

A Critical Review of Childhood Anxiety Studies: Types, Symptoms, Prevalence, Co-morbid Risk Factors, and Treatments

Parvathy Jayamohan^{1*}

ABSTRACT

The study aims to comprehend childhood anxiety, a topic that is not extensively discussed in the community. A critical review comprehensively analyzes scholarly work, research, journals, and articles. The study aims to enhance our understanding of childhood anxiety in children. The literature reveals valuable insights into manifestations, risk factors, and treatment modalities. A comprehensive search was performed across prominent databases such as Psychiatry International, PubMed Central, and Google Scholar, utilizing keywords like "childhood anxiety," "PTSD," and "anxiety symptoms in children." However, constraints like small sample sizes and cross-sectional designs hinder generalizability. Addressing these challenges in future studies could propel comprehension of anxiety disorders, leading to improved diagnostic accuracy and innovative intervention strategies for individuals navigating these complex mental health conditions. Considering each child's unique circumstances, a comprehensive and individualized treatment plan is crucial. Regular monitoring and adjustments to the intervention plan, as needed, contribute to better outcomes in managing anxiety disorders in children.

Keywords: *Childhood anxiety, generalized anxiety Disorder, Panic disorder, PTSD, OCD*

Anxiety acts as a biological alert system in the body, triggering intense feelings of fear and worry that prepare individuals for action. Normal anxiety, worry, and fear are a part of natural life and development. The feelings are short-lived and don't affect the body. In contrast, pathological anxiety becomes a concern when it occurs persistently and frequently lasting for long periods which can affect daily functioning. Childhood anxiety encompasses a range of behavioral, psychological, emotional, and cognitive responses in children which manifest as excessive worry, fear, very unpleasant feelings, or apprehension often in response to perceived stressors. The psychological and emotional responses can affect overall well-being including academic performance and social interactions. The etiology of childhood anxiety is complex and involves combinations of genetic predispositions, and neurobiological, social, and environmental factors.

The family dynamics, parental conflicts, and lack of support can increase stress and anxiety in students. Academic pressure and bullying can contribute to anxiety. Low economic strata and disparities can affect the child's sense of security.

¹Student

*Corresponding Author

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Fear is universal across different age groups, including infants and adolescents. Cultural and societal norms shape its manifestations in the Indian context. Infants and toddlers often exhibit fear of loud noises, unfamiliar words, or separation from a primary caregiver. Preschoolers in India exhibit a fear of dark animals or imaginary animals/ creatures. Cultural folklore and cautionary tales can contribute to the child's fears. Indian school-age children may experience fear and stress related to academic performance, social validation, and societal expectations. The education system and curriculum can contribute to students' anxiety. Fear of not conforming to societal norms and regulations may become more pronounced in this age group. Adolescents may grapple with anxiety and stress related to self-identity formation, peer pressure, and even bullying. The discordance of societal norms and cultural expectations can lead to anxiety. Fear acts as a precursor and prolonged exposure can contribute to anxiety. Unresolved fear can lead to anxiety in children. Fear is a necessary and adaptive response to challenges and threats but it can transit into anxiety and stress when they persist for longer duration and become generalized.

Types of Anxiety Disorder

Anxiety in children and adolescents has become increasingly prevalent in children, particularly in the aftermath of the COVID-19 pandemic and various contributing factors. Anxiety in children is often not diagnosed and usually goes unnoticed due to a lack of awareness of prevalent mental health issues in this age group. Due to a lack of knowledge and awareness, disorders and related problems tend to be underdiagnosed and left untreated potentially having serious implications for subsequent developmental stages. The stigma and negative attitude surrounding mental illness towards seeking professional help further exacerbates the challenge as the intensity of symptoms will increase with age. The overall well-being and productivity would be hampered. Anxiety can hinder the well-being of the child which will affect academic, interpersonal relationships, self-esteem, confidence, self-worth, and functioning of the child. There are different types of anxiety such as Generalized Anxiety Disorder (GAD), Separation Anxiety Disorder, Social Anxiety Disorder, Specific Phobias, Panic Disorder, Selective Mutism, Obsessive Compulsive Disorder (OCD), and Post-Traumatic Disorder (PTSD).

ANXIETY DISORDER	DESCRIPTION
Generalized anxiety disorder	Children with GAD experience excessive worry and anxiety which affects their overall well-being. They worry about their academic performance, interpersonal relationships, family dynamics, and social life. The symptoms are prolonged and vague fear, hypervigilance, motor tensions, and seeking reassurance.
Separation Anxiety Disorder	SAD is characterized by vague and intense distress when expecting or undergoing separation from the primary caregivers and home. It can lead to tantrums, hostility, refusal to go to school, fear, and separation anxiety. They are fearful of entering a new situation and cling to their parents on every move.
Social phobia/ Social Anxiety disorder	Social phobia or Social anxiety disorder incapacitates fear and embarrassment in social situations and dealing with new situations. This can lead to avoidance of social events, lead to self-isolation, self-consciousness, and even difficulty in making new friends.

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ANXIETY DISORDER	DESCRIPTION
Specific Phobias	Specific phobias are irrational fear of specific objects or events. This includes intense and irrational fear of animals, insects, enclosed spaces, darkness, and heights. This can affect their overall productivity and well-being.
Panic Disorder	Panic disorder are rare disorder in young children. The symptoms include recurrent anxiety attacks accompanied by feelings of intense terror, heart palpitations, dizziness, fatigue, muscle tension, breathlessness, trembling, and a sense of dying
Selective Mutism	Selective mutism is a form of anxiety where the child shows resistance or refuses to speak in specific situations or people despite speaking in another environment.
Obsessive-compulsive disorder	OCD involves a persistent preoccupation with an intrusive thought or repetition of a particular act or mental ritual that hinders the overall functioning of their lives. Obsessive behavior is the inability to stop thinking about a particular idea whereas the compulsive behavior is performing an act over and over again. Compulsive behavior includes counting, chanting, checking, washing, and ordering.
Post-traumatic Stress Disorder	Children who have experienced a traumatic event can develop Post-traumatic Stress Disorder which is accompanied by symptoms such as flashbacks, nightmares, anxiety, arousal, emotional numbing, and lack of concentration.

ICD-11 and DSM-5 of anxiety disorders

Criteria	ICD-11	DSM-5
Generalized Anxiety Disorder (GAD)	6B00 Persistent and excessive worry across various domains. It includes various symptoms like dizziness, fatigue, lack of concentration or focus, frustration, muscle tension, and sleep disturbance	300.02 Excessive worry and anxiety existing for at least 6 months, with a lack of control over the worry. There should be at least three symptoms: restlessness, fatigue, difficulty concentrating, irritability, muscle tension, and sleep disturbances.
Panic Disorder	6B01 continuous and unexpected panic attacks. There is a sudden onset of fear and discomfort. It includes physical and cognitive symptoms such as heart palpitations, fatigue, sweating, trembling, shortness of breath, and fear of losing control.	300.01 persistent and unpredictable panic attacks with at least one attack followed by 1 month or more. There is consistent worry and maladaptive change in behavior related to the attacks.
Agoraphobia	6B02 Marked fear or anxiety about situations, places, and events with	300.22 Anxiety or fear about two or more situations such as using

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Criteria	ICD-11	DSM-5
	symptoms of helplessness and embarrassment. The symptoms persist for at least 2 months. It will lead to significant distress and impairment affecting the family, social, workplace, etc.	public transportation, being in open spaces, being in enclosed spaces, being in a crowd, shopping in busy places, or perceiving surroundings as crowded and dangerous.
Social Anxiety Disorder (SAD)	6B03 Fear or anxiety about social situations or events has an impact on the well-being and overall functioning of the individual. People with a social anxiety disorder may fear of scrutinized by others.	300.23 Marked fear or anxiety about one or more social situations or events where there is persistent worry of being embarrassed and judged by others. People with SAD would avoid social situations and events.
Specific Phobia	6B04 Persistent and irrational fear triggered by specific situations and objects that cause discomfort and distress in the individual.	300.29 Irrational fear or anxiety about a specific object or event, which is actively avoided or endured with intense fear or anxiety that lasts for at least 6 months.
Separation Anxiety Disorder	6B05 Excessive fear or anxiety concerning separation from the attached individual like primary caregivers. Persistent anxiety about losing major attachment figures or harm to them.	309.21 Fear or anxiety about separation from those to whom the people attached, accompanied by the following criteria: distress when anticipating separation, worry about losing attachment figures, reluctance to go out, fear of being alone, refusal to sleep away, nightmares about separation, physical symptoms when separation occurs.
Selective Mutism	6B06 Consistent failure to speak in specific social situations despite speaking in other situations which affect education or occupation or social well-being	313.23 Persistent failure to speak in specific social situations despite being able to speak in other situations which disturbs the education, social interaction, and work life.
Obsessive-Compulsive Disorder (OCD)	6B20 is Classified under Obsessive-Compulsive and Related Disorders, characterized by the presence of symptoms- obsessions (recurrent, intrusive thoughts) and/or	300.3 Classified under Obsessive-Compulsive and Related Disorders, characterized by the presence of obsessions (recurrent, intrusive thoughts) and/or

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Criteria	ICD-11	DSM-5
	compulsions (repetitive behaviors or mental acts).	compulsions (repetitive behaviors or mental acts) that are time-consuming or cause significant distress or impairment.
Post-Traumatic Stress Disorder (PTSD)	6B40 - Classified under Trauma- and Stressor-Related Disorders, characterized by re-experiencing of a traumatic event, avoidance of stimuli associated with the event, negative alterations in cognition and mood, and hyperarousal.	309.81 Classified under Trauma- and Stressor-Related Disorders, characterized by exposure to a traumatic event, intrusive symptoms, avoidance of stimuli, negative alterations in cognition and mood, and marked alterations in arousal and reactivity.
Acute Stress Disorder	6B41 Symptoms similar to PTSD but with a duration of 3 days to 1 month following exposure to a traumatic event.	308.3 Exposure to actual or threatened death, serious injury, or sexual violation, with symptoms lasting from 3 days to 1 month, including intrusion symptoms, negative mood, dissociation, avoidance, and arousal.

Table adapted from ICD-11 (World Health Organization, 2019) and DSM-5 (American Psychiatric Association, 2013). American Psychiatric Association. (2013). Diagnostic and Statistical Manual of Mental Disorders (5th ed.). Washington, DC.

Prevalence of Childhood Anxiety

According to Anxiety and Depression Association of America (2014) One in eight children is diagnosed with childhood anxiety disorders. The National Institute of Mental Health stated that 25.1% of children aged 13 to 18 are diagnosed with severe anxiety disorder at some point during this period. In contrast, the lifetime prevalence of severe anxiety disorder is 5.9%. [National Institute of Mental Health. Any Anxiety Disorder Among Children. 2016.]. In the year 2016-2019, approximately 5.8 billion children aged 3-17 were diagnosed with anxiety (*Anxiety and Depression in Children: Get the Facts | CDC*, 2020). Mishra et al. (2018) did a study on rural and sub-urban areas of Eastern Uttar Pradesh where the prevalence of anxiety was found to be 15%. Around 50-70 % of adolescents with anxiety disorders develop during their adolescence. (Rushton et al., 2002). The prevalence of anxiety disorders is found to be between 5-17 in children and adolescence. A research study published by the British Journal of Psychiatry found that Indian adolescents had a higher prevalence of anxiety disorders. (Pillai et al., 2008). Deb et al found that anxiety was significantly prevalent in the age of 13-17 years as the age group faces major challenges such as puberty, academic pressure, and peer pressure leading to substance abuse. (Deb et al., 2010). Previous studies suggested that children in urban areas have greater anxiety disorders than children from rural areas. (Wahab S et al, 2013). The gender difference showed that females are more affected than males. (Costello J, 2003). Al-Gelban KS (2007) has highlighted that there is an increase in anxiety disorders in boarding schools. Anitha et al

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(2003) found that anxiety disorders are significantly found in one or more siblings. The majority of studies have postulated that anxiety disorders are more common in low and middle-income groups. (Turner RJ, 1995)

CATEGORY	PREVALENCE	AUTHOR AND YEAR
GENDER	Anxiety disorders are generally more common in girls than in boys. However, one study reported higher anxiety in boys.	Donner & Lowry (2013); Deb, Chatterjee, & Walsh (2010)
AGE	Anxiety was significantly prevalent in the age of 13-17 years as the age group faces major challenges such as puberty, academic pressure, and peer pressure leading to substance abuse.	Deb et al (2010)
URBAN VS RURAL	Children in urban school setups have greater anxiety disorders than those from rural setups.	Wahab et al. (2013)
BOARDING VS DAY SCHOLAR	Students in hostels have significantly higher scores for severe anxiety, panic disorder, school phobia, and separation anxiety compared to day scholars.	Wahab et al. (2013); Al-Gelban (2007)
SOCIO-ECONOMIC STRATA	Anxiety is more common in low- and middle-income groups compared to high-income groups. The majority of studies have postulated that anxiety disorders are more common in low and middle-income groups. Turner RJ, 1995	Turner, Wheaton, & Lloyd (1995); Velez, Johnson, & Cohen (1989), Turner RJ, (1995)
PARENTAL MARITAL DISCORD	Anxiety may be associated with parental marital discord, as conflict in marriage can affect children and cause them to become fearful and anxious.	Belsky (1984); Fincham, Grych, & Osborne (1994)
PARENTAL ANXIETY	High prevalence of anxiety among parents of children with anxiety disorder suggests that parental anxiety may contribute to child anxiety.	Cooper et al. (2006); Liberman & Ost (2016)

REVIEW OF LITERATURE

Manuel D et al (2016) did a school-based study on the prevalence and risk factors of anxiety disorders in adolescents of age 10 to 13 years in rural areas. They completed the SCARED anxiety scale. The total sample included 250-147 girls and 103 boys. The scale analyzed panic disorder, generalized anxiety disorder, separation anxiety disorder, social anxiety disorder, and social avoidance. T-test and Chi-square were done to analyze the data to conclude. The results demonstrated a notable prevalence of anxiety within the examined population, with a distinct gender difference favoring higher prevalence rates in girls compared to boys in panic disorder, generalized anxiety disorder (GAD), and separation disorder. The observed gender disparity may be attributed to a combination of biological and

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environmental factors, including but not limited to gender roles, gender role stress, social relationships, and variations in exposure to social adversity within the process of socialization. The sample size is average but not sufficient to generalize the findings on anxiety in rural adolescents. SCARED anxiety scale is a self-reported measures that lead to biases. It lacks investigation on risk factors like sex roles and social adversity. The research study could have included more literature reviews to contextualize better findings. Qualitative methods such as interviews and focus groups would have given more insights and understanding of childhood anxiety.

Sahithya, B. R., & Raman, V., (2021) investigated the various dimensions such as parenting styles, parental personality, and child temperament in children with anxiety disorder in India. The present study provided insights on risk factors and preventive factors of the anxiety disorder which can be further used to determine the interventions of the anxiety disorders. Anxiety disorder in children is not widely discussed in society. It focuses on various dimensions such as parenting styles, personality traits of parents, and child temperament, which becomes one of the study's major strengths. A comprehensive approach was adopted to analyze a wide range of factors such as parenting styles, and child temperament which provided a holistic overview of the influences on child disorders. It emphasized the Indian population which adds to the cultural context of the understanding of anxiety disorders in India. The study ensures the use of standardized tools such as the Child Behavior Checklist, Color Progressive Matrices, and Screen for Child Anxiety-related Emotional Disorders parent version ensuring the reliability and validity of the results. The statistical analysis helped us to know that parenting styles and child temperament explained 69% of the variances in child anxiety disorders. The sample size includes 42 children with anxiety disorders which is a relatively small sample size. This limits the generalizability of the results in the general population of India. Parents reported questionnaires could result in self-reported bias. There can be many other confounding variables such as social economic strata, family dynamics, caste, etc. which can affect the result of the study. The research study could have given more importance to the parent's personality affecting the parenting and subsequently to the child's anxiety. Sample size, design, and potential biases should be addressed in future research to enhance the rigor and robustness of the study.

Dummit et al (1997) did a systematic assessment of 50 children diagnosed with selective mutism using clinical interviews and psychological rating scales. All children met the criteria for either avoidant or social phobia. 48% of children were diagnosed with symptoms of anxiety 26% with separation anxiety disorder and 34% with phobia. A critical review of the literature even quoted that girls are diagnosed with SM as compared to boys. Clinical interventions and cooperative strategies could help children to overcome anxiety and avoidance issues. A systematic evaluation was carried out by using clinical interviews and rating scales for the assessment of the children. Adhering to DSM-III-R criteria will help in better diagnosis and further formulation of better interventions for the children. For future research, a recently updated edition of the DSM would have given better insights and criteria for selective mutism. The study lacks longitudinal data which provide better insights into the frequency of the symptoms, persistence, and development of selective mutism.

Ganesan et al (2023) tried to gain insight into Selective Mutism (SM) is a serious childhood anxiety disorder where children persistently struggle to communicate verbally in specific social events, despite having the ability to speak in other situations. Early identification and intervention in cases of Selective Mutism are crucial for better results in affected children.

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This study focuses on understanding the awareness and perceptions of Selective Mutism among two distinct groups: medical professionals (medicos) and those without medical backgrounds (non-medicos). Through a comprehensive and systematic six-month online survey, the research concluded that awareness of Selective Mutism was significantly higher among medicos (29.5%) compared to non-medicos (8.21%). Gender differences were also apparent, with a higher percentage of females being aware of the disorder in both groups. The findings highlight a general lack of knowledge about Selective Mutism in the broader population, which can contribute to social stigma and hinder early detection and treatment. The study emphasizes the urgent need for extensive psychoeducation and awareness drives to support early identification and intervention strategies, ultimately improving mental health outcomes for individuals dealing with Selective Mutism.

Kim SJ et al (2013) did a study that aims to understand the psychological and physiological symptoms, prevalence, etiology, psychiatric comorbid disorders, and the types of specific phobias present in children and adolescents. The total sample included 2673 children and adolescents from Seoul, Korea where they completed the Diagnostic Interview Schedule for Children (DISC-IV) and Children's Behavior Checklist (CBCL). Animal phobia showed relationships to anxiety and oppositional defiant disorder, whereas nature-environment phobia was associated with anxiety disorder. Blood-injection-injury phobia established associations with attention-deficit/hyperactivity disorder (ADHD). These findings underscore the importance of considering co-morbid psychiatric disorders and recognizing unique clinical characteristics when treating children and adolescents with specific phobias.

Mohammadi MR et al (2020) did a study on social anxiety disorder or social Phobia which is another anxiety disorder that is common in children but underdiagnosed and untreated. The study aimed to investigate the prevalence, etiology, risk factors, and co-morbidities in children and adolescents using cross cross-sectional survey of Iranian individuals among 6 to 18 years old. Face-to-face interviews were conducted by the trained clinical psychologist to understand and investigate the symptoms. Out of almost 29,878 participants, 585 were found to have Social Anxiety Disorder (SAD). The likelihood of having Social Anxiety Disorder was notably higher in older adolescents and individuals with a paternal history of psychiatric hospitalization. Additionally, higher levels of persistent depression disorder and melancholic personality traits in mothers, as well as schizophrenia spectrum and anxiety in fathers, were linked to increased odds of SAD in their children. The most common accompanying conditions were other anxiety disorders and behavioral disorders. In simpler terms, certain family and personal factors increase the chances of developing a social anxiety disorder.

Kar N et al (2007) did a study that aimed to investigate the symptoms of traumatic stress and disorders in children and adolescents in Orissa, India, a year after a super-cyclone. The research implicated clinical evaluations of 447 participants using a symptoms checklist based on international diagnostic criteria and a questionnaire about their disaster-related experiences. The results concluded that a majority of children exhibited the symptoms of Post-Traumatic Stress disorder (PTSD). 30.6% were diagnosed with post-traumatic stress disorder (PTSD) and an additional 13.6% experienced sub-syndromal PTSD. Children in high-exposure areas were significantly affected and had a higher prevalence of PTSD (43.7%) compared to those in low-exposure areas (11.2%). Depression was linked with PTSD. Logistic regression analysis revealed that dimensions such as high exposure, lower education, and middle socioeconomic status predicted PTSD outcomes. Surprisingly,

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specific disaster experiences like extreme fear, perceived threat to life, death in the family, home damage, or staying in shelters were not significantly linked to PTSD. In conclusion, the study demonstrated that PTSD is a valid clinical concern for children and adolescents following natural disasters in the Indian context. Despite its high prevalence, clinical screening is necessary to identify cases. The manifestation and associated factors were similar to those observed in other cultures.

Srivastava et al. (2020) did a study that explored children and teenagers (up to 18 years old) with Obsessive-Compulsive Disorder (OCD). The sample size included 30 individuals diagnosed with OCD. The compulsive behavior included checking, washing, and rituals involving others. Around 63% had other mental health disorders like depression, Obsessive-Compulsive Related Disorders (OCRDs), intermittent explosive disorder, and anxiety disorders. The standardized assessment helped in understanding the symptoms of OCD which had a huge impact on their well-being like making decisions, self-isolating, and being unproductive. The study also highlighted the role of genetic predispositions as 46.6% of participants had a family member with OCD.

Moalla et al. (2023) et al research found that anxiety symptoms increased in children and adolescents following the global COVID-19 pandemic. The uncertainty during the pandemic made children more vulnerable, leading to higher levels of distress and fear. In Qatar, a cross-sectional study involving 199 participants aged 6-16 used the Arabic version of the Parent Spence Children's Anxiety Scale to measure anxiety symptoms. The analysis showed that 29.6% of the sample met the criteria for anxiety disorder. Among younger children, there were higher scores in specific anxiety disorders like separation anxiety, fear of physical injury, and Generalized Anxiety Disorder (GAD). The study also noted gender differences, with females reporting significantly higher anxiety scores than males. It underscored the impact of the COVID-19 pandemic as the primary threat and risk factor for increased anxiety disorder symptoms.

Sandhu and Sharma (2015) explored the connections between composite parenting practices, encompassing parenting styles and dimensions, and the phenomena of social anxiety and withdrawal. The study involved 227 Indian girls aged 6 to 11. Participants completed the Social Anxiety Scale for Children, while teachers and parents used the Teacher Report Syndrome Scale for Social Withdrawal Behavior in Girls. Additionally, parents filled out the Parenting Styles and Dimension Questionnaire. To examine the relationships between parental behaviors and social anxiety as well as social withdrawal, Pearson's product-moment correlations were applied. Both social anxiety and withdrawal from social situations were treated as dependent variables in a conventional multiple-regression study. The study found that parental autonomy granting, child-perceived control, and a child's emotional reactivity and emotion regulation are associated with child anxiety. Furthermore, family conflict contributes to the development of social anxiety disorders in children. Childhood anxiety, in turn, correlates with lower levels of parental autonomy granting and child-perceived control. The study analyzed various parenting dimensions which include indulgence, punitive behavior, ignorance, autonomy, and connection. The study shows the association between parenting style and social anxiety in the student. Recommendations

Data Analysis

The present study aims to understand anxiety disorders in children by reviewing the literature. A critical review comprehensively reviews scholarly work, research, journals, and

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articles. The critical review examines the strengths and weaknesses of the research paper, further drawing conclusions and results. This helps gain better insight and knowledge of childhood anxiety. The study aims to enhance our understanding and will contribute to gaining valuable insights into the symptoms, causes, co-existing mental illness, and risk factors associated with childhood anxiety. The ultimate goal is used for early identification and to establish more effective treatment plans and interventions.

METHODOLOGY

The study aimed to understand childhood anxiety using a systematic critical review. In conducting the critical review on anxiety disorders in children, the methodology involved a systematic search process to identify relevant literature. A critical review of the study was carried out to understand anxiety disorders in children. A comprehensive understanding of the objective of each study. The methodology used for data collection of each research study was analyzed. Key findings and conclusions are highlighted in the review. The strengths and weaknesses are pointed which include the structure of the research paper, authors' arguments and evidence on the findings, evaluated the authenticity, and quality of the facts. Potential limitations are also highlighted that would affect the validity and generalizability of the study. A crucial emphasis is given to assessing the significance of the research to advance knowledge and fill gaps in the previous research papers. The findings of the paper were understood to understand the potential impact on future research and interventions. Logical reasoning and evidence are put forth to justify my perspective which includes the strengths and weaknesses of each research.

A comprehensive search was performed across prominent databases such as Psychiatry International, PubMed Central, and Google Scholar, utilizing keywords like "childhood anxiety," "PTSD," and "anxiety symptoms in children." To synthesize the diverse findings, a thematic analysis approach was employed, identifying common patterns, trends, and discrepancies across the selected studies. The synthesis was guided by the overarching goal of gaining a nuanced understanding of childhood anxiety, including its manifestations, contributing factors, and associated psychiatric conditions. Studies employing diverse methodologies, including quantitative, qualitative, and mixed-methods approaches, were considered. This systematic and transparent methodology aims to provide a comprehensive and reliable examination of the existing literature on childhood anxiety, ensuring the validity and robustness of the critical review.

RESULTS AND DISCUSSION

Anxiety disorders, such as Generalized Anxiety Disorder (GAD), panic disorder, selective mutism, Separation Anxiety Disorder, and panic disorders, are prevalent among children and adolescents. Unfortunately, these disorders are often not overlooked in the community, leading to underdiagnosis due to the prevailing stigma and prejudice associated with mental health issues. In India, where a collectivistic culture predominates, many children's problems tend to be neglected and ignored. A synthesis matrix table is made to organize and synthesize various information of various research studies of childhood anxiety for better comparison and drawing conclusions.

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S N	Authors	Purpose	Sample Size	Method	Strengths	Weaknesses
1	Manuel D et al (2016)	Study prevalence and risk factors of anxiety disorders in adolescents	250 (147 girls, 103 boys)	SCARED anxiety scale, T-test, Chi-square	Identified gender differences in anxiety prevalence.	Self-reported scale biases, limited investigation of risk factors, average sample size not generalizable.
2	Sahithya, B. R., & Raman, V. (2021)	Investigate parenting styles, parental personality, and child temperament in anxiety disorder	42 children	Child Behavior Checklist, Color Progressive Matrices, SCARED parent version	Comprehensive approach considering multiple factors, emphasis on Indian context, use of standardized tools.	Small sample size, self-reported bias, and lack of consideration for confounding variables.
3	Dummit et al (1997)	Systematic assessment of children with selective mutism	50 children	Clinical interviews, psychological rating scales	Systematic evaluation using clinical interviews, and adherence to DSM-III-R criteria.	Lack of longitudinal data, and outdated DSM criteria.
4	Ganesan et al (2023)	Awareness and perceptions of Selective Mutism among medicos and non-medicos	-	Six-month online survey	Highlighted awareness differences, and gender differences in awareness.	Lack of general population knowledge, potential survey biases.
5	Kim SJ et al (2013)	Study-specific phobias in children and adolescents	2673 children and adolescents	DISC-IV, CBCL	Large sample size, detailed analysis of specific phobias and comorbidities.	Focus on a specific population (Seoul), and potential cultural biases.
6	Mohammadi MR et al (2020)	Investigate the prevalence, etiology, risk factors, and comorbidities of Social Anxiety Disorder	29,878 participants (585 with SAD)	Cross-sectional survey, face-to-face interviews	Large sample size, detailed risk factor analysis.	Focus on the Iranian population, potential cultural biases, and lack of longitudinal follow-up.
7	Kar N et al (2007)	Investigate symptoms of traumatic stress in children post-	447 participants	Clinical evaluations, symptom checklist	Large sample size, specific focus on natural	Specific to Orissa, lack of generalizability and, a lack of

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S N	Authors	Purpose	Sample Size	Method	Strengths	Weaknesses
		super-cyclone			disaster impact, logistic regression analysis.	significant links to specific disaster experiences.
8	Srivastava et al. (2020)	Explore symptoms of OCD in children and teenagers	30 individuals	Standardized assessment	Highlighted genetic predispositions , and detailed OCD symptom analysis.	Small sample size, lack of generalizability .
9	Moalla et al. (2023)	Study anxiety symptoms post-COVID-19 pandemic	199 participants	Parent Spence Children's Anxiety Scale	Focus on COVID-19 impact, gender differences, and use of standardized tools.	Small sample size, specific to Qatar, potential cultural biases.
10	Sandhu and Sharma (2015)	Explore parenting practices and social anxiety/withdrawal in children	227 Indian girls	Social Anxiety Scale, Teacher Report Syndrome Scale, Parenting Styles and Dimension Questionnaire	Detailed analysis of parenting dimensions, focus on Indian content.	

The critical review revealed that females exhibited higher anxiety scores compared to boys. The etiology of childhood anxiety was identified as both biological and environmental, with studies highlighting factors like sex roles, distress, social relationships, socio-economic strata, and learned behaviors. It impacted the overall well-being and productivity of the child. This punctuates addressing and managing anxiety disorders to promote the overall health and functioning of the child. The study found a significant association between the COVID-19 pandemic and elevated symptoms of anxiety in children. The critical review foregrounds individuals having a genetic predisposition that makes them more susceptible to experiencing anxiety symptoms. The analysis emphasized that children and adolescents are more likely to develop anxiety disorder when raised in, an overprotective environment, authoritarian, or neglectful/ avoidant parenting styles. These parenting styles involve enforcing harsh rules, lack of autonomy, and inconsistent control over the child. This would affect the overall self-esteem and self-confidence of the child. This understanding sheds light on the social and environmental factors in developing childhood anxiety.

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Early diagnosis and intervention in cases of anxiety disorders are crucial for attaining a positive outcome in affected children. It underscores the importance of widespread psychoeducation and awareness campaigns. This helps in creating awareness and enhancing positive mental health outcomes for individuals grappling with anxiety disorders. There is a precedence of understanding and addressing the various factors contributing to anxiety disorders in children which helps in early identification and therapeutic interventions. Effective strategies will help to manage and mitigate the impact of anxiety on children's mental health.

Childhood anxiety disorders are often underdiagnosed, and frequently understood as low motivation, naughtiness, mischief, or lack of interest. Many Indian parents attribute these behaviors to excessive use of technology or smartphones. Unfortunately, stereotypical attitudes and misconceptions significantly contribute to the lack of awareness of childhood anxiety and underdiagnosis. Primary caregivers and teachers are often the first to observe these behaviors, yet they typically have limited awareness and knowledge of anxiety disorders in children. This lack of recognition and understanding prevents children from receiving the necessary support and interventions, ultimately affecting their overall well-being and functioning. Addressing this gap through education and awareness campaigns for parents, caregivers, and teachers is crucial to ensuring early identification and proper management of anxiety disorders in children.

The literature provides valuable insights into the etiology, risk factors, and treatment methods for anxiety disorders. The limitations were small sample sizes and cross-sectional designs that hindered the generalizability of findings. A more concerted effort toward research with larger and more diverse samples and longitudinal approaches would be pivotal in understanding childhood anxiety in depth. Addressing the various challenges has the potential to advance our understanding of anxiety disorders, leading to enhanced diagnosis, frequency of the symptoms, and the development of therapeutic intervention strategies to support individuals struggling with childhood anxiety.

Limitation

The critical review has its limitations. One notable constraint lies in the overall small sample sizes prevalent across Indian studies on Childhood Anxiety. This factor impedes the generalizability of findings to broader populations. Additionally, the cross-sectional design employed in many studies further restricts the ability to establish causal relationships or infer long-term trends. Another significant limitation pertains to the narrow time frames considered in the research, potentially overlooking the dynamic nature of childhood anxiety over extended periods. Furthermore, a notable shortcoming is the need for more inclusivity in the data, potentially limiting the applicability of findings to diverse demographic groups. These limitations collectively underscore the need for future research endeavors to address these constraints and enhance the robustness of conclusions drawn from critical reviews in this domain.

CONCLUSIONS AND RECOMMENDATIONS

Treatment and intervention plan for children with anxiety disorders involve a multifaceted approach aimed at addressing their specific needs. Cognitive-behavioral therapy (CBT) is widely recognized as an effective therapeutic modality. It helps children identify and challenge irrational thoughts and beliefs that contribute to their anxiety, providing them with coping strategies and problem-solving skills. In addition to CBT, psychoeducation plays a

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crucial role. Educating both children and their parents about anxiety disorders fosters a better understanding of the condition and enhances their ability to manage symptoms collaboratively. Parental involvement is often integral, as parents can learn supportive strategies to create a conducive environment at home.

A multifaceted approach is needed to understand the medication and the therapeutic intervention for resolving childhood anxiety. Cognitive-behavioral therapy (CBT) is a widely prominent therapeutic intervention that focuses on identifying and challenging cognitive distortions. CBT aims to develop resilience, coping strategies, and problem-solving skills. Psychoeducation plays a crucial role as educating both children and their parents about anxiety disorders fosters a better understanding of the disorder and enhance their ability to manage symptoms collaboratively. Parental involvement is often essential as it can foster supportive strategies to create a conducive environment at home. School-based intervention and involving collaboration with educators, counselors, and mental health professionals will help in gaining better insights about the disorders. Creating a supportive and inclusive school environment aids in alleviating stressors and provides resources for children facing anxiety. Future research should focus on addressing the limitations to offer a more comprehensive understanding of the etiology and prevalence of anxiety in children and adolescents. Researches with large sample sizes, adopting various methodologies like interviews, observation, and case studies can significantly contribute to further elucidating the relationships between various crucial factors and anxiety disorders in the paediatric population.

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Conflict of Interest

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