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.

Female Sexual Dysfunction

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 27 May 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 27 May 2025;
- A trauma admission and CT report by Role 3 hospital, Afghanistan, dated 14 June 2008;
- A psychiatric assessment by the consultant psychiatrist, dated 11 March 2009;
- An endocrinology consultation by the endocrinologist, dated 16 March 2010;
- A psychiatric review by the consultant psychiatrist, dated 2 November 2010;
- An operation report by the gynaecologist, dated 20 February 2012;
- A pain medicine consultation by the pain specialist, dated 5 March 2012;
- A pathology report and MRI pituitary by the endocrinologist and radiologist, dated 28 March 2012;
- An outpatient health record by the medical officer, Garrison health centre, dated 7 May 2012;
- A sexual health consultation by the sexual health physician, dated 18 July 2012;
- An outpatient health record by the medical officer, Middle East, dated 18 May 2016;
- A sexual health consultation by the sexual health physician, dated 10 October 2016;
- A gynaecological oncology consultation by the gynaecological oncologist, dated 12 April 2018;
- A radiotherapy completion summary by the radiation oncologist, dated 22 June 2018;
- A nephrology letter by the nephrologist, dated 3 February 2020;
- A gynaecology consultation by the gynaecologist, dated 10 June 2020.

Your service

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

2 February 2003 and 11 November 2021

Female Sexual Dysfunction

You have stated that your condition was caused by:

- *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*
- *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*
- *having a haematological or solid organ cancer before clinical onset or clinical worsening*
- *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*
- *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*
- *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*
- *having a severe, chronic medical condition at the time of clinical onset or clinical worsening*
- *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*
- *having a Body Mass Index (BMI) of 30 or greater at the time of clinical onset or clinical worsening*
- *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*
- *having undergone menopause before clinical onset or clinical worsening*
- *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) eating disorder; (c) depressive disorder; (d) posttraumatic stress disorder; (e) schizophrenia*

- *experiencing a category 1A stressor in the 5 years immediately preceding clinical onset or clinical worsening*
- *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*
- *inability to undertake any physical activity greater than 3 METs for at least the 1 year before clinical onset or clinical worsening*
- *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*
- *experiencing intimate partner violence in the 1 year immediately preceding clinical onset clinical onset or clinical worsening*

Diagnosis: Female Sexual Dysfunction

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 27 May 2025, and is supported by a sexual health consultation by the sexual health physician, dated 18 July 2012.

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

Statement of Principles concerning Female Sexual Dysfunction (Balance of Probabilities) (No. 44 of 2026)

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

I am satisfied that you have met the following factor:

- *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*
- *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*
- *having a haematological or solid organ cancer before clinical onset or clinical worsening*
- *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*

- *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*
- *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*
- *having a severe, chronic medical condition at the time of clinical onset or clinical worsening*
- *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*
- *having a Body Mass Index (BMI) of 30 or greater at the time of clinical onset or clinical worsening*
- *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*
- *having undergone menopause before clinical onset or clinical worsening*
- *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) eating disorder; (c) depressive disorder; (d) posttraumatic stress disorder; (e) schizophrenia*
- *experiencing a category 1A stressor in the 5 years immediately preceding clinical onset or clinical worsening*
- *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*
- *inability to undertake any physical activity greater than 3 METs for at least the 1 year before clinical onset or clinical worsening*
- *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*
- *experiencing intimate partner violence in the 1 year immediately preceding clinical onset clinical onset or clinical worsening*

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 loss of sexual desire and of sexual thoughts, failure

of arousal and lubrication, deep pain on attempted penetration, and difficulty reaching orgasm, with marked personal distress and strain in your relationship on 7 May 2012.

The diagnosis was made by a sexual health physician on 18 July 2012 on a structured clinical assessment: lack of sexual interest, arousal and lubrication on almost all occasions, and marked pain and fear of pain on vaginal penetration, present for more than three months with marked personal distress. This meets the criteria for female sexual interest/arousal disorder and genito-pelvic pain/penetration disorder, which fall within the Statement of Principles definition of female sexual dysfunction.

This has then led to further investigations and the diagnosis of your condition of *Female Sexual Dysfunction*. I have accepted your condition of *Female Sexual Dysfunction*.

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 peacetime service.

I have therefore accepted that this condition is related to your service with effect from 15 April 2012.

Female Sexual Dysfunction (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 27 May 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 27 May 2025;
- A trauma admission and CT report by Role 3 hospital, Afghanistan, dated 14 June 2008;
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- A gynaecological oncology consultation by the gynaecological oncologist, dated 12 April 2018;
- A radiotherapy completion summary by the radiation oncologist, dated 22 June 2018;
- A nephrology letter by the nephrologist, dated 3 February 2020;
- A gynaecology consultation by the gynaecologist, dated 10 June 2020.

Your service

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

2 February 2003 and 11 November 2021

Female Sexual Dysfunction (Worsening)

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

- *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*
- *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*
- *having a haematological or solid organ cancer before clinical onset or clinical worsening*
- *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*
- *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*
- *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*
- *having a severe, chronic medical condition at the time of clinical onset or clinical worsening*
- *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*
- *having a Body Mass Index (BMI) of 30 or greater at the time of clinical onset or clinical worsening*
- *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*
- *having undergone menopause before clinical onset or clinical worsening*
- *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) eating disorder; (c) depressive disorder; (d) posttraumatic stress disorder; (e) schizophrenia*
- *experiencing a category 1A stressor in the 5 years immediately preceding clinical onset or clinical worsening*
- *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*
- *inability to undertake any physical activity greater than 3 METs for at least the 1 year before clinical onset or clinical worsening*

- *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*
- *experiencing intimate partner violence in the 1 year immediately preceding clinical onset clinical onset or clinical worsening*
- *inability to obtain appropriate clinical management for female sexual dysfunction before clinical worsening*

Diagnosis: Female Sexual Dysfunction (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 27 May 2025, and is supported by a sexual health consultation by the sexual health physician, dated 18 July 2012.

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

Statement of Principles concerning Female Sexual Dysfunction (Balance of Probabilities) (No. 44 of 2026)

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

I am satisfied that you have met the following factor:

- *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*
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severe traumatic brain injury; (d) multiple sclerosis; (e) Parkinson disease or secondary parkinsonism; (f) spinal cord injury

- *having a severe, chronic medical condition at the time of clinical onset or clinical worsening*
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- *inability to undertake any physical activity greater than 3 METs for at least the 1 year before clinical onset or clinical worsening*
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- *experiencing intimate partner violence in the 1 year immediately preceding clinical onset clinical onset or clinical worsening*
- *inability to obtain appropriate clinical management for female sexual dysfunction before clinical worsening*

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 loss of sexual desire and of sexual thoughts, failure of arousal and lubrication, deep pain on attempted penetration, and difficulty reaching orgasm, with marked personal distress and strain in your relationship on 7 May 2012.

The diagnosis was made by a sexual health physician on 18 July 2012 on a structured clinical assessment: lack of sexual interest, arousal and lubrication on almost all occasions, and marked pain and fear of pain on vaginal penetration, present for more than three months with marked

personal distress. This meets the criteria for female sexual interest/arousal disorder and genito-pelvic pain/penetration disorder, which fall within the Statement of Principles definition of female sexual dysfunction.

After the condition arose, it was worsened during your service. At onset on 15 April 2012 you had endometriosis, confirmed at laparoscopy on 20 February 2012 with deposits on the uterosacral ligaments and pouch of Douglas, uterine fibroids (a 4 cm intramural fibroid on ultrasound of 2 February 2012), and urinary urgency incontinence from the residual cauda equina syndrome caused by your 2008 spinal injury, managed by a urologist. Chemoradiation for cervical cancer in 2018 caused cisplatin nephrotoxicity and bilateral radiation ureteric strictures. Squamous cell carcinoma of the cervix, stage IIB, was diagnosed on 12 April 2018, before the worsening of 10 June 2020. The cervical cancer was treated with pelvic external beam radiotherapy, 45 Gy in 25 fractions with brachytherapy, from 07 May to 22 June 2018, with the pelvis and perineal region in the field, before the worsening of 10 June 2020. At onset you had hypopituitarism with secondary hypogonadism, diagnosed on 16 March 2010 after your traumatic brain injury, and hyperprolactinaemia from risperidone, with a prolactin of 2,100 mIU/L on 28 March 2012. You sustained a moderate traumatic brain injury (loss of consciousness for 45 minutes, post-traumatic amnesia of 30 hours) and an L1 burst fracture with an incomplete cauda equina syndrome in an improvised explosive device strike on 14 June 2008. At the worsening of 10 June 2020 you had end-stage kidney disease on haemodialysis three times a week, a severe, chronic medical condition, together with hypopituitarism and the late effects of pelvic radiotherapy. You had chronic low back and pelvic pain from the 2008 L1 fracture and endometriosis, continuously from 2008, recorded by your pain specialist on 5 March 2012 as interfering with sleep, work and daily activities (Brief Pain Inventory interference 7 out of 10). On 28 March 2012 you weighed 92 kg at a height of 1.68 m, a BMI of 32.6, after weight gain from risperidone and reduced activity after your spinal injury. On 20 February 2012 you underwent laparoscopic excision of pelvic endometriosis, surgical trauma to the pelvis, within the 3 months before onset on 15 April 2012 (the window runs from 15 January to 15 April 2012). Pelvic radiotherapy in May and June 2018 caused ovarian failure, with amenorrhoea and an FSH of 96 IU/L on 19 September 2018, a premature menopause before the worsening of 10 June 2020. At onset you had posttraumatic stress disorder, diagnosed by a psychiatrist on 11 March 2009 after the 2008 blast, a major depressive disorder diagnosed on 2 November 2010, and alcohol use disorder diagnosed on 2 November 2010, each clinically significant and under treatment. The improvised explosive device strike of 14 June 2008, in which you were seriously injured and a member of your vehicle crew was killed, was a category 1A stressor. Your psychiatric history of 11 March 2009 records that you were sexually abused by an adult relative from the age of 9 to 12 and lived with serious neglect by parents with alcohol dependence, including periods without food or schooling. After chemoradiation in 2018 and progressive kidney failure you were unable to walk more than 50 metres or climb a flight of stairs from 15 January 2019, documented by your nephrologist and physiotherapist as unable to sustain activity above 2 METs. In the 30 days before onset, from 16 March to 15 April 2012, you took sertraline 150 mg daily (a selective serotonin reuptake inhibitor), risperidone 2 mg daily (an antipsychotic), pregabalin 150 mg twice daily (an antiepileptic) for neuropathic pain, and amitriptyline 25 mg at

night (a tricyclic antidepressant). Your partner was physically and sexually violent towards you from October 2015, with police attendance on 12 December 2015 and 3 August 2016 and an apprehended violence order on 5 August 2016. During your warlike deployment to the Middle East from January to July 2016 your oestrogen replacement and vaginal oestrogen ran out and could not be resupplied, and no gynaecology, sexual health or psychology services were available.

This has then led to further investigations and the diagnosis of your condition of *Female Sexual Dysfunction (Worsening)*. I have accepted your condition of *Female Sexual Dysfunction (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 10 June 2020.

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.