

Battlefield Trauma
(Exposure, Psychiatric Diagnosis and Outcomes)

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Doctor of Philosophy

By

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TABLE OF CONTENTS

Abstract.....	xiv
Declaration.....	xvii
Acknowledgements.....	xviii
List of Tables.....	xx
List of Figures.....	xxvii
List of Pictures.....	xxxii

CHAPTER 1 INTRODUCTION

Introduction.....	2
Definitions.....	3
Gross stress reaction (GSR).....	3
Transient situational disturbance (TSD).....	4
Combat fatigue.....	6
Acute stress reactions (ASR).....	6
Acute stress disorder (ASD).....	8
Post traumatic stress disorder (PTSD).....	9
Delayed onset of PTSD.....	13
Justification of the research.....	21
Purpose of the research.....	22
Research hypothesis.....	23
Research question.....	25
Research study parameters.....	25

Experimental and Control group participation criteria.....	25
Research variables.....	27
Thesis structure.....	28

CHAPTER 2 LITERATURE REVIEW

Introduction.....	33
The nature of trauma.....	36
The nature of trauma reactions.....	41
Civilian - trauma exposure.....	46
Experiences in catastrophic events during peacetime and operations other than war.....	49
Alternative trauma exposure outcomes.....	51
Historical definitions of traumatic syndromes.....	51
The history of psychological classifications.....	54
Diagnostic and Statistical Manual of Mental Disorders— DSM-I (1952) and DSM–II (1968).....	59
Diagnostic and Statistical Manual of Mental Disorders— DSM-III (1980)-The development of the category of PTSD	63
Diagnostic and Statistical Manual of Mental Disorders—DSM–III–R (1987).....	65
Diagnostic and Statistical Manual of Mental Disorders-DSM–IV and its acceptance (1996).....	68
The International Classification of Diseases 11 th revision (ICD–11).....	71
The value of diagnostic criteria.....	71
The diagnostic challenge of co-morbidity.....	74
Diagnosis stigma.....	77

The beginning of a psychiatric disorder.....	78
Post-traumatic sensitisation.....	81
PTSD sufferers adapt.....	84
Causal relationships between a stressor and the onset of PTSD symptoms.....	86
General observations about the role of risk factors.....	92
Risk factors.....	96
The individual's risk of traumatic exposure.....	98
'Vulnerability' risk factors for an individual.....	99
Exposure to atrocities.....	101
The experience of prior traumatic events.....	103
Previous trauma vulnerability factors.....	105
Family or personal history of psychiatric disorder.....	107
Genetic factors.....	108
Personality factors.....	109
Gender.....	110
Ethnicity.....	110
Coping style.....	111
Prior experience and training.....	112
Social support.....	113
Co-morbidity.....	115
Dissociation when the traumatic event happens.....	116
The issue of the retrospective.....	117

Military situation.....	118
Military stress reactions.....	119
War - trauma exposure.....	121
Combat exhaustion casualties in war.....	123
20 th Century - reactions to trauma exposure.....	127
Interest in battlefield exposure PTSD.....	128
Detect changes in character and functioning by a military commander.....	130
Detecting the signs and symptoms of PTSD by a military commander.....	132
Fluctuating states of mind in the context of battlefield exposure PTSD.....	136
Military force comparison/perspective.....	140
The context of combat: its' relationship between ASD and PTSD.....	149
Combat fatigue casualties in Vietnam.....	152
PTSD - especially in veterans.....	153
The origins of the combat stress control concept.....	157
The emergence of symptoms in older veteran populations.....	161
Protecting the mental health of soldiers into the future.....	162
Screening military personnel for PTSD.....	168
Military situation conclusion.....	178
Post-traumatic illness.....	181
War and disaster definition of ASD.....	182
The definition of the stressor criterion.....	183

Re-experiencing phenomena.....	186
Avoidance phenomena.....	188
Hyper-arousal phenomena.....	190
Dissociation.....	190
Associated symptoms and other research.....	196
Co-morbidity and PTSD.....	199
Anxiety and depression.....	204
Pathological grief.....	207
Head and general physical injury.....	211
Treatment regimes for ASD and PTSD sufferers.....	212
Effective treatment timing for PTSD sufferers.....	213
Prevention treatment regimes.....	213
Permanent versus temporary treatment.....	215
Validity in longitudinal data studies.....	224
Deficiencies of longitudinal data studies.....	225
Conclusion.....	230

CHAPTER 3 METHODOLOGY

Introduction.....	238
Historical experiences in Vietnam.....	242
What the military knew in Vietnam in 1969–70.....	246
Historical perspective of the Vietnam War 1969–70: an Australian context setting.....	246
The historical psychological context of Australian Army research participants in 1969–70.....	248

Recruitment of control group.....	250
Research participation selection.....	253
The Australian Army psychiatrist’s diary.....	254
The research purpose.....	259
Adult psychological health.....	260
Frequency and intensity levels of PTSD.....	260
Severity of combat exposure experiences.....	261
Level of PTSD.....	261
Quality of marriages and similar dyads.....	261
Presence and severity of depressive symptoms.....	261
General health of the battlefield exposed.....	262
Research protocols.....	262
Outline of the research methodology and research design.....	263
Phases of research.....	266
Research design.....	266
Phase I: initial analysis and matching of data.....	266
Phase II: invitation to participate and completion of research instruments.....	267
Phase III: contact interviews.....	268
Phase IV: compilation and analysis of data.....	269
Procedure.....	270
Sample.....	271
Consent and follow-up.....	272

Method of Analysis.....	274
Research survey instruments.....	280
Clinician-Administered PTSD Scale (CAPS-2).....	281
Wilson and Krauss 21-Item combat index.....	282
Military version of the PTSD Checklist (PCL-M).....	282
The Spanier Syadic Adjustment Scale (DAS).....	284
Centre for Epidemiologic Studies Depression Scale (CES-D).....	284
Short Form 36 (SF-36).....	285
Qualitative data collection.....	287
Summary.....	287
Conclusion.....	289

CHAPTER 4 RESULTS

Introduction.....	292
Selection.....	294
Demographic variables.....	295
Instrument administration results.....	298
Conclusion.....	301
Anecdotal observation conclusions.....	302

CHAPTER 5 BATTLEFIELD RESULTS

Research focus.....	306
Australian military recruit selection.....	311
Analysis strategy.....	312

Research participants.....	314
Clinician administered PTSD scale (CAPS-2).....	318
CAPS-2 PTSD classification 2006-07.....	319
CAPS-2: validity.....	324
CAPS-2: Criterion A: traumatic battlefield exposure.....	326
CAPS-2: Criterion B: the traumatic event is persistently re-experienced (frequency) 2006-07.....	328
CAPS-2: Criterion B: the traumatic event is persistently re-experienced (intensity) 2006-07.....	329
CAPS-2: Criterion C: persistent avoidance (frequency) 2006-07.....	331
CAPS-2: Criterion C: persistent avoidance (intensity) 2006-07.....	332
CAPS-2: Criterion D: persistent arousal (frequency) 2006-07.....	334
CAPS-2: Criterion D: persistent arousal (intensity) 2006-07.....	337
Conclusion: Re-experience, Avoidance and Arousal.....	339
CAPS-2: social functioning.....	339
CAPS-2: occupational functioning.....	342
CAPS-2: global severity.....	345
CAPS-2: global improvement.....	349
CAPS-2: significant impairment total.....	353
CAPS-2 Conclusion.....	354
The frequency and severity of combat exposure experience variation between the Control and Experimental groups in 2006-07.....	355
Combat exposure experience key question variation between the Control and Experimental groups in 2006-07.....	361

PTSD checklist - military version (PCL-M).....	362
The total of PCL-M: variation between the Control and Experimental groups in 2006-07.....	363
Intrusion: variation between the Control and Experimental groups in 2006-07.....	365
Avoidance: variation between the Control and Experimental groups in 2006-07.....	366
Arousal: variation between the Control and Experimental groups in 2006-07.....	368
Conclusion: PTSD checklist - military version (PCL-M).....	371
Quality of marriage and similar dyad variation between the Control and Experimental groups in 2006-07.....	372
Presence and severity of depressive symptom variation between the Control and Experimental groups in 2006-07.....	378
General Health variation between the Control and Experimental groups in 2006-07.....	381
Military rank and service affiliation.....	386
Experimental group: enlistment distribution 1969-70.....	388
Experimental group: enlistment distribution 2006-07.....	391
DSM-II symptom diagnosis specific to the type of enlistment: Experimental group participants 1969-70.....	391
DSM-II symptom diagnosis specific to the type of enlistment: Experimental group participants 2006-07.....	398
Age: Control and Experimental group participants 1969-70.....	401
Age: Control and Experimental group participants 2006-07.....	403

State of enlistment: Experimental and Control group participants in 1969-70 and 2006-07.....	405
Corps employment category in the battlefield: Control and Experimental group participants in 1969-70.....	411
Corps employment category in the battlefield: Control and Experimental group participants in 2006-07.....	414
Job employment category in the battlefield: Control and Experimental group participants in 1969-70.....	416
Job employment category in the battlefield: Control and Experimental group participants in 2006-07.....	418
Battlefield time before psychiatric treatment 1969-70.....	419
Battlefield time before psychiatric treatment 2006-07.....	421
Military rank in battlefield.....	421
Marital status in battlefield.....	422
DSM-IV symptom variation between the Experimental and Control groups in 2006-07.....	423
Totally and permanently incapacity diagnosis variation between the Control and Experimental groups in 2006-07.....	428
Traumatic events variation between the Control and Experimental groups in 2006-07.....	432
Military pension status variation between the Control and Experimental groups in 2006-07.....	435
Conclusion.....	437

CHAPTER 6 DISCUSSION, LIMITATIONS AND CONCLUSIONS

Introduction.....	444
GSR to TSD to PTSD.....	447
Research aim and initial finding.....	452

Delayed onset PTSD and aetiological implications.....	454
Delayed onset PTSD.....	454
Delayed onset PTSD in combat veterans.....	454
Alternative reasons for delayed onset PTSD.....	456
Aetiology of delayed onset PTSD.....	460
Concluding comments on delayed onset PTSD.....	468
Research study parameters and methodological issues.....	470
Sample.....	471
Limitations and alternatives.....	472
Recruitment and sample composition.....	475
Research population dimensions.....	478
Measures and strengths.....	480
Military psychological profile screening.....	481
Medical examination of participants.....	483
Military records check.....	483
Potential susceptibility to PTSD.....	484
Effect of battlefield exposures on mental and physical health.....	485
Battlefield (PTSD) Outcomes.....	486
Group differences.....	488
Discussion and military implications from this research.....	491
Implications for individuals from this research.....	495
Battlefield dangers understood.....	498
Research and personal vulnerability.....	499

Summary of findings.....	501
Summary and conclusions.....	504
CHAPTER 7 RECOMMENDATIONS FOR FURTHER RESEARCH	
Introduction.....	510
Recommendations for further research - specific to this research.....	513
Other future research.....	515
Conclusion.....	520
REFERENCES.....	522
APPENDICES	
Appendix A: Qualitative Summary of Interviews.....	562
Introduction.....	563
Qualitative case report summaries.....	566
Conclusion.....	591
Appendix B: Glossary of Terms and Abbreviations	594
Appendix C: Information Sheet for Research Participants.....	604
Appendix D: Self Completion Questionnaire for Research Participants.....	609
Appendix E: Research Contact Form for Research Participants.....	620
Appendix F: The original diagnostic criteria for PTSD (1980).....	622
Appendix G: The DSM-IV: Diagnostic criteria for PTSD (PTSD), 309.81. (1994).....	624

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

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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 what ever 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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LIST OF TABLES

Table

1.	DSM-II diagnosis status of Experimental group participants treated by a military psychiatrist in 1969–70.....	27
2.	Experimental group demographic feature comparison 1969-70 and 2006-07.....	296
3.	Control group demographic feature comparison 1969-70 and 2006-07.....	297
4.	The range and nature of PTSD symptom clusters after battlefield exposure - 2006-07.....	299
5.	Battlefield (combat) trauma exposure - 2006-07.....	300
6.	The level of PTSD; the quality of marriage and similar dyads; presence and severity of depression; their general health and wellbeing - 2006-07.....	301
7.	Vietnam TAOR Unit / sub Unit / Job distribution during 1969–70 of Experimental and Control group participants.....	316
8.	Vietnam TAOR Unit / sub Unit / Job distribution during 1969–70 of Experimental and Control group participants who were involved in the ongoing research in 2006–07.....	317
9.	CAPS-2: PTSD diagnosis in 2006–07: chi-square analysis.....	320
10.	CAPS-2: PTSD diagnosis in 2006–07.....	320
11.	CAPS-2: validity in 2006–07: chi-square analysis.....	324
12.	CAPS-2: validity in 2006–07.....	325
13.	CAPS-2: validity in 2006–07: Fisher’s exact test.....	325
14.	CAPS-2: Criterion A: chi-square analysis (2006-07).....	327
15.	CAPS-2: Criterion A: traumatic battlefield exposure (2006-07).....	327
16.	CAPS-2: Criterion A: Fisher’s exact test (2006-07).....	327

17.	CAPS-2: Criterion B: chi-square analysis (frequency).....	328
18.	CAPS-2: Criterion B: traumatic event is persistently re-experienced (frequency).....	329
19.	CAPS-2: Criterion B: chi-square analysis (intensity).....	329
20.	CAPS-2: Criterion B: traumatic event is persistently re-experienced (intensity).....	330
21.	CAPS-2: Criterion C: persistent avoidance (frequency): chi-square analysis.....	331
22.	CAPS-2: Criterion C: persistent avoidance (frequency).....	331
23.	CAPS-2: Criterion C: persistent avoidance (intensity): chi-square analysis.....	333
24.	CAPS-2: Criterion C: persistent avoidance (intensity).....	333
25.	CAPS-2: Criterion D: Persistent arousal (frequency): chi-square analysis.....	335
26.	CAPS-2: Criterion D: Persistent arousal (frequency).....	335
27.	CAPS-2: Criterion D: Persistent arousal (intensity): chi-square analysis.....	338
28.	CAPS-2: Criterion D: Persistent arousal (intensity).....	338
29.	CAPS-2: impact on social functioning in 2006-07: Fisher's exact test.....	341
30.	CAPS-2: impact on social functioning in 2006-07.....	341
31.	CAPS-2: impact on social functioning in 2006-07: Chi-square analysis.....	342

32.	CAPS-2: impact on occupational functioning in 2006-07: Fisher's exact test.....	344
33.	CAPS-2: impact on occupational functioning in 2006-07.....	344
34.	CAPS-2: impact on occupational functioning in 2006-07: Chi-square analysis.....	344
35.	CAPS-2: global severity in 2006-07: Fisher's exact test.....	345
36.	CAPS-2: global severity in 2006-07.....	346
37.	CAPS-2: global severity in 2006-07: chi-square analysis.....	346
38.	CAPS-2: global improvement in 2006-07: Fisher's exact test.....	349
39.	CAPS-2: global improvement in 2006-07.....	351
40.	CAPS-2: global improvement in 2006-07: chi-square analysis.....	351
41.	Wilson and Krauss' combat index: the t-test procedure: measures the severity of combat exposure experiences in the Experimental and Control group participants responses in 2006-07.....	356
42.	Wilson and Krauss' combat index: the t-test procedure: measures the severity of combat exposure experiences in the Experimental and Control group participants responses in 2006-07.....	356
43.	Wilson and Krauss' combat index: equality of variances: measures the severity of combat exposure experiences in the Experimental and Control group participants responses in 2006-07.....	357
44.	PCL (M) Wilcoxon two-sample test for the totals: difference between the groups in 2006-07.....	364
45.	PCL-M analysis of the totals: difference between the groups in 2006-07.....	364
46.	PCL (M) Wilcoxon two-sample test for intrusion variation in 2006-07.....	365
47.	PCL (M) Wilcoxon two-sample test for the avoidance variable in 2006-07.....	367

48.	PCL (M) Wilcoxon two-sample test analysis of the arousal variable in 2006–07.....	369
49.	Wilcoxon two-sample test for variable Spanier Dyadic Adjustment Scale in 2006–07.....	374
50.	Wilcoxon scores (rank sums) for variable Spanier Dyadic Adjustment Scale, classified by variable group.....	374
51.	T-tests: CES-D in 2006–07.....	379
52.	The t-test procedure: CES-D in 2006–07.....	379
53.	Military rank and force affiliation of Experimental and Control group personnel during 1969–70.....	387
54.	A comparison of regular enlisted and National Service conscripts—Experimental group participants—treated by a military psychiatrist in 1969–70.....	390
55.	Analysis Variable: Type of Enlistment distribution during 1969/70 of Experimental Group participants that were involved in the ongoing research in 2006–07.....	391
56.	DSM-II diagnosis status of Experimental group participants: a comparison of Regular enlisted and National Service conscripts treated by a military psychiatrist in 1969–70.....	395
57.	DSM-II battlefield diagnosis during 1969–70 of Experimental group participants chi-square test.....	396
58.	DSM-II battlefield diagnosis during 1969–70 of Experimental group participants Fisher’s exact test.....	396
59.	DSM-II diagnosis status of Experimental group participants treated by a military psychiatrist in 1969–70.....	397
60.	DSM-II battlefield diagnosis during 1969–70 of Experimental group participants who agreed to participate in the ongoing research in 2006–07.....	399
61.	DSM-II battlefield diagnosis during 1969–70 of Experimental group participants who agreed to participate in the ongoing research in 2006–07.....	400

62.	DSM-II battlefield diagnosis during 1969–70 of Experimental group participants who agreed to participate in the ongoing research in 2006–07 Fisher’s exact test.....	400
63.	Vietnam TAOR Age/Rank distribution during 1969–70 of Experimental and Control group participants.....	402
64.	Age in 1969–70 in Vietnam of Experimental and matched Control group participants.....	403
65.	Analysis variable: age in 1969–70 in Vietnam of Experimental and Control group participants who agreed to participate in the ongoing research in 2006–07.....	404
66.	Vietnam TAOR Age/Rank distribution during 1969–70 of Experimental and Control group participants who were involved in the ongoing research in 2006–07.....	404
67.	State of enlistment of Experimental and Control group participants in 1969–70.....	406
68.	Analysis variable: state of enlistment of Experimental and Control group participants who agreed to participate in the ongoing research in 2006–07.....	407
69.	Corps employment category in the battlefield in 1969–70 of Experimental and Control group participants matched in 2006–07.....	412
70.	Vietnam TAOR Corps distribution during 1969–70 of Experimental and Control group participants.....	413
71.	Corps employment category in the battlefield during 1969–70 of Experimental and Control group participants who were involved in the ongoing research in 2006–07.....	414
72.	Vietnam TAOR Corps distribution during 1969–70 of Experimental and Control group participants who were involved in the ongoing research in 2006–07.....	415
73.	Job employment category in 1969–70 in the battlefield of Experimental and Control group participants matched in 2006-07.....	417

74.	Job employment category in the battlefield during 1969–70 of Experimental and Control group participants who were involved in the ongoing research in 2006–07.....	419
75.	Time spent in battlefield before forward psychiatric treatment.....	421
76.	Time in the battlefield before psychiatric treatment during 1969–70 of Experimental group participants who were involved in the ongoing research in 2006–07.....	421
77.	Military rank distribution during 1969–70 of Experimental group participants who were involved in the ongoing research in 2006–07.....	422
78.	Marital relationship status distribution during 1969–70 of Experimental group participants who were involved in the ongoing research in 2006–07.....	423
79.	DSM-IV battlefield diagnosis during 1969–70 of Experimental group participants who agreed to participate in the ongoing research in 2006–07.....	425
80.	DSM-IV battlefield diagnosis of Experimental and Control group participants who agreed to participate in the ongoing research in 2006–07.....	425
81.	DSM-IV battlefield diagnosis of Experimental and Control group participants who agreed to participate in the ongoing research in 2006–07 (Fisher’s exact test).....	427
82.	Analysis of totally and permanently incapacitated participants who agreed to participate in the ongoing research in 2006–07 (Chi-square).....	430
83.	Analysis of totally and permanently incapacitated Experimental and Control group participants who agreed to participate in the ongoing research in 2006–07 (Fisher’s exact test).....	430
84.	Totally and permanently incapacitated classification of Experimental and Control group participants who agreed to participate in the ongoing research in 2006–07.....	431

85.	Traumatic events experienced by Experimental and Control group participants who agreed to participate in the ongoing research in 2006–07.....	433
86.	Analysis of traumatic events experienced by Experimental and Control group participants who agreed to participate in the ongoing research in 2006-07 (Chi-square).....	434
87.	Analysis of traumatic events experienced by Experimental and Control group participants who agreed to participate in the ongoing research in 2006–07 (Fisher’s exact test).....	434
88.	Military pension status of Experimental and Control group participants who agreed to participate in the ongoing research in 2006–07.....	435
89.	Analysis of military pension status for Experimental and Control group participants who agreed to participate in the ongoing research in 2006–07 (Chi-square).....	436
90.	Test results of the military pension status of Experimental and Control group participants who agreed to participate in the ongoing research in 2006–07 (Fisher’s exact test).....	437

LIST OF FIGURES

Figure

1.	CAPS-2: PTSD diagnosis in 2006–07: Total (frequency and intensity).....	321
2.	CAPS-2: validity in 2006–07.....	326
3.	CAPS-2: Criterion A: traumatic battlefield exposure (2006-07).....	328
4.	Criterion B: Persistently re-experienced (frequency and intensity) 2006-07.....	330
5.	CAPS-2: Criterion C: Persistent avoidance (frequency and intensity) 2006-07.....	334
6.	CAPS-2: Criterion D: Persistent arousal (frequency and intensity) 2006-07.....	339
7.	CAPS-2: Impact on social functioning in 2006-07.....	342
8.	CAPS-2: Impact on occupational functioning in 2006-07.....	345
9.	CAPS-2: global severity in 2006–07.....	349
10.	CAPS-2: global improvement in 2006–07.....	350
11.	CAPS-2: significant impairment in 2006–07.....	353
12.	Wilson and Krauss’ combat index: measures the severity of combat exposure experiences from the Group responses in 2006–07.....	357
13.	Wilson and Krauss’ combat index: mean score range: measures the severity of combat exposure experiences from the Group responses in 2006–07.....	358
14.	Wilson and Krauss’ combat index: three key questions: measures the severity of combat exposure experiences from the Group responses in 2006–07.....	361
15.	PCL-M analysis of the totals: Group responses in 2006–07.....	363
16.	Analysis of variable intrusion: Group responses in 2006–07.....	365
17.	PCL-M analysis of the avoidance variable: Group responses in 2006–07.....	367

18.	PCL-M analysis of the arousal variable: Group responses in 2006–07.....	369
19.	Spanier Dyadic Adjustment Scale—2006–07, assessing the quality of marriage and similar dyads (the higher the score, the higher the quality of the dyads).....	373
20.	The Spanier Dyadic Adjustment Scale, measuring the health of relationships in 2006–07.....	373
21.	CES-D Control and Experimental group responses in 2006–07.....	378
22.	CES-D: Measuring the presence and severity of depressive symptoms (participants with a score of 16 or more are considered to have clinically significant depression Total Average Scores) in 2006–07.....	378
23.	SF-36 Health Survey Questionnaire results for the Experimental and Control groups in 2006–07.....	382
24.	SF-36 Health Survey Question results for the Experimental and Control groups in 2006–07.....	383
25.	A comparison of regular enlisted and National Service conscripts—Experimental group participants—treated by a military psychiatrist in 1969–70.....	390
26.	DSM-II battlefield diagnosis of Experimental group participants during 1969–70.....	398
27.	DSM-II battlefield diagnosis during 1969–70 of Experimental group participants who agreed to participate in the ongoing research in 2006–07.....	401
28.	Age in 1969–70 in Vietnam of Experimental and Control group participants.....	403
29.	Age in 1969–70 in Vietnam of Experimental and Control group participants who agreed to participate in the ongoing research in 2006–07.....	405
30.	State recruitment distributions of Control and Experimental groups in 1969–70 compared to 2006–07, state of enlistment Queensland.....	408

31.	State recruitment distributions of Control and Experimental groups in 1969–70 compared to 2006–07, state of enlistment New South Wales.....	408
32.	State recruitment distributions of Control and Experimental groups in 1969–70 compared to 2006–07, state of enlistment Victoria.....	409
33.	State recruitment distributions of Control and Experimental groups in 1969–70 compared to 2006–07, state of enlistment South Australia.....	409
34.	State recruitment distributions of Control and Experimental groups in 1969–70 compared to 2006–07, state of enlistment Tasmania.....	410
35.	State recruitment distributions of Control and Experimental groups in 1969–70 compared to 2006–07, state of enlistment Western Australia.....	410
36.	State recruitment distributions of Control and Experimental groups in 1969–70 compared to 2006–07, state of enlistment Northern Territory.....	411
37.	Corps employment category in the battlefield during 1969–70 of Experimental and Control group participants matched in 2006-07.....	414
38.	Corps employment category in the battlefield during 1969–70 of Experimental and Control group participants who were involved in the ongoing research program in 2006-07.....	416
39.	Job employment category in the battlefield during 1969–70 of Experimental and Control group participants.....	418
40.	Job employment category in the battlefield during 1969–70 of Experimental and Control group participants who were involved in the ongoing research in 2006–07.....	419
41.	DSM-IV Battlefield diagnosis of Experimental and Control group participants who agreed to participate in the ongoing research in 2006–07.....	426

42.	Totally and permanently incapacitated classification for Experimental and Control group participants who agreed to participate in the ongoing research in 2006–07.....	431
43.	Experimental and Control group participants who witnessed traumatic battlefield events.....	434
44.	Military pension status of Experimental and Control group participants who agreed to participate in the ongoing research in 2006–07.....	436

List of Pictures
(Participants Area of Occupation in Vietnam during 1969/70)

Picture

1. 1969-70 Central Conference Area for 6 Platoon B Company 9 Royal Australian Regiment in the 1st ATF TAOR (Notice the Human Skull on the spike in the foreground and the sleeping accommodation in the backdrop behind the Australian Soldiers).....1
2. 1969-70 Central Conference Area for 6 Platoon B company 9 Royal Australian Regiment in the 1st ATF TAOR (This is a magnification of the area around the makeshift conference table).....32
3. 1969-70 Accommodation tents which are surrounded by double thickness sandbagging. This sandbagging will stop shrapnel from grenades, RPG fire and small arms fire as well as mortar fire directed into the 1st ATF TAOR. The damage shown is as a consequence of a grenade blast inside the sandbag enclosure.....237
4. 1969-70 Aerial photo indicates the location of 6 Platoon, B Company accommodation areas in relation to 9 Battalion Conference Room in the 1st ATF TAOR.....291
5. 1969-70 9 Battalion Conference Facilities in the 1st ATF TAOR.....305
6. 1969-70 9 Battalion Australian Prefabricated facilities in the 1st ATF TAOR.....443
7. 1969-70 Vegetation surrounding Australian Forces Base facilities in the 1st ATF TAOR.....509
8. 1969-70 Vegetation surrounding the main accommodation and logistic service facilities for the 9th Battalion in the 1st ATF TAOR.....521