Reference Determination Content

Example document — fictitious patient. A suggested draft determination prepared by the Veterans Health Centre from the matching example Diagnostic Assessment, to show how a DVA delegate could determine the claim. Names, dates, service details and clinicians are invented. It is not a decision of the Department of Veterans' Affairs.

Acute Stress Disorder

Evidence

The evidence that I have considered in making this decision includes:

- Formal Claim with supporting statements;
- A Statement of your Service from the Department of Defence;
- Copies of your Service Medical Records.
- A Diagnostic Assessment by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 20 March 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 20 March 2025;
- An entry medical examination by the navy recruiting medical officer, dated 11 February 1970;
- A joining medical examination by the ship's medical officer, dated 14 December 1970;
- A sick bay treatment record by the ship's medical officer, dated 23 December 1970;
- A ship's log and sick bay register by the fast troop transport, Vung Tau anchorage, dated 10 January 1971;
- A signal notifying next of kin casualty by the army casualty section, dated 11 January 1971;
- A sick bay consultation record by the ship's medical officer, dated 15 January 1971;
- A sick bay consultation record by the ship's medical officer, dated 21 January 1971;
- A psychiatric assessment by the naval psychiatrist, dated 15 March 1973;
- A psychiatric assessment and report by the consultant psychiatrist, dated 18 June 2024.

Your service

I have identified that you have the following service:
Australian Defence Force service between :

11 February 1970 and 9 February 1979

Acute Stress Disorder

You have stated that your condition was caused by:

- *experiencing a category 1A stressor within the 30 days before the clinical onset of acute stress disorder*
- *experiencing a category 1B stressor within the 30 days before the clinical onset of acute stress disorder*
- *having a significant other who experiences a category 1A stressor within the 30 days before the clinical onset of acute stress disorder*
- *experiencing the traumatic death of a significant other within the 30 days before the clinical onset of acute stress disorder*
- *being exposed to repeated or extreme aversive details of severe traumatic events within the 30 days before the clinical onset of acute stress disorder*
- *experiencing severe childhood abuse within the 30 days before the clinical onset of acute stress disorder*

Diagnosis: Acute Stress Disorder

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 20 March 2025, and is supported by a psychiatric assessment and report by the consultant psychiatrist, dated 18 June 2024.

I am satisfied this is the appropriate diagnosis.
In determining your claim for this condition, I have applied the SOP:

Statement of Principles concerning Acute Stress Disorder (Reasonable Hypothesis) (No. 95 of 2022)

which sets out the factors that can connect the condition with service.

I am satisfied that you have met the following factor:

- *experiencing a category 1A stressor within the 30 days before the clinical onset of acute stress disorder*
- *experiencing a category 1B stressor within the 30 days before the clinical onset of acute stress disorder*
- *having a significant other who experiences a category 1A stressor within the 30 days before the clinical onset of acute stress disorder*
- *experiencing the traumatic death of a significant other within the 30 days before the clinical onset of acute stress disorder*
- *being exposed to repeated or extreme aversive details of severe traumatic events within the 30 days before the clinical onset of acute stress disorder*
- *experiencing severe childhood abuse within the 30 days before the clinical onset of acute stress disorder*

I have noted your contention as to the cause of this condition. The available evidence indicates, I have noted your contention to the cause of your condition. Your service medical records indicate

that you presented to the health facility with intrusive memories, nightmares, flashbacks, a dazed sense of unreality and severe sleep disturbance after the events of 10 January 1971 on 15 January 1971.

The diagnosis was made by a consultant psychiatrist on 18 June 2024 from the contemporaneous sick bay records of 15 and 21 January 1971, the ship's log and a structured interview. The records document exposure to actual death, threatened death and sexual violence (Criterion A), and at least thirteen of the specified symptoms across all five categories, including intrusive memories, distressing dreams, flashbacks, persistent inability to experience positive emotions, an altered sense of reality, dissociative amnesia, avoidance of memories and reminders, insomnia, irritable behaviour, hypervigilance, poor concentration and exaggerated startle (Criterion B). The symptoms began on 12 January 1971 and lasted about four weeks before progressing (Criterion C), caused marked impairment of your watchkeeping and mess-deck functioning (Criterion D), and were not explained by a substance, a head injury or a psychotic disorder (Criterion E). This meets the Statement of Principles definition of acute stress disorder, which is derived from DSM-5-TR.

This has then led to further investigations and the diagnosis of your condition of *Acute Stress Disorder*. I have accepted your condition of *Acute Stress Disorder*.

Having considered your service records and the available medical evidence, I am satisfied the SOP is met and that this condition is related to your wartime service.

I have therefore accepted that this condition is related to your service with effect from 12 January 1971.

Acute Stress Disorder (Worsening)

Evidence

The evidence that I have considered in making this decision includes:

- Formal Claim with supporting statements;
- A Statement of your Service from the Department of Defence;
- Copies of your Service Medical Records.
- A Diagnostic Assessment by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 20 March 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 20 March 2025;
- An entry medical examination by the navy recruiting medical officer, dated 11 February 1970;
- A joining medical examination by the ship's medical officer, dated 14 December 1970;
- A sick bay treatment record by the ship's medical officer, dated 23 December 1970;
- A ship's log and sick bay register by the fast troop transport, Vung Tau anchorage, dated 10 January 1971;
- A signal notifying next of kin casualty by the army casualty section, dated 11 January 1971;
- A sick bay consultation record by the ship's medical officer, dated 15 January 1971;
- A sick bay consultation record by the ship's medical officer, dated 21 January 1971;
- A psychiatric assessment by the naval psychiatrist, dated 15 March 1973;
- A psychiatric assessment and report by the consultant psychiatrist, dated 18 June 2024.

Your service

I have identified that you have the following service:
Australian Defence Force service between :

11 February 1970 and 9 February 1979

Acute Stress Disorder (Worsening)

You have stated that the worsening of your condition was caused by:

- *inability to obtain appropriate clinical management for acute stress disorder*

Diagnosis: Acute Stress Disorder (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 20 March 2025, and is supported by a psychiatric assessment and report by the consultant psychiatrist, dated 18 June 2024.

I am satisfied this is the appropriate diagnosis.
In determining your claim for this condition, I have applied the SOP:

Statement of Principles concerning Acute Stress Disorder (Balance of Probabilities) (No. 96 of 2022)

which sets out the factors that can connect the condition with service.

I am satisfied that you have met the following factor:

- *inability to obtain appropriate clinical management for acute stress disorder*

I have noted your contention as to the cause of this condition. The available evidence indicates, I have noted your contention to the cause of your condition. Your service medical records indicate that you presented to the health facility with intrusive memories, nightmares, flashbacks, a dazed sense of unreality and severe sleep disturbance after the events of 10 January 1971 on 15 January 1971.

The diagnosis was made by a consultant psychiatrist on 18 June 2024 from the contemporaneous sick bay records of 15 and 21 January 1971, the ship's log and a structured interview. The records document exposure to actual death, threatened death and sexual violence (Criterion A), and at least thirteen of the specified symptoms across all five categories, including intrusive memories, distressing dreams, flashbacks, persistent inability to experience positive emotions, an altered sense of reality, dissociative amnesia, avoidance of memories and reminders, insomnia, irritable behaviour, hypervigilance, poor concentration and exaggerated startle (Criterion B). The symptoms began on 12 January 1971 and lasted about four weeks before progressing (Criterion C), caused marked impairment of your watchkeeping and mess-deck functioning (Criterion D), and were not explained by a substance, a head injury or a psychotic disorder (Criterion E). This meets the Statement of Principles definition of acute stress disorder, which is derived from DSM-5-TR.

After the condition arose, it was worsened during your service. After the medical officer recorded the disorder on 15 January 1971, no psychiatrist, psychologist or chaplain-led debriefing was available aboard, and the only treatment was chlordiazepoxide while you were returned to watchkeeping and anti-swimmer sentry duties alongside the men who had assaulted you.

This has then led to further investigations and the diagnosis of your condition of *Acute Stress Disorder (Worsening)*. I have accepted your condition of *Acute Stress Disorder (Worsening)*.

Having considered your service records and the available medical evidence, I am satisfied the SOP is met and that the worsening of this condition is related to your peacetime service.

I have therefore accepted that the worsening of this condition is related to your service with effect from 21 January 1971.

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