Battlefield Trauma
(Exposure, Psychiatric Diagnosis and Outcomes)

Thesis submitted for the degree of
Doctor of Philosophy

By

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ABSTRACT

These original data for this research were documented in the clinical diary records of an army psychiatrist on deployment in Vietnam during 1969–70. This study is unique due to the original battlefield diagnosis data used for foundation comparison analysis and longitudinal retrospective case control paired measurement. In battlefield psychiatric assessment diagnostic data recorded in Vietnam during 1969–70 of 119 Australian military servicemen (Experimental group) who presented battlefield trauma exposure reactions were examined. The research case controls (Control group) are 275 Australian Vietnam veterans selected from data at the Australian War Memorial Research Centre. Case control identified participants did not present with medical symptoms in 1969-70 and presented the same demographic profile as the Experimental group population.

This research examined whether initial psychiatric illnesses initiated by battlefield trauma exposure in 1969-70 by a cohort of Vietnam veterans would have long term pernicious effects on their physical and psychological health, relationships and employment status. This research compared, PTSD, delayed onset PTSD, severity of combat exposure and depressive symptoms, quality of dyads, general health and quality of life.

The analysis of specific demographic variables determined the means, standard deviations, and medians for those continuous variables for both groups from 1969-70 (n=394) and 2006-07 (n=97).
The 2006-07 Experimental group \((n=21)\) represents 17.65\% and the Control group \((n=76)\) represents 28.15\% of the original groups selected and matched from 1969-70 data. These participants completed a battery of psychometric questionnaires and a follow up telephone interview. Demographic variables were evaluated for inclusion as covariates. These demographic variables were correlated with combat exposure and the presentation of PTSD in 1969-70 and 2006-07. PTSD identified in 2006-07 was modelled as a latent variable with three manifest indicators (re-experiencing, hyper-arousal and avoidance).

Categorical variables were determined by frequency tables for respective group participants. Group differences in continuous variables were analysed by t-test or the Wilcoxon signed rank sum test accounting for non-normal distributions. Categorical variables, chi-square tests or Fisher's Exact Tests were performed when assumptions of chi-square tests were violated.

Research participants from 1969-70 and 2006-07 did not indicate a significant difference in demographic, categorical or continuous variables. Initial 1969-70 battlefield psychiatric diagnosis TSD did indicate of a causal link to delayed onset PTSD in research participants in 2006-07. The PTSD (2006-07 diagnosis) indicated a descriptive difference, 64 of the 76 Control met the diagnostic criteria, while 19 of the 21 Experimental met the criteria. A significant difference was identified in the 2006-07 presence and severity of depression, two symptoms (intrusion and avoidance) of PTSD and the reported combat exposure. The prevalence of delayed onset PTSD was also highlighted.
Obtaining original battlefield psychiatric diagnoses is rare. Comparison with an identifiable Control group after 35 years informs knowledge of how military personnel cope with battlefield exposure. Specifically concluding that; battlefield exposures during 1969-70 for the majority of the research participants have impacted detrimentally on their psychological and physical health, relationships, employment and ongoing overall wellbeing to this day. Delayed onset PTSD is the principal indicator of this current state for these veterans.
DECLARATION

This work contains no material which has been accepted for the award of any other degree or diploma in any university or other tertiary institution and, to the best of my knowledge and belief, contains no material previously published or written by another person except where due reference has been made in the text.

I give consent to this copy of my thesis, when deposited in the University Library, being available for photocopying and loan.

Robert Andrew Coxon

I believe that this thesis is properly presented, conforms to the specification for the degree of sufficient standard to be, prima facie, worthy of examination.

Professor Alexander Cowell McFarlane

Principal Supervisor
ACKNOWLEDGMENTS

My sincere gratitude is directly proclaimed for the involvement of the various members of the Vietnam veteran community who without want of recognition or favour participated in this research project. The unique nature of these men is that not one sought any personal reward for participation in this work rather they just wanted to help in whatever way they could. They were prepared to complete a battery of questionnaires and be interviewed often at the expense of their own physical and mental states of wellbeing. This demonstrated great bravery. These are men of true character. I am privileged to have spoken too many of them and thank them for providing to me a glimpse into their battlefield traumatic exposed ravaged private lives. I declare without reservation that I am honoured to have been involved in this work and hope that this research has contributed in some way to helping them and other military force members now and into the future.

The opportunity is taken to identify and thank Professor Alexander Cowell McFarlane for his inspirational insight and work in the field of Military and Veterans health. His tireless endeavours coupled with his tremendous wealth of knowledge in this and a myriad of other intellectual arenas have meant that my time under his supervision for this research has been both academically and personally fascinating and enjoyable. His sense of humour is brilliant. During the research his pedantic approach to the rigorous examination of the research outcomes demanded of me to obtain a detailed understanding and a similar questioning approach to both the qualitative and quantitative segments of
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