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POST-TRAUMATIC STRESS DISORDER LIBRARY

## POST-TRAUMATIC STRESS DISORDER Factsheet

August 2021

### How do personal characteristics impact on risk for PTSD?

Personal characteristics, including gender, can influence one's degree of risk for developing PTSD. How such personal characteristics may affect the development of PTSD would be influenced by other personal characteristics as well as differences in the trauma experience itself.

### What is the evidence for effects of sex on risk for PTSD?

Overall, the risk of PTSD following exposure to any trauma was higher for females than for males. This has been observed in both adults and children. The quality of this evidence is generally moderate to high.

For children and adolescents, there were small associations between increased PTSD symptoms in females following any trauma exposure (females 21% vs. males 11%). Risk of PTSD was highest in females exposed to interpersonal trauma (33%). There were more PTSD symptoms in girls following the death of a parent, sibling, or close friend. The prevalence of PTSD in adolescent detention centres was higher in females than males (18.2% vs. 8.6%).

Small effects showed both adult and child females had an increased risk of PTSD following earthquakes, with the overall incidence of PTSD in females following earthquakes at 35% and 23% for males. The prevalence of PTSD following road traffic accidents was also higher in females than males (adult females: 28% vs. 20% for males, child and adolescent females: 34% vs. 22% for males).

There was a small increase in PTSD symptoms in females than males following a burn injury, and a medium-sized increase in rates of PTSD in females after a coronavirus infection (severe acute respiratory syndrome [SARS], Middle East respiratory syndrome [MERS], or coronavirus disease 2019 [COVID-19]). In the general population, a trend effect was found of greater risk of PTSD in females during the COVID-19 pandemic.

A small association was found between increased PTSD symptoms in mothers compared to fathers of chronically ill children. After the loss of a child, 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.

A small increase in the risk of PTSD was found in female than male military personnel and veterans.

Lifetime rates of PTSD were nearly twice as high in women than men over 65 years, although there were no differences in rates of PTSD between males and females aged over 65 years after a fall. There were also no differences in rates of PTSD between males and females following a traumatic brain injury or following exposure to secondary workplace trauma (looking after trauma victims).

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

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NeuRA (Neuroscience Research Australia) Foundation  
T 1300 888 019 F +61 2 9399 1082  
ABN 57 008 429 961

**Margarete Ainsworth Building**  
Barker Street, Randwick NSW 2031  
PO Box 1165 Randwick Sydney NSW 2031 Australia

[neura.edu.au](https://neura.edu.au)