According to the most recent version of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5, American Psychiatric Association, 2013), trauma is defined as any situation of exposure to death, serious injury or actual or threatened sexual violence, directly or as a witness. Traumatic experiences produce strong emotional reactions in most people. Only a minority, but significant group, of those who experience a trauma will develop long-term emotional sequelae, such as Posttraumatic Stress Disorder (PTSD; Cova, Rincon, Grandón, & Vicente, 2011). PTSD is characterized by involuntary re-experience of trauma through involuntary, almost dreamlike images, memories and / or sensations about the trauma; Strong discomfort and / or need to escape from people, situations, places or things that remind of the event; Fear, guilt, anger, sadness, embarrassment and / or feeling of emotional dullness (Friedman, Resick, Bryant, & Brewin, 2011). It has been reported that up to 11.8% of people attending primary care services may suffer PTSD, but their diagnosis is much lower (Wade, Howard, Fletcher, Cooper, & Forbes, 2013, Grinage 2003; Stein, McQuaid, Pedrelli, Lenox, & McCahill, 2000).

Unlike what was previously thought, the experience of having lived a trauma is very frequent in the life of the people, varying the frequency between different countries. For example, in a study almost 80% of the population in Mexico reported having experienced a traumatic event in their lifetime, compared to Germany, where only slightly above 20% reported the same (Norris et al., 2003; Perkonigg, Kessler, Storz, & Wittchen, 2000). In the United States and Australia the figure was just over 50% (Creamer, Burgess, & McFarlane, 2001; Kessler, Sonnega, Bromet, Hughes, & Nelson, 1995). Chile has an intermediate situation: almost 40% of Chileans report having experienced a trauma at some time in their lives (Zlotnick et al., 2006).

The incidence of PTSD after trauma varies according to the type of trauma, its severity, duration and the amount of time that has passed since the event occurred. In general terms, one out of seven people (14%) are described as having long-term emotional sequelae following trauma, such as PTSD, post-traumatic depression or anxiety disorders (Kessler, Sonnega, Bromet, Hughes, & Nelson , Norris et al., 2003, Zlotnick et al., 2006).

PTSD is more frequent in women than in men, with a 2: 1 ratio (Breslau, 2001). Other risk factors include a low perception of social support and a high perception of post-trauma stress (Ozer, Best, Lipsey, & Weiss, 2003), a high perception of vital risk during trauma, physical sequelae and previous psychiatric history. It is important to note, however, that none of these factors increases the risk by more than 50% (Brewin, Andrews, & Valentine, 2000; Ozer, Best, Lipsey, & Weiss, 2003)