

Chapter 3

Conclusion and recommendations

Introduction

3.1 The committee acknowledges the importance of informing prone-to-capture ADF personnel of potential scenarios they may face in captivity and agrees with Defence that individuals should receive some level of training on how to survive with dignity. However in light of the evidence received during this inquiry, especially from ADF personnel who completed Resistance to Interrogation (RTI) training, the committee questions whether the Conduct after Capture (CAC) Level C practical immersion training, which was introduced in 2006, is the most effective and safest method to deliver these outcomes.

3.2 The committee is concerned about the duration of CAC Level C training up to 96 hours and whether this is necessary given that the committee heard evidence that the British defence forces conduct equivalent CAC training over a shorter 48-hour period due to risk of psychological harm.

3.3 The committee is also concerned that Level C training continues to be conducted following arduous SAS training courses when participants are mentally and physically exhausted. The committee believes that Defence should exercise greater duty of care and examine the necessity of subjecting personnel to Level C training activities when they are exhausted and at high risk of physical and psychological injury.

Consent

3.4 On the issue of consent and voluntary participation in the training, the committee has two main areas of concern. First, the committee was disturbed by allegations that during the 1990s and as recently as 2006, Defence failed to obtain the consent of some participants prior to the commencement of training activities. Furthermore, the evidence shows that consent was obtained from some individuals when they were mentally and physically exhausted or only after training had already commenced.

3.5 The committee notes Defence's evidence that stricter controls around consent were implemented following the review of RTI training that Defence completed in 2004. The committee also understands that details about activities are intentionally withheld from participants in order to simulate likely scenarios involving capture and interrogation. However, the committee is not convinced that CAC training can be undertaken with participants' 'informed' consent when important details of the training methods used are not fully disclosed.

Recommendation 1

3.6 The committee recommends that participants in Conduct after Capture training are provided with all the relevant information on the nature of the training activity before they sign a volunteer declaration form.

3.7 Second, the committee is concerned that prospective participants are not being provided with information about the risk and types of injury that may occur as a result of participation in training activities. The committee heard evidence that physical and psychological harm is not uncommon due to the nature and duration of the training. In light of the evidence provided by former participants in RTI training, the committee is of the view that information on the potential physical and psychological harm that may occur should be provided to individuals before they consent to training.

Recommendation 2

3.8 The committee recommends that Conduct after Capture Level B briefings be revised to include information on the risk of physical and psychological injury that may occur as a result of participation in Level C training activities.

Duty of care

3.9 The committee notes that Defence regularly reviews its CAC training program to reflect best practice among Australia's allies and the changing nature of warfare and Australia's military operations abroad. While the committee accepts that this is a necessary part of training, it agrees with the Australian Psychological Society that high-risk training programs such as Conduct after Capture should be subject to an arms-length, third party external review process. A third-party review should focus on screening participants in Level C training from an early stage after completion for any sign of psychological harm. The committee does not believe that psychologists who participate in CAC training are best placed to provide independent medical assessments of participants when the training is completed.

Recommendation 3

3.10 The committee recommends that the Department of Defence implement independent screening of individuals who have participated in Level C activities to identify and treat psychological injuries.

3.11 The committee also received some disturbing evidence from former and serving ADF personnel who are living with the debilitating physical and psychological effects of RTI training completed in the 1990s. The committee is concerned that a potentially large cohort of RTI trainees in the community may have acquired a physical or mental health condition long after completing their RTI training, but did not seek treatment or assistance from Defence or the Department of Veterans' Affairs. Defence does not have a process to identify and assist these former trainees, a situation the committee believes Defence should rectify.

3.12 The committee is of the view that Defence should be doing more to identify and reach out to individuals who have participated in RTI and CAC activities and provide advice on the support available for any physical and psychological injuries arising from training.

Recommendation 4

3.13 The committee recommends that the Department of Defence conduct an audit of its records to identify all former RTI and CAC training participants and

provide information on avenues available to treat physical and psychological injuries arising from training.

3.14 It is unclear from the evidence received whether Defence retains records of individuals' involvement in RTI or CAC activities. Former participants described their difficulty receiving support from DVA as details of their involvement in training activities appear not to have been recorded.

3.15 The committee supports measures that will improve access to health support for current and former Defence personnel, and believes that Defence should ensure that it keeps medical and service records of all individuals who have participated in Level C activities.

Recommendation 5

3.16 The committee recommends that the Department of Defence retain medical and service records of individuals' involvement in Level C activities and ensure this information is accessible by the Department of Veterans' Affairs.

Senator Alex Gallacher
Chair

