

May, 2013 PILOTS Topic Alert

Arnetz, J., Y. Rofa, et al. (2013). "Resilience as a protective factor against the development of psychopathology among refugees." *Journal of Nervous and Mental Disease* 201(3): 167-172.

Refugee research, to date, has predominantly focused on factors that make refugees more vulnerable for developing PTSD and/or psychological distress. Few articles have studied potential protective factors such as resilience. A targeted nonrandom sample of Iraqi refugees ($n = 75$) and a control group of non-Iraqi Arab immigrants ($n = 53$) were recruited from a number of Iraqi/Arab community institutions in Michigan to complete a questionnaire that included measures for psychological distress, PTSD symptoms, exposure to trauma, and resilience. The refugees reported significantly more PTSD symptoms (t -test, $p < 0.01$) and psychological distress ($p < 0.05$) compared with the immigrants. There was no difference in resilience between the two groups. In linear regression, premigration exposure to violence was a significant predictor of psychological distress ($p < 0.01$) and PTSD symptoms ($p < 0.01$). After controlling for migrant status and violence exposure, resilience was a significant inverse predictor of psychological distress ($p < 0.001$) but not of PTSD. Resilience is associated with less trauma-related psychological distress and should be considered in assessing risk and protective factors among victims of war-related violence.

Asberg, K. K. and K. Renk (2013). "Comparing incarcerated and college student women with histories of childhood sexual abuse: the roles of abuse severity, support, and substance use." *Psychological Trauma: Theory, Research, Practice, and Policy* 5(2): 167-175.

Childhood sexual abuse (CSA) is often a risk factor for negative psychological and psychosocial outcomes. For example, some studies find that survivors of CSA are at an increased risk for experiencing involvement with the criminal justice system (e.g., incarceration). To examine the relationship between CSA and incarceration outcomes in women, data were obtained from 169 inmates and 420 college students, a number of whom were survivors of some form of CSA (66.0% and 35.5%, respectively). Results suggested that incarcerated survivors had more severe CSA experiences, more psychological symptoms (e.g., depression, posttraumatic stress), and endorsed more coping difficulties and problematic family functioning relative to college student survivors. In addition, incarcerated survivors were from more impoverished backgrounds and more frequently had experienced involvement with child protective services (e.g., being in foster care) relative to college student survivors. Further, results of logistical regression suggested that the severity of CSA, current social support adequacy, and problematic substance use emerge as significant predictors of incarceration among CSA survivors. Of the many variables that differ between female inmates and college student survivors, findings indicated that more severe abuse, substance use, and lack of social support may be considered especially important risk factors for incarceration. These findings

may aid in the refinement of interventions, prevention efforts, and educational programs regarding CSA and shed light on predictors of incarceration among this high risk group.

Beach, S. R. H., G. H. Brody, et al. (2013). "Impact of child sex abuse on adult psychopathology: a genetically and epigenetically informed investigation." *Journal of Family Psychology* 27(1): 3-11.

Genetic, environmental, and epigenetic influences and their transactions were examined in a sample of 155 women from the Iowa adoptee sample who had been removed from their biological parents shortly after birth and assessed when participants were an average of 41.10 years old. We observed an interactive effect of child sex abuse (CSA) and biological parent psychopathology (i.e., genetic load) on substance abuse as well as a main effect of CSA on substance abuse in adulthood. We also observed main effects of CSA and genetic load on depression and on antisocial characteristics. As predicted, CSA, but not genetic load or later substance abuse, was associated with epigenetic change. In addition, the interaction between genetic load and CSA predicted epigenetic change, indicating a potential genetic basis for a differential impact of CSA on epigenetic change. Finally, epigenetic change partially mediated the effect of CSA on antisocial characteristics. The results suggest the relevance of genetic and epigenetic processes for future theorizing regarding marital and family precursors of several forms of adult psychopathology. Implications for preventive intervention are discussed.

Bolton, P. A. (2013). "Mental health in Iraq: issues and challenges." *Lancet* 381(9870): 879-881.

Little research has been done into the mental health of Iraqis. Only one national survey is available – the Iraq Mental Health Survey (IMHS) of 2007, with 4332 respondents – which showed that anxiety disorders were the most common group (13.8%) and major depressive disorder the most common disorder (7.2%). In both both Iraqi Kurdistan and southern Iraq most participants described substantial symptoms of depression, anxiety, and post-traumatic stress. The Iraq mental health system is unable to meet these needs.

Briggs, E. C., J. A. Fairbank, et al. (2013). "Links between child and adolescent trauma exposure and service use histories in a national clinic-referred sample." *Psychological Trauma: Theory, Research, Practice, and Policy* 5(2): 101-109.

The National Child Traumatic Stress Network (NCTSN) is a federally funded child mental health service initiative designed to raise the standard of care and increase access to evidence-based services for traumatized children and their families across the United States. As part of the quality improvement goal, a Core Data Set (CDS) was established to standardize data collection and examine treatment outcomes across participating centers. This paper describes baseline demographic characteristics, prevalence of trauma exposure, and service use for children and adolescents served by a broad range of NCTSN service delivery centers. Data were collected from children 0-18 years (52% girls, 82% were 6-18 years old) who reported exposure to at least one trauma and who received trauma-related services (n = 11,104). Approximately half the sample was White; more than three quarters reported exposure to multiple types of trauma. 63% were eligible for state- or federally funded insurance. The two most commonly reported traumatic events were

traumatic loss/separation/bereavement and domestic violence. Number and type of trauma exposure varied by gender and age. Type and number of services utilized prior to entering an NCTSN center varied by number of trauma exposures. Systematically assessing children's trauma exposure provides clinically useful information, particularly for those exposed to multiple types of traumatic events. Identifying subgroups, and markers of risk for trauma-related sequelae, may inform policies, programs, and best practices to meet specific needs of children and families. Future research may clarify high-risk trauma profiles for coordinated utilization of systems of care.

Chan, K. L. (2013). "Victimization and poly-victimization among school-aged Chinese adolescents: prevalence and associations with health." *Preventive Medicine* 56(3-4): 207-210.

OBJECTIVE: Given the limited number of systematic studies on child victimization in China, this study aimed to investigate the prevalence of child victimization and poly-victimization, and to examine the associations between victimization and negative health outcomes. **METHOD:** Using a 2-stage stratified sampling procedure, 18,341 adolescents aged 15 to 17 years old were recruited from 6 cities in China during 2009 and 2010. Adolescents completed a self-administered questionnaire containing items about child victimization and health outcomes (e.g. health-related quality of life, PTSD, depression, deliberate self-harm, and suicide ideation). Structured multiphase logistic regression analyses were conducted to examine the associations between these factors. **RESULTS:** The lifetime prevalence of at least one form of victimization was 71%, whereas that of poly-victimization was 14%. Child victimization in the preceding year was associated with gender, age, number of siblings, and location of schools. Child victims were more likely to report PTSD and depressive symptoms, self-harm ideation, and poor physical and mental health. **CONCLUSION:** This study provided reliable estimates of the association between child victimization and health using a large and diverse sample in China. Based on the nature of the documented associations, several suggestions for public health professionals were offered.

Chen, J.-K. and H.-S. Wei (2013). "School violence, social support and psychological health among Taiwanese junior high school students." *Child Abuse and Neglect* 37(4): 252-262.

OBJECTIVES: This paper examines how peer social support mediates the association between school victimization and student psychological health among junior-high students in an Asian context (Taiwan), and further examines how gender and ethnicity differ in the interrelationships of school violence, peer social support and psychological health. **METHODS:** Data were obtained from a large-scale random sample of 1650 junior-high students (grades 7-9) in one diverse county of Taiwan. Students were given an anonymous structured questionnaire, including items regarding basic demographics and school social experiences. **RESULTS:** The results of structural equation modeling analysis provided a good fit for the sample as a whole. The final model accounted for 26% of the variance in student psychological health. Overall findings showed that student psychological health is not significantly directly associated with victimization by students and student maltreatment by teachers; however, student psychological health is indirectly associated with victimization by students, mediated through peer social support. Similar findings were found for both male and female and both Han Chinese and Indigenous students. **CONCLUSION:** The findings imply that peer

social support plays an important mediating role between exposure to school violence and student psychological health. The findings provide empirical evidence and information to help school practitioners and policymakers justify developing or incorporating social support into prevention and intervention strategies. The findings suggest that interventions or policies promoting social support incorporated at a national level could be effective across genders and ethnicities in Taiwan.

Choi, J. Y. and K. J. Oh (2013). "The effects of multiple interpersonal traumas on psychological maladjustment of sexually abused children in Korea." *Journal of Traumatic Stress* 26(1): 149-157.

The purpose of the present study was to explore the effects of multiple interpersonal traumas on psychiatric diagnosis and behavior problems of sexually abused children in Korea. With 495 children (ages 4-13 years) referred to a public counseling center for sexual abuse in Korea, we found significant differences in the rate of psychiatric diagnoses ($r = .23$) and severity of behavioral problems (internalizing $d = 0.49$, externalizing $d = 0.40$, total $d = 0.52$) between children who were victims of sexual abuse only ($n = 362$) and youth who were victims of interpersonal trauma experiences in addition to sexual abuse ($n = 133$). The effects of multiple interpersonal trauma experiences on single versus multiple diagnoses remained significant in the logistic regression analysis where demographic variables, family environmental factors, sexual abuse characteristics, and postincident factors were considered together, odds ratio (OR) = 0.44, 95% confidence interval (CI) = [0.25, 0.77], $p < .01$. Similarly, multiple regression analyses revealed a significant effect of multiple interpersonal trauma experiences on severity of behavioral problems above and beyond all aforementioned variables (internalizing $\beta = .12$, $p = .019$, externalizing $\beta = .11$, $p = .036$, total $\beta = .14$, $p = .008$). The results suggested that children with multiple interpersonal traumas are clearly at a greater risk for negative consequences following sexual abuse.

Cohen, L. J., M. Foster, et al. (2013). "How do different types of childhood maltreatment relate to adult personality pathology?" *Journal of Nervous and Mental Disease* 201(3): 234-243.

There are insufficient data investigating the relative associations between different kinds of childhood maltreatment and the severity of adult personality pathology. Personality pathology and childhood maltreatment (sexual, physical, and emotional abuse and neglect) were assessed in 156 nonpsychotic psychiatric patients. Measures included the Personality Diagnostic Questionnaire for DSM-IV (PDQ-4+), the Childhood Trauma Questionnaire (CTQ), the Multidimensional Neglectful Behavior Scale (MNBS), and the Conflict Tactics Scales Parent-Child version (CTSPC-CA). Bivariate logistic regression analyses revealed each maltreatment type to significantly correlate with adult personality pathology. However, in multivariate logistic analyses controlling for education, neglect and emotional abuse were the only significant predictors of adult personality pathology (adjusted odds ratio [AOR] for MNBS neglect, 3.60; AOR for CTQ emotional abuse, 3.81). Analysis of the CTSPC-CA yielded a strong effect on maternal (AOR, 3.71) but not paternal neglect. These data suggest that clinicians should routinely evaluate for histories of neglect and emotional abuse, particularly in patients with marked personality pathology.

Copeland, W. E., D. Wolke, et al. (2013). "Adult psychiatric outcomes of bullying and being bullied by peers in childhood and adolescence." *JAMA Psychiatry*.

IMPORTANCE: Both bullies and victims of bullying are at risk for psychiatric problems in childhood, but it is unclear if this elevated risk extends into early adulthood. **OBJECTIVE:** To test whether bullying and/or being bullied in childhood predicts psychiatric problems and suicidality in young adulthood after accounting for childhood psychiatric problems and family hardships. **DESIGN:** Prospective, population-based study. **SETTING:** Community sample from 11 counties in Western North Carolina. **PARTICIPANTS:** A total of 1420 participants who had being bullied and bullying assessed 4 to 6 times between the ages of 9 and 16 years. Participants were categorized as bullies only, victims only, bullies and victims (hereafter referred to as bullies/victims), or neither. **MAIN OUTCOME MEASURE:** Psychiatric outcomes, which included depression, anxiety, antisocial personality disorder, substance use disorders, and suicidality (including recurrent thoughts of death, suicidal ideation, or a suicide attempt), were assessed in young adulthood (19, 21, and 24-26 years) by use of structured diagnostic interviews. **RESULTS:** Victims and bullies/victims had elevated rates of young adult psychiatric disorders, but also elevated rates of childhood psychiatric disorders and family hardships. After controlling for childhood psychiatric problems or family hardships, we found that victims continued to have a higher prevalence of agoraphobia (odds ratio [OR], 4.6 [95% CI, 1.7-12.5]; $P < .01$), generalized anxiety (OR, 2.7 [95% CI, 1.1-6.3]; $P < .001$), and panic disorder (OR, 3.1 [95% CI, 1.5-6.5]; $P < .01$) and that bullies/victims were at increased risk of young adult depression (OR, 4.8 [95% CI, 1.2-19.4]; $P < .05$), panic disorder (OR, 14.5 [95% CI, 5.7-36.6]; $P < .001$), agoraphobia (females only; OR, 26.7 [95% CI, 4.3-52.5]; $P < .001$), and suicidality (males only; OR, 18.5 [95% CI, 6.2-55.1]; $P < .001$). Bullies were at risk for antisocial personality disorder only (OR, 4.1 [95% CI, 1.1-15.8]; $P < .04$). **CONCLUSIONS AND RELEVANCE:** The effects of being bullied are direct, pleiotropic, and long-lasting, with the worst effects for those who are both victims and bullies.

Draijer, N. P. J. and P. Van Zon (2013). "Transference-focused psychotherapy with former child soldiers: meeting the murderous self." *Journal of Trauma and Dissociation* 14(2): 170-183.

This article describes the application of transference-focused psychotherapy (TFP) to the treatment of former child soldiers suffering from dissociative identity disorder. It focuses on the problems with aggression faced in psychotherapy. TFP provides a psychodynamic, object relations model to understand the aggression arising in psychotherapy, focusing on the transference and countertransference in the here and now of the therapeutic relationship. Aggression is considered an essential and vital inner dynamic aimed at autonomy, distancing, and the prevention of injury and dependency. In extremely traumatized patients there may be aggressive and oppressive inner parts that want total control – identifying with childhood aggressors – thus avoiding vulnerability. According to TFP it is vital that this aggression is addressed as belonging to the patients themselves in order to reach some form of integration, balance, and health. This is illustrated in a case description.

Elhai, J. D., C. M. Layne, et al. (2013). "Psychometric properties of the UCLA PTSD Reaction Index, part II: Investigating factor structure findings in a national clinic-referred youth sample." *Journal of Traumatic Stress* 26(1): 10-18.

We examined the underlying factor structure of the UCLA PTSD Reaction Index (PTSD-RI) using data from 6,591 children/adolescents exposed to trauma, presenting for treatment at any of 54 National Child Traumatic Stress Network (NCTSN) centers. Using confirmatory factor analysis, we tested the 3-factor DSM-IV PTSD model, 2 separate 4-factor models (Dysphoria vs. Emotional Numbing) and a recently conceptualized 5-factor Dysphoric Arousal model. We found a slight, but significant advantage for the Dysphoria model over the Emotional Numbing model on the PTSD-RI, with a difference in Bayesian information criterion (BIC) values of 81 points. As with several recent studies of adult trauma victims, we found a slight advantage for the Dysphoric Arousal model over the other models on the PTSD-RI, with BIC differences exceeding 300 points. Retaining the Dysphoric Arousal model, we tested the convergent validity of the PTSD-RI factors against subscales of the Trauma Symptom Checklist for Children. Supporting the convergent validity of the PTSD-RI, in the Dysphoric Arousal model, the dysphoric arousal factor related most strongly to anger, whereas the emotional numbing factor related most strongly to depression, and anxious arousal factor related most strongly to anxiety. Results support the use of the PTSD-RI for evaluating PTSD among youth.

Evren, C., O. Cinar, et al. (2013). "The mediator roles of trait anxiety, hostility, and impulsivity in the association between childhood trauma and dissociation in male substance-dependent inpatients." *Comprehensive Psychiatry* 54(2): 158-166.

The aim of this study was to investigate the mediator roles of negative affect, aggression, and impulsivity in the association between childhood trauma and dissociation in male substance-dependent inpatients. In addition, the effect of some variables that may be related with childhood trauma and dissociation among treatment-seeking substance dependents, such as substance of choice (alcohol/drug), mean of current age, and age at regular substance use was controlled. Participants were consecutively admitted 200 male substance-dependent inpatients. Patients were investigated with the Dissociative Experiences Scale, the Childhood Trauma Questionnaire, the Barratt Impulsiveness Scale, the Buss-Perry Aggression Questionnaire, the Beck Depression Inventory, and the Spielberger State-Trait Anxiety Inventory. 77 patients (38.5%) with pathologic dissociation were compared with 123 nondissociative patients (61.5%) classified by dissociative taxon membership. The dissociative group had lower age, age at regular substance use, duration of education, and higher rate of drug dependency rather than alcohol dependency. Beside higher scores on anxiety, depression, childhood trauma, aggression, and impulsivity, a larger proportion of dissociative group reported suicide attempts and self-mutilation than did the nondissociative group. Results of regression analyses suggest that severity of chronic anxiety, aggression (particularly hostility), and impulsivity were found to be mediators of association between childhood trauma and dissociation. Results suggest that, to reduce the risk of dissociation and related behavior such as suicide attempt and self-mutilation among substance dependents, chronic anxiety together with the feelings of hostility and impulsivity must be the targets of evaluation and treatment among those with history of childhood trauma.

Ford, J. D., D. J. Grasso, et al. (2013). "Poly-victimization among juvenile justice-involved youths." *Child Abuse and Neglect*.

OBJECTIVES: This study replicates and extends the research literature on poly-victimization with a vulnerable and under-served population, juvenile justice-involved youths. **METHODS:** N = 1959, 10-16 year old youths (76% male; 74% youth of color) consecutively newly admitted to juvenile detention facilities completed psychometric measures of trauma history, posttraumatic stress, affect regulation, alcohol/drug use, suicide risk, and somatic complaints. **RESULTS:** Using latent class analysis derived from 19 types of adversity, three unique classes best fit the data. A poly-victim class (49% female, 51% youth of color) accounted for 5% of the sample and reported a mean of 11.4 (SD = 1.1) types. A relatively moderate adversity class (31% female, 70% youth of color) accounted for 36% of the sample and reported a mean of 8.9 (SD = 0.3) types of adversity and 2.65 (SD = 1.1) types of traumatic adversity. A low adversity class (59% of the sample; 17% female, 78% youth of color) reported a mean of 7.4 (SD = 0.4) adversity types but only 0.3 (SD = 0.45) types of traumatic adversity. The relatively moderate adversity class was comparable to poly-victims in endorsing extensive non-victimization traumatic adversity (e.g., accidental and loss trauma), but poly-victims were distinct from both moderate and low adversity class members in the likelihood of reporting all but one type of traumatic victimization, multiple types of traumatic victimization, and severe emotional and behavioral problems. Girls were at particularly high risk of poly-victimization, and African American and White youths also were at risk for poly-victimization. **CONCLUSIONS:** Although youth involved in the juvenile justice system typically have experienced substantial victimization, a poly-victimized sub-group, especially (but not exclusively) girls, warrants particular scientific, clinical, and rehabilitative attention in order to address the most severe behavioral and mental health problems and risks faced by this vulnerable population.

Frewen, P. A., B. Evans, et al. (2013). "Development of a Childhood Attachment and Relational Trauma Screen (CARTS): a relational-socioecological framework for surveying attachment security and childhood trauma history." *European Journal of Psychotraumatology* 4: Article 20232.

BACKGROUND: Current psychometric measures of childhood trauma history generally fail to assess the relational-socioecological context within which childhood maltreatment occurs, including the relationship of abusers to abused persons, the emotional availability of caregivers, and the respondent's own thoughts, feelings, and actions in response to maltreatment. **OBJECTIVE:** To evaluate a computerized approach to measuring the relational-socioecological context within which childhood maltreatment occurs. **METHOD:** The psychometric properties of a Childhood Attachment and Relational Trauma Screen (CARTS) were evaluated as a retrospective survey of childhood maltreatment history designed to be appropriate for completion by adults. Participants were undergraduates (n = 222), an internet sample (n = 123), and psychiatric outpatients (n = 30). **RESULTS:** The internal reliability, convergent, and concurrent validity of the CARTS were supported across samples. Paired differences in means and correlations between rated item-descriptiveness to self, mothers, and fathers also accorded with findings of prior attachment and maltreatment research, illustrating the utility of assessing the occurrence and effects of maltreatment within a relational-socioecological framework. **CONCLUSIONS:** Results preliminarily support a new survey methodology for assessing childhood maltreatment within a relational-socioecological framework. Further psychometric evaluation of the CARTS is warranted.

Gerson, R. and N. Rappaport (2013). "Traumatic stress and posttraumatic stress disorder in youth: recent research findings on clinical impact, assessment, and treatment." *Journal of Adolescent Health* 52(2): 137-143.

Childhood trauma can have a profound effect on adolescent development, with a lifelong impact on physical and mental health and development. Through a review of current research on the impact of traumatic stress on adolescence, this article provides a framework for adolescent health professionals in pediatrics and primary care to understand and assess the sequelae of traumatic stress, as well as up-to-date recommendations for evidence-based treatment. We first review empirical evidence for critical windows of neurobiological impact of traumatic stress, and then we discuss the connection between these neurobiological effects and posttraumatic syndromes, including PTSD, depression, aggressive behavior, and psychosis. This article concludes by considering the implications of this current research for clinical assessment and treatment in pediatric and primary care settings.

Haavisto, A., M. Korkman, et al. (2013). "Risk factors for impaired quality of life and psychosocial adjustment after pediatric heart, kidney, and liver transplantation." *Pediatric Transplantation*.

Few studies compare health-related quality of life (HRQOL) and psychosocial adjustment (PSA) in children who have undergone different types of solid organ transplantation (Tx). In this cross-sectional study, HRQOL and PSA were assessed in 74 Tx patients (16 heart, 44 kidney, 14 liver) at a mean age of 11.5 (range 6.3-16.7), 7.2 yr post-Tx (range 1.0-15.0). HRQOL was self-assessed using standardized health utility questionnaires (15D-17D). The patients' PSA was evaluated using the Child Behavior Checklist for parents, Youth Self-Report for patients aged 11-16 years, and Teacher Report Form. Outcomes did not differ significantly between Tx groups. Preadolescents (8-11 years) reported poorer HRQOL compared with same-age peers ($p = 0.020$). In contrast, adolescents reported similar HRQOL and PSA compared to the general population. Proxy-reports revealed more PSA problems compared with age expectations ($p < 0.01$), mainly in internalizing behavior ($p < 0.01$). Lower HRQOL was associated with shorter follow-up time since Tx, congenital disease, and a psychiatric or neurological diagnosis. PSA problems were associated with family-related variables, neurological diagnosis, shorter follow-up time, and in teacher-reports longer disease duration before Tx. Different pediatric Tx groups have similar outcome. Neurological comorbidity and shorter follow-up time are important risk factors, but the impact of family-related variables on PSA indicate the need of family interventions.

Haggerty, G., D. Kahoud, et al. (2013). "A brief measure of psychological health and well-being: initial validation of the Schwartz Outcome Scale for an adolescent inpatient sample." *Journal of Nervous and Mental Disease* 201(3): 216-221.

The present study evaluated whether the Schwartz Outcome Scale-10 (SOS-10), a well-validated self-report measure of psychological health and well-being in the adult population, would tap this construct similarly in an adolescent inpatient sample. This study looked to compare scores on the SOS-10 with the Youth Self-Report (YSR) and the Inventory of Interpersonal Problems (IIP), two well-validated self-report measures of behavioral problems and interpersonal distress. A total of 154

adolescent psychiatric inpatients completed the SOS-10, YSR self-report, and the IIP-32 at or within a day of admission to the inpatient unit. The results showed that the SOS-10 was negatively related to the subscales of the YSR and the scales of the IIP-32. Although just the first step in the validation of this measure for the adolescent inpatient population, the SOS-10 shows promise as a measure of psychological health and well-being and, possibly, as a brief outcome measure.

Haller, M. Disentangling the directions of influence among trauma exposure, posttraumatic stress disorder symptoms, and alcohol and drug problems [dissertation]: 182-182.

The present study utilized longitudinal data from a high-risk community sample (n = 377; 166 trauma-exposed; 54% males; 52% children of alcoholics; 73% non-Hispanic/Latino Caucasian; 22% Hispanic/Latino; 5% other ethnicity) to test a series of hypotheses that may help explain the risk pathways that link traumatic stress, PTSD symptomatology, and problematic alcohol and drug use. Specifically, this study examined whether pre-trauma substance use problems increase risk for trauma exposure (the high-risk hypothesis) or PTSD symptoms (the susceptibility hypothesis), whether PTSD symptoms increase risk for later alcohol/drug problems (the self-medication hypothesis), and whether the association between PTSD symptoms and alcohol/drug problems is due to shared risk factors (the shared vulnerability hypothesis). This study also examined the roles of gender and ethnicity in these pathways. A series of logistic and negative binomial regressions were performed in a path analysis framework. A composite pre-trauma family adversity variable was formed from measures of family conflict, family life stress, parental alcoholism, and other parent psychopathology. Results provided the strongest support for the self-medication hypothesis, such that PTSD symptoms predicted higher levels of later alcohol and drug problems among non-Hispanic/Latino Caucasian participants, over and above the influences of pre-trauma family adversity, pre-trauma substance use problems, trauma exposure, and demographic variables. Results partially supported the high-risk hypothesis, such that adolescent substance use problems had a marginally significant unique effect on risk for assaultive violence exposure but not on overall risk for trauma exposure. There was no support for the susceptibility hypothesis, as pre-trauma adolescent substance use problems did not significantly influence risk for PTSD diagnosis/symptoms over and above the influence of pre-trauma family adversity. Finally, there was little support for the shared vulnerability hypothesis. Neither trauma exposure nor preexisting family adversity accounted for the link between PTSD symptoms and later substance use problems. These results add to a growing body of literature in support of the self-medication hypothesis. Findings extend previous research by showing that PTSD symptoms may influence the development of alcohol and drug problems over and above the influence of trauma exposure itself, preexisting family risk factors, and baseline levels of substance use.

Harold, G. T., L. D. Leve, et al. (2013). "The nature of nurture: disentangling passive genotype-environment correlation from family relationship influences on children's externalizing problems." *Journal of Family Psychology* 27(1): 12-21.

The relationship between interparental conflict, hostile parenting, and children's externalizing problems is well established. Few studies, however, have examined the pattern of association

underlying this constellation of family and child level variables while controlling for the possible confounding presence of passive genotype-environment correlation. Using the attributes of 2 genetically sensitive research designs, the present study examined associations among interparental conflict, parent-to-child hostility, and children's externalizing problems among genetically related and genetically unrelated mother-child and father-child groupings. Analyses were conducted separately by parent gender, thereby allowing examination of the relative role of the mother-child and father-child relationships on children's behavioral outcomes. Path analyses revealed that for both genetically related and genetically unrelated parents and children, indirect associations were apparent from interparental conflict to child externalizing problems through mother-to-child and father-to-child hostility. Associations between interparental conflict and parent-to-child hostility across genetically related and genetically unrelated parent-child groupings were significantly stronger for fathers compared to mothers. Results are discussed with respect to the role of passive genotype-environment correlation as a possible confounding influence in interpreting research findings from previous studies conducted in this area. Implications for intervention programs focusing on family process influences on child externalizing problems are also considered.

Hecker, T., K. Hermenau, et al. (2013). "Does perpetrating violence damage mental health?: differences between forcibly recruited and voluntary combatants in DR Congo." *Journal of Traumatic Stress* 26(1): 142-148.

As a consequence of the ongoing conflict in the Democratic Republic of the Congo (DRC), combatants are constantly involved in various forms of violence. Findings concerning the impact of perpetrating violence on mental health are contradictory, ranging from increasing to buffering the risk for mental ill health. The present study investigated the impact of perpetrating violence on mental health. In total, 204 forcibly recruited and voluntary male combatants (mean age = 24.61 years) from different armed groups in the eastern DRC took part in the study. In a semistructured interview, respondents were questioned about appetitive aggression and PTSD as well as self-experienced violence and self-perpetrated violent offending. A multivariate analysis of variance ($\eta^2 = .23$) revealed that voluntary combatants perpetrated more violent acts ($\eta^2 = .06$) and showed higher appetitive aggression ($\eta^2 = .03$). A moderated multiple regression analysis ($R^2 = .20$) showed that perpetrating violence was positively related to PTSD in forcibly recruited combatants, but not in voluntary combatants. Thus, perpetrating violence may not necessarily qualify as a traumatic stressor. Further studies might consider assessing the combatant's perception of committing violent acts.

Jeon, W. T., J.-S. Eom, et al. (2013). "A 7-year follow-up study on the mental health of North Korean defectors in South Korea." *Journal of Traumatic Stress* 26(1): 158-164.

This study was conducted to describe the relationship of past trauma and current stress on the mental health of North Korean (NK) defectors living in South Korea 7 years after a baseline assessment. Of the 200 who participated in the initial study, 106 participated in follow-up. Previous data regarding past traumatic events experienced in North Korea and during defection, past PTSD, and their current stress levels were correlated with the participants' current mental health status

including depression, anxiety, and PTSD. The rate of PTSD in the sample and the scores on the PTSD symptom scale decreased significantly from the baseline. The participants' current mental health was negatively related to previous traumatic experiences in North Korea and past symptoms of PTSD, but unrelated to previous trauma experienced during defection. In addition, although current mental health was negatively related to only current culture-related stress, it was unrelated to the level of current ordinary life stress. The results of this study suggest that PTSD symptoms decreased during the 7 years between assessments, and that current culture-related stress is the most important variable related to the mental health of NK defectors living in South Korea.

Jonkman, C. S., E. Verlinden, et al. (2013). "Traumatic stress symptomatology after child maltreatment and single traumatic events: different profiles." *Journal of Traumatic Stress* 26(2): 225-232.

The sequelae of child maltreatment tend to extend current PTSD symptoms. This study examined this assumption, hypothesizing that (a) PTSD and trauma-related symptoms are more severe after single trauma than after child maltreatment; (b) symptoms unrelated to trauma are more severe after child maltreatment than after single trauma; and (c) a comorbid association of clinical PTSD with trauma-related symptoms is more prevalent after single trauma, whereas a comorbid association of clinical PTSD with trauma unrelated symptoms is more prevalent after child maltreatment. The Trauma Symptom Checklist for Children (TSCC) assessed PTSD and trauma-related symptoms in 256 children (83 children exposed to single trauma, 173 to child maltreatment). The Strengths and Difficulties Questionnaire (SDQ) assessed trauma-unrelated symptoms. Single-trauma children reported significantly more severe PTSD and trauma-related symptoms. Significantly more severe trauma unrelated symptoms were reported after child maltreatment. A significant relation was found between clinical PTSD and more severe trauma-related symptoms in both samples. Likelihood of children meeting PTSD symptoms after trauma seems to decrease when traumatization becomes more complex. Findings support our assumption that symptomatology of maltreated children extends current PTSD symptoms.

Kaminer, D., A. Hardy, et al. (2013). "Gender patterns in the contribution of different types of violence to posttraumatic stress symptoms among South African urban youth." *Child Abuse and Neglect* 37(5): 320-330.

OBJECTIVE: Identifying the comparative contributions of different forms of violence exposure to trauma sequelae can help to prioritize interventions for polyvictimized youth living in contexts of limited mental health resources. This study aimed to establish gender patterns in the independent and comparative contributions of five types of violence exposure to the severity of posttraumatic stress symptoms among Xhosa-speaking South African adolescents. **METHOD:** Xhosa-speaking adolescents (n = 230) attending a high school in a low-income urban community in South Africa completed measures of violence exposure and posttraumatic stress symptoms. **RESULTS:** While witnessing of community violence was by far the most common form of violence exposure, for the sample as a whole only sexual victimization and being a direct victim of community violence, together with gender, contributed independently to the severity of posttraumatic stress symptoms.

When the contribution of different forms of violence was examined separately for each gender, only increased exposure to community and sexual victimization were associated with symptom severity among girls, while increased exposure to direct victimization in both the community and domestic settings were associated with greater symptom severity in boys. CONCLUSIONS: The findings provide some preliminary motivation for focusing trauma intervention initiatives in this community on girls who have experienced sexual abuse compounded by victimization in the community, and boys who have been direct victims of either domestic or community violence. Further research is required to establish whether the risk factors for posttraumatic stress symptoms identified among adolescents in this study are consistent across different communities in South Africa, as well as across other resource-constrained contexts.

Kaplow, J. B., D. N. Shapiro, et al. (2013). "Psychological and environmental correlates of HPA axis functioning in parentally bereaved children: preliminary findings." *Journal of Traumatic Stress* 26(2): 233-240.

This study examined bereaved children's HPA-axis functioning (cortisol awakening response; CAR) in relation to psychological distress, coping, and surviving parents' grief reactions. Participants included 38 children (20 girls) with recent parental loss (previous 6 months) and 28 of their surviving caregivers (23 women) who were assessed using self-report instruments and in-person, semistructured interviews. Interviews involved discussions about the child's thoughts and feelings related to the loss. Participants provided 3 saliva samples at home (awakening, 30 minutes later, and evening) over 3 successive days, beginning on the day following the interview. Results show a significant relation between dampening of the child's Day 1 CAR and more symptoms of anxiety ($r = -.45$), depression ($r = -.40$), posttraumatic stress ($r = -.45$), and maladaptive grief ($r = -.43$), as well as higher levels of avoidant coping ($r = -.53$). Higher levels of parental maladaptive grief were also associated ($r = -.47$) with a dampening of the child's Day 1 CAR. Our results raise the possibility that blunted CAR may be a result of accumulating allostatic load and/or a result of emotionally challenging events (discussions regarding the deceased) and their subsequent processing (or lack thereof) within the family, which may be particularly stressful for those bereaved children experiencing high levels of psychological distress, avoidant coping, and parental maladaptive grief.

Kassam-Adams, N. L., J. I. Gold, et al. (2013). "Development and psychometric evaluation of child acute stress measures in Spanish and English." *Journal of Traumatic Stress* 26(1): 19-27.

Clinicians and researchers need tools for accurate early assessment of children's acute stress reactions and acute stress disorder (ASD). There is a particular need for independently validated Spanish-language measures. The current study reports on 2 measures of child acute stress (a self-report checklist and a semistructured interview), describing the development of the Spanish version of each measure and psychometric evaluation of both the Spanish and English versions. Children between the ages of 8 to 17 years who had experienced a recent traumatic event completed study measures in Spanish ($n = 225$) or in English ($n = 254$). Results provide support for reliability (internal consistency of the measures in both languages ranged from .83 to .89; cross-language reliability of the checklist was .93) and for convergent validity (with later PTSD symptoms,

and with concurrent anxiety symptoms). Comparing checklist and interview results revealed a strong association between severity scores within the Spanish and English samples. Differences between the checklist and interview in evaluating the presence of ASD appear to be linked to different content coverage for dissociation symptoms. Future studies should further assess the impact of differing assessment modes, content coverage, and the use of these measures in children with diverse types of acute trauma exposure in English- and Spanish-speaking children.

Kocsis-Bogár, K., M. Miklósi, et al. (2013). "Impact of adverse life events on individuals with low and high schizotypy in a nonpatient sample." *Journal of Nervous and Mental Disease* 201(3): 208-215.

The aims of this study were to gain a better understanding of adverse life events connected with the development of schizotypal personality traits and, also, to examine whether subclinical schizotypy has a relationship with vulnerability to traumatic intrusions and avoidance. In a cross-sectional design, 198 undergraduate students completed the Oxford-Liverpool Inventory of Feelings and Experiences (O-LIFE), the Impact of Event Scale (IES), and Paykel's Life Events Scale, together with other relevant scales. The number of adverse life events was significantly related to overall schizotypy measured by O-LIFE scores and positive schizotypy measured by the Unusual Experiences (UnEx) subscale. The subjective severity of life events was significantly related to Cognitive Disorganization (CogDis). Measures of positive schizotypy (UnEx and CogDis) were significantly related to the scores on the IES and on the intrusion and avoidance subscales, too. Adverse life events are associated with schizotypal personality traits, which contribute to a tendency for traumatic intrusions, even in a nonpatient sample.

Lambie, I. and I. Randell (2013). "The impact of incarceration on juvenile offenders." *Clinical Psychology Review* 33(3): 448-459.

Increasingly, research points to the negative effects of incarcerating youth offenders, particularly in adult facilities. Literature published since 2000 suggests that incarceration fails to meet the developmental and criminogenic needs of youth offenders and is limited in its ability to provide appropriate rehabilitation. Incarceration often results in negative behavioral and mental health consequences, including ongoing engagement in offending behaviors and contact with the justice system. Although incarceration of youth offenders is often viewed as a necessary means of public protection, research indicates that it is not an effective option in terms of either cost or outcome. The severe behavioral problems of juvenile offenders are a result of complex and interactive individual and environmental factors, which elicit and maintain offending behavior. Therefore, the focus of effective treatment must be on addressing such criminogenic needs and the multiple "systems" in which the young person comes from. Recent research demonstrates that in order to achieve the best outcomes for youth offenders and the general public, community-based, empirically supported intervention practices must be adopted as an alternative to incarceration wherever possible.

Landolt, M. A., U. Schnyder, et al. (2013). "Trauma exposure and posttraumatic stress disorder in adolescents: a national survey in Switzerland." *Journal of Traumatic Stress* 26(2): 209-216.

There are a limited number of epidemiological studies that have focused on trauma exposure and prevalence of PTSD in representative general population samples of adolescents, especially outside of the United States. We therefore aimed to assess the lifetime prevalence of traumatic events (TEs) and current prevalence of PTSD, and to examine demographic risk factors for TEs and PTSD in a representative sample of adolescents. Data were collected by a school survey among a sample of 6,787 9th-grade students in Switzerland. Roughly 56% of the adolescents (females 56.6%; males 55.7%) reported having experienced at least 1 TE. Non-Swiss nationality (OR = 1.80), not living with both biological parents (OR = 1.64), and lower parental education (OR = 1.18) were associated with a higher risk of trauma exposure. The current prevalence of PTSD according to the DSM-IV-TR criteria was 4.2% (females 6.2%; males 2.4%). Female gender (OR = 2.70), not living with both biological parents (OR = 1.47), lower parental education (OR = 1.51), and exposure to multiple TEs (OR = 9.56) were significant risk factors for PTSD. Results suggest considerably high rates of TEs and PTSD among adolescents. Intervention efforts must be intensified to reduce trauma exposure and treat PTSD.

Liu, W., F. Fan, et al. (2013). "Depressive symptoms in bereaved parents in the 2008 Wenchuan, China earthquake: a cohort study." *Journal of Traumatic Stress* 26(2): 274-279.

This study sought to expand the literature on bereavement and response to natural disasters by reporting the prevalence, severity, and correlates of depressive symptoms among bereaved and nonbereaved parents of the 2008 Wenchuan Earthquake in China. Bereaved (n = 155) and nonbereaved (n = 35) parents from the Xiang'e township in China were interviewed at 18 months (Wave 1) and 24 months (Wave 2) following the earthquake. From Wave 1 to Wave 2, rates of probable depression fell for both bereaved (65.8% to 44.5%) and nonbereaved parents (34.3% to 20.0%). The depression index of both groups also decreased, but only significantly among bereaved parents. Of bereaved parents, those with fewer years of education had more severe symptoms at both waves. Depressive symptom severity of bereaved mothers improved over time, but that of bereaved fathers remained unchanged. Not becoming pregnant again after the earthquake was significantly linked to worse depressive symptoms in both waves, but this was not significant when age was added to the model. Bereaved parents may need more postearthquake supportive services, with fathers, individuals with fewer years of education, and parents who are not able to become pregnant again after the earthquake being particularly vulnerable.

Marsac, M. L., K. A. Donlon, et al. (2013). "Child coping, parent coping assistance, and post-traumatic stress following paediatric physical injury." *Child: Care, Health and Development* 39(2): 171-177.

BACKGROUND: Following a physical injury, many children exhibit long-term psychological reactions such as post-traumatic stress symptoms (PTSS). Children's coping strategies, and the ways that others help them cope with injury (i.e. coping assistance), are understudied, potentially malleable variables that could be targeted in preventive interventions. The objectives of the current research were to describe child coping behaviour and parent coping assistance following a child's injury, and to investigate the relationships among coping, coping assistance, and child PTSS.

METHOD: Participants included 82 children with injuries and one parent of each child. Children completed measures of coping and coping assistance 2 weeks after their injury (T1). Children also completed measures of coping and PTSS at a 3-month follow-up (T2). Parents reported on the coping assistance they provided to their child at T1. **RESULTS:** Children reported using an average of 6 coping strategies (out of 10) with wishful thinking, social support, distraction, and cognitive restructuring endorsed most frequently. Child-reported social withdrawal and resignation 2 weeks after his or her injury (T1) were related to subsequent PTSS (T2). Social withdrawal at T2 was related to concurrent child PTSS (T2). Children were more likely to seek social support when their parents reported helping their child cope. No relationships were identified between active coping behaviours or parent coping assistance and PTSS outcomes. **CONCLUSIONS:** Findings suggest that children's coping strategies (particularly social withdrawal and resignation) play a possibly important, complex role in the development of traumatic stress symptoms. When parents help their child cope, children are more likely to seek out social support, suggesting that they will be more able to ask their parents for help as needed. Future research should identify effective strategies to prevent PTSS including how parents can best support their child following paediatric injury.

Melinder, A., G. A. Baugerud, et al. (2013). "Children's memories of removal: a test of attachment theory." *Journal of Traumatic Stress* 26(1): 125-133.

We report a study of parents' attachment orientations and children's autobiographical memory for an experience that according to Bowlby's (1982) attachment theory should be particularly threatening -- children's forced separation from their parents. It was hypothesized that individual differences in parents' attachment orientations would be associated with children's distress and memory for this highly traumatic event. Children ($n = 28$) were observed during forced removal from home or school by Child Protective Services due to allegations of child maltreatment. Children's memory for the removal was tested 1 week later, and biological parents ($n = 28$) completed an adult attachment measure. Parental attachment anxiety significantly predicted children's distress during less stressful phases of the removal, $R[\text{squared}] = .25$, and parents' attachment-related avoidance predicted fewer correct memory reports from the children (i.e., fewer hits to open-ended questions, $R[\text{squared}] = .16$, and fewer hits to direct questions, $R[\text{squared}] = .27$). The findings indicate that attachment theory provides important guidance for understanding children's autobiographical memory for traumatic events.

Middleton, W. (2013). "Parent-child incest that extends into adulthood: a survey of international press reports, 2007-2011." *Journal of Trauma and Dissociation* 14(2): 184-197.

Although the subject of ongoing incestuous abuse during adulthood has never been addressed in a systematic way in the professional literature, accounts of such cases have been appearing for many years. The Josef Fritzl case added a new impetus to reporting such abuses in the popular press. The current study presents 44 such cases from 24 countries that appeared in English-language press accounts over 5 years commencing January 2007. These cases are discussed in light of the minimal coverage of such issues in the professional literature. The results of this study

suggest that cases of enduring incest are not rare and typically incorporate decades of sexual abuse, frequently result in pregnancies, and commonly incorporate ongoing violence and death threats.

Morris, A. T., T. J. Lee, et al. (2013). "Interactive relationship between parent and child event appraisals and child PTSD symptoms after an injury." *Psychological Trauma: Theory, Research, Practice, and Policy*.

The current study investigated the relationships between child and parent event-related appraisals and child PTSD symptoms (PTSS) soon after the child's traumatic injury. Cross-sectional data were collected from 40 child emergency department (ED) patients and their caregivers following an unintentional injury. Hierarchical regression models were used to determine whether child event appraisals were related to child PTSS and the extent to which parent event appraisals moderated this relationship. Significant main effects were found for child event-related appraisals (i.e., of stressor severity, of whether their life had been permanently changed/destroyed, of heightened future danger, and of alienation) predicting child PTSS symptoms. Parent appraisal of alienation and of permanent change were the only parent appraisal variables that were significantly associated with child PTSS. Parent and child appraisals were not significantly correlated. Subsequent analyses revealed that parent appraisal of permanent change ($\beta = -.1.64$, $p < .01$) moderated the relationship between child appraisal of permanent change and child PTSS. A similar significant interaction effect was found with child and parent appraisals of future danger ($\beta = -.30$, $p < .05$). The current results support the role of parent event-related appraisals in the development of initial child PTSS and suggest that family-based interventions following injury should include components that address both parent symptoms and event-related appraisals.

Nickerson, A., R. A. Bryant, et al. (2013). "The impacts of parental loss and adverse parenting on mental health: findings from the National Comorbidity Survey-Replication." *Psychological Trauma: Theory, Research, Practice, and Policy* 5(2): 119-127.

There has been much controversy regarding the psychological impact of the death of a parent, partly arising from neglect of potential moderating factors. The present study uses data from the National Comorbidity Survey Replication (NCS-R) to investigate the relative impacts of age at death of parent, adverse parenting practices, and time since loss on mental health outcomes in 2,823 bereaved adults. Logistic regression analyses controlling for sex and race revealed that younger age at the time of parental death was associated with poorer mental health outcomes. Further, adverse parenting practices during childhood were related to greater psychopathology in adulthood. Results also indicated that psychological distress following the death of a parent reduces over time. Notably, each of these factors significantly predicted psychopathology when controlling for all other variables. Findings are discussed in the context of current theories of attachment and psychopathology.

Pechtel, P. and D. A. Pizzagalli (2013). "Disrupted reinforcement learning and maladaptive behavior in women with a history of childhood sexual abuse: a high-density event-related potential study." *JAMA Psychiatry*.

IMPORTANCE: Childhood sexual abuse (CSA) has been associated with psychopathology, particularly major depressive disorder (MDD), and high-risk behaviors. Despite the epidemiological data available, the mechanisms underlying these maladaptive outcomes remain poorly understood. **OBJECTIVE:** We examined whether a history of CSA, particularly in conjunction with a past episode of MDD, is associated with behavioral and neural dysfunction in reinforcement learning, and whether such dysfunction is linked to maladaptive behavior. **DESIGN:** Participants completed a clinical evaluation and a probabilistic reinforcement task while 128-channel event-related potentials were recorded. **SETTING:** Academic setting; participants recruited from the community. **PARTICIPANTS:** 15 women with a history of CSA and remitted MDD (CSA + rMDD), 16 women with remitted MDD with no history of CSA (rMDD), and 18 healthy women (controls). **EXPOSURE:** Three or more episodes of coerced sexual contact (mean [SD] duration, 3.00 [2.20] years) between the ages of 7 and 12 years by at least one male perpetrator. **MAIN OUTCOMES AND MEASURES:** Participants' preference for choosing the most rewarded stimulus and avoiding the most punished stimulus was evaluated. The feedback-related negativity and error-related negativity – hypothesized to reflect activation in the anterior cingulate cortex – were used as electrophysiological indices of reinforcement learning. **RESULTS:** No group differences emerged in the acquisition of reinforcement contingencies. In trials requiring participants to rely partially or exclusively on previously rewarded information, the CSA + rMDD group showed (1) lower accuracy (relative to both controls and the rMDD group), (2) blunted electrophysiological differentiation between correct and incorrect responses (relative to controls), and (3) increased activation in the subgenual anterior cingulate cortex (relative to the rMDD group). A history of CSA was not associated with impairments in avoiding the most punished stimulus. Self-harm and suicidal behaviors correlated with poorer performance of previously rewarded, but not previously punished, trials. **CONCLUSIONS AND RELEVANCE:** Irrespective of past MDD episodes, women with a history of CSA showed neural and behavioral deficits in utilizing previous reinforcement to optimize decision making in the absence of feedback (blunted "Go learning"). Although our study provides initial evidence for reward-specific deficits associated with CSA, future research is warranted to determine if disrupted positive reinforcement learning predicts high-risk behavior following CSA.

Plant, D. T., E. D. Barker, et al. (2013). "Intergenerational transmission of maltreatment and psychopathology: the role of antenatal depression." *Psychological Medicine* 43(3): 519-528.

BACKGROUND: Maternal experience of childhood maltreatment and maternal antenatal depression are both associated with offspring childhood maltreatment and offspring adjustment problems. We have investigated the relative impact of maternal childhood maltreatment and exposure to depression in utero on offspring maltreatment and psychopathology. **METHOD:** The sample included 125 families from the South London Child Development Study. A prospective longitudinal design was used. Data on maternal childhood maltreatment, maternal antenatal depression (36 weeks of pregnancy), offspring childhood maltreatment (age 11 years), and offspring adolescent antisocial behaviour and depression (ages 11 and 16 years) were obtained from parents and offspring through clinical interview. **RESULTS:** Mothers who experienced childhood maltreatment were significantly more likely to be depressed during pregnancy [odds ratio (OR) 10.00]. Offspring of

mothers who experienced only childhood maltreatment or only antenatal depression were no more at risk of being maltreated or having psychopathology; however, offspring of mothers who experienced both maternal childhood maltreatment and antenatal depression were exposed to significantly greater levels of childhood maltreatment and exhibited significantly higher levels of adolescent antisocial behaviour compared with offspring not so exposed. Furthermore, maternal childhood maltreatment accounted for a significant proportion of the variance in offspring childhood maltreatment in only those offspring exposed to depression in utero. CONCLUSIONS: Maternal childhood maltreatment and maternal antenatal depression are highly associated. The co-occurrence of both insults significantly increases the risk of offspring adversity. The antenatal period is an optimum period to identify vulnerable women and to provide interventions.

Ross, C. A., E. Schroeder, et al. (2013). "Dissociation and symptoms of culture-bound syndromes in North America: a preliminary study." *Journal of Trauma and Dissociation* 14(2): 224-235.

The aim of this study was to determine whether classical culture-bound syndromes occur among psychiatric inpatients with dissociative disorders in North America. The Dissociative Trance Disorder Interview Schedule, the Dissociative Experiences Scale, and the Dissociative Disorders Interview Schedule were administered to 100 predominantly Caucasian, American, English-speaking trauma program inpatients at a hospital in the United States. The participants reported high rates of childhood physical and/or sexual abuse (87%), dissociative disorders (73%), and membership in the dissociative taxon (78%). They also reported a wide range of possession experiences and exorcism rituals, as well as the classical culture-bound syndromes of latah, bebainan, amok, and pibloktoq. Our data are consistent with the view that possession and classical culture-bound syndromes are predominantly dissociative in nature and not really culture-bound from the perspective of Caucasian, English-speaking America.

Sloan, D. M., B. A. Feinstein, et al. (2013). "Efficacy of group treatment for posttraumatic stress disorder symptoms: a meta-analysis." *Psychological Trauma: Theory, Research, Practice, and Policy* 5(2): 176-183.

This study conducted a meta-analysis of published randomized clinical group trials for adult survivors of trauma to examine the efficacy of the group format. Effect sizes for PTSD severity outcome were examined. 16 studies were included, with a total of 1686 participants. Results of a random effects model meta-analysis indicated that group treatments are associated with significant pre- to posttreatment reduction in PTSD symptom severity (within treatment $d = .71$, 95% CI [.51, .91]), and result in superior treatment effects relative to a wait list comparison condition ($d = .56$, 95% CI [.31, .82]). However, no significant findings were obtained for group interventions relative to active treatment comparison conditions ($d = .09$, 95% CI [-.03, .22]). Moderator analyses also indicated that gender and type of trauma moderated treatment effects for PTSD outcome, with smaller effect sizes associated with males relative to females and combined gender samples, and smaller effect sizes for combat and child sexual assault trauma samples relative to mixed-trauma sample studies. Taken together, group treatment for trauma symptoms is better than no treatment but not better relative to comparison conditions that control for nonspecific benefits of therapy.

Additional work is needed to identify effective group treatments for PTSD, especially for patients with repeated or chronic traumatization.

Stappenbeck, C. A., M. A. Bedard-Gilligan, et al. (2013). "Drinking motives for self and others predict alcohol use and consequences among college women: the moderating effects of PTSD." *Addictive Behaviors* 38(3): 1831-1839.

Although drinking motives have been shown to influence drinking behavior among women with trauma histories and PTSD, no known research has examined the influence of drinking motives on alcohol use and alcohol-related consequences for women with PTSD as compared to women with a trauma history but no PTSD and women with no trauma history. Therefore, the present study sought to examine the associations between drinking motives women held for themselves as well as their perception of the drinking motives of others and their own alcohol use and consequences, and whether this was moderated by a history of trauma and/or PTSD. College women (N = 827) were categorized as either having no trauma exposure (n = 105), trauma exposure but no PTSD (n = 580), or PTSD (n = 142). Results of regression analyses revealed that women with trauma exposure and PTSD consume more alcohol and are at greatest risk of experiencing alcohol-related consequences. A diagnosis of PTSD moderated the association between one's own depression and anxiety coping and conformity drinking motives and alcohol-related consequences. PTSD also moderated the association between the perception of others' depression coping motives and one's own consequences. These findings highlight the importance of providing alternative coping strategies to women with PTSD to help reduce their alcohol use and consequences, and also suggest a possible role for the perceptions regarding the reasons other women drink alcohol and one's own drinking behavior that may have important clinical implications.

Stein, D. J., K. C. Koenen, et al. (2013). "Dissociation in posttraumatic stress disorder: evidence from the World Mental Health Surveys." *Biological Psychiatry* 73(4): 302-312.

BACKGROUND: Although the proposal for a dissociative subtype of PTSD in DSM-5 is supported by considerable clinical and neurobiological evidence, this evidence comes mostly from referred samples in Western countries. Cross-national population epidemiologic surveys were analyzed to evaluate generalizability of the subtype in more diverse samples. **METHODS:** Interviews were administered to 25,018 respondents in 16 countries in the World Health Organization World Mental Health Surveys. The Composite International Diagnostic Interview was used to assess 12-month DSM-IV PTSD and other common DSM-IV disorders. Items from a checklist of past-month nonspecific psychological distress were used to assess dissociative symptoms of depersonalization and derealization. Differences between PTSD with and without these dissociative symptoms were examined across a variety of domains, including index trauma characteristics, prior trauma history, childhood adversity, sociodemographic characteristics, psychiatric comorbidity, functional impairment, and treatment seeking. **RESULTS:** Dissociative symptoms were present in 14.4% of respondents with 12-month DSM-IV/Composite International Diagnostic Interview PTSD and did not differ between high and low/middle income countries. Symptoms of dissociation in PTSD were associated with high counts of re-experiencing symptoms and net of these symptom counts with

male sex, childhood onset of PTSD, high exposure to prior (to the onset of PTSD) traumatic events and childhood adversities, prior histories of separation anxiety disorder and specific phobia, severe role impairment, and suicidality. CONCLUSION: These results provide community epidemiologic data documenting the value of the dissociative subtype in distinguishing a meaningful proportion of severe and impairing cases of PTSD that have distinct correlates across a diverse set of countries.

Steinberg, A. M., M. J. Brymer, et al. (2013). "Psychometric properties of the UCLA PTSD Reaction Index: part I." *Journal of Traumatic Stress* 26(1): 1-9.

This article presents psychometric characteristics of the UCLA PTSD Reaction Index for DSM IV (PTSD-RI) derived from a large sample of children and adolescents (N = 6,291) evaluated at National Child Traumatic Stress Network centers. Overall mean total PTSD-RI score for girls was significantly higher as compared with boys. Age-related differences were found in that overall mean total PTSD-RI scores and within sex groups were higher among those aged 7-9 years and 16-18 years. There were no significant differences in mean total PTSD-RI scores across racial/ethnic groups. The PTSD-RI total scale displayed good to excellent internal consistency reliability across age ranges, sex, and racial/ethnic groups (alpha = .88-.91). Correlations of PTSD-RI scores with PTS subscale scores on the TSCC-A for the entire sample and within sex, age, and ethnic/racial groups provided evidence of convergent validity, although not discriminant validity. In contradistinction to previously reported 4-factor models, an exploratory factor analysis revealed 3 factors that mostly reflected the underlying dimensions of PTSD in DSM IV. PTSD-RI scores were associated with increased odds ratios for functional/behavior problems (odds ratio [OR] = 1-1.80). These findings are striking in light of the wide range of trauma exposures, age, and race/ethnicity among subjects.

Stover, C. S. (2013). "Father for Change: a new approach to working with fathers who perpetrate intimate partner violence." *Journal of the American Academy of Psychiatry and the Law* 41(1): 65-71.

Legal and social service systems rarely acknowledge the status of men as fathers in the conceptualization and delivery of interventions for intimate partner violence (IPV). Large percentages of men who are arrested and mandated to intervention programs for IPV are fathers who continue to live with or have consistent contact with their young children despite aggression and substance use. There are currently no evidence-based treatments that address co-morbid substance abuse and domestic violence perpetration with emphasis on paternal parenting for fathers. This article will describe the components of a new intervention, Fathers for Change, which addresses the co-morbidity of substance abuse, domestic violence, and poor parenting in fathers of young children. Fathers for Change is unique in its focus on the paternal role throughout treatment. A case example and initial feasibility of the intervention will be described to provide an understanding of the key ingredients and the gap this intervention could fill in the field once tested in efficacy trials.

Swedean, S. K., M. V. Gonzales, et al. (2013). "Recurrent headache in military-dependent children and the impact of parent deployment." *Military Medicine* 178(3): 274-278.

Our objective is to determine the prevalence of recurrent headaches in military-dependent children and to study the changes in headache frequency, severity, and duration during a parental

deployment. Recurrent headaches are common in children and are often intensified by stressful life events. Military-dependent children are subjected to unique stressors, most significantly parental wartime deployment. No studies have evaluated the effect of deployment on somatic complaints, to include headaches. We conducted a parental, cross-sectional questionnaire-based study in patients aged 5 to 17 years who were seen in the pediatric or adolescent clinics at a regional military medical center. The overall prevalence of recurrent headaches in the preceding 12 months was 30%. Almost half reported headache worsening in frequency, severity, or duration over the previous 12 months, whether a parent was deployed or not. For children who had experienced parental deployment, younger children and females were affected more often. Younger females had the highest rates of headache worsening. This trend may indicate a more detrimental effect of parental deployment on childhood headache in certain populations.

Thakar, D., B. Coffino, et al. (2013). "Maternal symptomatology and parent-child relationship functioning in a diverse sample of young children exposed to trauma." *Journal of Traumatic Stress* 26(2): 217-224.

Children under the age of 6 years are disproportionately exposed to interpersonal trauma. Research describing type and frequency of exposure to trauma among this young population is limited. Additionally, few studies have assessed the role of multiple indicators of parental functioning on children's behavior following trauma exposure. The current study was conducted with 216 ethnically and socioeconomically diverse mother-child dyads to examine the impact of maternal symptoms and parent-child functioning on child's behavior after trauma exposure. Children experienced an average of over 5 traumatic events prior to age 6 years, and mothers had experienced an average of over 13 traumatic events during their lifetime. With child's trauma history in the model, maternal depressive symptomatology ($\beta = .30$) and parent-child dysfunction ($\beta = .32$) each uniquely accounted for variance in children's behavioral and emotional functioning. The findings of this study underscore the need for clinical interventions that address the parent-child relationship and parental symptomatology following young children's exposure to trauma.

Ullman, S. E., M. Relyea, et al. (2013). "Trauma histories, substance use coping, PTSD, and problem substance use among sexual assault victims." *Addictive Behaviors* 38(6): 2219-2223.

Sexual assault history is associated with higher risk of problem drinking and drug use in women, yet little is known about mechanisms linking trauma histories in general to women's drinking or drug use problems. This study examined how various types of trauma, substance use coping, and PTSD relate to past-year problem drinking and drug use in women who experienced sexual assault. Data from a large, diverse sample of women who had experienced adult sexual assault were analyzed with structural equation modeling to test a theoretical model of the relationship between trauma types, substance use coping, PTSD symptoms, and past-year drinking and drug use ($N = 1863$). Results show that PTSD symptoms fully mediated the association between non-interpersonal trauma and the use of substances to cope. However, the association between both interpersonal trauma and child sexual abuse severity on substance use to cope was only partially mediated by PTSD symptoms. In turn, use of substances to cope fully mediated the relationship between PTSD

and problem drug use as well as partially mediated the effect of PTSD on problem drinking. These results suggest that different trauma types and substance use coping may be important risk factors distinguishing sexually assaulted women who develop PTSD and problematic substance use from those who do not. Identifying women's histories of different traumas may help to identify those at greater risk for substance use problems.

Wallace, M., A. Puryear, et al. (2013). "An evaluation of posttraumatic stress disorder and parent stress in children with orthopaedic injuries." *Journal of Orthopaedic Trauma* 27(2): e38-e41.

OBJECTIVES: Trauma has more than physical effects on pediatric patients and their families. The purpose of this study was to evaluate pediatric orthopaedic trauma patients and patients with isolated nonoperative upper extremity (UE) fractures for emotional/psychologic symptoms associated with PTSD and parent stress. **METHODS:** An institutional review board-approved prospective study of patients aged 8-18 years who sustained a traumatic injury or isolated UE fracture from October 2009 to May 2010 was performed. Demographic data were obtained and the Child PTSD Symptom Scale was used. The Parent Stress Index was used to evaluate the stress of the parents/guardian. For 80% power, we needed 32 per group. P value was set at <0.05. **RESULTS:** A total of 76 children and their parents/guardians participated in the study. The mean age was 12.6 years (8-17 years). There were 56 males (74%) and 20 females (26%). The average time since injury was 12 months (3-89 months). The prevalence of PTSD between the high-energy trauma patients and the low-energy nonoperative UE patients was not significant. Overall, 33% of the children had PTSD. Involvement in music was significant between patients with and without PTSD ($P = 0.037$) and may be protective against PTSD. **CONCLUSIONS:** PTSD commonly affects pediatric patients who sustain injuries as a result of a traumatic event, whether low- or high-energy mechanisms. We found no factors significantly associated with or predictive of PTSD and did not find an association of PTSD with parent stress. We need to maintain a high index of suspicion in pediatric trauma patients regardless of the energy associated with the traumatic event.

Walsh, K. L., D. K. DiLillo, et al. (2013). "Posttraumatic stress disorder symptoms: a mechanism in the relationship between early sexual victimization and incapacitated/drug-or-alcohol-facilitated and forcible rape." *Journal of Interpersonal Violence* 28(3): 559-576.

Sexual assault occurring when the victim is unable to consent or resist due to the use or administration of alcohol or drugs (i.e., incapacitated/drug-or-alcohol facilitated rape; IR/DAFR) is a particularly prevalent form of victimization experienced by college women. By definition, substance use precedes IR/DAFR; however, few studies have examined other potential risk factors for IR/DAFR that may be unique from those associated with forcible rape (FR; i.e., sexual assault occurring due to threats or physical restraint). The present investigation tested a model of risk for IR/DAFR and FR suggesting that child or adolescent sexual abuse (CASA) leads to PTSD symptoms, which in turn increase the likelihood of IR/DAFR, but not FR. Results revealed full mediation for PTSD hyperarousal symptoms in the pathway between CASA and IR/DAFR, and partial mediation for hyperarousal symptoms in the pathway between CASA and FR. Theoretical and clinical implications are discussed.

Wang, M., C. Armour, et al. (2013). "The factorial invariance across gender of three well-supported models: further evidence for a five-factor model of posttraumatic stress disorder." *Journal of Nervous and Mental Disease* 201(2): 145-152.

Three well-supported latent models of PTSD (i.e., Emotional Numbing, Dysphoria, and Dysphoric Arousal [DA] models) were examined using factorial invariance across gender. There is a notable lack of studies that have investigated the factorial invariance of the PTSD models across gender, and, to date, no study has assessed the factorial invariance of the DA model across gender. The current sample consisted of 571 children and adolescent earthquake survivors (297 male and 274 female participants) from China. The results indicated that the 17 symptoms of PTSD have equivalent factor loadings between the male and female participants. Furthermore, the female participants evidenced more severe manifestations of PTSD. Moreover, the newly proposed five-factor DA model provided superior fit to the data compared with the Emotional Numbing and Dysphoria models. The implication of these results is discussed.

Wingenfeld, K., M. Driessen, et al. (2013). "Effects of cortisol on memory in women with borderline personality disorder: role of co-morbid post-traumatic stress disorder and major depression." *Psychological Medicine* 43(3): 495-505.

BACKGROUND: Stress and cortisol administration are known to have impairing effects on memory retrieval in healthy humans. These effects are reported to be altered in patients with major depressive disorder (MDD) and PTSD but they have not yet been investigated in borderline personality disorder (BPD). **METHOD:** In a placebo-controlled cross-over study, 71 women with BPD and 40 healthy controls received either placebo or 10 mg of hydrocortisone orally before undertaking a declarative memory retrieval task (word list learning) and an autobiographical memory test (AMT). A working memory test was also applied. **RESULTS:** Overall, opposing effects of cortisol on memory were observed when comparing patients with controls. In controls, cortisol had impairing effects on memory retrieval whereas in BPD patients cortisol had enhancing effects on memory retrieval of words, autobiographical memory, and working memory. These effects were most pronounced for specificity of autobiographical memory retrieval. Patients with BPD alone and those with co-morbid PTSD showed this effect. We also found that co-morbid MDD influenced the cortisol effects: in this subgroup (BPD + MDD) the effects of cortisol on memory were absent. **CONCLUSIONS:** The present results demonstrate beneficial effects of acute cortisol elevations on hippocampal-mediated memory processes in BPD. The absence of these effects in patients with co-morbid MDD suggests that these patients differ from other BPD patients in terms of their sensitivity to glucocorticoids (GCs).

Yen, C.-F., M.-F. Huang, et al. (2013). "Association between types of involvement in school bullying and different dimensions of anxiety symptoms and the moderating effects of age and gender in Taiwanese adolescents." *Child Abuse and Neglect* 37(4): 263-272.

OBJECTIVE: The aims of this cross-sectional study were to examine the associations of various types of school bullying involvement experiences with different dimensions of anxiety symptoms on the Multidimensional Anxiety Scale for Children (MASC) and to examine the moderating

effects of gender and age on the associations in Taiwanese adolescent students aged at 11-18. **METHOD:** Involvement in passive and physical bullying and belongings snatch and multiple dimensions of anxiety symptoms in 5537 adolescents were determined through use of the self-reported Chinese version of the School Bullying Experience Questionnaire (C-SBEQ) and the Taiwanese version of the MASC, respectively. The associations between four types of bullying involvement and four dimensions of anxiety symptoms and the moderating effects of gender and age were examined using linear mixed model analysis. **RESULTS:** The results indicated that except for the non-significant association between victimization by verbal and relational bullying and harm avoidance, both victims of verbal and relational bullying and physical bullying and belongings snatch reported more severe anxiety symptoms on all four dimensions of MASC-T than non-bullied subjects. While the perpetrators of verbal and relational bullying reported more severe physical symptoms and social anxiety than did non-perpetrators of verbal and relational bullying, the perpetrators of physical bullying and belongings snatch reported less harm avoidance, social anxiety and separation/panic than did non-perpetrators of physical bullying and belongings snatch. Perpetrator-victims of verbal and relational bullying showed more physical symptoms than those who were pure victims or perpetrators of verbal and relational bullying. Perpetrator-victims of physical bullying and belongings snatch had more social anxiety than those who were pure victims or perpetrators. This study also found that gender and age had the moderating effect on the association between some forms of bullying involvement and some dimensions of anxiety symptoms. **CONCLUSIONS:** The results of this study support the necessity to apply the multi-dimensional scale to evaluate anxiety symptoms in adolescents who are involved in bullying and to take the different directions of association into consideration when developing prevention and intervention programs.