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POST-TRAUMATIC STRESS DISORDER Factsheet

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What are trauma characteristics?

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

What is the evidence for PTSD in people indirectly exposed to traumas?

Moderate quality evidence finds the prevalence of PTSD in direct victims of terrorist attacks after one year is between 33% and 39%, while indirect victims showed lower prevalence rates (community = 4%, rescue teams = 5-6%, family and friends = 3-13.8%).

Moderate to high quality evidence found small associations between increased PTSD symptoms and higher caseload volume and frequency, and more personal trauma history, in health professionals exposed to secondary workplace trauma. Lower PTSD symptoms in these professionals were associated with more social support, work support, trauma training, experience, and older age. There was also a medium-sized effect of increased PTSD symptoms in health workers exposed to critical incidents (health emergencies) compared to health workers not exposed to critical incidents. The effect was larger after 4 weeks post-incident than before 4 weeks post-incident.

Moderate to high quality evidence found a large effect of more PTSD symptoms in parents of chronically ill children than in parents of healthy children. Rates were highest in parents of children with epilepsy or diabetes, in mothers, in parents of children with more illness severity, longer treatment duration and intensity and in parents of children with PTSD symptoms. Rates were lowest in parents of children with longer illness duration, longer time since active treatment and in those with more social support.

Moderate to high quality evidence found a small association between increased exposure to televised mass trauma and increased PTSD symptoms. There was also a small effect of increased rates of PTSD in people exposed to longer vs. shorter COVID-19 media reporting.

For more information see the technical table

HOW YOUR SUPPORT HELPS

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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.