

June, 2013 PILOTS Topic Alert

Boulton, M. J. (2013). "Associations between adults' recalled childhood bullying victimization, current social anxiety, coping, and self-blame: evidence for moderation and indirect effects." *Anxiety, Stress, and Coping* 26(3): 270-292.

Prior studies have shown that bullying victimization is common during childhood and may have negative effects over the short term. Evidence is also emerging that childhood bullying victimization in the form of teasing may precipitate social anxiety in adulthood. The present study extended the field by testing for associations between adults' recall of four common subtypes of childhood bullying victimization and their current social anxiety. It also provided the first test of whether coping moderated those associations, if they were indirect effects through self-blame, and if sex differences existed. Data were collected from 582 students aged 23+ years at two universities in the UK. Collectively, and for social exclusion and relational victimization uniquely, the subtypes of bullying victimization did predict social anxiety. Evidence for hypothesized moderation and indirect effects was obtained but these varied by subtype of victimization (but not sex). The theoretical and practical implications of these results were discussed. [Author Abstract] **KEY WORDS:** bullying; social anxiety; children; coping; victimization

Brent, D. A. and M. Silverstein (2013). "Shedding light on the long shadow of childhood adversity." *Journal of the American Medical Association* 309(17): 1777-1778.

In this Viewpoint, we discuss the strong link between early adversity and chronic physical and mental disability and offer some recommendations for research, practice, and policy. [Adapted from Text]

Cloitre, M., D. W. Garvert, et al. (2013). "Evidence for proposed ICD-11 PTSD and complex PTSD: a latent profile analysis." *European Journal of Psychotraumatology* 4.

BACKGROUND: The WHO International Classification of Diseases, 11th version (ICD-11), has proposed two related diagnoses, PTSD and complex PTSD within the spectrum of trauma and stress-related disorders. **OBJECTIVE:** To use latent profile analysis (LPA) to determine whether there are classes of individuals that are distinguishable according to the PTSD and complex PTSD symptom profiles and to identify potential differences in the type of stressor and severity of impairment associated with each profile. **METHOD:** An LPA and related analyses were conducted on 302 individuals who had sought treatment for interpersonal traumas ranging from chronic trauma (e.g., childhood abuse) to single-incident events (e.g., exposure to 9/11 attacks). **RESULTS:** The LPA revealed three classes of individuals: (1) a complex PTSD class defined by elevated PTSD symptoms as well as disturbances in three domains of self-organization: affective dysregulation, negative self-concept, and interpersonal problems; (2) a PTSD class defined by elevated PTSD symptoms but low

scores on the three self-organization symptom domains; and (3) a low symptom class defined by low scores on all symptoms and problems. Chronic trauma was more strongly predictive of complex PTSD than PTSD and, conversely, single-event trauma was more strongly predictive of PTSD. In addition, complex PTSD was associated with greater impairment than PTSD. The LPA analysis was completed both with and without individuals with borderline personality disorder (BPD) yielding identical results, suggesting the stability of these classes regardless of BPD comorbidity. CONCLUSION: Preliminary data support the proposed ICD-11 distinction between PTSD and complex PTSD and support the value of testing the clinical utility of this distinction in field trials. Replication of results is necessary. [Author Abstract] KEY WORDS: complex PTSD; PTSD; WHO; ICD-11

Diehle, J., C. De Roos, et al. (2013). "A cross-cultural validation of the Clinician Administered PTSD Scale for Children and Adolescents in a Dutch population." *European Journal of Psychotraumatology* 4.

BACKGROUND: Trauma-focused interventions for children could be administered more efficiently and effectively if PTSD and related symptoms were first investigated by a reliable and valid instrument. The Clinician Administered PTSD Scale for Children and Adolescents (CAPS-CA) is the gold standard for the assessment of PTSD. Until now no cross-cultural validation study has been published in an English peer-reviewed journal. OBJECTIVE: This study aimed at the cross-cultural validation of the Dutch CAPS-CA. METHOD: A total of 112 children between the age of 8 and 18 were recruited at two trauma centers. Children were interviewed with the CAPS-CA and the Anxiety Disorders Interview Schedule Child (ADIS-C) version, and each filled out the Children's Revised Impact of Events Scale (CRIES-13), the Revised Child Anxiety and Depression Scale (RCADS), and the Strength and Difficulties Questionnaire (SDQ). One caretaker of each child was also interviewed by means of the ADIS Parent (ADIS-P) version and filled out the RCADS and SDQ. RESULTS: The Dutch CAPS-CA showed as good internal consistency, inter-rater reliability, convergent and divergent validity, and concurrent validity as the original English version. Similar to the original version, we found better psychometric properties in terms of internal consistency and convergent validity for children 13 years and older than for children younger than 13 years. CONCLUSIONS: The Dutch CAPS-CA is as reliable and valid as the original English version. [Author Abstract] KEY WORDS: PTSD; children; CAPS-CA; diagnostic interview; validity; reliability

DeGregorio, L. J. (2013). "Intergenerational transmission of abuse: implications for parenting interventions from a neuropsychological perspective." *Traumatology* 19(2): 158-166.

Neuroimaging provides robust evidence to demonstrate the functional and structural deficits in childhood and adult survivors of child maltreatment. These deficits mirror the neurocircuitry involved in parenting. Despite this, research into the mechanisms behind the intergenerational transmission of abuse fails to acknowledge the contribution of brain development on future parenting ability. A discussion of the cognitive, social, and emotional deficits of child and adult survivors of childhood maltreatment is presented. This is followed by a critical overview of how current parenting interventions fail to take into account the neuropsychological mechanisms behind the intergenerational transmission of abuse. A conceptual model of the neuropsychological

transmission of childhood maltreatment is presented. This model will allow child welfare practitioners to gain a greater understanding of the specific deficits of individuals who have experienced childhood maltreatment and how parenting interventions may be enhanced for this population. This represents one step forward in breaking the cycle of the intergenerational transmission of childhood maltreatment. [Author Abstract] KEY WORDS: child maltreatment; intergenerational transmission of abuse; neuroimaging; neuropsychology; parenting

Elklit, A., K.-I. Karstoft, et al. (2013). "Predicting criminality from child maltreatment typologies and posttraumatic stress symptoms." *European Journal of Psychotraumatology* 4.

BACKGROUND: The associations between childhood abuse and subsequent criminality and PTSD are well known. However, a major limitation of research related to childhood abuse and its effects is the focus on one particular type of abuse at the expense of others. Recent work has established that childhood abuse rarely occurs as a unidimensional phenomenon. Therefore, a number of studies have investigated the existence of abuse typologies. **METHODS:** The study is based on a Danish stratified random probability survey including 2980 interviews of 24-year-old people. The sample was constructed to include an oversampling of child protection cases. Building on a previous latent class analysis of four types of childhood maltreatment, three maltreatment typologies were used in the current analyses. A criminality scale was constructed based on seven types of criminal behavior. PTSD symptoms were assessed by the PC-PTSD Screen. **RESULTS:** Significant differences were found between the two genders with males reporting heightened rates of criminality. Furthermore, all three maltreatment typologies were associated with criminal behavior with odds ratios (ORs) from 2.90 to 5.32. Female gender had an OR of 0.53 and possible PTSD an OR of 1.84. **CONCLUSION:** The independent association of participants at risk for PTSD and three types of maltreatment with criminality should be studied to determine if it can be replicated, and considered in social policy and prevention and rehabilitation interventions. [Author Abstract] KEY WORDS: childhood maltreatment; sexual abuse; emotional abuse; PTSD; latent classes; criminal behavior; national representative study

Galatzer-Levy, I. R., A. Nickerson, et al. (2013). "Patterns of lifetime PTSD comorbidity: a latent class analysis." *Depression and Anxiety* 30(5): 489-496.

BACKGROUND: PTSD is associated with high rates of psychiatric comorbidity, most notably substance use disorders, major depression, and other anxiety disorders. However, little is known about how these disorders cluster together among people with PTSD, if disorder clusters have distinct etiologies in terms of trauma type, and if they confer greater burden over and above PTSD alone. **METHOD:** Utilizing Latent Class Analysis, we tested for discrete patterns of lifetime comorbidity with PTSD following trauma exposure (n = 409). Diagnoses were based on the Structured Clinical Interview for DSM-IV (SCID). Next, we examined if gender, trauma type, symptom frequency, severity, and interference with everyday life were associated with the latent classes. **RESULTS:** Three patterns of lifetime comorbidity with PTSD emerged: a class characterized by predominantly comorbid mood and anxiety disorders; a class characterized by predominantly comorbid mood, anxiety, and substance dependence; and a relatively pure low-comorbidity PTSD class. Individuals in both high

comorbid classes had nearly two and a half times the rates of suicidal ideation, endorsed more PTSD symptom severity, and demonstrated a greater likelihood of intimate partner abuse compared to the low comorbidity class. Men were most likely to fall into the substance dependent class.

CONCLUSION: PTSD comorbidity clusters into a small number of common patterns. These patterns may represent an important area of study, as they confer distinct differences in risk and possibly etiology. Implications for research and treatment are discussed. [Author Abstract] KEY WORDS: comorbidity; PTSD; depression; anxiety; suicidality

Glad, K. A., T. K. Jensen, et al. (2013). "Exploring self-perceived growth in a clinical sample of severely traumatized youth." *Child Abuse and Neglect* 37(5): 331-342.

OBJECTIVE: The aims of this study were threefold: (1) examine the prevalence of Posttraumatic Growth (PTG) among severely traumatized youth, (2) systematically describe the PTG reported, and (3) study the course of PTG from pre- to post-treatment. METHOD: The sample consisted of 148 severely traumatized Norwegian youth (M age = 15, SD = 2.2, 79.1% girls) receiving treatment in child mental health clinics. The Clinician Administered PTSD Scale for Children (CAPS) was used to assess level of posttraumatic stress symptoms (PTSS) pre- and post-treatment. One of the questions in CAPS: "How do you think (traumatic event) has affected your life?" formed the basis for our analysis of PTG. Words and phrases indicative of PTG were identified using the Consensual Qualitative Research method. RESULTS: Pre-treatment, the prevalence rate of PTG was low compared to previous findings, and reports of PTG were not related to levels of PTSS. The main PTG themes identified were: personal growth, relational growth, and changed philosophy of life. A sub-theme of personal growth; greater maturity/wisdom, was the most salient theme identified both pre- and post-treatment. Age was significantly related to reports of PTG; older participants reported more growth. Reports of PTG increased significantly from pre- to post-treatment, but were not related to decrease in PTSS. CONCLUSIONS: The findings suggest that PTG is not only possible for youth, but quite similar to that observed among adults. However, we need to carefully consider whether reports of self-perceived positive change among traumatized youth actually are indicative of growth, or simply indicative of increased vulnerability. [Author Abstract] KEY WORDS: posttraumatic growth; trauma; children; adolescents; psychotherapy

Hecker, T., K. Hermenau, et al. (2013). "Aggression inoculates against PTSD symptom severity – insights from armed groups in the eastern DR Congo." *European Journal of Psychotraumatology* 4.

BACKGROUND: In the ongoing conflict in the Democratic Republic of the Congo (DRC), combatants are exposed to massive forms of violence and other traumatic stressors. Nevertheless, many combatants do not suffer from trauma-related disorders, although they have experienced numerous traumatizing events. Perceiving aggressive behavior as fascinating and arousing might be a defense against trauma-related disorders in the violent environment of war and conflict.

OBJECTIVE: Thus, in this study we investigated the relationship between the exposure to traumatic stressors, appetitive aggression, and PTSD symptom severity. We hypothesized that cumulative traumatic experiences correlated positively and appetitive aggression negatively with PTSD symptom severity. METHOD: In total, 105 voluntary male combatants from different armed groups in the

eastern DRC took part in this study. In a semistructured interview, respondents were questioned about their exposure to traumatic stressors, the extent of appetitive aggression (Appetitive Aggression Scale), and their PTSD symptom severity (PTSD Symptom Scale - Interview). RESULTS: A multiple sequential regression analysis showed that traumatic events were positively related to PTSD symptom severity. For participants with low to medium PTSD symptom severity, appetitive aggression correlated negatively with PTSD symptom severity. CONCLUSIONS: The results of this study provide further support for earlier findings that repeated exposure to traumatic stressors cumulatively heightens the risk of PTSD and revealed that appetitive aggression buffers the risk of developing PTSD symptoms under certain circumstances. Thus, the perception of aggressive behavior as fascinating and arousing seem to help combatants to adapt to violent environments but may also be one reason for recurrent failure of reintegration programs for excombatants. [Author Abstract] KEY WORDS: appetitive aggression; PTSD; defense; building block effect; excombatants; DR Congo

Honor, G. (2013). "Posttraumatic stress disorder." *Journal of Pediatric Health Care* 27(3): e29-e38.

Children are exposed to a variety of traumatic experiences, and each child is unique in his or her response to that trauma. The most common psychiatric disorder that develops after exposure to trauma is PTSD. This article will help pediatric nurse practitioners understand PTSD in terms of diagnosis, epidemiology, risk factors, comorbidity, and treatment. DSM-IV diagnostic criteria will be discussed, along with modifications to consider when evaluating very young children for PTSD. Implications for practice will be discussed along with suggested questions to ask parents and children to assess for exposure to trauma. [Author Abstract] KEY WORDS: mental health; trauma; PTSD

Kaufman-Shriqui, V., N. Werbeloff, et al. (2013). "Posttraumatic stress disorder among preschoolers exposed to ongoing missile attacks in the Gaza War." *Depression and Anxiety* 30(5): 425-431.

BACKGROUND: The prevalence and manifestation of posttraumatic stress symptoms in young children may differ from that observed in adults. This study examined sociodemographic, familial, and psychosomatic correlates of PTSD among preschool children and their mothers who had been exposed to ongoing missile attacks in the Gaza war. METHODS: 167 mothers of preschoolers (aged 4.0-6.5 years) were interviewed regarding PTSD and psychosomatic symptomatology of their children, as well as their own reactions to trauma. RESULTS: 14 mothers (8.4%) and 35 children (21.0%) screened positive for PTSD. Sociodemographic characteristics were not associated with PTSD among mothers or children. Among children, the only significant risk factor was having a mother with PTSD (OR = 12.22, 95% CI 2.75-54.28). Compared to children who did not screen positive for PTSD, those who did screen positive displayed significantly higher rates of psychosomatic reactions to trauma, most notably constipation or diarrhea (OR = 4.36, 95% CI 1.64-11.60) and headaches (OR = 2.91, 95% CI 1.07-7.94). CONCLUSIONS: Results of this study add to the burgeoning literature on child PTSD, emphasizing the important role of maternal anxiety and the psychosomatic reactions associated with exposure to ongoing traumatic experiences in young children. [Author Abstract] KEY WORDS: PTSD; trauma; psychosomatic; somatization

Mills, R., J. G. Scott, et al. (2013). "Child maltreatment and adolescent mental health problems in a large birth cohort." *Child Abuse and Neglect* 37(5): 292-302.

OBJECTIVE: To examine whether notified child maltreatment is associated with adverse psychological outcomes in adolescence, and whether differing patterns of psychological outcome are seen depending on the type of maltreatment. **METHODS:** The participants were 7,223 mother and child pairs enrolled in a population-based birth cohort study in Brisbane, Australia. Exposure to suspected child maltreatment was measured by linkage with state child protection agency data. The primary outcomes were the internalizing and externalizing scales of the Youth Self Report (YSR) at approximately 14 years of age. **RESULTS:** The YSR was completed by 5,172 subjects (71.6%), with increased attrition of cases of notified maltreatment. After adjustment for potential confounders, notified maltreatment was significantly associated with both internalizing behavior and externalizing behavior at 14. When evaluated as non-exclusive categories of maltreatment, physical abuse, neglect, and emotional abuse were each significantly associated with both internalizing and externalizing behavior after adjustment. When evaluated using an expanded hierarchical scheme that included combinations of multi-type maltreatment, the following groups had significantly higher internalizing behavior after adjustment: emotional abuse (with or without neglect), and multi-type maltreatment including physical (but not sexual) abuse with neglect and/or emotional abuse. The following groups were associated with externalizing behavior after adjustment: emotional abuse (with or without neglect), and multi-type maltreatment including physical abuse (with neglect and/or emotional abuse), or sexual abuse (with neglect and/or emotional abuse, and/or physical abuse). **CONCLUSION:** This study suggests that child neglect and emotional abuse have serious adverse effects on adolescent mental health and warrant the attention given to other forms of child maltreatment. Additionally, it confirms that young people who are notified for more than one type of maltreatment are at particular risk of adolescent mental health problems. [Author Abstract] **KEY WORDS:** child abuse; child neglect; emotional abuse; adolescent; behavior; birth cohort

Minnis, H., S. Macmillan, et al. (2013). "Prevalence of reactive attachment disorder in a deprived population." *British Journal of Psychiatry* 202: 342-346.

BACKGROUND: Reactive attachment disorder (RAD) is associated with early childhood maltreatment and has unknown population prevalence beyond infancy. **AIMS:** To estimate RAD prevalence in a deprived population of children. **METHOD:** All 1646 children aged 6-8 years old in a deprived sector of an urban UK centre were screened for RAD symptoms. Parents of high and low scorers were interviewed using semi-structured interviews probing for psychopathology and individuals likely to have RAD were offered face-to-face assessment. **RESULTS:** Questionnaire data were available from 92.8% of teachers and 65.8% of parents. Assessments were conducted with 50% of those invited and missing data were imputed – based on the baseline data – for the rest. We calculated that there would be 23 children with definite RAD diagnoses, suggesting that the prevalence of RAD in this population was 1.40% (95% CI 0.94-2.10). **CONCLUSIONS:** In this deprived general population, RAD was not rare. [Author Abstract]

Modrowski, C. A., L. E. Miller, et al. (2013). "Consistency of trauma symptoms at home and in therapy for preschool children exposed to intimate partner violence." *Psychological Trauma: Theory, Research, Practice, and Policy* 5(3): 251-258.

The expression of posttraumatic stress symptoms during group therapy and how this might differ from the expression of those symptoms at home was evaluated in a group of preschool children exposed to intimate partner violence (IPV). The sample included 55 mother-child dyads. Reports of posttraumatic stress symptoms were collected from mothers and child therapists and compared in terms of the symptom subtypes that the child expressed at home and in therapy. The total number of posttraumatic stress symptoms that young children expressed at home and in group therapy did not differ. There was, however, a significant difference in mothers' and therapists' reports of physiological arousal symptoms, with mothers reporting more arousal symptoms than did the therapists. Additionally, higher levels of IPV exposure predicted higher levels of total posttraumatic stress symptoms. This study has important implications for researchers and clinicians, especially when considering the range of posttraumatic stress symptoms preschool children may present after exposure to IPV. [Author Abstract] KEY WORDS: intimate partner violence; preschool children; posttraumatic symptoms; group therapy

Neumeister, A., M. D. Normandin, et al. (2013). "Elevated brain cannabinoid CB₁ receptor availability in post-traumatic stress disorder: a positron emission tomography study." *Molecular Psychiatry*.

Endocannabinoids and their attending cannabinoid type 1 (CB₁) receptor have been implicated in animal models of PTSD. However, their specific role has not been studied in people with PTSD. Herein, we present an in vivo imaging study using positron emission tomography (PET) and the CB₁-selective radioligand [¹¹C]OMAR in individuals with PTSD, and healthy controls with lifetime histories of trauma (trauma-exposed controls (TC)) and those without such histories (healthy controls (HC)). Untreated individuals with PTSD (N = 25) with non-combat trauma histories, and TC (N = 12) and HC (N = 23) participated in a magnetic resonance imaging scan and a resting PET scan with the CB₁ receptor antagonist radiotracer [¹¹C]OMAR, which measures the volume of distribution (VT) linearly related to CB₁ receptor availability. Peripheral levels of anandamide, 2-arachidonoylglycerol, oleoylethanolamide, palmitoylethanolamide and cortisol were also assessed. In the PTSD group, relative to the HC and TC groups, we found elevated brain-wide [¹¹C]OMAR VT values ($F(2,53) = 7.96, P = 0.001$; 19.5% and 14.5% higher, respectively), which were most pronounced in women ($F(1,53) = 5.52, P = 0.023$). Anandamide concentrations were reduced in the PTSD relative to the TC (53.1% lower) and HC (58.2% lower) groups. Cortisol levels were lower in the PTSD and TC groups relative to the HC group. Three biomarkers examined collectively-OMAR VT, anandamide and cortisol-correctly classified nearly 85% of PTSD cases. These results suggest that abnormal CB₁ receptor-mediated anandamide signaling is implicated in the etiology of PTSD, and provide a promising neurobiological model to develop novel, evidence-based pharmacotherapies for this disorder. [Author Abstract] KEY WORDS: brain imaging; cannabinoid receptors; OMAR; PET; PTSD

Roberts, A. L., K. Lyall, et al. (2013). "Association of maternal exposure to childhood abuse with elevated risk for autism in offspring." *JAMA Psychiatry* 70(5): 508-515.

IMPORTANCE: Adverse perinatal circumstances have been associated with increased risk for autism in offspring. Women exposed to childhood abuse experience more adverse perinatal circumstances than women unexposed, but whether maternal abuse is associated with autism in offspring is unknown. **OBJECTIVES:** To determine whether maternal exposure to childhood abuse is associated with risk for autism in offspring and whether possible increased risk is accounted for by a higher prevalence of adverse perinatal circumstances among abused women, including toxemia, low birth weight, gestational diabetes, previous induced abortion, intimate partner abuse, pregnancy length shorter than 37 weeks, selective serotonin reuptake inhibitor use, and alcohol use and smoking during pregnancy. **DESIGN AND SETTING:** Nurses' Health Study II, a population-based longitudinal cohort of 116,430 women. **PARTICIPANTS:** Nurses with data on maternal childhood abuse and child's autism status (97.0% were of white race/ethnicity). Controls were randomly selected from among children of women who did not report autism in offspring (participants included 451 mothers of children with autism and 52,498 mothers of children without autism). **MAIN OUTCOME MEASURES:** Autism spectrum disorder in offspring, assessed by maternal report and validated with the Autism Diagnostic Interview - Revised in a subsample. **RESULTS:** Exposure to abuse was associated with increased risk for autism in children in a monotonically increasing fashion. The highest level of abuse was associated with the greatest prevalence of autism (1.8% vs 0.7% among women not abused, $P = .005$) and with the greatest risk for autism adjusted for demographic factors (risk ratio, 3.7; 95% CI, 2.3-5.8). All adverse perinatal circumstances except low birth weight were more prevalent among women abused in childhood. Adjusted for perinatal factors, the association of maternal childhood abuse with autism in offspring was slightly attenuated (risk ratio for highest level of abuse, 3.0; 95% CI, 1.9-4.8). **CONCLUSIONS AND RELEVANCE:** We identify an intergenerational association between maternal exposure to childhood abuse and risk for autism in the subsequent generation. Adverse perinatal circumstances accounted for only a small portion of this increased risk. [Author Abstract]

Savla, J. T., K. A. Roberto, et al. (2013). "Childhood abuse affects emotional closeness with family in mid- and later life." *Child Abuse and Neglect* 37(6): 388-399.

OBJECTIVE: Knowledge about the effects of early life adversity on kin relationships in later years is sparse. The purpose of this study was to examine if childhood abuse and adversity negatively influences emotional closeness with family in mid- and later life. A second goal was to determine the role of psychosocial resources and personality traits in buffering the effects of early adversities. Gender and cohort differences were explored to see if men were differentially affected than women and whether middle-aged adults (35-49 years old) were differentially affected than older adults (50-74 years old) by the effects of childhood abuse and adversity. **METHODS:** Using retrospective accounts of early family abuse and adversities of 1,266 middle aged adults and 1,219 older adults from a large population-based survey, the National Survey of Midlife Development in United States (MIDUS), separate multiple regression analyses were conducted for the two cohorts to examine the effects of childhood emotional and physical abuse and family adversities on perceived

emotional closeness with family. Interaction effects between childhood abuse and adversity (e.g., being expelled from school, death of sibling, parental divorce, losing a home to a natural disaster) with psychosocial resources (perceived control and self acceptance), personality characteristics (extraversion and neuroticism), and gender were examined. RESULTS: Results of OLS regressions suggest emotional and physical abuse predicted family closeness in middle-aged adults. Conversely, only emotional abuse predicted family closeness in older adults. Moderation models revealed that high levels of self acceptance were associated with better maintenance of emotional closeness among middle-aged adults who were emotionally and physically abused as children. Older adults with lower extraversion who experienced emotional abuse or reported greater number of adversities in childhood were found to be at higher risk for lower emotional closeness with family. Early life adversities were more detrimental for women. CONCLUSIONS: Findings suggest that the aftermath of childhood abuse does not dissipate with time, but continues to influence family relationships in mid- and later life. Identifying the links between childhood adversities and adult relationships can help identify strategic points for intervention to reduce the long-term effects of accumulated adverse experiences over the life course. [Au

Sleijpen, M., F. J. J. Ter Heide, et al. (2013). "Bouncing forward of young refugees: a perspective on resilience research directions." *European Journal of Psychotraumatology* 4.

While studies on the consequences of trauma and forced migration on young refugees have focused mainly on their pathology, a focus on resilience in young refugees is needed to adequately represent their response to adversity and to help understand their needs. The aim of this article is to present a proposed study of resilience in young refugees which has been informed by an overview of achievements and challenges in the field of resilience. In order to advance the field of resilience, several topics need clarification: definition and assessment of resilience, the relation of resilience to other constructs and the underlying biological and external factors influencing resilience. With respect to young refugees, the cross-cultural applicability of resilience has to be examined. Qualitative research, mixed method designs, comparative studies, and longitudinal studies seem especially promising in furthering this goal. The proposed study compares refugee adolescents with Dutch adolescents. Data from qualitative evidence synthesis, interviews, questionnaires, experiments, and DNA analysis will be combined to provide a multifaceted picture of factors contributing to resilience, resulting in a better understanding and efficient use of "resilience" to meet the needs of traumatised youth. [Author Abstract] KEY WORDS: refugees; youth; trauma; resilience; mixed methods research

Sperry, D. M. and C. S. Widom (2013). "Child abuse and neglect, social support, and psychopathology in adulthood: a prospective investigation." *Child Abuse and Neglect* 37(6): 415-425.

OBJECTIVE: To determine whether child abuse and neglect predicts low levels of social support in middle adulthood and understand whether social support acts to mediate or moderate the relationship between childhood abuse and neglect and subsequent outcomes (anxiety, depression, and illicit drug use). METHOD: Using data from a prospective cohort design study, children with documented histories of physical and sexual abuse and neglect (ages 0-11) during the years 1967

through 1971 and a matched control group were followed up and interviewed in adulthood. Social support was assessed at mean age 39.5, and anxiety, depression, and illicit drug use at mean age 41.2. RESULTS: Adjusting for age, sex, and race, individuals with documented histories of child abuse and neglect reported significantly lower levels of social support in adulthood [total ($p < .001$), appraisal ($p < .001$), belonging ($p < .001$), tangible ($p < .001$), and self-esteem support ($p < .01$)] than controls. Adjusting for age, sex, race, and prior psychiatric diagnosis, social support mediated the relationship between child abuse and neglect and anxiety and depression in adulthood. Four gender by social support interactions and one three-way [group (abuse/neglect versus control) x tangible social support x gender] interaction moderated levels of anxiety and depression, particularly for males who were more strongly affected by high levels of social support. CONCLUSIONS: Social support plays a significant role in mediating and moderating some long term consequences of childhood maltreatment. Efforts to better understand the timing and mechanisms involved in these relationships are needed to guide preventive interventions and treatment. [Author Abstract] KEY WORDS: child abuse and neglect; social support; consequences; anxiety; depression; drug use

Temple, J. R., R. C. Shorey, et al. (2013). "Importance of gender and attitudes about violence in the relationship between exposure to interparental violence and the perpetration of teen dating violence." *Child Abuse and Neglect* 37(5): 343-352.

OBJECTIVE: Mounting evidence has demonstrated a link between exposure to family of origin violence and the perpetration of teen dating violence (TDV). However, only recently have mechanisms underlying this relationship been investigated and very few studies have differentiated between exposure to father-to-mother and mother-to-father violence. METHODS: The current study used structural equation modeling on a large ethnically diverse school-based sample of male and female adolescents ($n=917$) to address these gaps in the literature. RESULTS: For adolescent girls, there was an association between exposure to interparental violence (father-to-mother and mother-to-father) and TDV perpetration (physical violence and psychological abuse). For adolescent boys, only an association between mother-to-father violence was related to their TDV perpetration. Further, for both girls and boys, the relationship between mother-to-father violence and perpetration of TDV was fully mediated by attitudes accepting of violence. CONCLUSION: These results suggest that attending to gender and targeting adolescents' attitudes about violence may be viable approaches to preventing TDV. [Author Abstract] KEY WORDS: teen dating violence; interparental violence; adolescents; gender

Walsh, K., T. L. Messman-Moore, et al. (2013). "Perceived sexual control, sex-related alcohol expectancies and behavior predict substance-related sexual revictimization." *Child Abuse and Neglect* 37(5): 353-359.

OBJECTIVES: Although numerous studies have documented linkages between childhood sexual abuse (CSA) and later sexual revictimization, mechanisms underlying revictimization, particularly assaults occurring in the context of substance use, are not well-understood. Consistent with Traumagenic Dynamics theory, the present study tested a path model positing that lowered perceptions of sexual control resulting from CSA may be associated with increased sex-related

alcohol expectancies and heightened likelihood of risky sexual behavior, which in turn may predict adult substance-related rape. **METHODS:** Participants were 546 female college students who completed anonymous surveys regarding CSA and adult rape, perceptions of sexual control, sex-related alcohol expectancies, and likelihood of engaging in risky sexual behavior. **RESULTS:** The data fit the hypothesized model well and all hypothesized path coefficients were significant and in the expected directions. As expected, sex-related alcohol expectancies and likelihood of risky sexual behavior only predicted substance-related rape, not forcible rape. **CONCLUSIONS:** Findings suggested that low perceived sexual control stemming from CSA is associated with increased sex-related alcohol expectancies and a higher likelihood of engaging in sexual behavior in the context of alcohol use. In turn these proximal risk factors heighten vulnerability to substance-related rape. Programs which aim to reduce risk for substance-related rape could be improved by addressing expectancies and motivations for risky sexual behavior in the context of substance use. Implications and future directions are discussed. [Author Abstract] **KEY WORDS:** child sexual abuse; substance-facilitated rape; control; sex-related alcohol expectancies; sexual risk behavior

Wilder Schaaf, K. P., L. K. Artman, et al. (2013). "Anxiety, depression, and PTSD following cardiac arrest: a systematic review of the literature." *Resuscitation* 84(7): 873-877.

OBJECTIVES: Identify the occurrence rate of post-arrest psychological distress; evaluate methodological approaches; suggest future research priorities; address clinical implications. **METHODS:** The electronic databases PubMed/MEDLINE and PsychInfo/APA PsycNET were utilized to search for terms including 'Cardiac Arrest', 'Therapeutic Hypothermia' and 'Depression', 'Anxiety', 'Quality of Life', 'PTSD', 'Psychological Outcomes', 'Hospital Anxiety and Depression Scale (HADS)', and 'Beck Depression Inventory (BDI)'. **RESULTS:** High rates of psychological distress have been reported after OHCA. Specifically, incidence rates of depression have ranged from 14% to 45%; anxiety rates have ranged from 13% to 61%; PTSD rates reportedly range from 19% to 27%. Variability between studies is likely attributable to methodological variations relating to measures used, time since arrest, and research setting. **DISCUSSION:** Given the occurrence rate of psychological distress after OHCA, psychological screening and early intervention seems indicated in the cardiac arrest population. Further studies are needed to better establish occurrence rates in both inpatient and outpatient settings, determine appropriate measures and normative cut off scores, and decide on the most appropriate method of intervention. [Author Abstract] **KEY WORDS:** cardiac arrest; depression; anxiety; PTSD; psychological outcomes

Zapata, L. B., D. M. Kissin, et al. (2013). "Orphaned and abused youth are vulnerable to pregnancy and suicide risk." *Child Abuse and Neglect* 37(5): 310-319.

OBJECTIVE: Little is known about the magnitude and consequences of violence against children for those living outside family care. We sought to estimate the frequency of childhood abuse and examine its association with lifetime pregnancy involvement (LPI) and past year suicide ideation among orphaned youth. **METHODS:** We analyzed data collected via cross-sectional interviewer-administered surveys completed by 293 orphaned youth aged 16-23 years living outside of family

care in St. Petersburg, Russia. We used multivariable logistic regression to estimate adjusted odds ratios (AORs) of LPI and past year suicide ideation associated with childhood physical and sexual abuse. Other risk factors were also examined (e.g., social vulnerability, sexual and substance use behaviors), and characteristics of orphaned youth with LPI and past year suicide ideation were described. RESULTS: The prevalence of childhood abuse was higher among females than among males (23.3% versus 15.6% for physical abuse, and 20.3% versus 5.6% for sexual abuse), as was the prevalence of LPI and past year suicide ideation among those with histories of abuse. Experiences of childhood abuse were strong risk factors for both LPI and past year suicide ideation, with significant variation by gender. While both types of abuse were significantly associated with LPI and past year suicide ideation among females, physical abuse was significantly associated with LPI and sexual abuse was associated with suicide ideation for males. Of the other characteristics examined, strong modifiable risk factors included having no one to turn to for help and no involvement in activities outside of class. Among those with LPI (n = 36), nearly 20% had been pregnant or gotten someone pregnant & 2 times, most (61.8%) reported at least one induced abortion, and current use of effective contraception was nearly non-existent. Among those with past year suicide ideation (n = 30), nearly half (44.8%) reported attempting suicide. CONCLUSIONS: There is an urgent need for interventions to prevent and mitigate the negative influence of childhood abuse experiences. Programs providing services to orphaned youth should increase access to sexual education, effective contraceptives, and mental health counseling. [Author Abstract] KEY WORDS: orphans; abuse; pregnancy; suicide ideation; risk factors; protective factors