veteran's military service' (p.2, VVAA).

9. Education and Communication

Background and Current Context

Education and communication is important to ensure that the military and veteran community is aware of the support services available for themselves and their families. Education methods have transformed to include online and e-learning programs, multi-media entertainment such as YouTube videos and interactive smart phone applications. Social media can also be used to engage and communicate informative and positive mental health messages.

An example of this is the YouTube videos DVA produced for mental health providers, which highlight the need to be mindful of the unique nature of veteran mental health issues when treating veterans and discuss how DVA's online resources can be used as part of a treatment plan.

ESORT Feedback

The major elements identified within the feedback relating to education and communication included the provision of parenting programs, comprising financial education, to assist parents struggling with mental health conditions and financial stress. The importance of education for medical providers and ESOs highlighting the possibility of an intergenerational impact of war was also raised.

Expansion of counselling services

The following feedback relates to the provision of counselling:

There are many parenting programs that can assist with strategies to help parents cope with difficult circumstances and these together with other professional and peer services may help reduce the effects on children of current veterans in the future...we would support opportunities for financial education for veterans and their partners during and on leaving the military (p.2, RSL).

Expand current couple and family counselling aimed at early intervention. Keep in mind that a National Scheme and talks with a PowerPoint presentation is NOT a solution (p.3, PVAA).

Unfortunately not all families are aware of the support that DVA and VVCS are able to provide and this must be a part of a national communication strategy (p.2, RARA).

Educating medical providers

We would support increasing the knowledge of veterans' issues and the effects of war on them and their families among mainstream health practitioners—GPs, counsellors, social workers, psychologists, etc. We believe this is best done through educational institutions and professional associations (p.2, RSL).

It is very important to register strong support for the notion of enhancing the knowledge of the health sector in a very significant way to their unique nature of military service and its impact particularly on veterans and their families. This education should be done at the grass roots level at the Medical Schools, Colleges and Allied Professional Training Institutions. This is imperative moving forward to

ensure the best service, support and welfare protection for the Vietnam and contemporary veterans and their families (p.2 NAA, second submission).

Educating ex-service organisations

Legacy Australia commented on the need for including *'the acknowledgement of intergenerational transfer of traits and behaviours'* in awareness education for Legatees (p.1, Legacy). Additionally, the notion of a *'single point of contact...for the family as a whole'* was supported by Legacy to provide direct access to coordinated services (p.2, Legacy).

Communication of study results

The Returned & Services League of Australia expressed their belief in communicating the study results being a *'lynchpin of understanding and change'*. The RSL supports *'a formalised process of dissemination of results, including to the grass roots community members'* (p1. RSL, second submission).

10. Lessons Learned

Background and Current Context

Much of the feedback recognised that over the past 40 years DVA and Defence have implemented improvements to treatment and support services for both veterans and families, and concurrently there has been a broader community change in attitudes and understanding of mental health. More broadly, there has also been a significant shift in the manner in which the Australian community supports and commemorates military and defence service when compared to the Vietnam War.

ESORT Feedback

Improvements were recognised by the Royal Australian Regiment Association which acknowledged that major improvements had been made by the ADF *'in the way that soldiers and their families are looked after during deployments but there is still plenty of room for improvements'* (p.1, RARA).

The Defence Force Welfare Association commented that the provision of counselling whether through VVCS or mainstream providers was seen to provide significant benefits to many and the support provided by ex-service organisations beneficial (p.2, DFWA).

There was recognition that the Vietnam War was different for all sorts of reasons but *‘the overall issues resulting from deployment into any hostile or human tragedy environment is the same and the study really should be used as a “lessons learnt” for more current and subsequent deployments’* (p.1, RARA). The Royal Australian Regiment Association also identified specific lessons from Vietnam:

- The importance of recognising the huge unpopularity of the Vietnam War; there will be more deployments also unpopular and this information would be helpful in the future.
- Troops must be appropriately farewelled and welcomed home with an emphasis on families being able to see that recognition.
- Troops must be given the time and opportunity to mourn the dead, in particular mates. If not, there will be a psychological impact.
- Personnel who are wounded in action or killed in action need to be publically recognised and those who are killed in action should receive formal recognition for the next of kin.
- The need for peer to peer support cannot be underestimated (pp.3-4, RARA).

The benefit of families living together in service communities—‘the married patch’ offered families mutual support and the bringing together of those with *‘damaged bodies and minds in Repatriation Hospitals’* fostered a mutually supportive environment which is largely absent today (p.3, NAA).

At a time of increasing risk of Australia’s engagement in combat operations, the Royal Australian Air Force Association highlighted two recommendations that have critical urgency. These were:

First, to inform governments of the down-stream socio-economic consequences of a decision to engage in combat operations. And, second, to prompt societal awareness of the needs of the veterans’ families so that pressure is brought to bear on governments to weigh the socio-economic costs of combat operations (p.4, RAAFA).

11. Future Research

Background and Current Context

The VVFS is the first significant research programme to focus on the health of Australian sons and daughters of Vietnam veterans. It provided the opportunity for sons and daughters to respond directly to researchers rather than a parent reporting on their behalf.

The focus of research on the health of military families is ongoing with the launch in 2014 of the Transition and Wellbeing Research Programme, a jointly-funded collaboration between DVA and Defence. It is the largest and most comprehensive study undertaken in Australia to examine the impact of contemporary military service and deployment experiences on the mental, physical and social health of serving and ex-serving personnel and their families.

The programme includes three major studies: The Mental Health and Wellbeing Transition Study; the Impact of Combat Study (on personnel deployed to the Middle East Area of Operations (MEAO) between 2010 and 2012); and the Family and Wellbeing Study.

ESORT Feedback

Both the Vietnam Veterans Federation of Australia and the Partners of Veterans Association of Australia commented that *'more work/analysis needs to be done with the inclusion of partners in all the relevant analysis'* (p.6, VVFA and p.2, PVAA).

Feedback received identified specific topics that would benefit from further research.

One issue identified as lacking in the report was domestic violence associated with post-deployment, particularly when an incident is reported at the unit level. The Royal Australian Regiment Association commented *'it is an issue but we feel that some are simply burying their heads in the sand and not accepting that domestic violence within the ADF family is a workplace issue and cannot be ignored'* (p.5, RARA).

The Naval Association of Australia also strongly supported *'further research and study to understand the linkage between post-deployment stress, mental illness and family violence'* (p.2, NAA, second submission).

The Naval Association of Australia suggested that research be undertaken to identify best practice in psychologically preparing soldiers for the potential *'brutalising'* trauma they may experience during a military career (p.2, NAA).

The Vietnam Veterans Association of Australia recommended that the *'link between exposure to chemicals and herbicides by Vietnam veterans and their descendants'* be fully investigated and specifically mentions on HMAS Sydney veterans *'in light of more recent studies and reports.....in particular, HMAS Sydney it is our opinion that this group should be included in any further studies'* (pp.1-2, VVAA).

The Royal Australian Air Force Association recommended that *'further investigation could be fruitful, including further analysis of the detailed data collected for this study....It is hoped that publication of this report will prompt new initiatives'* (p.4, RAAFA).

Legacy Australia recommended that *'future studies explore the impact of the husband's deployment on the wife's physical and mental health'* (p.1, Legacy).

The Royal Australian Air Force Association strongly endorsed the three major studies of the Transition and Wellbeing Research Programme, however did note concerns that *'abductions from the Vietnam-era experiences may not necessarily be transposed to the immediate-past, contemporary and future cohorts'* (p.2, RAAFA, second submission). The RAAFA further noted that *'while noting the Non-Liability cover and VVCS support have been extended to cover personnel who have engaged in Operation Sovereign Borders and ADF disaster relief operations, we are concerned that the Terms of Reference for the above studies must include research into the family consequences of these operations'* (p.2, RAAFA, second submission). It is with this note that they have requested to review the Terms of Reference.

12. Miscellaneous feedback

An individual who served in Borneo in the early part of 1964 provided a personal reflection of the impact of his service. The feedback asks *'please do not downgrade those who were not in Vietnam'* (p.1, Individual BL, 20 December 2014).

An individual who suffers from a rare skin condition expressed disappointment at the small level of attention given to the subject of skin conditions and requested more information on the conclusions of the researchers (p.1, Individual KM, 20 December 2014).

An individual who was a National Serviceman and worked in Australia as a medical assistant caring for wounded soldiers with serious war-related injuries expressed disappointment that his service has not been recognised *‘as working in a war when we were exposed to such trauma as we were not treating soldiers for general illness’* (p.1, Individual LG, 19 December 2014).

An individual commented on the ‘deliberate delays’ between the announcement of the VVFS and the email to VVFS participants (p.1, Individual JS, 19 December 2014).

13. Identified priority areas

An analysis exercise was undertaken by DVA after receiving final comments from ESORT on 2 October 2015. The final comments were grouped into four identified priority areas using the previously provided comments and the consolidated themes framework. See Appendix A for details of the consolidated themes framework. The priority areas identified for future consideration were:

- **Future research**
- **Further education**
- **Increasing collaboration with Defence on family matters**
- **Involvement of families in transition from service**

Future research

A strong theme that emerges from the ESORT comments is the expectation that DVA continue to research the impact of service on veterans and their families, including specific themes such as:

- Continue research into the health of Vietnam veterans and their extended families including second and third generations.
- Undertake an investigation into the impact of service on spouses and partners of veterans.
- Undertake research into domestic and intimate partner violence in the veteran community.
- Early intervention strategies.
- Undertake research into exposure of chemical and other matters (e.g. jet fuel) that may have impacted on the long term health of veterans.
- Continue research into the impact of service on the mental health of veterans' families.

Further Education

Many ESORT members called for increased education for members and their families as well as health providers regarding the impacts of service, living with conditions such as PTSD and other mental health issues. Prioritised areas of concern included:

- Increase peer to peer support programs to include families.
- Establish pre and post deployment DVA briefings for ADF members and families to assist them to adjust to deployment and transition issues.
- Increase education and services specifically directed towards families of veterans diagnosed with PTSD.
- Expand Skype access for counselling in regional and remote areas to assist access for affected veterans and their families.

Increasing collaboration with Defence on family matters

A prioritised concern elicited from the ESORT comments was a general call to increase collaboration between Defence and DVA on family matters. Suggested actions include:

- DVA to work with Defence to improve awareness of the impact of transition on families within the military and veteran community.
- DVA and Defence to work together to improve DCO programs and services, such as Defence School Transition Aides and Defence Transition Mentors.
- Raise awareness of domestic violence and access to assistance for affected families.
- DVA and Defence to work together to increase educational awareness of financial literacy particularly during transition from military service.
- DVA and Defence to work together to increase available educational aids to GPs and health professionals to increase awareness of the impact of transition on affected military families.

Involvement of families in transition from service

Related to the above, ESORT members expressed a specific desire for further work to be done to increase the involvement of family members in the process of transitioning from military service, to include practical help in the areas of:

- financial planning
- social connectivity
- coping with other transitional issues.

Another theme that came through strongly from the ESORT membership was a call for expansion of DVA services to second and third generation family members of veterans.

14. Conclusion

The feedback and identified priority areas received from ESORT commented on a diversity of topics and some proposals were put forward on how to utilise this research to improve services for the families of both veterans and ADF personnel.

Considering the current context is imperative when discussing the feedback received. There have been many significant improvements to health and care support provided in the military and veteran space, as well as the general community. Combined with this is a commitment to continued research into the health of military families. Given these important points, the Royal Australian Regiment Association provided an appropriate conclusion to the feedback process:

We are confident that at both ADF and DVA level there has been more of an acknowledgement, acceptance and focus on PTSD and the broader mental health issues not dissimilar to mental health issues experienced in the wider Australian community but not totally confident that there is an understanding of the generational consequences that come from the burden and stressors put on the families and the consequences.

There are very valuable lessons that have been identified and as a group we are concerned but hopeful that findings further assist both the ADF and DVA to better manage issues and members of the ADF and veterans now and into the future (p.5, RAR).

Appendix A – Vietnam Veterans Family Study – Consolidated themed feedback from ESORT members and individuals

| 1. Technical/ Method | 2. Health | 3. Education and Communication | 4. Lessons learned | 5. Future research | Miscellaneous |
|--|---|--|---|--|--|
| <ul style="list-style-type: none"> • Proper analysis of reports, including best-practice questionnaire design, thorough analysis & appropriate conclusions (PVAA, VVAA, DFWA, WWG, VVFA) • Sample size not large enough to investigate rare outcomes and suicide, and why do a study with small numbers. Concerns with findings presenting scientific uncertainties (RAAFA, WWG, VVFA) • Difficulties in understanding the technical nature of the report (PVAA, TPI Fed, VVFA) • Priorities given to mental health conditions vs conditions linked to chemical exposure and skin conditions (VVAA, Ind.) • US Government awarding money for Agent Orange exposure (Ind.) • Address concerns about Agent Orange exposure (VVFA) • Being concerned or worried about health (VVFA) • Separate analysis of random & self-select participants, and omission of analysis of partner responses (PVAA, VVAA, VVFA) • Exclusion of RAAF & Navy personnel and their families (RAAFA, VVFA, Ind.) • Questions on academic credibility and completion of peer review (PVAA) • How do the findings sit with/impact on previous studies? (VVFA) • Comparison of serving group should have been to 'mainstream Australian peers', not to non-deployed Vietnam-era personnel (Ind.) • Minimal reference to impact of unpopularity of Vietnam War (RARA) • Only descriptive of a situation, not prescriptive for a remedy (DFWA, Ind.) • Lacks details of which parent is responsible for 'harsh parenting' (Ind.) • Feedback from individuals wishing they were invited to participate (Ind.) | <ul style="list-style-type: none"> • Mainstream psychological support for families (not VVCS) (RSL) • Treatment and compensation pathways for descendants of Vietnam veterans, with no age limit imposed, including issuing of Gold Card (RSL, VVAA, PVAA, Ind.) • The building blocks of healthy family relationships according to 'Kids Matter', including current DCO programs & systems that don't seem effective (PVAA, VVFA) • Emphasis during transition stage on the impact of military culture on the veteran and the family (RSL) • Better mental preparation for career in ADF and Defence to improve counselling about the need to recognise mental health issues, seek support and involve their family (Naval) • Better support systems and services for Defence families (DFA, PVAA) • Extra family support during times of exacerbation of mental health issues, removal of stigma, improvement to Defence Schools Transition Aides, Defence Transition Mentors, Partner Education & Employment (VVFA, PVAA) • Single point of contact for Defence/DVA families (Legacy) • Acknowledge the higher risk of mortality in male children (VVAA) • Acknowledge that mental health concerns more significant in children (WWF, RAAFA, DFWA, VVFA) | <ul style="list-style-type: none"> • Education and treatment for veterans and partners on the impact of PTSD on parenting (DFA, RAAFA, RARA) • Expand current couple and family counselling aimed at early intervention (PVAA) • Awareness and education of the intergenerational impact of war (Legacy, RAAFA, RARA) • Support that DVA and VVCS can provide to families (DFA, RARA, Legacy) • Education to mainstream health practitioners on veteran issues, military groups and culture and the effects of war (RSL, RARA) • Support for building stronger relationships with parents (VVFA, PVAA) • Education on financial matters to veterans and partners on leaving the ADF (RSL) • Pass on family support or issues with personnel to new posting (RARA) • Pre- and post-deployment briefing information inclusive of families (DFA, RARA) | <ul style="list-style-type: none"> • ADF has made improvements in looking after personnel and families during deployments (RARA) • Greater acknowledgement from DVA and Defence of mental health issues, and benefits of services/support i.e. VVCS counselling (RARA, DFWA) • Better ways of welcoming troops home (RAAFA, RARA) • Acknowledging/recognising personnel injured and wounded (RARA) • Absence of 'service communities' to provide support to Defence families (Naval) • Inform the Government of the downstream socio-economic consequences of a decision to engage in combat operations (RAAFA) • Serving member being able to communicate with family whilst on deployment (RARA) • Excellent family support system in place when a unit is deployed. Support systems less evident when group deployed as a composite group or for Reservists (RARA) • Research supports the efforts and work of ESOs (Naval, DFWA) | <ul style="list-style-type: none"> • Domestic violence associated with post-deployment (RARA) • Mentally preparing for a career in the ADF (Naval) • Investigating links between medical conditions experienced by children and grandchildren and Vietnam veteran exposure to chemicals, as well as investigating individual concerns (VVAA, VVFA, Ind.) • Research should continue until the research has ceased to yield new insight (VVAA) • Request for companion/further study for RAAF & Navy personnel and their families (RAAFA, VVAA, Ind., PVAA, VVFA) • Impact of the husband's deployment on the wife's physical and mental health (Legacy) • Potential need for support for grandchildren of veterans (RSL) • Potential psychological impact of death of member of unit whilst on deployment (RARA) | <ul style="list-style-type: none"> • Timeline for feedback insufficient (PVAA) • Consulted external assistance to understand and analyse the report (PVAA, VVFA) • Individual who served in Borneo asks '<i>please do not downgrade those who were not in Vietnam</i>' • Look forward to further consultation in the formulation of the response and recommendations to Government (RSL) • Skin conditions, not related to behavioural problems nor the skin condition of the father (Ind.) • Effects on service personnel who treated wounded Vietnam soldiers in Australia (Ind.) • Nothing new in the research and money would have been better spent on ESO services (Naval) • Concern that Government is ignoring important issues (Ind.) |

Appendix B – Letter from the Australian Institute of Family Studies



Australian Government
Australian Institute of Family Studies

Office of the Director
Telephone: +61 3 9214 7807

29 May 2015

Ex-Service Organisation Round Table
Department of Veterans' Affairs
Level 10, Lovett Tower
GPO Box 9998
CANBERRA ACT 2600

Dear Roundtable Members,

This letter addresses the detailed and thoughtful response to the Vietnam Veterans Family Study (VVFS) from Gail McDonell from the Australian Families of the Military Research and Support Foundation Ltd including consideration of the other possibilities for statistical analysis of the survey data.

It is useful to provide the context that encompassed the Institute's involvement in the analysis of the VVFS survey data. The Institute was not involved in either the survey design or the data collection. The role of our researchers was to provide analytic expertise on the data set. While there is always a variety of statistical analyses that can be undertaken with any large-scale survey, best research practice was followed in considering the approach to the statistical analyses undertaken by AIFS to underpin volumes two and three.

The second volume of the report focused on two research questions:

- (1) What effect, if any, has active Vietnam service had on the physical, mental and social wellbeing of the sons and daughters of Australian Vietnam veterans? and
- (2) Which risk, protective and mediating factors might account for those effects that also have implications for service delivery? The Australian Families of the Military Research and Support Foundation raised a concern about the testing of statistical mediation in the structural equation modelling that was used to address the second research question.

It was suggested by the Australian Families of the Military Research and Support Foundation Ltd that Hayes' Conditional Process Approach should have been used. In formulating their analysis plan the research group carefully considered using Hayes's Conditional Process Approach in mediation analysis, however, for this study it was crucial to account for the pre-existing differences between Vietnam Veterans and Vietnam-era Personnel (using probability weights calculated by propensity score matching) and clustering among children. Neither of the SPSS nor SAS modules developed by Hayes (nor any other software that allows for binary outcome measures) can currently account for probability weights and clustering at the same time. Therefore, the decision was made to test for mediation using the classical Baron and Kenny's approach but also to correct point estimates and standard errors using probability weights and adjustments for clustering (outlined on p. 62 of the report).

While the Australian Families of the Military Research and Support Foundation Ltd provided careful consideration of alternative approaches to statistical mediation in the structural equation models in the analyses from the Vietnam Veteran's Family study, given the focus of the report and the nature of the data to be analysed, the researchers consider that the approach to statistical mediation used was the most appropriate.

Yours sincerely,



Professor Alan Hayes AM
Director