



POST-TRAUMATIC STRESS DISORDER Factsheet **August 2021**

What are trauma characteristics?

For a person to be diagnosed with PTSD, exposure to at least one trauma is required. These are determined by the latest version of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) as being exposed to threatened death, actual or threatened serious injury, or actual or threatened sexual violence. Examples of exposures are direct exposure, witnessing the trauma, or learning that a relative or close friend was exposed to a trauma. Traumas can also be encountered in the course of professional duties. Differences in trauma characteristics, along with differences in personal characteristics, may affect the risk of developing PTSD.

What is the evidence for PTSD in people exposed to bereavement?

Moderate to low quality evidence found the prevalence of PTSD in mothers ranged from 23% to 49.1% within 3 months post-loss, from 0.6% to 37% between 3 months and 12 months post-loss, and from 3.3% to 15.2% by 18 years post-loss. In fathers, prevalence of PTSD ranged from 5% to 8.4% between 7 weeks and 18 years post-loss.

Moderate to high quality evidence found an increased risk of PTSD in bereaved people after exposure to any trauma compared to non-bereaved people after exposure to any trauma.

Moderate quality evidence finds the incidence of PTSD in bereaved individuals following earthquakes is around 39% compared to around 20% for individuals who are not bereaved following earthquakes. This represents a medium-sized effect of increased risk of PTSD in bereaved individuals, which is apparent in both adults and children.

Around 19% of people who were bereaved due to homicide of a loved one met criteria for lifetime PTSD, and around 5% met criteria for current PTSD. Homicidally bereaved people were more likely than non-homicidally bereaved people to report past-year PTSD symptoms. Twice as many parents whose children were murdered met PTSD criteria two years post-loss compared to parents who lost their child due to accident or suicide. There were no differences in rates of PTSD by five years. There were also no differences in PTSD symptoms between homicidally bereaved people and victims of physical or sexual assault.

For more information see the technical table



NeuRA (Neuroscience Research Australia) is one of the largest independent medical and clinical research institutes in Australia and an international leader in neurological research.

Diseases of the brain and nervous system pose the greatest health, economic and social burden of any disease group because they are chronic, debilitating and have no known cures.

Medical research is the cornerstone of efforts to advance the health and wellbeing of families and the community. Our dedicated scientists are focussed on transforming their research into significant and practical benefits for all patients.

While we hope you find this information useful, it is always important to discuss any questions about PTSD and its treatment with your doctor or other health care provider.

HOW YOUR SUPPORT HELPS

We are able to make significant advances due to the generosity of countless people. Your donation allows us to continue to work towards transforming lives. For information on how you can support our research, phone **1300 888 019** or make a secure donation at neura.edu.au/donate