



# NeuRA

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POST-TRAUMATIC STRESS DISORDER LIBRARY



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## POST-TRAUMATIC STRESS DISORDER Factsheet

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### 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 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 people exposed to war and terrorism?

Moderate quality evidence found the overall prevalence of PTSD in conflict settings was around 15.3%, and up to 26% for up to 9 years post-conflict. Rates of PTSD were highest in women and in unemployed people. Rates were lowest in participants living with a partner.

Moderate to high quality evidence found the prevalence of PTSD in war-affected refugees and citizens was around 31%. Rates were highest in samples exposed to recent conflict, to torture, to more potentially traumatic events, to political terror, and in people living in or from Cambodia, Bosnia, Kosovo, and Africa.

Moderate to low quality evidence finds 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 of PTSD 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%.

Moderate quality evidence finds the prevalence of PTSD in direct victims of terrorist attacks after one year is between 33% and 39%. Indirect victims showed lower prevalence rates of PTSD (community = 4%, rescue teams = 5-6%, family and friends = 3-13.8%). The prevalence of PTSD in New York city residents and workers after the 9/11 terrorist attacks ranged from 11.9% at 2 weeks to 19.1% by 5-6 years after the attacks.

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



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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.*