

POST-TRAUMATIC STRESS DISORDER Factsheet

What is prevalence?

Prevalence represents the overall proportion of individuals in a population who have the disorder of interest. It is different from incidence, which represents only the new cases that have developed over a particular time period. Point prevalence is the proportion of individuals in a population who have the disorder at a given point in time (e.g., at one-month post-trauma), while period prevalence is the proportion of individuals in a population who have the disorder at a given point in time (e.g., at one-month post-trauma), while period prevalence is the proportion of individuals in a population who have the disorder over specific time periods (e.g., one to two months post-trauma). Lifetime prevalence is the proportion of individuals in a population who have ever had the disorder and lifetime morbid risk also includes those who had the disorder but were deceased at the time of the survey.

What is the evidence for the prevalence of PTSD in children and adolescents?

Moderate to high quality evidence finds the prevalence PTSD in children after an injury is 20.52%. Rates were highest in girls, in older children, and in children injured during a hurricane. The prevalence of PTSD in children exposed to earthquake is around 23.6%. Being older, having higher education, being trapped, experiencing fear, injury, or bereavement, and witnessing injury/death during the earthquakes were related to greater risk of PTSD. The prevalence of PTSD in children and adolescents after tsunamis it is between 6.0% and 70.7%, after hurricanes it is between 9.0% and 36.7%, after cyclones and tornadoes it is between 1.0% and 90.0%, after fires it is between 9.0% and 36.7%, after floods it is between 2.05% and 37.0%, and after ship sinking it is between 50.0% and 89.5%.

The prevalence of PTSD in children exposed to the chronic Israeli-Palestinian conflict was between 21% and 44.6%. In children exposed to the Iranian war, prevalence was 19%. In children exposed to the World Trade Centre terrorist attack, prevalence was 17%. In children exposed to the second Lebanese war, prevalence was 14.9%, and in children exposed to the first Gulf war, prevalence was 7.8%.

The prevalence of PTSD in adolescent males in junenile detention or correctional centres is 8.6% and 18.2% in adolescent females in junenile detention or correctional centres. The prevalence of PTSD in children and adolescents in the child welfare system is 4%.

The prevalence of PTSD in children and adolescents after road traffic accidents is 19.95%, which was higher in females, and higher in studies located in the UK than in the US.

The prevalence of PTSD is 22.7% in child and adolescent refugees, with rates highest in those displaced less than two years and in those with an insecure visa status.

The prevalence of PTSD in adolescent cancer survivors is between 3% and 13.8%, with rates higher in females than in males.

For more information see the technical table

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**

August 2021



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.

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