



Australian Government  
Repatriation Medical Authority

Statement of Principles  
concerning

**POSTTRAUMATIC STRESS DISORDER**

**No. 82 of 2014**

for the purposes of the

*Veterans' Entitlements Act 1986*

and

*Military Rehabilitation and Compensation Act 2004*

**Title**

1. This Instrument may be cited as Statement of Principles concerning posttraumatic stress disorder No. 82 of 2014.

**Determination**

2. The Repatriation Medical Authority under subsection **196B(2)** and **(8)** of the *Veterans' Entitlements Act 1986* (the VEA):
  - (a) revokes Instrument No. 5 of 2008, as amended by Instrument No. 19 of 2014, concerning posttraumatic stress disorder; and
  - (b) determines in their place this Statement of Principles.

**Kind of injury, disease or death**

3.
  - (a) This Statement of Principles is about **posttraumatic stress disorder** and **death from posttraumatic stress disorder**.
  - (b) For the purposes of this Statement of Principles, "**posttraumatic stress disorder**" means a psychiatric disorder which meets the following criteria (derived from DSM-5):
    - A. Exposure to actual or threatened death, serious injury, or sexual violence in one (or more) of the following ways:
      - (i) directly experiencing the traumatic event(s);
      - (ii) witnessing, in person, the event(s) as it occurred to others;

- (iii) learning that the traumatic event(s) occurred to a close family member or close friend. In cases of actual or threatened death of a family member or friend, the event(s) must have been violent or accidental; or
  - (iv) experiencing repeated or extreme exposure to aversive details of the traumatic event(s) (for example, first responders collecting human remains; police officers repeatedly exposed to details of child abuse). This criterion does not apply to exposure through electronic media, television, movies, or pictures, unless this exposure is work related; and
- B. Presence of one (or more) of the following intrusion symptoms associated with the traumatic event(s), beginning after the traumatic event(s) occurred:
  - (i) recurrent, involuntary, and intrusive distressing memories of the traumatic event(s). In children older than six years, repetitive play may occur in which themes or aspects of the traumatic event(s) are expressed;
  - (ii) recurrent distressing dreams in which the content and/or affect of the dream are related to the traumatic event(s). In children, there may be frightening dreams without recognisable content;
  - (iii) dissociative reactions (for example, flashbacks) in which the individual feels or acts as if the traumatic event(s) were recurring. (Such reactions may occur on a continuum, with the most extreme expression being a complete loss of awareness of present surroundings.) In children, trauma-specific reenactment may occur in play;
  - (iv) intense or prolonged psychological distress at exposure to internal or external cues that symbolise or resemble an aspect of the traumatic event(s); or
  - (v) marked physiological reactions to internal or external cues that symbolise or resemble an aspect of the traumatic event(s); and
- C. Persistent avoidance of stimuli associated with the traumatic event(s), beginning after the traumatic event(s) occurred, as evidenced by one or both of the following:
  - (i) avoidance of or efforts to avoid distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s); or
  - (ii) avoidance of or efforts to avoid external reminders (people, places, conversations, activities, objects, situations) that arouse distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s); and

- D. Negative alterations in cognitions and mood associated with the traumatic event(s), beginning or worsening after the traumatic event(s) occurred, as evidenced by two (or more) of the following:
    - (i) inability to remember an important aspect of the traumatic event(s) (typically due to dissociative amnesia and not to other factors such as head injury, alcohol, or drugs);
    - (ii) persistent and exaggerated negative beliefs or expectations about oneself, others, or the world (for example, “I am bad”, “None can be trusted”, “The world is completely dangerous”, “My whole nervous system is permanently ruined”);
    - (iii) persistent, distorted cognitions about the cause or consequences of the traumatic event(s) that lead the individual to blame himself/herself or others;
    - (iv) persistent negative emotional state (for example, fear, horror, anger, guilt, or shame);
    - (v) markedly diminished interest or participation in significant activities;
    - (vi) feelings of detachment or estrangement from others; or
    - (vii) persistent inability to experience positive emotions (for example, inability to experience happiness, satisfaction, or loving feelings); and
  - E. Marked alterations in arousal and reactivity associated with the traumatic event(s), beginning or worsening after the traumatic event(s) occurred, as evidenced by two (or more) of the following:
    - (i) irritable behaviour and angry outbursts (with little or no provocation) typically expressed as verbal or physical aggression toward people or objects;
    - (ii) reckless or self-destructive behavior;
    - (iii) hypervigilance;
    - (iv) exaggerated startle response;
    - (v) problems with concentration; or
    - (vi) sleep disturbance (for example, difficulty falling or staying asleep or restless sleep); and
  - F. Duration of the disturbance (Criteria B, C, D, and E) is more than 1 month; and
  - G. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning; and
  - H. The disturbance is not attributable to the physiological effects of a substance (for example, medication, alcohol) or another medical condition.
- (c) Posttraumatic stress disorder attracts ICD-10-AM code F43.1.

- (d) In the application of this Statement of Principles, the definition of "**posttraumatic stress disorder**" is that given at paragraph 3(b) above.

#### **Basis for determining the factors**

4. The Repatriation Medical Authority is of the view that there is sound medical-scientific evidence that indicates that **posttraumatic stress disorder** and **death from posttraumatic stress disorder** can be related to relevant service rendered by veterans, members of Peacekeeping Forces, or members of the Forces under the VEA, or members under the *Military Rehabilitation and Compensation Act 2004* (the MRCA).

#### **Factors that must be related to service**

5. Subject to clause 7, at least one of the factors set out in clause 6 must be related to the relevant service rendered by the person.

#### **Factors**

6. The factor that must as a minimum exist before it can be said that a reasonable hypothesis has been raised connecting **posttraumatic stress disorder** or **death from posttraumatic stress disorder** with the circumstances of a person's relevant service is:
- (a) experiencing a category 1A stressor before the clinical onset of posttraumatic stress disorder; or
  - (b) experiencing a category 1B stressor before the clinical onset of posttraumatic stress disorder; or
  - (c) living or working in a hostile or life-threatening environment for a period of at least four weeks before the clinical onset of posttraumatic stress disorder; or
  - (d) having a significant other who experiences a category 1A stressor within the one year before the clinical onset of posttraumatic stress disorder; or
  - (e) experiencing the traumatic death of a significant other within the two years before the clinical onset of posttraumatic stress disorder; or
  - (f) being exposed to repeated or extreme aversive details of severe traumatic events before the clinical onset of posttraumatic stress disorder; or
  - (g) being the victim of severe childhood abuse before the clinical onset of posttraumatic stress disorder; or
  - (h) experiencing a category 1A stressor before the clinical worsening of posttraumatic stress disorder; or
  - (i) experiencing a category 1B stressor before the clinical worsening of posttraumatic stress disorder; or

- (j) living or working in a hostile or life-threatening environment for a period of at least four weeks before the clinical worsening of posttraumatic stress disorder; or
- (k) having a significant other who experiences a category 1A stressor within the one year before the clinical worsening of posttraumatic stress disorder; or
- (l) experiencing the traumatic death of a significant other within the two years before the clinical worsening of posttraumatic stress disorder; or
- (m) being exposed to repeated or extreme aversive details of severe traumatic events before the clinical worsening of posttraumatic stress disorder; or
- (n) being the victim of severe childhood abuse before the clinical worsening of posttraumatic stress disorder; or
- (o) inability to obtain appropriate clinical management for posttraumatic stress disorder.

**Factors that apply only to material contribution or aggravation**

- 7. Paragraphs **6(h) to 6(o)** apply only to material contribution to, or aggravation of, posttraumatic stress disorder where the person's posttraumatic stress disorder was suffered or contracted before or during (but not arising out of) the person's relevant service.

**Inclusion of Statements of Principles**

- 8. In this Statement of Principles if a relevant factor applies and that factor includes an injury or disease in respect of which there is a Statement of Principles then the factors in that last mentioned Statement of Principles apply in accordance with the terms of that Statement of Principles as in force from time to time.

**Other definitions**

- 9. For the purposes of this Statement of Principles:

**"a category 1A stressor"** means one of the following severe traumatic events:

- (a) experiencing a life-threatening event;
- (b) being subject to a serious physical attack or assault including rape and sexual molestation; or
- (c) being threatened with a weapon, being held captive, being kidnapped, or being tortured;

**"a category 1B stressor"** means one of the following severe traumatic events:

- (a) being an eyewitness to a person being killed or critically injured;
- (b) viewing corpses or critically injured casualties as an eyewitness;
- (c) being an eyewitness to atrocities inflicted on another person or persons;
- (d) killing or maiming a person; or
- (e) being an eyewitness to or participating in, the clearance of critically injured casualties;

**"a hostile or life-threatening environment"** means a situation or setting which is characterised by a pervasive threat to life or bodily integrity, such as would be experienced in the following circumstances:

- (a) experiencing or being under threat of artillery, missile, rocket, mine or bomb attack;
- (b) experiencing or being under threat of nuclear, biological or chemical agent attack; or
- (c) being involved in combat or going on combat patrols;

**"a significant other"** means a person who has a close family bond or a close personal relationship and is important or influential in one's life;

**"an eyewitness"** means a person who observes an incident first hand and can give direct evidence of it. This excludes a person exposed only to media coverage of the incident;

**"being exposed to repeated or extreme aversive details of severe traumatic events"** means witnessing a person suffering real, severe, traumatic events (for example, first responders collecting human remains, police officers repeatedly exposed to details of child abuse or drone operators viewing planned strikes) or repeatedly listening to a person's account of their exposure to severe traumatic events. This definition includes media exposure of the traumatic event (for example, electronic media, television images or photographs) where viewing these images is a work requirement;

**"death from posttraumatic stress disorder"** in relation to a person includes death from a terminal event or condition that was contributed to by the person's posttraumatic stress disorder;

**"DSM-5"** means the American Psychiatric Association: *Diagnostic and Statistical Manual of Mental Disorders*, Fifth Edition. Arlington, VA, American Psychiatric Association, 2013;

**"ICD-10-AM code"** means a number assigned to a particular kind of injury or disease in The International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Australian Modification (ICD-10-AM), Eighth Edition, effective date of 1 July 2013, copyrighted by the Independent Hospital Pricing Authority, and having ISBN 978-1-74128-213-9;

**"relevant service"** means:

- (a) operational service under the VEA;
- (b) peacekeeping service under the VEA;
- (c) hazardous service under the VEA;
- (d) British nuclear test defence service under the VEA;
- (e) warlike service under the MRCA; or
- (f) non-warlike service under the MRCA;

**"severe childhood abuse"** means:

- (a) serious physical, emotional, psychological or sexual harm whilst a child aged under 16 years; or
- (b) neglect involving a serious failure to provide the necessities for health, physical and emotional development, or wellbeing whilst a child aged under 16 years;

where such serious harm or neglect has been perpetrated by a parent, a care provider, an adult who works with or around that child, or any other adult in contact with that child;

**"terminal event"** means the proximate or ultimate cause of death and includes:

- (a) pneumonia;
- (b) respiratory failure;
- (c) cardiac arrest;
- (d) circulatory failure; or
- (e) cessation of brain function;

**"traumatic death"** means death which occurs in sudden, violent or traumatic circumstances such as homicide, suicide or an accidental death.

### **Application**

10. This Instrument applies to all matters to which section 120A of the VEA or section 338 of the MRCA applies.

### **Date of effect**

11. This Instrument takes effect from 22 September 2014.

Dated this *twenty-second* day of *August* 2014

The Common Seal of the )  
Repatriation Medical Authority )  
was affixed at the direction of: )



PROFESSOR NICHOLAS SAUNDERS AO  
CHAIRPERSON