

typically life threatening to self or a significant other and may involve witnessing mutilation or death, experiencing or witnessing a serious injury, or physical coercion. An accident, assault, or victimization; a natural disaster (e.g., earthquake, flood); sexual abuse; or witnessing a suicide, homicide, beating, or shooting can lead to PTSD. It is important to note that PTSD is not limited to children who have lived in “war-torn” countries. Events such as automobile, school, or recreational accidents and bullying have also been identified as causes of PTSD.

The characteristic symptoms are persistent re-experiencing of the traumatic event, persistent avoidance of stimuli associated with the trauma, numbing of general responsiveness, and persistent symptoms of increased arousal. The response to the event takes place in three stages. The initial response involves intense arousal, which usually lasts for a few minutes to 1 or 2 hours. The stress hormones are at the maximum as the individual prepares for “fight or flight.” A prolonged arousal phase may indicate psychosis.

The second phase, which lasts approximately 2 weeks, is one in which defense mechanisms are mobilized. It is a period of calm in which the event appears to have produced no impression. The victim feels numb, and stress hormone secretion is absent. Defense mechanisms are less adaptive to specific situations and may not be what the situation demands. Denial that anything is wrong is a frequently observed defense mechanism. Without professional support the victim may develop severe depression, aggression, or psychosis ([Gerson and Rappaport, 2013](#)).

The third phase is one of coping and consciously directed inquiry, which normally extends over 2 to 3 months. The victims want to know what happened and appear to be getting worse when actually he or she is getting better. Numerous psychological symptoms, such as depression, repetitive phenomena, phobic symptoms, anxiety, and conversion reactions, may be apparent. Children frequently display repetitive actions. They play out the situation over and over again in an attempt to come to terms with their fear. Flashbacks are common. This phase can be self-perpetuating, and a prolonged reaction can develop into an obsession with the traumatic event. Some traumatic effects remain indefinitely.