



Australian Government
Repatriation Medical Authority

Statement of Principles
concerning
FEMALE SEXUAL DYSFUNCTION
(Reasonable Hypothesis)
(No. 43 of 2026)

The Repatriation Medical Authority determines the following Statement of Principles under subsection 196B(2) of the *Veterans' Entitlements Act 1986*.

Dated 24 April 2026

Professor Terence Campbell AM
Chairperson
by and on behalf of
The Repatriation Medical Authority

Contents

1	Name.....	3
2	Commencement	3
3	Authority	3
4	Repeal	3
5	Application.....	3
6	Definitions.....	3
7	Kind of injury, disease or death to which this Statement of Principles relates	3
8	Basis for determining the factors	4
9	Factors that must exist.....	4
10	Relationship to service	7
11	Factors referring to an injury or disease covered by another Statement of Principles.....	7
Schedule 1 - Dictionary		8
1	Definitions.....	8

1 Name

This is the Statement of Principles concerning *female sexual dysfunction (Reasonable Hypothesis)* (No. 43 of 2026).

2 Commencement

This instrument commences on **25 May 2026**.

3 Authority

This instrument is made under subsection 196B(2) of the *Veterans' Entitlements Act 1986*.

4 Repeal

The Statement of Principles concerning female sexual dysfunction (Reasonable Hypothesis) (No. 95 of 2016) (Federal Register of Legislation F2016L01677) made under subsection 196B(2) of the VEA is repealed.

5 Application

This instrument applies to a claim to which section 120A of the VEA or section 338 of the *Military Rehabilitation and Compensation Act 2004* applies.

6 Definitions

The terms defined in the Schedule 1 - Dictionary have the meaning given when used in this instrument.

7 Kind of injury, disease or death to which this Statement of Principles relates

- (1) This Statement of Principles is about female sexual dysfunction and death from female sexual dysfunction.

Meaning of female sexual dysfunction

- (2) For the purposes of this Statement of Principles, female sexual dysfunction:
- (a) means a clinically significant problem occurring during the female sexual response cycle that prevents the individual from experiencing satisfaction from sexual activity, where the problem has persisted for at least 6 months;
 - (b) may include one or more of the following:
 - (i) female orgasmic dysfunction;
 - (ii) female sexual interest/arousal dysfunction;
 - (iii) genito-pelvic pain/penetration dysfunction;

- (c) excludes hyperactive sexual desire dysfunction and persistent genital arousal dysfunction.

Note: *female orgasmic dysfunction*, *female sexual interest/arousal dysfunction* and *genito-pelvic pain/penetration dysfunction* are defined in the Schedule 1 – Dictionary.

Death from female sexual dysfunction

- (3) For the purposes of this Statement of Principles, female sexual dysfunction, in relation to a person, includes death from a terminal event or condition that was contributed to by the person's female sexual dysfunction.

Note: *terminal event* is defined in the Schedule 1 – Dictionary.

8 Basis for determining the factors

The Repatriation Medical Authority is of the view that there is sound medical-scientific evidence that indicates that female sexual dysfunction and death from female sexual dysfunction 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 MRCA.

Note: *MRCA*, *relevant service* and *VEA* are defined in the Schedule 1 – Dictionary.

9 Factors that must exist

At least one of the following factors must as a minimum exist before it can be said that a reasonable hypothesis has been raised connecting female sexual dysfunction or death from female sexual dysfunction with the circumstances of a person's relevant service:

- (1) having one of the following genitourinary conditions at the time of clinical onset or clinical worsening;
 - (a) endometriosis;
 - (b) interstitial cystitis/bladder pain syndrome;
 - (c) Sjogren's syndrome involving the vagina;
 - (d) urinary incontinence;
 - (e) uterine adenomyosis;
 - (f) uterine fibroids;
 - (g) uterine prolapse;
 - (h) other genitourinary condition of sufficient severity to warrant ongoing management by a medical practitioner.
- (2) having chronic renal failure at the time of clinical onset or clinical worsening as indicated by:
 - (a) a glomerular filtration rate of less than 15 mL/min/1.73 m² for a period of at least 3 months; or
 - (b) undergoing chronic dialysis for renal failure.

- (3) having a haematological or solid organ cancer before clinical onset or clinical worsening;
 - (4) undergoing a course of radiotherapy for cancer, where the lower abdomen, pelvis or perineal region was in the field of radiation, before clinical onset or worsening;
 - (5) having one of the following endocrine disorders at the time of clinical onset or clinical worsening;
 - (a) adrenal insufficiency;
 - (b) Cushing syndrome;
 - (c) diabetes mellitus;
 - (d) Hashimoto disease with hypothyroidism;
 - (e) hyperprolactinaemia;
 - (f) hyperthyroidism;
 - (g) hypogonadism;
 - (h) hypopituitarism;
 - (i) hypothyroidism.
 - (6) having one of the following neurological disorders at the time of clinical onset or clinical worsening;
 - (a) cauda equina syndrome;
 - (b) cerebrovascular accident;
 - (c) moderate to severe traumatic brain injury;
 - (d) multiple sclerosis;
 - (e) Parkinson disease or secondary parkinsonism;
 - (f) spinal cord injury.
 - (7) having a concussion in the 6 months immediately preceding the clinical onset or clinical worsening;
 - (8) having a severe, chronic medical condition at the time of clinical onset or clinical worsening;
- (9) having persistent pain of at least 3 months, which is severe enough to interfere with daily living, at the time of clinical onset or clinical worsening;
- (10) having a Body Mass Index (BMI) of 30 or greater at the time of clinical onset or clinical worsening;

Note: *severe, chronic medical condition* is defined in the Schedule 1 - Dictionary.

Note: Body mass index (BMI) is calculated as W/H^2 where:

- (a) W is the person's weight in kilograms; and
- (b) H is the person's height in metres.

(11) experiencing blunt or penetrating trauma to the vulva, vagina, perineum or pelvis, including surgical trauma and traumatic childbirth, in the 3 months immediately preceding clinical onset or clinical worsening;

(12) having undergone menopause before clinical onset or clinical worsening;

Note: *menopause* is defined in the Schedule 1 - Dictionary.

(13) having one of the following clinically significant disorders of mental health at the time of clinical onset or clinical worsening:

- (a) alcohol use disorder;
- (b) anxiety disorder;
- (c) eating disorder;
- (d) depressive disorder;
- (e) obsessive-compulsive disorder;
- (f) panic disorder;
- (g) posttraumatic stress disorder;
- (h) schizophrenia;
- (i) substance use disorder;

Note: *clinically significant disorder of mental health* is defined in the Schedule 1 dictionary.

(14) experiencing a category 1A stressor in the 5 years immediately preceding clinical onset or clinical worsening;

Note: *category 1A stressor* are defined in the Schedule 1 - Dictionary.

(15) having experienced as a child (under the age of 18) one of the following;

- (a) serious physical, emotional, or sexual harm;
- (b) neglect involving a serious failure to provide the necessities for health, physical and emotional development, or wellbeing by adults with obligations to provide such necessities;

before clinical onset or clinical worsening;

(16) inability to undertake any physical activity greater than 3 METs for at least the 1 year before clinical onset or clinical worsening;

Note: MET (metabolic equivalent) is a unit of measure of the level of physical capability of the cardiorespiratory system. For example, 1 MET = cardiorespiratory effort associated with a person sitting, 3-4 METs = cardiorespiratory effort associated with a person walking at average walking pace (5 km/h) or light gardening.

(17) taking a medication from the specified list, in the 30 days immediately preceding clinical onset or clinical worsening;

- (a) antiepileptics;
- (b) antipsychotics;
- (c) aromatase inhibitors;

- (d) irreversible monoamine oxidase inhibitors;
 - (e) selective serotonin reuptake inhibitors;
 - (f) serotonin and noradrenaline (norepinephrine) reuptake inhibitors;
 - (g) tamoxifen; or
 - (h) tricyclic antidepressants.
- (18) experiencing intimate partner violence in the 1 year immediately preceding clinical onset or clinical worsening;
- Note: *intimate partner violence* is defined in the Schedule 1 – Dictionary.
- (19) experiencing a category 2 stressor in the 1 year immediately preceding clinical onset or clinical worsening;
- Note 1: A category 2 stressor can arise in a variety of circumstances connected with service. Such circumstances can arise during the course of service, as a result of separation from service and the conditions associated with that separation, and in the transition to civilian life in the years following separation.
- Note 2: *category 2 stressor* is defined in the Schedule 1 - Dictionary.
- (20) inability to obtain appropriate clinical management for female sexual dysfunction before clinical worsening.

10 Relationship to service

- (1) The existence in a person of any factor referred to in section 9, must be related to the relevant service rendered by the person.
- (2) The clinical worsening aspect of factors set out in section 9 apply only to material contribution to, or aggravation of, female sexual dysfunction where the person's female sexual dysfunction was suffered or contracted before or during (but did not arise out of) the person's relevant service.

11 Factors referring to an injury or disease covered by another Statement of Principles

In this Statement of Principles:

- (1) if a factor referred to in section 9 applies in relation to a person; and
- (2) that factor refers to an injury or disease in respect of which a Statement of Principles has been determined under subsection 196B(2) of the VEA;

then the factors in that Statement of Principles apply in accordance with the terms of that Statement of Principles as in force from time to time.

Schedule 1 - Dictionary

Note: See Section 6

1 Definitions

In this instrument:

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 or sexual molestation;
- (c) being threatened with a weapon, being held captive, being kidnapped, or being tortured.

category 2 stressor means one of the following negative life events, the effects of which are chronic in nature and cause the person to feel on-going distress, concern or worry:

- (a) being a full-time caregiver to a family member or a person with whom one has a close family bond or a close personal relationship with a severe physical, mental or developmental disability;
- (b) being socially isolated and unable to maintain friendships or family relationships, due to physical location, language barriers, disability, or medical or psychiatric illness;
- (c) experiencing adverse prejudicial differential treatment or unequal access to opportunities based on membership to a particular sociocultural group (racism);
- (d) experiencing a problem with a long-term relationship including the break-up of a close personal relationship, the need for marital or relationship counselling, marital separation, or divorce;
- (e) having concerns in the work environment including on-going disharmony with fellow work colleagues, perceived lack of social support within the work environment, perceived lack of control over tasks performed and stressful workloads, or experiencing bullying in the workplace or school environment;
- (f) experiencing prejudice or discrimination based on gender, or behaviour or attitudes that foster stereotyped social roles based on gender (sexism);
- (g) experiencing serious legal issues including being detained or held in custody, on-going involvement with the police concerning violations of the law, or court appearances associated with personal legal problems;
- (h) having severe financial hardship including loss of employment, long periods of unemployment, foreclosure on a property or bankruptcy;
- (i) having a family member or a person with whom one has a close family bond or a close personal relationship experience a major deterioration in their health.

clinically significant disorder of mental health means a disorder of mental health which is of sufficient severity to warrant ongoing management.

Note: To warrant ongoing management does not require that any actual management was received or given for the condition.

female orgasmic dysfunction means the presence of either of the following symptoms which are experienced on almost all or all (approximately 75-100%) occasions of sexual activity:

- (a) marked delay in, marked infrequency of, or absence of orgasm; or
- (b) markedly reduced intensity of orgasmic sensations.

female sexual dysfunction—see subsection 7(2).

female sexual interest/arousal dysfunction means lack of, or significantly reduced, sexual interest/arousal, as manifested by at least three of the following:

- (a) absent or reduced interest in sexual activity;
- (b) absent or reduced sexual or erotic thoughts or fantasies;
- (c) no or reduced initiation of sexual activity, and typically unreceptive to a partner's attempts to initiate;
- (d) absent or reduced sexual excitement or pleasure during sexual activity in almost all or all (approximately 75-100%) sexual encounters;
- (e) absent or reduced sexual interest or arousal in response to any internal or external sexual/erotic cues (for example, written, verbal, visual); or
- (f) absent or reduced genital or non-genital sensations during sexual activity in almost all or all sexual encounters.

genito-pelvic pain/penetration dysfunction means persistent or recurrent difficulties with one or more of the following:

- (a) vaginal penetration during intercourse;
- (b) marked vulvovaginal or pelvic pain during vaginal intercourse or penetration attempts;
- (c) marked fear or anxiety about vulvovaginal or pelvic pain in anticipation of, during, or as a result of vaginal penetration; or
- (d) marked tensing or tightening of the pelvic floor muscles during attempted vaginal penetration.

intimate partner means a person who is or has been in an intimate relationship with another person.

intimate partner violence means behaviour within an intimate relationship perpetrated by an intimate partner that causes or has the capacity to cause physical, sexual, economic or psychological harm. Examples include, but are not limited to:

- (a) violence;
- (b) threats;
- (c) harmful behaviours or threats of harmful behaviours directed towards a child, animal or another adult;
- (d) neglect where there is a relationship of dependence
- (e) coercion;

- (f) stalking;
- (g) humiliation;
- (h) restriction of access to education, employment or medical care; or
- (i) isolation from family, friends or colleagues.

Note 1: *intimate relationship* is defined in the Schedule 1 – Dictionary.

Note 2: *intimate partner* is defined in the Schedule 1 – Dictionary.

intimate relationship means a relationship that involves emotional and/or physical closeness and interdependence between people. Purely commercial relationships however are excluded from this definition.

menopause means the end of menstruation, defined as more than 12 months since the final menstrual period.

MRCA means the *Military Rehabilitation and Compensation Act 2004*.

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.

Note: *MRCA* and *VEA* are defined in the Schedule 1 - Dictionary.

severe, chronic medical condition means an illness which substantially impacts on social, occupational or other important areas of functioning; and requires on-going daily or almost daily management of symptoms. This management may include, but is not limited to, assistance with activities of daily living; bed rest; dietary modification; drug therapy; nursing care; oxygen therapy or physiotherapy. This management must be supervised by a registered health practitioner.

Severe, chronic medical conditions do not usually resolve spontaneously, are rarely cured completely and may progress to life threatening illnesses. Examples of these conditions include poorly controlled asthma, chronic obstructive pulmonary disease, poorly controlled diabetes mellitus, inflammatory bowel disease, systemic lupus erythematosus, systemic sclerosis, pemphigus, psoriasis and rheumatoid arthritis.

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

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

VEA means the *Veterans' Entitlements Act 1986*.