

# REVOKED

## Statement of Principles

concerning

# POST TRAUMATIC STRESS DISORDER

ICD CODE: 309.81

Veterans' Entitlements Act 1986  
subsection 196B(2)

1. Being of the view that there is sound medical-scientific evidence that indicates that **post traumatic stress disorder and death from post traumatic stress disorder** can be related to operational service rendered by veterans, peacekeeping service rendered by members of Peacekeeping forces and hazardous service rendered by members of the Forces, the Repatriation Medical Authority hereby determines, under subsection 196B(2) of the *Veterans' Entitlements Act 1986*, that the factors that must as a minimum exist before it can be said that a reasonable hypothesis has been raised connecting **post traumatic stress disorder or death from post traumatic stress disorder** with the circumstances of that service, are:
  - (a) experiencing a stressor prior to the clinical onset of post traumatic stress disorder; or
  - (b) experiencing a stressor prior to the clinical worsening of post traumatic stress disorder; or
  - (c) inability to obtain appropriate clinical management for post traumatic stress disorder.

2. Subject to clause 3 (below) at least one of the factors set out in paragraphs **1(a) to 1(c)** must be related to any service rendered by a person.
3. The factors set out in paragraphs **1(b) and 1(c)** apply only where:
  - (a) the person's **post traumatic stress disorder** was contracted prior to a period, or part of a period, of service to which the factor is related; and
  - (b) the relationship suggested between the **post traumatic stress disorder** and the particular service of a person is a relationship set out in paragraph 8(1)(e), 9(1)(e), 70(5)(d), or 70(5A)(d) of the Act.

4. For the purposes of this Statement of Principles:

**“DSM-IV”** means the fourth edition of the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders*;

**“experiencing a stressor”** means the following (derived from DSM-IV):

- (a) the person experienced, witnessed, or was confronted with an event that involved actual or threatened death or serious injury, or a threat to the person's, or other people's, physical integrity; and
- (b) the person's response to that event involved intense fear, helplessness or horror;

**“post-traumatic stress disorder”** means a psychiatric condition meeting the following description (derived from DSM-IV):

- (a) the person has been exposed to a traumatic event in which:
  - (i) the person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others; and
  - (ii) the person's response involved intense fear, helplessness, or horror; and
- (b) the traumatic event is persistently re-experienced in one or more of the following ways:
  - (i) recurrent and intrusive distressing recollections of the event, including images, thoughts, or perceptions;
  - (ii) recurrent distressing dreams of the event;

- (iii) acting or feeling as if the traumatic event were recurring (including a sense of reliving the experience, illusions, hallucinations, and dissociative flashback episodes, including those that occur on awakening or when intoxicated);
  - (iv) intense psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event;
  - (v) physiological reactivity on exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event; and
- (c) persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness (not present before the trauma), as indicated by three or more of the following:
- (i) efforts to avoid thoughts, feelings, or conversations associated with the trauma;
  - (ii) efforts to avoid activities, places, or people that arouse recollections of the trauma;
  - (iii) inability to recall an important aspect of the trauma;
  - (iv) markedly diminished interest or participation in significant activities;
  - (v) feeling of detachment or estrangement from others;
  - (vi) restricted range of affect (eg, unable to have loving feelings);
  - (vii) sense of a foreshortened future (eg, does not expect to have a career, marriage, children, or a normal life span); and
- (d) persistent symptoms of increased arousal (not present before the trauma), as indicated by two or more of the following:
- (i) difficulty falling or staying asleep;
  - (ii) irritability or outbursts of anger;
  - (iii) difficulty concentrating;
  - (iv) hypervigilance;
  - (v) exaggerated startle response; and
- (e) duration of the disturbance (indicated by the relevant symptoms set out in paragraphs (b), (c) and (d)) is more than one month; and
- (f) the disturbance causes clinically significant distress or impairment in social, occupational or other important areas of functioning.

Dated this

day of

1994

The Common Seal of the )  
Repatriation Medical Authority )  
was affixed to this instrument )  
in the presence of: )

KEN DONALD  
CHAIRMAN