

Post-Traumatic Stress Disorder Appears as a Traumatic Experience

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ABSTRACT

Post-traumatic stress disorder appears as a delayed or prolonged response to a stressful event or situation, extremely threatening or catastrophic in nature, which can cause pervasive anxiety in almost any person. For example, natural disasters, fights, serious accidents, witnessing the violent death of other persons, victims of torture, terrorism, rape and other crimes. A traumatic experience is an experience out of the ordinary, that is, the experience of endangering one's own or someone else's life, accompanied by helplessness and horror. Post-traumatic stress disorder is only one of the syndromes that can be a consequence of psychological traumatization.

Keywords: PTSD, Trauma, Torture, Care, Health

Introduction

The personal, social, and economic expenses of posttraumatic stress disorder (PTSD) have inspired sizeable efforts over the last numerous a long time into growing higher techniques to lessen the detrimental mental results of trauma [1]. Much of this power has been dedicated to early intervention techniques. By early intervention, we mean interventions which are carried out within the preliminary hours, days, or weeks after trauma publicity. The desires of those tactics are variably to lessen the intense strain or to acquire secondary prevention to prevent subsequent PTSD.

Trauma Survivors

In evaluation to tactics that offer frequent intervention to all trauma survivors, different tactics have followed a centered method that intends to consciousness on trauma survivors who are at excessive chance for subsequent PTSD [1]. This framework presumes that we are able to perceive humans in the intense section who will ultimately increase PTSD. Over the beyond numerous a long time, a good deal work has centered on acute predictors of longer-time period PTSD and in that point the passion for a way confidently we are able to are expecting continual PTSD has tempered a lot.

The fundamental assignment for our field in this regard has been the popularity that acute strain reactions aren't linearly associated with PTSD reactions at next factors in time. Earlier work indicated that the preliminary spike in annoying strain within the weeks after trauma publicity remitted markedly within the following months; this became proven in cohorts of survivors of rape, non-sexual assault, motor car accidents,

failures, and terrorist attacks. This raised a assignment for early identification of trauma survivors liable to growing PTSD due to the fact how can we disentangle brief strain reactions from the early reactions which are precursors of subsequent PTSD?

An in advance try to perceive folks who might be at chance for PTSD became the intense strain ailment (ASD) analysis. This analysis became delivered in DSM-IV as a analysis to (a) describe extreme posttraumatic strain reactions within the preliminary month after trauma publicity, and (b) perceive people who had been at excessive chance for growing subsequent PTSD and hence, representing applicants for early intervention. The proof of the predictive capability of ASD to perceive humans liable to PTSD has been modest at best. Although about half of humans with ASD do ultimately increase PTSD, maximum folks who in the end have PTSD do now no longer to start with meet the ASD criteria; for that reason the analysis became reconceptualized in DSM-five to explain extreme acute strain reactions with out the aim of predicting subsequent PTSD.

Traumatic Event

Post-annoying strain ailment is a mental reaction following publicity to an occasion that entails real or threatened demise, extreme harm or sexual violation to self or others [2]. There are four distinct symptom clusters. Firstly, there are reexperiencing signs which encompass spontaneous and intrusive mind and images, normally going on involuntarily. These are regularly within the shape of flashbacks (while the individual feels as though they're returned within the annoying state of affairs) and nightmares. Secondly, there may be avoidance of reminders of the annoying occasion, together with humans, locations or conditions that can cause re-experiencing. Thirdly,

the individual reports poor cognitions and mood, that can vary from a continual feel of blame to diminished interest in sports and an impaired reminiscence of the occasion. Fourthly, there are arousal signs, which encompass hypervigilance for risk in order that the individual is cautious and on part. These can encompass heightened irritability, sleep disturbance and issues of concentration. These signs ought to reason clinically full-size misery and impairment to the character's level of functioning and feature a minimal length of four weeks to fulfil diagnostic criteria. However, it's miles now identified that excessive tiers of misery can accompany reports which do now no longer meet diagnostic thresholds and it is able to be extra beneficial to reflect on consideration on responses to annoying occasions as representing a continuum of misery.

Avoidance behaviors are efforts to keep away from something related to the annoying occasion [3]. This can encompass efforts to keep away from emotions, mind, sports, locations, and humans. Numbing behaviors, together with problem expressing emotions, loss of interest in pleasurable activities, or keeping apart from others, are some other manner to keep away from the annoying occasion. The regulations might also additionally intervene with everyday lifestyles functioning. Avoidance and numbing can lend itself to durations of dissociation. Dissociation offers a separation of emotions and mind and permits the individual to vanish and feel as though the annoying occasion did now no longer appear to him. The individual feels complete powerlessness and escapes the state of affairs with the aid of using dissociating. Alterations in reminiscence after a annoying occasion may be related to dissociative signs. Other survivors might also additionally have signs of improved arousal. Hyperarousal signs encompass being extraordinarily watchful of the surroundings, insomnia, anger, and rage. Individuals with arousal are continuously alert and on defend for signs of danger or trauma. Exposure to extreme and uncontrollable stressors desensitizes a individual to trauma. That is, the individual is so used to being on part that he might also additionally react to milder stressors with a first-rate strain reaction. Intrusions, avoidance, and hyperarousal signs might also additionally persist for so long as 2 years, or longer, after the assault and typically reason a few disruption withinside the character's interpersonal, social, or occupational functioning.

Symptoms of PTSD regularly arise inside three months of the stressor. However, signs won't emerge till years after an occasion. Acute Stress Disorder (ASD) is a extra instantaneously reaction to a annoying occasion. ASD typically takes place inside 1 month after the annoying occasion. The symptom profile of ASD is much like PTSD. The fundamental distinction is that ASD has a shorter time of the onset of signs than does PTSD. Individuals with ASD might also additionally revel in dissociative signs, continual re-experiencing of the occasion, marked avoidance, and marked arousal. Dissociative signs might also additionally arise at some stage in and after the trauma. They encompass numbing, detachment, decreased attention of surroundings, depersonalization (feeling of misplaced identity), derealization (false perception that the surroundings is modified), and amnesia for crucial elements of the trauma. These cognitive signs, at some stage in and after the trauma, offer an get away from the annoying occasion with the aid of using changing one's state of consciousness. The dissociative signs aren't essential for

a analysis of PTSD. For a analysis of ASD to be given, the signs ought to reason full-size misery or impair functioning. Most humans get over Acute Stress Disorder inside a month; however, it's miles a full-size predictor of PTSD. If the signs are unresolved, then the analysis is modified to PTSD.

Difficulties

Various elements were posited to distinguish folks that will revel in psychosocial problems after experiencing a probably annoying occasion, and folks that will now no longer [4]. Vulnerability elements for PTSD may be labeled into pre-traumatic, peri-traumatic, and post-traumatic variables. Some elements which were recognized as growing an character's chance of growing problems in reaction to trauma encompass preceding reports of mental problems, misuse of substances, repeated publicity to trauma, in addition to trauma that is interpersonal in nature. Gender and age are additionally demographic elements that have been located to be connected with the onset of trauma-associated problems together with PTSD with girls and more youthful humans being extra probable to revel in PTSD following a trauma. However, proof on this place is blended because the tendency for girls and youngsters to be extra uncovered to probably annoying occasions together with sexual violence might also additionally effect in this affiliation. Factors that have been cautioned to growth an character's resilience in reaction to annoying occasions encompass having true coping capabilities and the tendency for the character to accept as true with they did all they might to assist themselves at some stage in the trauma, in preference to feeling helpless. The component which seems to have the maximum effect on resilient consequences following publicity to trauma seems to be social guide. Research has continuously proven that supportive responses assist humans who've skilled annoying occasions.

One of the causal pathways proposed to give an explanation for those associations is that detrimental formative years reports disrupt neurodevelopment, main to social, emotional, and cognitive impairment and growing the chance of the adoption of health chance behaviours, thereby influencing longterm health consequences. ACEs (Adverse Childhood Events) have therefore turn out to be a coverage precedence in lots of countries. Although ACEs were proven to be fantastically socially patterned, political discourse has a tendency to miss the position of socioeconomic reputation in know-how and addressing them. People from socio-economically deprived regions have better mortality and better prices of almost all continual diseases. Disadvantaged humans have decrease uptake prices for preventive care. The inverse care regulation which states that 'the supply of true hospital therapy has a tendency to differ inversely with the want for it withinside the populace served'. Psychological studies has proven that the revel in of poverty notably impacts the manner we think, feel, and act. Understanding the mental (and neurophysiological) results.

Early Identification

The trouble of early identification is highlighted while we do not forget extra latest studies at the longitudinal route of posttraumatic stress reactions, which has underscored the complicated trajectories of posttraumatic reaction [1]. Of route the maximum salient example of that is behind schedule-onset PTSD, which

has historically been identified as PTSD that develops at the least 6 months after trauma publicity. Systematic critiques of the to be had proof attest to the frequency of delayed-onset PTSD, with about 25% of PTSD instances being behind schedule-onset, with unique frequency in army populations following deployment. Increasing proof tells us that the converting route of posttraumatic strain reactions may be influenced with the aid of using ongoing stressors, value determinations humans make, social elements, or health troubles. For example, in a have a look at of survivors of Hurricane Katrina rates of PTSD commonly improved over the preliminary 2 years following the hurricane, which has been attributed to the continuing stressors withinside the place springing up from loss of infrastructure, terrible housing, and different essential network sources. This difficulty has been in addition highlighted with the aid of using a frame of proof that has used latent increase aggregate modelling to map the exceptional trajectories that trauma survivors revel in. This statistical method classifies homogenous corporations in a populace to perceive lessons of variant over time, and as a substitute than assuming that all of us belong to a homogenous populace, it tracks heterogenous styles of reaction. Across some of research 4 primary trajectories were referred to: (a) resilient class with consistently few PTSD symptoms, (b) a recovery class with initial distress then gradual remission, (c) a delayed reaction class with initial low symptom levels but increased symptoms over time, and (d) a chronic distress class with consistently high PTSD levels. These trajectories were referred to in various trauma survivors, together with annoying harm, disaster, and army employees deployed to the Middle East. This highlights that it isn't a truthful mission to perceive who will in the end increase PTSD after trauma, and attempts at early intervention want to apprehend that now no longer all excessive-chance trauma survivors may be identified in the intense section.

Some tries were made to are expecting PTSD on the premise of severity of acute PTSD signs, and those have commonly led to a regular remark of preliminary PTSD severity being related to later PTSD. Although there may be a statistical affiliation in those research, the real prediction that an character will increase PTSD primarily based totally on a specific threshold of PTSD signs in the intense section is lacking. To acquire this one might want to illustrate true sensitivity and specificity in predicting PTSD, which calls for a validated cut-off of PTSD severity rankings withinside the acute section figuring out simplest folks who will increase next PTSD with sufficient accuracy that it does now no longer contain immoderate fake nice or fake poor identifications. Using a exceptional method, a consortium-primarily based totally method these days taken into consideration various recognized chance elements and used those in a blended pattern of 2,473 trauma survivors from ten longitudinal research; this have a look at located that if someone pronounced expanded PTSD severity, female gender, much less than secondary degree schooling, and a records of interpersonal trauma, the affiliation among the chance set of rules and subsequent PTSD became excessive ($r = 0.94$).

Approaches

One of the primary training that wishes to be learnt from the proof reviewed concerning early interventions for PTSD is that there may be no unmarried answer that will cope with mental health issues withinside the wake of trauma [1]. The

perception that early intervention can efficaciously save you PTSD, or associated psychopathology, has efficaciously been discredited with the aid of using a massive frame of proof. This leaves us with the belief that powerful control of posttraumatic mental disorders wishes to appearance past early intervention techniques, but nevertheless preserving those tactics as one a part of the suite of interventions hired to facilitate adjustment at some point of the route of posttraumatic recuperation. The proof that posttraumatic strain fluctuates over time, and that is influenced in large part with the aid of using ongoing stressors that arise in a fluid way, highlights that while early intervention techniques may be powerful for plenty humans, this benefit can be moderated with the aid of using next stressors. Accordingly, ongoing tracking, detection of humans in want, and provision of proof-primarily based totally techniques are wanted to cope with the converting mental health issues that humans might also additionally revel in withinside the months and years after trauma publicity.

It wishes to be identified that governments and organizations normally have restricted sources that they are able to allocate to mental health after annoying occasions, especially massive-scale failures or humanitarian crises. Accordingly, there may be a want to accurately consciousness restricted sources on people who are in want. To this end, there may be a potential application in destiny studies figuring out people who are probable to observe a resilient trajectory after trauma due to the fact many research suggest that this organization represents about three-quarters of trauma-uncovered populations. Being capable of exclude this organization of trauma survivors due to the fact it's miles recognized that they may now no longer increase issues over time, restricted sources may be directed to folks who aren't resilient and want mental health tracking and viable intervention.

There is additionally a want for brand spanking new tactics in early intervention to do not forget different mechanisms which are recognized to underpin mental health responses after trauma. There are various cognitive, emotional, and organic approaches that could be explored as approaches of selling higher adjustment. Factors together with impaired retrieval of specific autobiographical memories, rumination, and terrible emotion law capabilities in the intense section have all been connected to worse subsequent PTSD. Targeting those mechanisms with specific interventions geared toward correcting those styles can be beneficial as preventative techniques, and need to be subjected to empirical investigation.

Torture

Psychological sequelae to torture are typically now no longer hard to locate with the aid of using skilled psychiatrists [5]. The signs can be so outstanding that they're additionally obvious to different doctors. The tremendous majority of torture sufferers be afflicted by PTSD. Torture sufferers re-revel in the torture periods thru flashbacks and nightmares. They keep away from stimuli related to torture. They without problems turn out to be indignant and regularly be afflicted by sexual dysfunctions. They discover it hard to listen and their reminiscence is bad. The PTSD typically develops a protracted time after the torture, and the signs are everlasting with out right remedy.

PTSD is now no longer torture-specific however is a mental response to extreme strain. This is crucial to understand while a health practitioner examines torture sufferers who are also refugees or asylum seekers in different country. These humans were uncovered to intense strain, and lots of them be afflicted by PTSD because of their state of affairs. However, research have proven that refugees who've been tortured have extra extreme mental symptoms than non-tortured refugees from the equal countries.

Psychological torture is regularly blended with physical torture or can be the simplest torture shape. A not unusualplace mental torture shape is blindfolding; other kinds are threats, mock executions, forcing the sufferer to look at the torture of own circle of relatives contributors or friends, forcing torture sufferers to torture others, and humiliation (e.g. compelled nudity), which can be not unusualplace in numerous components of the world. Exposure to mild (e.g. flickering lighting or extreme mild 24 hours a day) and sleep deprivation are well-documented torture techniques.

C-PTSD

Methods of mental torture, additionally called white torture, are supposed to reason struggling withinside the sufferer with out leaving seen marks [6]. This is done with the aid of using the usage of measures designed to reason the sufferer mental harm. The spectrum of viable torture techniques right here is vast, starting from sleep deprivation, insults, interrogation at the same time as blindfolded, demise threats, mock executions, isolation, threats to torture relatives, sexual humiliation, permitting water on slowly drip at the forehead, forcing the sufferer to witness torture or atrocities being inflicted on others to threats of assault with the aid of using animals, together with dogs, cats, rats, or scorpions.

Identifying full-size bodily and/or extreme mental trauma may be fantastically challenging. Other information is regularly required to guide the plausibility of alleged torture, together with the place at which the torture took place, the shape of abuse or torture, social elements, different torture sufferers, fashionable political state of affairs, and club of the torture sufferer in a persecuted organization. In the absence of findings of bodily harm, it is able to be essential to name upon mental or psychiatric professionals to diagnose or exclude a posttraumatic strain ailment.

Complex posttraumatic stress disorder (C-PTSD) refers to mental signs that can increase due to extreme continual trauma, e.g., physical or sexual abuse, experiences of war, torture, natural failures, mental and/or emotional overlook in formative years, or lifestyles-threatening occasions. Onset might also additionally arise both right now or in a behind schedule way months or years after the annoying revel in.

In evaluation to easy posttraumatic stress disorder (PTSD), C-PTSD is characterised with the aid of using a vast variety of cognitive, affective, and psychosocial impairments that persist over a extended length of time. The time period C-PTSD became delivered in 1992 with the aid of using the US psychiatrist Judith Herman.

The significance of an expert (forensic) clinical and psychiatric appraisal additionally lies in its capacity to perceive statements and confessions made beneathneath torture, thereby rendering them meaningless in a judicial context and allowing the sufferer get entry to to suitable healing guide. However, it isn't the mission of forensic medicinal drug to defi ne the border among hitherto permitted interrogation techniques and unlawful abuse or torture; this mission falls to coverage and regulation makers. Moreover, forensic pathologists are commonly not able to draw conclusions approximately the diagnosis of PTSD had been it to be handled or left untreated. However, sufferers of violence might also additionally revel in a few healing benefit in instances in which verifiable data and forensically sound conclusions are (or want to be) upheld with the aid of using a courtroom docket and in the long run bring about sanctions in opposition to the perpetrator.

PTSD in Children

Posttraumatic stress disorder is a psychiatric analysis associated with intense trauma reaction, together with rape and sexual assault [7]. It is a well-hooked up analysis, described as being generated with the aid of using an annoying occasion in which (a) the person witnessed or was confronted with threatened death or serious injury to himself or others and (b) the response elicited intense fear, helplessness, or terror. In youngsters, PTSD can be manifested thru "disorganized or agitated" behavior. The current psychiatric guide in addition defines PTSD as regarding continual reexperience or ordinary nightmares (in youngsters, regularly with out recognizable content), hallucinations, dissociative flashbacks, extreme misery, or physiological response with reminders or cues. It is typically observed with the aid of using continual avoidance of related stimuli or reminders, reminiscence lapses, emotions of detachment or estrangement, alienation, and a feel of personal doom.

It additionally entails new signs following the trauma, together with or extra: (a) insomnia, (b) angry outbursts, (c) difficulty concentrating, (d) hypervigilance, or (e) exaggerated startle response. The length of the signs referred to above exceeds extra than a month and reasons full-size impairment to crucial work or social characteristic.

For young children, the Manual of Mental Disorders explains a few variant from person PTSD, noting that distressing goals of the occasion might also additionally, inside numerous weeks, alternate into generalized nightmares of monsters, of rescuing others, or of threats to self or others. Rather than reliving the occasion, young children have a tendency to be pondered in repetitive play or show off diverse physical signs, together with stomach aches and headaches.

PTSD signs can be because of some of exceptional elements. As a syndrome, it takes on probative cost while impartial proof establishes the date of onset of the signs applicable to a annoying occasion and while they're a marked departure from well-established beyond behavior. They won't independently prove an alleged annoying occasion (e.g., a sexual assault), however they'll offer beneficial and probative proof to feature to different data that guide this kind of conclusion.

Care

Synthesis of the information given in advance affords dilemmas in conceptualizing most advantageous care structures with recognize to handling PTSD troubles within the placing of acute trauma care [8]. PTSD will increase in a full-size minority of critically injured sufferers and in full-size numbers of excessive-chance sufferers with milder harm. When PTSD develops and persists, it compromises practical recuperation and quality of lifestyles and will become an increasing number of hard to deal with over time. Thus, the intense trauma placing might appear to give an crucial possibility for preventive intervention. As discussed, there are boundaries to the contemporary kingdom of expertise in regards to early identity of instances at chance and effectiveness of early interventions. These boundaries being acknowledged, we do understand sufficient to make a few realistic hints that may be delicate because the area progresses.

Providers in acute trauma settings need to have a fashionable attention of troubles associated with PTSD so they can optimally examine and control dangers for headaches of harm. Although there isn't enough information to be expecting later PTSD in the continual degree primarily based totally upon acute data, it's miles crucial for continuity of care for companies in any respect degrees to apprehend the full-size chance of behavioral sequelae and have interaction in affected person schooling while suitable.

In terms of pharmacotherapy, maximum styles of psychotropic dealers were prescribed in an try to alleviate the signs and misery related to PTSD [9]. Despite latest advances in know-how the psychobiology of PTSD, pharmacological remedy of PTSD has been guided normally with the aid of using clinical proof of symptom discount in affected sufferers. Recently, some of randomized, managed drug trials investigating the usage of antidepressants in the remedy of PTSD have yielded nice results. Specifically, remedy with selective serotonin reuptake inhibitors (SSRIs) has been proven to lessen PTSD symptomatology and to provide worldwide improvements.

Although the latest profits within the improvement and assessment of psychosocial and pharmacological remedies are promising, this studies is in its infancy. In addition, no matter the truth that cognitive-behavioral interventions and remedy with psychotropic dealers have verified efficacy in rigorous empirical investigations, remedy responsiveness isn't frequent. Many sufferers, even after remedy, do now no longer revel in enough development in signs. Thus, refinement of extant remedies, in addition to the improvement of new remedies, is wanted. Issues of diagnostic comorbidity, generalizability to diverse trauma-uncovered populations, tolerability of remedy, and heterogeneity of symptom clusters and related issues assignment this process.

Trauma is an ever-developing area of hospital therapy in which sufferers who two decades in the past might have died within the trauma bay, now live on to optimistically go back to productive lives [10]. Much time has been spent mastering scene care, resuscitation, and observe-up care. The factor this is simplest now receiving interest is what occurs after the release from the hospital or rehabilitation center. The aim is to go back sufferers to their preceding degree of characteristic while viable, or to the most advantageous degree of characteristic plausible after the harm.

As extra sufferers live on, the severity of the incapacity and the longer time to restoration increases. Some research have verified 42% of sufferers had now no longer but returned to work at 6 months after harm with simplest 32% figuring out a "good" recuperation. The motor incapacity rating at discharge could be very predictive of practical recuperation. The main reasons of loss of go back to work encompass decrease extremity fractures, spinal wire harm, and head harm because of practical impairment. At 1 year, 20% of sufferers nevertheless had posttraumatic strain ailment with 6% experiencing depression. Patients who had been operating earlier than harm and ultimately suffered from PTSD or depression in a while had a three-fold growth within the probability of no go back to work. If each PTSD and depression had been present, the probability of no go back to work improved with the aid of using five- to six-fold.

Analysis of consequences is crucial to apprehend the revel in of the trauma affected person after discharge in order that adjustments may be made at some stage in hospitalization to each put together the affected person and possibly boost up the restoration process. The extra the affected person is familiar with what's in advance within the restoration process, the higher prepared she or he may be for the feelings and bodily adjustments that arise at some stage in rehabilitation. In-hospital outcomes focus on mortality, morbidity, and length of stay. After discharge, the focal point is on regaining independence, go back to work and hobbies, reestablishment of relationships with own circle of relatives and friends, and extra relying upon the accidents and the affected person's state of affairs. As a good deal coaching as may be supplied earlier than discharge, the higher the affected person will face the demanding situations in advance.

Conclusion

Post-traumatic stress disorder is an anxiety disorder that occurs in some people after witnessing or experiencing a dangerous event. When a person finds himself in a dangerous situation, it is natural for him to feel fear. This fear triggers many extremely rapid changes in the body that prepare the person to defend against danger or avoid it. People suffering from PTSD feel tension and fear even when they are no longer in danger. Any person can suffer from PTSD in any period of life. A person does not have to survive a dangerous event to develop PTSD. Some people develop this disorder after a friend or family member faces danger or is hurt.

References

1. Bryant RA. Early Intervention After Trauma in Schnyder U, Cloitre M. (eds) Evidence Based Treatments for Trauma-Related Psychological Disorders - A Practical Guide for Clinicians, Second Edition. Springer Nature Switzerland AG, Cham, Switzerland. 2022. 135-152.
2. Slade P, Milby E. Birth Trauma and Post-Traumatic Stress in Edozien LC, O'Brien PMS. (eds) Biopsychosocial Factors in Obstetrics and Gynaecology. Cambridge University Press, Cambridge, UK. 2017. 348.
3. Amar AF. Response to Victimization in Amar AF, Sekula LK. (eds) A Practical Guide to Forensic Nursing - Incorporating Forensic Principles Into Nursing. Sigma Theta Tau International, Indianapolis, USA. 2016. 64-65.

4. Kiyimba N, Buxton C, Shuttleworth J, Pathe E. Discourses of Psychological Trauma. Palgrave Macmillan, Springer Nature Switzerland AG, Cham, Switzerland. 2022. 23-124.
5. Hougen HP. Forensic Medicine and Human Rights in Madea B. (ed) Handbook of Forensic Medicine. John Wiley & Sons, Ltd., Chichester, UK. 2014. 32.
6. Dettmeyer RB, Verhoff MA, Schütz HF. Forensic Medicine - Fundamentals and Perspectives. Springer Science+Business Media, Berlin, Germany. 2014. 445.
7. Chadwick DL, Fellmeth RC. Expert Testimony in Pediatric Forensics in Collins KA, Byard RW. (eds) Forensic Pathology of Infancy and Childhood. Springer Science+Business Media, New York, USA. 2014. 1228-1229.
8. Hotz G, Little DM. Psychological and Behavioral Complications of Trauma in Cohn SM, Dolich MO. (eds) Complications in Surgery and Trauma, Second Edition. CRC Press, Taylor & Francis Group, Boca Raton, USA. 2008. 434.
9. Green BL, Kaltman SI. Recent Research Findings on the Diagnosis of PTSD - Prevalence, Course, Comorbidity, and Risk in Simon RI. (ed) Posttraumatic Stress Disorder in Litigation - Guidelines for Forensic Assessment, Second Edition. American Psychiatric Publishing, Inc., Washington, USA. 2003. 31-32.