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with post-traumatic stress disorder (PTSD) in their lifetime. PTSD can be brought on by extreme circumstances like rape, hostage situations, child abuse, bullying, or even a serious accident. It a ects about 3.5% of adults in the United States each year. It can also happen as a result of long-term (chronic) exposure to a severe stressor. One example is soldiers who ght one battle but can't handle ghting all the time. Hypervigilance, ashbacks, avoidant behaviors, anxiety, anger, and depression are all common symptoms of PTSD. Individuals with PTSD may also experience sleep disturbances. People with PTSD frequently attempt to separate themselves from their friends and family, and it is di cult for them to keep these close relationships. e care plan for people with PTSD is based on a number of di erent treatments. Cognitive behavioral therapy (CBT), prolonged exposure therapy, stress inoculation therapy, medication, psychotherapy, and support from family and friends are some of these treatments [6-10].

## Conclusion

Research into post-traumatic stress disorder (PTSD) began with Vietnam veterans and victims of both natural and man-made disasters.

e best predictor of PTSD, according to studies, is the degree of disaster exposure.

e DSM-5 does C7ly