Stressful Life Events
(SLE)

User's Manual

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Tammy Bean

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Appendix I DSM-IV Posttraumatic stress disorder

1. Introduction

There are a limited number of reliable and valid diagnostic instruments that can be used with refugee adolescents (Kouratovsky, 2002). This is the main reason for the development of the Stressful Life Events Checklist (SLE).

The questionnaire is suited for making an inventory of the number of stressful life events that could be experienced by refugee adolescents (ages 12-18 years). The complexity of the psychological problems due to traumatic experiences of refugee adolescents will need to be thoroughly assessed by a clinician. It is also meaningful to consult significant adults in the lives of the refugee adolescents when one wants to assess their emotional distress.

The questionnaire can be used by psychologists, psychiatrists, school psychologists, school doctors, etc. who are capable of professionally assessing the well-being of adolescents. Academics with experience in using standardized diagnostic techniques may also use this instrument. The instrument may also be used in a research setting. In all settings, one must be aware that the instrument may trigger emotional distress. Follow-up care should be arranged prior to the administration of the instrument. The integrity of the adolescents must be protected at all times..

The items have been composed using the “Vocabulary List for 12 to 15 year olds” (Projectbureau OVB Rotterdam, 1992), to make the questionnaires suitable for the reading level of this population. The items have been kept as short as possible and have been written for a primary level of reading. All language versions are bilingual, the foreign language in the first column and English in the second column. The questionnaire is available in 19 different languages: Dutch, English, French, Russian, Arabic, Amhars ,Albans, Mongols, Badini, Farsi, Dari, German, Turkish, Somali, Portuguese, Spanish, Servo-Croatian, Chinese (Mandarin), and Soerani. Adolescents have the opportunity to read and answer the questions in their native language.

Questions were formulated in simple English and kept to a limited numbers of words in order to minimize the effects of language barriers. Earlier research has shown that refugee adolescents have a limited concentration span (Bean, 2000; Vervuurt & Kleijn, 1997). The time required to complete the questionnaires should be limited. Questionnaires yield less diagnostic information than extensive structured interviews; however, they are not as intrusive. Questionnaires have also been proven to be of practical value with multicultural population groups.

2. Psychometric properties of the Stressful Life Events (SLE)- questionnaire

The Stressful Life Events questionnaire is used to measure stressful and/or traumatic experiences. This questionnaire is suited for making an inventory of the type, and number of stressful life events to which adolescents have been exposed. The witnessing or experiencing of a stressful or traumatic event is the first criterion (A) which needs to be met, according to the DSM-IV (APA, 1994), if Posttraumatic Stress Disorder (PTSD) is to be diagnosed. The known literature on this topic has shown that the experiencing of catastrophical stress (such as war, an earthquake (Pynoos, Goenjian, Tashjian, Karakashian, Manjikian, Manoukian, Steinberg & Fairbanks, 1993), fire (Green, 1991), kidnapping (Terr, 1983), sexual abuse/rape (Briggs & Joyce, 1997), physical abuse (Roth, Newman, Pelcovitz, van der Kolk & Mandel, 1997) or a combination of daily stressors (such as relationship problems, bereavement, miscarriage (Burstein, 1985; Helzer et al. 1987;Solomon & Canino, 1990)) can cause psychological problems. Literature research has shown that qualitative factors such as the intensity, duration of exposure and/or frequency of exposure are important factors in determining the effect of stressful life events. Certain research (Kuterovac, Dyregrov & Stuvland, 1994; Macksoud & Aber, 1996; Sack et al., 1996; Almqvist & Brandell-Forsberg, 1997; Husain, Nair, Holcomb, Reid, Varga & Nair, 1998; Paardekooper, de Jong & Hermans, 1999; Thabet & Vostanis; 1999; Papageorgiou, Frangou-Garunovic, Ioranidou, Yule, Smith & Vostanis, 2000) conducted with refugee children and adolescents has shown a strong relationship between the number of stressful life events and psychopathology (dose-effect relationship).

The SLE does not measure the intensity of experiencing a stressful life event or the duration of exposure to specific events. The main purpose is to use this questionnaire in care settings with a low-threshold, for the screening of youth who are at a high risk of developing a psychiatric disorder. Use of this questionnaire should therefore not require much time to administer and the questions should not be experienced as threatening by the adolescents. In a clinical setting, the SLE can be used as the basis from which specific or extensive questions can be asked about the event that the adolescent has experienced.

A thorough literature study was conducted to determine whether there was an existing instrument that would meet the above objectives. At the time (1999) there was no instrument that met the objectives, for this reason it was necessary to develop a new instrument. This became the SLE. Other instruments 1.) were created for adults and contained items not relevant for youth/children 2.) were created for special groups of youth/children such as survivors of earthquakes or victims of sexual abuse and 3.)often contain more than 40 questions that were too detailed and/or too threatening to be used as a screenings instrument for traumatized adolescents.

Items

The instrument consists of one open question and 12 dichotomous (yes/no) questions, which are answered by the adolescent. The various items of the SLE are mentioned below.

1. Have there been drastic changes in your family during the last year?
2. Have you ever been separated from your family against your will? (By a stranger, police officer, soldier, fleeing your homeland)
3. Has someone died in your life that you really cared about?
4. Have you had a life threatening medical problem?
5. Have you been involved in a serious accident? (for example involving a car)
6. Have you ever been involved in a disaster? (for example: flood, hurricane, fire, tornado, avalanche, earthquake, hostage situation, chemical disaster?)
7. Have you ever experienced a war or an armed military conflict going on around you in your country of birth?
8. Has someone ever hit, kicked, shot at or some other way tried to physically hurt you?
9. Did you ever see it happen to someone else in real life? (not just in television or in a film)?
10. Has someone ever tried to touch your private sexual parts against your will or forced you to have sex?
11. Did you ever experience any other very stressful life events where you thought that you were in great danger?
12. Did you experience any other very stressful life event where you thought that someone else was in great danger?
13. Not listed above but you found the event very frightening:________________________

Comments:

2.1. Scoring

The way in which this checklist is scored is easy. All ‘yes’ answers are scored as a one, and all ‘no’ answers as zero (question 13 as well). All the ones are added to attain a total score (max. 13). The total score can be split into 4 different clusters; ‘0 stressful life events’, ‘1-3 stressful life events’, ’4-7 stressful life events’ and ‘8-13 stressful life events’. This division of stressful events is based on research by Bean (2000). In the research by Bean (2000), in which 600 multi-cultural adolescents in The Hague participated, the number of witnessed stressful life events proved to be the most important predictor in the group of researched predictive variables for posttraumatic stress scores and general well-being scores.

3. Short descriptions of the researched populations

3.1. Unaccompanied refugee minors research population

The national and longitudinal research project “Alleenstaande Minderjarige Asielzoekers (Unaccompanied refugee minors) and the GGZ (Mental Health Care Services)" (2001-2004) was conducted with unaccompanied refugee minors living in The Netherlands and their guardians, teachers and professional mental health care givers. The goal of the project was to determine the prevalence rates of psychological distress of unaccompanied refugee minors, the unaccompanied refugee minors' needs for mental health care and the available mental health care for unaccompanied refugee minors and the underlying relationship between all of these factors. The results of the research project give insight into the means by which accessibility to professional mental health care can be improved for unaccompanied refugee minors.

The process of screening, diagnosing, admission, and treatment can be facilitated by creating a way to recognize high-risk groups within the population. A secondary aim of this research project was validating and standardizing the screening instrument for this population group. This process will be described in this manual.

Great care was taken in the design of this research project. Prior to the start of the project, 24-hour crisis care was arranged at mental health care services throughout the Netherlands for unaccompanied refugee minors that could emotionally decompensate as a direct result of participation in this research project. There was no need to make use of the pre-arranged crisis care. Unaccompanied refugee minors were only allowed to participate in this project after both they themselves and their legal guardians had given written permission for participation. Large amounts of resources were required to compose a representative population group. 1103 unaccompanied refugee minors participated in this research project between January 2002 and April 2003. 499 adolescents completed the questionnaires for a second time in the period between September 2003 and December 2003. Approximately 10% of the unaccompanied refugee minors between the ages 12 and 18, living in The Netherlands, participated in this research project (Nidos year report, 2002). This percentage was more than sufficient to gain a representative sample of the total unaccompanied refugee minors population group (Bean, 2002).

Initially, the adolescents completed the questionnaires in small groups (approx.10) during school hours. The school is a neutral environment; providing structure for the administration of questionnaires. A small group of adolescents completed the questionnaires at refugee receptions centers or at the regional offices of the Nidos Foundation. If the adolescents did not attend school or were absent, the questionnaires were then completed at reception centers or at home. Three interviewers were always present to conduct a short interview and provide clarification for the questions in the screening instrument. It took approximately one hour to complete all of the questionnaires that were used in the study.

	Unaccompanied refugee minors research project*	**Percentage**
N	1103	
Sex		
M	809	73%
F	292	27%
Age		
Mean Age	15, 81 years	
S. D.	1,97	
Range	8-21 years	
Land of Origin	**53 different countries**	
Angola	480	43%
Sierra Leone	105	10%
China/Tibet	90	8%
Guinea	86	7%
Afghanistan	35	3%
Congo/ Zaire	35	3%
Eritrea/Ethiopia	32	3%
Somalia	23	2%
Irmak/Iran	20	2%
Mongolia	15	1%
Turkey	15	1%
Other countries	165	15%

*differences in the numbers of participants are due to missing data

3.2. Belgium Newcomers Research at "Onthaalscholen" (referred to as the Belgium newcomers research in this manual) Written by Ilse Derluyn, Department of Orthopedagogy, University of Gent
This doctorate research project was conducted by the Department of Orthopedagogy at the University of Gent (Belgium). The goal of this project was to gain insight into the prevalence rates of behavioral and emotional problems amongst foreign speaking, newcomer, minors, without the support of significant others. The setting was the 'Newcomers classes- for non-Flemish speaking newcomers' in the secondary education (11- to 18-year olds). In these classes, foreign-speaking adolescents can learn Flemish during a period of one full school year.

This project was conducted in the period between November 2002 and May 2003. Thirty-seven of the forty-two secondary schools with 'Newcomers' classes' were asked to take part in this project. Three schools declined; 34 schools agreed to participate in the project. Information about the project was provided to the schools that took part in the project. The schools also received an informed consent letter to give to the parents of the young people who would take part in the study.

The research project took place in classical setting, during school hours. First, the goals and procedure of the project were explained. Informed consent forms were handed out in duplicate to each newcomer; one for the researcher to keep and one for the newcomer to keep. The latter gave pupils the possibility to contact the researcher for further explanations if necessary. Pupils could complete the questionnaires at their own pace and where possible in their own native language. The researchers' presence (minimally two persons per class) provided the possibility for individual support of adolescents when needed. Completing the questionnaires usually took 1½ to 2 hours per class.

1294 foreign speaking newcomers completed the questionnaires. This is a large percentage of the total population of foreign speaking newcomers in Newcomers classes; the total number of pupils in 'Newcomers classes- for non-Flemish speaking newcomers' in the secondary education was 1341 on the 1st of October 2003 and 1982 on the 1st of June 2004 (F. Roekens, Department of Education, Ministry of the Flemish Community, personal announcements 03/07/2003).

	Belgium newcomers research*	**Percentage**
N	1294	
Sex		
M	683	54%
F	584	46%
Age		
Mean Age	15,41 years	
S.D.	1.88	
Range	10-26 years	
Land van Origin	111 different countries	
Morocco	180	14%
Ghana	135	11%
Turkey	120	9%
Angola	40	7%
Tsjetsjenia	38	3%
Bulgaria	37	3%
Iran	36	3%
Kosovo	32	2%
Former Yugoslavia	30	2%
China	28	2%
Poland	27	2%
Afghanistan	26	2%
Armenia	26	2%
Iraq	24	1%
Congo	23	1%
Albania	23	1%
Slovakia	20	1%
Somalia	19	1%
Other countries	422	33%

*differences in the numbers of participants are due to missing data

3.3. Belgium indigenous research

Written by Ilse Derluyn, Department of Orthopedagogy, University of Gent

Seventeen randomly chosen secondary schools (11 to 18 year olds), in five Flemish provinces, participated in the Belgium indigenous research project. The study-choice and distribution of these schools across the five Flemish provinces can be found in the table below. 617 adolescents completed the questionnaires.

This project was conducted in the period between January 2003 and May 2003. Information about the project was provided to the schools who participated in the study. The schools also received an informed consent letter to give to the parents of the young people who would take part in the study.

The research project took place in classical setting, during school hours. First, the goals and procedure of the project were explained. Informed consent forms were handed out in duplicate to each pupil; one for the researcher to keep and one for the pupil to keep. The latter gave pupils the possibility to contact the researcher if further explanations were desired. Pupils could complete the questionnaires at their own pace. The researchers' presence (minimally two persons per class) provided the possibility for individual support of adolescents when needed. Completing the questionnaires usually took half an hour per class

Each school received a short report of the findings at their school.

	Belgium reference research*	**Percentage**
N	617	
Sex		
M	336	55%
F	279	45%
Age		
Mean	16.46 years	
S.D.	1.92	
Range	13-21 years	
Province		
Antwerp	95	15%
Flemish-Brabant	65	11%
Limburg	71	12%
East –Vlaanderen	268	43%
West-Vlaanderen	118	19%
Education		
General secondary education	180	30%
Technical secondary education	301	50%
Trade secondary education	121	20%
Land of origin		
Belgium	604	99%
Other countries	2	1%

*differences in the numbers of participants are due to missing

3.4. Dutch indigenous research

A secondary aim of the research project “Unaccompanied refugee minors and the Mental Health Care Services" was the validating and standardizing of the screening instrument for refugee and migrant adolescents in general, and specifically for unaccompanied refugee minors. To accomplish such standardization, it was important to have a group of indigenous Dutch adolescents, to which the scores of the unaccompanied refugee minors could be compared. The prevalence rates of the symptoms of the unaccompanied refugee minors can then be placed in the correct context.

Thirteen secondary schools, scattered throughout The Netherlands participated in the Dutch indigenous research project, starting January 2004 and ending in February 2004. These schools had a limited number (approximately 10%) of foreign students. Schools were also approached if they had unaccompanied refugee minors who had already taken part in the study “Unaccompanied Refugee Minors and the Mental Health Care Services”. Asking the schools that participated in the previous research project to participate in this project made the groups more comparable. Ten of the schools had taken part in the study “Unaccompanied Refugee Minors and the Mental Health Care Services”.

Approximately 100 adolescents per school completed the screening instrument. The adolescents were between 12 and 21 years of age. Participation was voluntarily and anonymous and took place in groups of +/- 25. Prior to the administration of the questionnaires letters of approval were sent to the parents. Completing the questionnaires took roughly 15 minutes.

Each school received a short report of the findings at their school.

	Dutch indigenous research*	**Percentage**
N	1059	
Sex		
M	583	57%
F	442	43%
Age		
Mean	15.72 years	
S.D.	1.54	
Range	13-21 years	
Province		
South Holland	201	19%
North Holland	134	13%
Utrecht	102	10%
Gelderland	224	21%
Groningen	97	9%
Friesland	169	16%
Limburg	99	9%
Overijssel	33	3%
Land of birth		
The Netherlands	951	90%
Other countries (46 countries)	105	10%
Native language		
Dutch/dialect	885	84%
Other languages	169	16%

*differences in the numbers of participants are due to missing data

4. Results

Number of experienced stressful life events
This instrument has been used in six independent research projects (Bean, 2000, Rots, 2001, CED research project, unaccompanied refugee minors research project and 2 Belgium research projects; the 4 last mentioned research projects are described in this manual). The average score of the SLE in the 6 above mentioned research projects varies from 5.5 to 6.7 with a collective average of 6.6. The Dutch indigenous population had an average score of 3.0. The Belgium refugee population had an average score of 4.5. The Belgium newcomers' population had an average score of 3.0. The Belgium indigenous population had an average score of 2.7.

In the table below (4.1 and 4.1a) the number and percentages of self-reported witnessed stressful life events per research population is given, divided into boys and girls.

Table 4.1

Unaccompanied refugee minors

Number of experienced stressful life events	Girls		Boys		Total	
	N	%	N	%	N	%
Drastic changes in the family	151	60.9	396	58.5	547	59.0
Separation from parents	142	55.9	454	63.6	596	61.4
Loss of loved one	190	73.1	569	76.4	759	75.4
Life threatening medical problem	91	36.1	285	40.2	377	39.1
Serious accident	50	22.1	162	25.3	214	24.6
Disaster	68	27.3	262	36.9	331	34.4
War or armed military conflict (shooting)	148	55.6	476	64.2	624	67.8
Personally being physically abused	144	56.5	441	54.5	587	59.7
Physical abuse	153	52.4	479	67.8	633	66.2
Sexual abuse	114	43.2	182	25.6	298	30.5
Other not mentioned event (self experienced)	164	56.2	485	68.0	649	67.3
Other not mentioned event (witnessed)	129	44.2	414	60.0	543	58.1

Dutch indigenous adolescents

Number of experienced stressful life events	Girls		Boys		Total	
	N	%	N	%	N	%
Drastic changes in the family	172	38.9	183	31.4	356	34.7
Separation from parents	15	3.4	23	3.9	38	3.7
Loss of loved one	298	67.6	337	57.8	636	62.1
Life threatening medical problem	21	4.8	44	7.6	65	6.3
Serious accident	68	15.4	134	23.0	203	19.8
Disaster	44	10.0	73	12.5	117	11.4
War or armed military conflict (shooting)	24	5.4	48	8.2	72	7.0
Physical abuse	115	26.0	170	29.2	285	27.8
Witness of physical abuse	141	32.0	239	41.1	381	37.2
Sexual abuse	63	14.2	19	3.3	82	8.0
Other not mentioned event (self experienced)	137	31.0	227	39.1	365	35.6
Other not mentioned event (witnessed)	177	40.0	263	45.3	441	43.1

Table 4.1a Belgium refugee adolescents

Number of experienced stressful life events	Girls		Boys		Total	
	N	%	N	%	N	%
Drastic changes in the family	127	55.7	143	50.7	278	53.0
Separation from parents	80	34.5	112	38.9	197	36.8
Loss of loved one	158	67.5	160	55.4	324	60.1
Life threatening medical problem	44	19.1	70	24.5	117	22.0
Serious accident	35	15.5	60	21.2	97	18.4
Disaster	69	30.0	96	33.3	168	31.1
War or armed military conflict (shooting)	114	50.0	126	43.2	248	46.3
Physical abuse	70	31.0	120	41.4	192	36.1
Witness of physical abuse	111	50.0	159	57.0	279	53.9
Sexual abuse	29	13.1	19	6.7	48	9.2
Other not mentioned event (self experienced)	97	42.9	129	45.1	232	43.9
Other not mentioned event (witnessed)	94	42.3	133	48.0	233	45.3

Belgium immigrant adolescents

Number of experienced stressful life events	Girls		Boys		Total	
	N	%	N	%	N	%
Drastic changes in the family	113	35.8	149	40.9	265	38.4
Separation from parents	35	10.7	52	14.4	87	12.5
Loss of loved one	174	53.7	197	54.1	375	53.7
Life threatening medical problem	42	13.2	70	19.4	115	19.6
Serious accident	47	14.9	85	24.1	133	20.5
Disaster	56	17.2	85	23.5	143	20.5
War or armed military conflict (shooting)	27	8.4	43	11.8	70	10.1
Physical abuse	59	18.4	78	21.9	139	20.2
Witness of physical abuse	123	38.8	190	53.2	315	46.1
Sexual abuse	24	7.5	39	10.9	63	9.2
Other not mentioned event (self experienced)	56	17.3	77	21.4	135	19.5
Other not mentioned event (witnessed)	76	24.1	118	33.1	198	29.0

Belgium indigenous adolescents

Number of experienced stressful life events	Girls		Boys		Total	
	N	%	N	%	N	%
Drastic changes in the family	112	40.3	88	26.5	201	32.8
Separation from parents	14	5.0	18	5.4	32	5.2
Loss of loved one	191	68.5	170	51.2	363	59.3
Life threatening medical problem	19	6.8	30	9.0	49	8.0
Serious accident	38	13.6	54	16.2	92	15.0
Disaster	25	9.0	33	9.9	58	9.4
War or armed military conflict (shooting)	5	1.8	5	1.5	10	1.6
Physical abuse	58	20.9	64	19.1	123	20.0
Witness of physical abuse	75	27.0	111	33.4	186	30.4
Sexual abuse	38	13.8	5	1.5	43	7.0
Other not mentioned event (self experienced)	89	32.0	120	35.9	209	34.0
Other not mentioned event (witnessed)	112	40.3	140	41.8	252	41.0

5. Assessment procedure

The administer(s) of the instruments should always be present during the testing of an adolescent. The questionnaire can be administered individually or in a group situation (there should always be at least two administers present when there are more than two adolescents). An optimal testing area is one where no interruptions or disturbances will occur. An adolescent should not be set under time-pressure to finish quickly. If the instrument is completed too quickly, the result can be unreliable. During the administration of the instrument, the privacy of an adolescent should be a priority. Adolescents in a group/classroom situation should be seated in a way that they will not be able to help each other complete the questionnaires or see each other's response to the questions. The adolescents should be told that this is neither a test that they will receive a grade on, nor a collection of information for the police or immigration services. The privacy of refugee adolescents is not always respected. Written permission of the adolescent should be attained. The rights of the adolescent are then protected and they will know what will happen with their personal information.

The time needed for an individual administration is around 15 minutes. The time needed to complete the screening instrument largely depends on the reading and language abilities of an adolescent. The questionnaire can be filled in with a pencil or pen.

The SLE has a dichotomous rating scale (yes/no). This makes the explanation for this questionnaire simple. For example, "This is a questionnaire about different things that can happen to a young person in life that are not pleasant to experience. If you have experienced an event on this list, you can fill-in the circle under the 'yes'. If you did not experience the event, then you can fill-in the circle under 'no'. If you have experienced an event that does not appear on the list, you can write it down in the space next to question 13."

Sometimes questions will need to be explained a several times. Previous research has shown that explaining the questions do not need to have an adverse effect on the assessment. Short explanations for several items, which posed difficult during the research, can be found on pages 14. Do not use any language or wording that could lead the adolescent to the answer that you think is best for him/her. Explanations should be kept short, neutral and carefully phrased.

Instructions; Below is a list of very stressful life events that sometimes happens to people.

If you have experienced any of these events, please fill-in the circle.

If you would like to clarify or add something to the questions, you can do that at the end of the list by “further comments”. Thank you.

	Explanation		Yes	No
		Stressful life events concerning the family		
1		Have there been drastic changes in your family *during the last year?*	O	O
2		Have you ever been separated from your family against your will (By a stranger, police officer, soldier, fleeing from your homeland)	O	O
3		Has someone died in your life who you really cared about?	O	O
		Experiences with illness, accident and disasters		
4	So ill you that you had to go to hospital, you thought you might die	Have you had a life threatening medical problem?	O	O
5	For example falling from a high tree.	Have you been involved in a serious accident? (for example involving a car)	O	O
6	Shake the table as during an earthquake	Have you ever been involved in a disaster? (for example: flood, hurricane, fire, tornado, avalanche, earthquake, hostage situation, chemical disaster)	O	O
		War		
7		Have you ever experienced a war or an armed military conflict going on around you in your country of birth?	O	O
		Physical and sexual mistreatment		
8		Has someone ever hit, kicked, shot at or some other way tried to physically hurt you?	O	O
9		Did you ever see it happen to someone else in real life? (not just on television or in a film)	O	O
10		Has someone ever tried to touch your private sexual parts against your will or forced you to have sex?	O	O
		Other		
11		Did you experience any other very stressful life events where you thought that you were in great danger?	O	O
12		Did you experience any other very stressful life event where you thought that someone else was in great danger?	O	O

13 **Not listed above but you found the event very frightening:** . . . .

Comments :……………..………

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Appendix I

Diagnostic criteria (A,B,C,D,E) for Posttraumatic Stress Disorder (DSM-IV;APA 1994)

A. **The person has been exposed to a traumatic event in which both of the following were present:**

1. The person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others.
2. The person's response involved intense fear, helplessness, or horror.
   Note: In children, this may be expressed instead by disorganized or agitated behavior.

B. **The traumatic event is persistently re-experienced in one (or more) of the following ways:**

1. Recurrent and intrusive distressing recollections of the event, including images, thoughts, or perceptions.
   Note: In young children, repetitive play may occur in which themes or aspects of the trauma are expressed.
2. Recurrent distressing dreams of the event.
   Note: In children, there may be frightening dreams without recognizable content.
3. Acting or feeling as if the traumatic event were recurring (includes a sense f reliving the experience, illusions, hallucinations, and dissociative flashback episodes, including those that occur on awakening or when intoxicated).
   Note: In young children, trauma-specific re-enactment may occur
4. Intense psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event.
5. Psychological reactivity on exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event.

C. **Persistent avoidance of stimuli associated with the trauma or numbing of general responsiveness (not present before the trauma) as indicated by three (or more) of the following:**

1. Efforts to avoid thoughts, feelings, or conversations associated with the trauma.
2. Efforts to avoid activities, places, or people that arouse recollections of the trauma.
3. Inability to recall an important aspect of the trauma.
4. Markedly diminished interest or participation in significant activities.
5. Feeling of detachment or estrangement from others.
6. Restricted range of affect.
7. Sense of a foreshortened future (e.g., does not expect to have a career, marriage, children, or a normal life span).

D. **Persistent symptoms of increased arousal (not present before the trauma) as indicated by two (or more) of the following:**

1. Difficulty falling or staying asleep.
2. Irritability or outbursts of anger.
3. Difficulty concentrating.
4. Hyper-vigilance.
5. Exaggerated startle response.

E. Duration of the disturbance (symptoms in criteria B, C, and D) is more than 1 month and cause significant impairment in daily functioning.