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The city of Odense.

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In cooperation, with:

The ESTSS: European Society for Traumatic Stress Studies

&

ISTSS: International Society for Traumatic Stress Studies

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The 15th European Conference on
Traumatic Stress

Child Maltreatment Across the Lifespan

Odense, Denmark
June 2-4, 2017

Program
Book of Abstracts
The 15\textsuperscript{th} ESTSS Conference was organized by the National Center for Psychotraumatology at the Faculty of Psychology, University of Southern Denmark.

With help from:

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Welcome to the 15th ESTSS Conference.

Dear colleagues

The National Centre for Psychotraumatology and the University of Southern Denmark are very proud to welcome you to the 15th ESTSS conference “Child Maltreatment Across the Lifespan”.

Child maltreatment remains a high priority on the global public health agenda and involves a complex interplay of social, cultural, economic and biological factors that occur in all societies. The consequences of child maltreatment are multifaceted and associated with increased risk for chronic mental and physical health outcomes, across the lifespan. The goal of this conference is to establish “current knowledge” and “future directions” for child maltreatment research, to inform and improve actions on prevention and treatment.

The conference will focus on a range of traumatic responses that are inclusive of a number of different survivor groups e.g., accidental traumatic experiences, life-threatening disease, catastrophes, veterans and refugees. In order to present a broad and nuanced overview, the conference will include presentations and seminars from both research and clinical perspectives. This broad knowledge transfer aims to increase collaborative working between trauma survivors, academia, voluntary and statutory services and policy makers in responding to new developments in the field.

We are happy to see you all here in Odense and look forward to sharing the next three days with you.

A warm “velkommen” from

Professor Ask Elklit.
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Need help finding the right room?

We recommend everyone to download the free app “SDU Maps”.

It will help you with the room location on our big campus.
**ROOM LOCATION**

**Friday**
- 7.30-8.30 AM: Registration
  Main entrance, SDU.
- 8-10 AM: Poster Session 1
  Set-up.
- 8.30-9.30 AM: **Welcome**
  *Ask Elklit, Eva Secher*
  *Mathiasen & Johs. Nørregård Frandsen*
  Room No.: U45 + U55
- 9.45-10.45 AM: **Keynote**
  *Grete Dyb*
  Room No.: U45 + U55
- 10.45-11 AM: **Coffee & Tea**
  Small canteen.
- 11-12 AM: **Keynote**
  *Andrea Danese*
  Room No.: U45 + U55
- 12.15-1 PM: **Lunch**
  Small canteen.
- 1-2 PM: **Keynote**
  *Martin Teicher*
  Room No.: U45 + U55
- 2.15-3.30 PM: **Scientific Symposia** – Parallel Sessions.
  S30; S13; S52; S22; W85; S79; S28; S04; S26; S73.
- 12.15-1.15 PM: **Lunch**
  Small canteen.
- 3.30-4.15 PM: **Scientific Symposia** – Parallel Sessions.
  S46; S27; S06b; S12; S60; S64; S68; S36.
- 3.30-4.45 PM: **Keynote**
  *Esther Deblinger*
  Room No.: U45 + U55
- 4.45-6.15 PM: **Poster**
  *Author Attended Session*
  Campus Square
- 7-11 PM: Nordatlantisk Hus
  Official Conference Dinner

**Saturday**
- 8-8.30 AM: Registration
  Main entrance, SDU.
- 8.30-9.30 AM: **Keynote**
  *Raija-Leena Punamäki*
  Room No.: U45 + U55
- 9.30-10.45 AM: **Scientific Symposia** - Parallel Sessions.
  S35; S24; S82; S25; S80; S58; S19; S08; S83; S31.
- 10.45-11 AM: **Coffee & Tea**
  General Assembly
  Room. No.: U131.
- 11 AM -12.15 PM: **Scientific Symposia** – Parallel Sessions.
  S40; S45; S05; S06a; S55; S11; S59; S33; S76.
- 1.15-2.15 PM: **Keynote**
  *David Fergusson*
  Room No.: U45 + U55
- 2.15-2.45 PM: **Snapshots from the first investigation of system failure across severe cases of child maltreatment in Norway.**
  *Dag Øystein Nordanger.*
- 3.30-4.45 PM: **Scientific Symposia** – Parallel Sessions.
  S4; S45; S05; S06a; S55; S11; S59; S33; S76.
- 4.45-6.15 PM: **Poster**
  *Author Attended Session*
  Campus Square
- 7-11 PM: Nordatlantisk Hus
  Official Conference Dinner

**Sunday**
- 8.30 AM: Registration
  Main entrance, SDU.
- 8.30-9.30 AM: **Keynote**
  *Maggie Schauer*
  Room No.: U45 + U55
- 9.30-10.45 AM: **Scientific Symposia** – Parallel Session.
  Including Open Access Session with Miranda Offf.
  S47; S14; S15; S54; S18; S63; S34; S70; S39.
- 11 AM -12.15 PM: **Scientific Symposia** – Parallel Session.
  Including Open Access Session with Miranda Offf.
  S47; S14; S15; S54; S18; S63; S34; S70; S39.
- 10.45-11 AM: **Coffee and Tea**
  Small canteen.
- 1.15-2.15 PM: **Keynote**
  *David Fergusson*
  Room No.: U45 + U55
- 2.15-2.45 PM: Snapshots from the first investigation of system failure across severe cases of child maltreatment in Norway.
  *Dag Øystein Nordanger.*
- 3.30-4.15 PM: **Scientific Symposia** Parallel Session.
  S38; S07; S16; S51; S75; S66; S71; S42.
- 3-4.15 PM: **Scientific Symposia** Parallel Session.
  S38; S07; S16; S51; S75; S66; S71; S42.
- 4.15-5 PM: **Closing of Conference** Including Awards Ceremony and Announcement of the 16th ESTSS Conference in 2019.
  *Ask Elklit & Ingo Schäfer*
  Room No.: U45 + U55

**Sunday**
- 8.30-9.30 AM: **Keynote**
  *Maggie Schauer*
  Room No.: U45 + U55
- 9.30-10.45 AM: **Scientific Symposia** – Parallel Session.
  Including Open Access Session with Miranda Offf.
  S47; S14; S15; S54; S18; S63; S34; S70; S39.
- 10.45-11 AM: **Coffee and Tea**
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  Room No.: U45 + U55
- 2.15-2.45 PM: Snapshots from the first investigation of system failure across severe cases of child maltreatment in Norway.
  *Dag Øystein Nordanger.*
- 3.30-4.15 PM: **Scientific Symposia** Parallel Session.
  S38; S07; S16; S51; S75; S66; S71; S42.
- 3-4.15 PM: **Scientific Symposia** Parallel Session.
  S38; S07; S16; S51; S75; S66; S71; S42.
Track No.: 1 Work-Related Trauma

→ Room No.: U131

Friday

11-12.15 PM: S21
Occupational violence and health

2.15-3-30 PM: S30
Perceived social support and peer support programs in trauma-exposed journalists: evidence based perspectives.

3.45-5 PM: S43
Trauma Exposure amongst Professionals.

Saturday


Track No.: 2 Refugees

→ Room No.: O100

Friday

3.45-5 PM: S20
Implementing effective mental healthcare interventions in the Syrian Refugee crisis.

Saturday

9.30-10.45 AM: S35
Traumatized refugees and asylum seekers of psychopathology and innovative interventions.

11 AM -12.15 PM: S45
Treatment Interventions for Refugees

2.15-3.30 PM: S46
Treatment Interventions for Refugees II.

Sunday

9.30-10.45 AM: S32
Refugee Relationships under Stress.

11 AM -12.15 PM: S47
Mental health in the Refugee Population.

3-4.15 PM: S38
ESTSS Panel Discussion – Transcending the borders. Challenges and opportunities of the “European Refugee Crises”.
**Track No.: 3 Post** Traumatic Stress Reactions – A Broad Perspective

→ **Room No.: U55**

**Friday**

11-12.15 PM: **S49**
PTSD.

2.15-3-30 PM: **S13**:
Social relationships and mechanisms of change in PTSD.

3.45-5 PM: **S01**:
PTSD and C-PTSD; ICD-11 updates on concept and measurement.

**Saturday**

9.30-10.45 AM: **S24**:
Adjustment Disorder: Diagnosis, Prevalence, and Interventions.

11 AM -12.15 PM: **S05**:

2.15-3.30 PM: **S27**
PTSD and Complex PTSD: changes and challenges in ICD-11 and DSM-5.

**Sunday**

9.30-10.45 AM: **S29**
The dimensionality of DSM-5 PTSD: factor structure and validity of the PCL-5 across samples.

**Track No.: 3.1 Traumatic Stress Reactions – A Broad Perspective**

→ **Room No.: U42**

**Friday**

11-12.15 PM: **S09**
Mass violence, exposure to trauma and different experiences from Europe.

2.15-3-30 PM: **S52** Violence.

3.45-5 PM: **S53** Disaster.

**Saturday**

9.30-10.45 AM: **S82** ISTSS: The Broad Reach of Trauma, from Mirant Workers to War Casualties and Beyond: Understanding Theory and Practice.

11 AM -12.15 PM: **S06a** Presentation of the Aarhus Bereavement study (the TABstudy) - prolonged grief disorder in adults – state of the art in prolonged grief disorder research.

2.15-3.30 PM: **S06b**
Treatment methods for prolonged grief disorder.

**Sunday**

9.30-10.45 AM: **S84**
Den opfølgende psykosociale indsats efter katastrofer og terror.

11 AM -12.15 PM: **S14**
Traumatic grief: innovations in research and clinical practice.

3-4.15 PM: **S07**
Prolonged grief disorder after traumatic and non-traumatic loss: classification, mechanisms, and care.
**Track No.: 3.2 Traumatic Stress Reactions – A Broad Perspective**

→ **Room No.: O98**

**Friday**

11-12.15 PM: **S10**  
Biological and clinical markers of PTSD development and maintenance.

2.15-3.30 PM: **S22**  
Neurobiological effects of early-life stress and trauma in the development of psychotic disorders.

3.45-5 PM: **S50**  
Neurological.

**Saturday**

11 AM -12.15 PM: **S15**  
International perspectives on trauma resilience and recovery Part I.

2.15-3.30 PM: **S16**  
International perspectives on trauma resilience and recovery Part II.

**Sunday**

9.30-10.45 AM: **S02**  
Essentials of resilience: sense of coherence-revised and the steeling effect.

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**Track No.: 3.3 Traumatic Stress Reactions – A Broad Perspective**

→ **Room No.: O95.**

**Friday**

2.15-3-30 PM: **W85**  
Psychological debriefing: evidence-based but ‘Do Not Do’?

**Saturday**

9.30-10.45 AM: **S25**  
Assessing sexual assault among university students: adapting the ARC3 Survey for EU/UK research.

11 AM -12.15 PM: **S55**  
Trauma and a Gender Perspective.

**Sunday**

9.30-10.45 AM: **S57**  
Prevention of Traumatic Reactions.

11 AM -12.15 PM: **S54**  
Bereavement and Illness.

3-4.15 PM: **S51**  
Dissociation.
Track No.: 4: Trauma Treatment

→ Room No.: U45

Friday

11-12.15 PM: S77
Cognitive Based Treatment.

2.15-3-30 PM: S79
Influencing Factors.

3.45-5 PM: S78
New Methods.

Saturday

9.30-10.45 AM: S80
Factors influencing Treatment Outcome.

11 AM -12.15 PM: S11
Therapeutic mechanisms in post-traumatic stress disorder.

2.15-3.30 PM: S12
Results of randomized controlled trials for the treatment of PTSD after abuse.

Sunday

9.30-10.45 AM: S23
New horizons in brief eclectic psychotherapy for PTSD.

11 AM -12.15 PM: S18
Delivering trauma-focused treatments to diverse clients in real-world settings.

Track No.: 5: Child Maltreatment

→ Room No.: U46

Friday

11-12.15 PM: S17
Childhood maltreatment and adult mental health in samples with high risk of childhood.

2.15-3-30 PM: S28
Screening for mental health after trauma in children and adults: importance, instruments, and innovations.

3.45-5 PM: S62
Social and Economic Influences.

Saturday

9.30-10.45 AM: S58
Long-Term Consequences.

11 AM -12.15 PM: S59
Psychopathology and Shame.

2.15-3.30 PM: S60
Maltreatment and Gender Profiles.

Sunday

9.30-10.45 AM: S61
Sexual Abuse.

11 AM -12.15 PM: S63
Institutional- and Fostercare.

3-4.15 PM: S75
Child Maltreatment.
Track No.: 5.1 Child Maltreatment

→ Room No.: O99

Friday

11-12.15 PM: S81
ISTSS: Child Maltreatment (adult samples).

2.15-3-30 PM: S04
Traumatic stress in preschoolers: Novel findings on outcome and interventions.

3.45-5 PM: S03
Child post-trauma adjustment in a family context: the role of parenting from conceptualization to treatment.

Saturday

9.30-10.45 AM: S19
Child and parental posttraumatic cognitions in the aftermath of child trauma: recent findings and new directions.

11 AM -12.15 PM: S33
Family Matters: intergenerational aspects of childhood maltreatment.

2.15-3.30 PM: S64:
(Domestic) Violence.

Sunday

9.30-10.45 AM: S65 Violence & Treatment.

11 AM -12.15 PM: S34
Biological consequences of child maltreatment: sensitive periods, gene x environment interactions and the role of inflammation.

3-4.15 PM: S66
Neuro- and Biological Perspectives on Child Maltreatment.

Track No.: 5.2 Child Maltreatment

→ Room No.: O96

Friday

11-12.15 PM: S67
We Need to Know More.

2.15-3-30 PM: S26
Trauma Research using Administrative Data.

Saturday

9.30-10.45 AM: S08
Novel approaches to assessment and intervention for children and parents in pediatric health care settings.
Track No.: 6 Child Trauma Treatment (+ one adult[S83]).

→ Room No.: U131

Saturday

9.30-10.45 AM: S83
Manual Psychodynamic Trauma Therapy: Treatment rational, technique, and scientific evaluation.

2.15-3.30 PM: S68
EMDR Treatment.

Track No.: 7 Trauma in a Global Perspective (including War, Terror and Veterans)

→ Room No.: U133

Friday

11-12.15 PM: S72
Veterans: Mental Health and Treatment.

2.15-3-30 PM: S73
Veterans: Family, Partner and Child Related.

3.45-5 PM: S74 Conflict in Africa.

Saturday

9.30-10.45 AM: S31
Responding to the mental health needs of conflict-affected and traumatized children and adults in Georgia and Ukraine: challenges and opportunities.

11 AM - 12.15 PM: S76 Terror.

2.15-3.30 PM: S36
The role of trauma interventions in the sustainable global development agenda.

Sunday

9.30-10.45 AM: S37
A global perspective on child abuse.

11 AM - 12.15 PM: S39
European Crisis for Psychosocial Crisis Management – assisting disabled in case of disaster implementation (EUNAD-IP).

3-4.15 PM: S42

11 AM - 12.15 PM: S70 Cognitive Based Treatment.

3-4.15 PM: S71
Child Therapy.

Sunday

9.30-10.45 AM: S69
New Treatment Forms.

11 AM - 12.15 PM: S70
Cognitive Based Treatment.

3-4.15 PM: S71
Child Therapy.
Special Events at the ESTSS Conference

Friday

Study Trip to one the Danish Children Houses (Børnehus Syd).
2-3.30 PM. Leaving from the main entrance.
Please note: enrollment required.

Reception at City Hall
6.30-8 PM
Open for everyone who signed-up through registration.
Address: Flakhaven 2, 5000 Odence C.

Saturday

Study Trip to one the Danish Children Houses (Børnehus Syd).
9.30-11 PM. Leaving from the main entrance.
Please note: enrollment required.

The ESTSS General Assembly
12.15-1.15 PM.
Room no.: U131.

Official Conference Dinner
7-11 PM
Nordatlantisk Promenade 1, 5000 Odense C.
Please note: ticket required.

Sunday

The Governmental Child Violence Committee:
Snapshots from the first investigation of system failure across severe cases of child maltreatment
in Norway.
2.15-2.45 PM. Room no.: U45 + U55.
Dag Øystein Nordanger

Poster Award Ceremony
4.15 - 5 PM. Room No.: U45 + U55.
Awarded by the ESTSS
Keynote Address

**Grete Dyb**
“Child Trauma: Toxic to the Young Mind”  
*Friday: 9.45-10.45 AM. Room No.: U45 + U55.*

**Andrea Danese**
“The Hidden Wounds of Childhood Trauma: Implications for Mental Health” 
*Friday: 1-2 PM. Room No.: U45 + U55.*

**Raija-Leena Punamäki**
“Children and War: Developmental, Generational, and Treatment Considerations”  
*Saturday: 8.30-9.30 AM. Room No.: U45 + U55.*

**Martin Teicher**
“Childhood Abuse, Brain Development and Psychopathology”  
*Saturday 1.15-2.15 PM. Room No.: U45 + U55.*

**Esther Deblinger**
“Developing an Evidence-Based Treatment for Youth Impacted by Trauma: A Personal Professional Narrative”  
*Saturday 3.45-4.45 PM. Room No.: U45 + U55.*

**Maggie Schauer**
“The impact of childhood trauma: How Domestic, Community and Organized Violence Fuel a Mental Health Crisis”.  
*Sunday 8.30-9.30 AM. Room No.: U45 + U55.*

**David Fergusson**
“The Development and Evaluation of the Early Start Home Visiting Programme”.  
*Sunday 1.15-2.15 PM. Room No.: U45 + U55.*
**Professor Grete Dyb**

Grete Dyb is a Norwegian child- and adolescent psychiatrist and senior researcher at the Norwegian Centre for Violence and Traumatic Stress Studies and a professor in child adolescent psychiatry at the University of Oslo, Institute of Clinical Medicine.

“Child Trauma: Toxic to the Young Mind”

Children’s exposure to traumatic events may have long-term consequences. Research has showed worrisome associations between various childhood adversities and later increased risk of marginalization from work. Also, a negative dose–response relationship was observed between exposure to abuse and completing high school. Why is childhood trauma so detrimental to young people? This keynote lecture will present some suggestions to why children exposed to childhood abuse and acute traumatic events may fail to recover and suffer long-term consequences of trauma.

**Dr. Andrea Danese**

Dr. Andrea Danese is a clinical scientist interested in developmental psychobiology and psychiatry. He is faculty member at the Department of Child & Adolescent Psychiatry and at the MRC Social, Genetic, and Developmental Psychiatry (SGDP) Centre at the Institute of Psychiatry, Psychology & Neuroscience. He is also an active clinician working as Consultant Child & Adolescent Psychiatrist at the National and Specialist CAMHS Trauma and Anxiety Disorders Clinic, Maudsley Hospital, London, UK.

“The Hidden Wounds of Childhood Trauma: Implications for Mental Health”

Childhood trauma is a key risk factor for psychopathology. However, little is known about how childhood exposure to traumatic stress is translated into biological risk for psychopathology. Observational human studies and experimental animal models suggest that childhood exposure to traumatic stress can trigger an enduring systemic inflammatory response not unlike the bodily response to physical injury. In turn, these ‘hidden wounds’ of childhood trauma can affect brain development, key behavioral domains (e.g., cognition, positive valence systems, negative valence
systems), reactivity to subsequent stressors, and, ultimately, risk for psychopathology. Detecting and healing these ‘hidden wounds’ may help prevent and treat psychopathology emerging after childhood trauma.

**Professor Raija-Leena Punamäki**
Raija-Leena Punamäki is a Professor of Psychology in the faculty of Social Sciences and Humanities, University of Tampere, Finland.

“Children and War: Developmental, Generational, and Treatment Considerations”
The presentation discusses the theoretical and empirical knowledge of (a) vulnerabilities and resources in infancy, middle childhood, and adolescence in traumatic war conditions, (a) family relations and attachment style in recovery from war trauma, and (c) treatment implications for working with war-affected children adolescents and families.

**Professor Martin Teicher**
Martin Teicher has been director of the Developmental Biopsychiatry Research Program at McLean Hospital and is currently associated professor of psychiatry at Harvard Medical School.

“Childhood Abuse, Brain Development and Psychopathology”.
Childhood maltreatment (MAL) is the most important preventable risk factor for a host of psychiatric disorders. However, MAL may do more than simply increase risk, it likely produces an array of distinct MAL-related disorders. MAL-individuals generally have an earlier onset, more severe course, more comorbidities and poor response to treatments than non-MAL individuals with the same primary DSM or ICD diagnosis. Even more strikingly, MAL-individuals have alterations in brain structure, function and connectivity not apparent in non-MAL individuals with the same diagnoses. Hence, in this keynote I will review findings primarily from our laboratory on the effects of maltreatment on brain structure and function, emphasizing the importance of timing of MAL and type of MAL. I will then discuss the relationship between brain changes and
psychopathology, presenting the ‘ecophenotype’ hypothesis that MAL and non-MAL individuals with the same diagnosis areclinically, genetically and neurobiologically distinct. Further, I will explore the surprising finding that many resilient-appearing MAL individuals have very similar brain abnormalities as MAL individuals with psychiatric disorders and provide evidence that they were not unaffected but are effectively compensated. This is important as it suggests that a novel strategy for treating MAL individuals with psychiatric disorders will be fostering of compensatory changes.

**Professor Esther Deblinger**

Dr. Esther Deblinger is a Professor of Psychiatry and Psychology at the Rowan University in New Jersey. She is the co-founder and co-director of the Child Abuse Research Education and Service (CARES) Institute which is a member of the National Child Traumatic Stress Network.

“Developing an Evidence-Based Treatment for Youth Impacted by Trauma: A Personal Professional Narrative”.

Dr. Esther Deblinger will share her personal and professional journey that led to the development, evaluation and dissemination of Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), an evidence based practice for youth who have experienced child sexual abuse, exposure to interpersonal violence, traumatic loss and/or other trauma(s). Today, over 200,000 professionals across five continents have been trained in TF-CBT and it is have become the standard of care for childhood trauma in the USA and beyond. Dr. Deblinger will share her personal, clinical and research experiences in narrative format acknowledging all that she has learned about overcoming childhood trauma over the last three decades of working in the field.

**Maggie Schauer**

Maggie Schauer directs the Center of Excellence for Psychotraumatology at the University of Konstanz in Germany. She has experience in both clinical and research settings as well as missions in disaster and conflict areas with expertise in evolutionary psychology.
Maggie Schauer is a founding and current board member of the NGO ‘vivo international’ and co-developer of Narrative Exposure Therapy.

“The impact of childhood trauma: How Domestic, Community and Organized Violence Fuel a Mental Health Crisis”.

The world is witnessing an unprecedented number of uprooted people. People from Syria, Afghanistan, Somalia, Irak, DR Congo and elsewhere are experiencing wars that target primarily civilians, and mass recruitment and armament of men is increasing around the globe; there is an eruption in the number of individuals turning to extremism, driven by an appeal for violence. Violence and deprivation have destructive impacts on mental health, resulting in a psychiatric emergency of pandemic proportions.

The flare up of conflicts is not surprising in communities where the prevalence of trauma-related disorders is as high as 20-50% and trauma typically begins in the home during childhood. When caregivers are chronically stressed in a violent environment, there is a long-term effects on the offspring. They develop higher rates of psychological and behavioral disorders and are more likely to have children with epigenetic alterations in their stress-response systems, subsequently leading to altered parenting and ultimately predicting the risk for psychopathology. There is a positive correlation between increased stress of the parent and child maltreatment as well as inconsistent discipline and hostility against the child and physical punishment. A cycle of trauma and violence means that survivors of hardship, misery, and poverty, and their burdened parents living in communities with high trauma rates and violent environments are most likely victims of further trauma and mental health problems, in turn predicting more violence.

Different childhood adversities, including poverty, organized and family violence, emotional neglect or poor mental health of caregivers are independently associated with a low socioeconomic status and a wide range of poor physical, mental, behavioral, and familial outcomes later in life. Survivors of parental and community stressors have a higher risk of developing somatic illnesses, bodily pains and disabilities.
For children today – who are the parents of the next generation – the effects of violence, emotional, physical or sexual abuse and neglect, continue long after the maltreatment ends and correlate with adult victimization and perpetration. ‘Childhood trauma’ is therefore not traceable to a single event-type in a young life, but reorganizes a heritage that has been shaped by the stressful experiences as well as the resilience of parents and grandparents.

‘Childhood trauma’ does not start in childhood – it starts long before the child is born.

‘Childhood trauma’ does not end in childhood, not even at the end of an individual’s life: the complex consequences and ramifications resonate down the generations.

The psychological impact of childhood trauma is not only devastating for the individual, but acts on a societal and global level, as it is a factor in perpetuating both, conflicts and mental ill-health. Research-based trauma-focused public mental health interventions embracing the prevention of child maltreatment and further violent experiences, as well as treatment offers to vulnerable youth before pregnancy and parenthood, are indispensible on the way forward.

**Emeritus Professor David Fergusson**

David Fergusson retired from the University of Otago in Christchurch, New Zealand, in August 2015. He is currently a Consultant of the Ministry of Social Development.

He is the founder of the Christchurch Health and Development Study, a study of a birth cohort of 1265 children born in the Christchurch region in mid-1977. The cohort has been studied through infancy, adolescence, and as adults.

“**The Development and Evaluation of Early Start**”

This presentation will describe the development and evaluation of the Early Start home visiting programme developed in New Zealand. Early Start is an intensive home visiting programme targeted at children in families facing multiple challenges. The program is delivered by Family Support workers with qualifications in Nursing, Social Work or an allied discipline. Programme delivery begins around the birth of the child and may last up to five years.
The programme has been evaluated using a Prevention Science model which began with a feasibility study of 50 families which was extended to a randomised trial of 220 treated families and 223 control families studied over a 9 year period.

The presentation will consider three major issues:

i) The development of Early Start
ii) The findings of the randomised trial
iii) Comment and reflection on the challenges of setting up randomised trials of community based services
**Track 1: Work-related trauma.**

**S21:** Occupational violence and health.  
Chair: Annie Høgh  
**Abstract:**  
- No.: 161, Violence at work predicts health-related absence from the labor market. A follow-up study.  
  *Friis K, Breinholt Larsen F, Lasgaard M.*  
- No.: 160, Occupational violence and mental health: does frequency and type of violence matter? Prospective cohort study on 2,000 social-educators.  
  *Pihl-Thingvad J, Brandt L, Høgh A, Elklit A, Andersen L.*  
- No.: 293, Work-related threats and violence and post-traumatic symptoms in four high-risk occupations: short and long term symptoms.  
  *Andersen L, Høgh A, Biering K, Andersen J, Elklit A.*

**S30:** Perceived social support and peer support programs in trauma-exposed journalists: evidence based perspectives.  
Chair: Gavin Rees.  
**Abstracts:**  
- No.: 302, Effects of social support on PTSD symptoms, workplace dysfunction & counter-productivity among journalists.  
  *Brummel B, Slaughter A, Drevo S, Parker K, Newman E.*  
- No.: 300, Ethical dilemmas, social support, and posttraumatic growth in news journalists working with large-scale violence.  
  *Backholm K, Idås T*  
- No.: 301, How to teach journalism students about stress reactions and social support?  
  *Idås T*  
- No.: 303, Perceived social support and peer support programs in trauma-exposed journalists: strengthening social support in newsrooms.  
  *Rees G*

**S43:** Trauma Exposure amongst Professionals.  
Chair: Noreen Tehrani.  
  *Noreen Tehrani.*  
- Paper No.: 392, Secondary trauma in health professionals.  
  *Margarida Figueiredo-Braga.*
- Paper No.: 7, Compassion satisfaction and fatigue test: the study of validity and reliability. 
  *Ebru Yildiz.*
- Paper No.: 409, Adversity and trauma exposure: comparing volunteer and professional firefighters. 
  *Rafaela Lopes.*
- Paper No.: 236, Tagged for life: a qualitative study on the adverse effects of client social media use on professionals. 
  *Jurriaan Jacobs.*

**S40:** “Here the rain never finishes”: state-sponsored torture and its implications for trauma professionals. 
Chair: Gavin Rees. 

**Abstracts:**

- No.: 419, Psychologists and the “War on Terror” 
  *Brock Chisholm*
- No.: 420, Torture’s long tail: the experience of Portugal 
  *Diana Andringa*
- No.: 421, Life after Guantanamo: recovery and rehabilitation 
  *Katie Taylor*
- No.: 422, Torture in the era of snapchat and twitter 
  *Gavin Rees*
**Track 2: Refugees**

**S20:** Implementing effective mental healthcare interventions in the Syrian Refugee crisis.
Chair: Marit Sijbrandij.

**Abstracts:**
- No.: 158, Examining implementation and scaling-up of MHPSS interventions for refugees.
  **Roberts B.**
- No.: 186, Validation and implementation of a newly developed screening tool for refugees.
- No.: 206: Eye movement desensitization and reprocessing for Syrian refugees with PTSD: result of a randomized controlled trial.
  **Acarturk C.**
- No.: 244, Digital supported psychological interventions for traumatized Arab speaking individuals.
  **Knaevelsrud C, Stein J, Wagner B.**

**S35:** Traumatized refugees and asylum seekers of psychopathology and innovative interventions.
Chair: Jeroen Knipscheer.

**Abstracts:**
  **Hengst S**
- No.: 276, The assessment of psychopathology among traumatized refugees: measurement invariance of the HTQ and HSCL-25 across five linguistic groups.
  **Wind T**
- No.: 254, Equator studies on undocumented asylum seekers (ESO): Integrative care for traumatized asylum seekers illegally residing in the Netherlands.
  **Lohuis A, Aarts R, Ghane S, Scholte P**
- No.: 98, The feasibility of narrative exposure therapy in a day treatment program for refugees.
  **De La Rie S, Smid G, Boelen P.**

**S45:** Treatment Interventions for Refugees.
Chair: Bolette Daniels Beck
- Paper No.: 800, Music and Imagery with traumatized refugees – results from a pilot study and protocol of a randomized trial.
  **Bolette Daniels Beck.**
- Paper No.: 258, Lifeline-NET as a brief version of narrative exposure therapy (NET) for PTSD treatment: a RCT with refugees. *Veronika Müller Bamouh.*
- Paper No.: 404, Application of a social reintegration PTSD treatment program for veterans to a refugee population. *Rebecca Hjemdahl.*

**S46: Treatment Interventions for Refugees II**  
Chair: Marie Høgh Thøgersen.
- Paper No.: 321, Preventative mental health interventions for newly resettled asylum seekers – what do we know? *Marie Høgh Thøgersen.*
- Paper No.: 298, Pain and other moderators effecting the treatment outcome from an interdisciplinary rehabilitation program for tortured and traumatized refugees at Dignity. *Linda Nordin.*
- Paper No.: 399, A model for intervention with family related violence in refugee families. *Helena Lund & Nina Thorup Dalgaard.*

**S32: Refugee Relationships under Stress.**  
Chair: Trudy Moeren.  
**Abstracts:**
- No.: 309, A practitioner review of mental health interventions for refugee minors. *Hein I*
- No.: 313, Unaccompanied refugee minors from Eritrea: an ethnography of risks and challenges. *van Es C*
- No.: 315, Adolescent refugees: what constitutes resilience? *Sleijpen M*
- No.: 312, Refugee families between traumatic past and uncertain future: the preventive potential of multifamily groups. *Bala J, Mooren T*

**S47: Mental health in the Refugee Population**  
Chair: Gwynyth Øverland.
- Paper No.: 226, Vulnerability and Resilience in Refugees Exposed to Traumatic Events. 
  *Gwyneth Øverland.*
- Paper No.: 21, mental health screening in refugees – assessing the needs of the vulnerable seeking asylum. 
  *Elisa Kaltenbach.*
- Paper No.: 256, Ahiska Turkish older adults deported in 1944: traumatic experiences. 
  *Mithat Durak.*
- Paper No.: 445, Western conceptualization and eastern experience: a cross-cultural study of traumatic stress reactions among Tibetan refugees in India. 
  *Amrit pal Aulakh.*

**S38: ESTSS Panel Discussion – Transcending the borders. Challenges and opportunities of the “European Refugee Crises”**. 
Chairs: Ingo Schäfer, Jana Javakhishvili. 
Contributors of the panel: Marit Sijbrandij, The Netherlands; Christine Knaevelsrud, Germany; Dean Ajdukovic, Croatia; Jorge Aroche, Australia; Gavin Rees, United Kingdom; and Aram Hasan, The Netherlands.
Track 3: Traumatic Stress Reactions – A Broad Perspective

S49: PTSD
Chair: Tora Petersen.
- Paper No.: 439, Trauma in Faroese youth: an epidemiological study.
  T Petersen
- Paper No.: 278, DSM-5 and ICD-11 symptom profiles in a diverse sample of trauma victims.
  Kristina Bondjers.
- Paper No.: 408, Temporal consistency in reporting of traumatic events: comparisons across groups.
  Ângela da Costa Maia.
- Paper No.: 407, Prevalence of PTSD symptoms: comparison across different vulnerable groups and exposed community.
  Ângela da Costa Maia.

S13: Social relationships and mechanisms of change in PTSD.
Chair: Rivka Tuval-Mashiach
Abstracts:
- No.: 345, Social relationships in recovery from PTSD
  Freedman S.
- No.: 346, The role of mirroring and interpersonal processes in improving emotional regulation during exposure-based therapy
  Peri T
- No.: 344, The meaning of others: collaboration in a group intervention for PTSD
  Tuval-mashiach R
- No.: 351, Social relationships in recovery from PTSD (Discussant).
  Monson C.

S01: PTSD and C-PTSD: ICD-11 updates on concept and measurement.
Chairs: Thanos Karatzia & Marylene Cloitre.
Abstracts:
- No.: 352, Characteristics associated with ICD-11 PTSD and complex PTSD in a US nationally representative sample.
  Cloitre, M.
- No.: 15, Initial psychometric assessment of ICD-TQ: a new measure for the assessment of PTSD and CPTSD as per ICD-11 criteria.
  Karatzias, T.
- No.: 354, PTSD and complex PTSD defined by ICD-11 in a nationwide sample in Germany
  Maercker, A.
- No.: 283, The structure of complex PTSD in the Lithuanian population
  Kazlauskas, E., Gegieckaite, G, Eimontas, J., Zelviene, P.

S24: Adjustment Disorder: Diagnosis, Prevalence, and Interventions.
Chairs: Evaldas Kazlauskas and Andreas Maercker.
Abstracts:
- No.: 193, Adjustment disorder as it is proposed for the ICD-11: structure and predictors in the Lithuanian sample.
  Zelviene P, Kazlauskas E, Eimontas J, Maercker A
- No.: 130, A socio-interpersonal approach to adjustment disorders after involuntary job loss.
  Lorenz L, Perkonigg A, Maercker A.
- No.: 203, ICTs applications for the treatment of adjustment disorders.
  Quero S, Rachyla I, Molès M, Campos D, Mira A, Mor S, Botella C.
- No.: 202, Brief internet-based adjustment disorder intervention (BADI): findings from Lithuanian study.
  Eimontas J, Gegieckaite G, Zelviene P, Kazlauskas E.

S05: An update on the development of the ICD-11 classification of disorders specifically associated with stress.
Chairs: Andreas Maercker or Chris Brewin.
Abstracts:
- No.: 48, ICD-11 disorders specifically associated with stress: introduction, rationale, and implementation studies
  Maercker A, Keeley J.
- No.: 46, An overview of the emerging evidence on PTSD in ICD-11
  Brewin C.
- No.: 47, An overview of complex PTSD in ICD-11: measurement and evidence
  Cloitre M.

Chairs: Marie Böttche & Nadine Stammel.
Abstracts:
  Stammel N, Abbing E, Heeke C, Knaevelsrud C.
- No.: 250, Is there a dissociative subtype in patients with PTSD? A latent class analysis.  
- No.: 237, ICD-11 complex PTSD in trauma-exposed adults: structure and typologies.  

Chairs: Joanne Mouthaan & Anne Bakker.

Abstracts:
- No.: 263, Factor structure and diagnostic utility of the PCL-5 in a clinical sample of patients with childhood abuse-related PTSD.  
  Schoorl M, Hoeboer C, Oprel D
- No.: 265, Dimensional structure and validity of DSM-5 PTSD: investigation of the 7-factor hybrid model in a trauma-exposed student sample.  
  Mouthaan J, Grimm J, Helmink F, Bakker A.
- No.: 311, Web-based screening for PTSD symptoms in referred police officers with the PCL-5.  
  Bakker A, van der Meer C, Schrieken B, Hoofwijk M, Olff M.
- No.: 291, Validity and reliability of the Dutch Clinician Administered PTSD Scale for the DSM-5.  
3.1: Violence, Disaster and Prolonged Grief

S09: Mass violence, exposure to trauma and different experiences from Europe.
Chair: Sahika Yuksel.
Abstracts:
- No.: 116, Politicians under terrorist threat.
  **Gersons B, Mink-Nijdam M.**
- No.: 357, Rethinking psychosocial support model in the aftermath of the terror attacks on Brussels
  **Erik de Soir**
- No.: 127, How to cope with the aftermath of suicide bombings: Establishing psychosocial solidarity network in Turkey.
  **Sahika Yuksel, Zerrin Oglogu.**

S52: Violence.
Chair: Tina Tsomaia.
- Paper No.: 329, The voice of victims of violence in a foreign scenario.
  **Tina Tsomaia.**
- Paper No.: 45, prevalence of dating violence among 7th grade students.
  **Sidse Karsberg.**
- Paper No.: 194, Association between dimensions of social acknowledgement and disclosure in interpersonal violence survivors.
  **Goda Gegieckaite.**
- Paper No.: 430, Do lesbian, gay and bisexual students experience more intimate partner violence than heterosexual students?
  **Ângela da Costa Maia.**
- Paper No.: 281, Eight years after exposure to assault violence: the longitudinal relationship between posttraumatic stress reactions and self-efficacy.
  **Venke A. Johansen**

S53: Disaster.
Chair: Tóra Petersen.
- Paper No.: 438, School based intervention following disaster.
  **Tóra Petersen.**
- Paper No.: 323, Overview of international psychosocial support initiatives against the backdrop of a parabolic model on quality/attitude of psychosocial support programmes.
  **An Verelst.**
- Paper No.: 398, A stepped-care mental health service model for children: a worked example in a post-disaster setting.
  *Brett McDermott.*
- Paper No.: 125, Exploring the contexts, mechanisms and outcomes of post-disaster commemoration rituals: a systematic review.
  *Jorien C Holsappel.*
  *Heidrun Hlodversdottir.*

**S06a:** Presentation of the Aarhus Bereavement study (the TABstudy) - prolonged grief disorder in adults – state of the art in prolonged grief disorder research.
Chair: Maja O’Connor.

**Abstracts:**
- No.: 355, Prevalence and predictors of prolonged grief symptoms in bereaved partners to patients who received specialized palliative care.
  *O’connor M*
- No.: 105, Prevalence of prolonged grief disorder in adult bereavement: a meta-analysis
  *Kristensen M, Zachariae R, Farver-Vestergaard I, O’Connor M.*
- No.: 70, The efficacy of psychotherapeutic interventions for complicated grief in bereaved adults: a meta-analysis
  *Johannsen M, Damholdt M, Zachariae R, O’Connor M*
- No.: 117, Are life stories related to grief and positive affect? A prospective study of bereaved partners
  *Thomsen D, Kristensen M, Damkier A, O’Connor M*
- Presentation of the Aarhus Bereavement Study.
  *O’Conner M.*

**S06b:** Treatment methods for prolonged grief disorder.
Chair: Maja O’Connor.

**Abstracts:**
- No.: 197, Group therapy for parent bereaved young adults – a pilot study
  *Pedersen T, de Lopez K, Stigaard M, Berthelsen G, Knudsen H, Hansen T*
- No.: 162, Compassion focused therapy for prolonged grief disorder following bereavement of a life partner. A pilot project
  *Eistrup A, Schlander C, Johannsen M, O’Connor M.*
- No.: 256, Development of compassion focused group therapy for prolonged grief.  
  **Schlander C.**

- No.: 275, Synthesis of four randomized controlled trials with short cognitive-narrative interventions for prolonged grief.  
  José Carlos Rocha.

- No.: Cognitive-narrative therapy for prolonged grief.  
  **Rocha J.**

**S84**: Den opfølgende psykosociale indsats efter katastrofer og terror.  
**Chairs**: Henrik Lyng, Dansk Selskab for Psykotraumatologi & Ask Elklit, Videnscenter for Psykotraumatologi.  
Bemærk at dette symposium foregår på dansk.

**S14**: Traumatic grief: innovations in research and clinical practice.  
**Chair**: Paul Boelen and Manik Djelantik.  
**Abstracts**:  
- No.: 121, Prolonged grief, post-traumatic stress, and depression symptoms after loss in a Dutch community sample: a latent class analysis  
  **Djelantik M, Smid G, Kleber R, Boelen P.**

- No.: 145, Prolonged grief, depression, and posttraumatic stress in disaster-bereaved individuals: latent class analysis.  
  **Lenferink L, de Keijser J, Smid G, Djelantik A, Boelen P.**

- No.: 173, Addressing ambiguous loss in relatives of missing persons: towards an exposure-based approach  
  **Geert Smid**

- No.: 75, Traumatic grief following homicidal loss: Consequences, correlates, and care.  
  **Paul Boelen.**

**S07**: Prolonged grief disorder after traumatic and non-traumatic loss: classification, mechanisms, and care.  
**Chair**: Paul Boelen.  
**Abstracts**:  
  **Smid G, Hengst S, Goodfellow B, Boelen P.**
- No.: 114, The ICD-11 diagnostic criteria for prolonged grief disorder: the primacy of clinical utility and global applicability
  **Maercker A, Killikelly C.**

- No.: Results of randomized controlled trials for the treatment of PTSD after abuse
  **Rosner R.**

- No.: 154, Does prolonged grief treatment foster posttraumatic growth? Results from a randomized controlled trial with long-term follow-up.

- No.: 74, Cognitive behavioural therapy for prolonged grief in bereaved children: a randomized controlled trial
  **Boelen P, Spuij M**
Track 3.2: Neuro- and Biological Perspectives + Resilience

S10: Biological and clinical markers of PTSD development and maintenance.
Chairs: Frédérique Canini and Isabelle Chaudieu.
Abstracts:
- No.: 107, Traumatization: from confrontation to risk factors for PTSD
  Canini F, Trousselard M.
- No.: 57, Biological and psychological predictors of post-traumatic stress disorder onset and chronicity. A one-year prospective study.
- No.: 80, Early atypical emotional processing revealed among victims of sexual abuse: a longitudinal neuroimaging study of PTSD
  El Hage W, Cléry H, Anderson F, Quidé Y.

S22: Neurobiological effects of early-life stress and trauma in the development of psychotic disorders.
Chair: Yann Quidé.
Abstracts:
- No.: 190, Childhood trauma is associated with slower improvement slopes: findings from a one-year follow-up study of patients with a first-episode psychosis.
  Aas M.
- No.: 360, A variation in the oxytocin receptor gene moderates the relationship between early maternal care in childhood and interleukin 6 (IL-6) concentrations during pregnancy.
  Töpfer P.
- No.: 225, The impact of childhood trauma on brain structure and stress response: differences between first-episode psychosis patients and healthy controls.
- No.: 268, Can brain imaging help us understand the path between childhood trauma and psychosis?
  Cancel A.

S50: Neurological
Chair: Jacqueline Counotte.
- Paper No.: 169, A deregulated Th17/Tregulator cell balance as an intermediate in psychosis liability, childhood trauma, and social stress sensitization in virtual reality.  
  Jacqueline Counotte.

  Karin Alice Schouten.

- Paper No.: 1, Specific effects of neurofeedback training on adults with traumatic childhood experiences.  
  Victoria Dunaeva.

S82: ISTSS: The Broad Reach of Trauma, from Mirant Workers to War Casualties and Beyond: Understanding Theory and Practice.
Chair: Charles Benight

- Paper No.: 806, Theoretical frameworks for trauma adaptation: Change is how we look at it.  
  Charles Benight

- Paper No.: 807, Persistent distress after psychological exposure to the Nagasaki atomic bomb explosion.  
  Yoshiharu Kim.

  Brian Hall.

- Paper No.: 809, Non-Publication of Treatment Studies for Posttraumatic Stress Disorder (PTSD): How Big is the Problem?  
  Soraya Seedat.

S15: International perspectives on trauma resilience and recovery Part I.
Chair: Chris Brewin.

Abstracts:

- No.: 132, A vulnerability paradox in the cross-national prevalence of trauma-related mental health disorders  
  Dückers M, Alisic E, Brewin C.

- No.: 133, Stability and change post-disaster: dynamic relations between individual resilience, psychological resource loss and posttraumatic stress symptoms.  
  Bakić H, Ajduković A

- No.: 134, Children and families’ experiences coping with disasters while living in poverty: an Asia-Pacific focus.  
  Krishna R, Ronan K, Alisic E.
- No.: 136, Treatment needs, physical injury and mental health of air crash survivors: a longitudinal study
  
  Gouweloos J, Te Brake H, Sijbrandij M, Boelen P, Kleber R.

S16: International perspectives on trauma resilience and recovery Part II.
Chair: Michel Dückers.

Abstracts:
- No.: 139, Two decades of post-disaster psychosocial support services in the Netherlands: a qualitative systematic review.
  
  Jacobs J, Oosterbeek M, Tummers L, Noordegraaf M, Dückers M.
- No.: 149, Learning from the 2015 terrorist attack in Paris: using feedback from epidemiologic studies to better manage the psychological impact.
  
  Pirard P, Vandentorren S, Motreff Y, Sanna A, Aubert L, Carré J, Ravaud A, Baubet T.
- No.: 143, Evaluating the information and support website for Dutch bereaved of the MH17 airplane disaster in the Ukraine: a mixed-method study.
  
  Te Brake H, Drogendijk A, Dückers M.
- No.: 142, Lessons from the 2011 Utøya attack on healthcare utilization in young survivors of terrorism.
  
  Stene L, Dyb G.

S02: Essentials of resilience: sense of coherence-revised and the steeling effect.
Chair: Andreas Maercker.

Abstracts:
- No.: 33, Successful ageing in former indentured child laborers – a qualitative study on the steeling effect.
  
  Thoma, M., Hoeltge, J., Maercker, A.
- No.: 56, First meta-analysis on the relationship of SOC and PTSD symptom severity
  
  Schäfer, S., Horsch, A., King, L., Becker, N., Michael, T.
- No.: 31, The new sense of coherence - revised: reasons for redevelopment and psychometric properties
  
  Maercker, A., Bachem, R.
- No.: 54, Validation of the Sense of Coherence-Revised Scale: psychological health in older adults with varying experiences of childhood adversity
  
  Mc Gee, S., Höltge, J., Maercker, A., Thoma, M.
3.3: The Consequences of Trauma.

S25: Assessing sexual assault among university students: adapting the ARC3 Survey for EU/UK research.
Chair: William Flack.
Abstracts:
- No.: 347, Development of the ARC3 survey in the US
  Swartout K.
- No.: 271, Revision of content for use of the ARC3 survey in Northern Ireland/Ireland
  Fletcher S.
- No.: 223, Revision process for using the ARC3 survey in Northern Ireland/Ireland.
  Burns C.
- No.: 208, Researching prevalence of university sexual assault across the island of Ireland: The RESPECT Network.
  Flack W.

S55: Trauma and a Gender Perspective.
Chair: Gertrud Sofie Hafstad
- Paper No.: 215, Sex and gender differences in PTSD – what remains unknown?
  Dorte Mølgaard Christiansen.
- Paper No.: 280, The youth programme at the Centre for Victims of Sexual Assault.
  Line Engel Clasen.
- Paper No.: 285, “My son has become immortal”. Parents’ descriptions of reckless behavior in young survivors of a terrorist attack.
  Gertrud Sofie Hafstad.
- Paper No.: 18, Life course poly-victimisation and psychopathology in an adult male population.
  Carol Burns.

S57: Prevention of Traumatic Reactions.
Chair: Sandra Ferguson
- Paper No.: 178, Supporting the Scottish workforce to respond to trauma across the lifespan: update on a national training initiative.
  Sandra Ferguson.
- Paper No.: 222, What is the rational for primary prevention in PTSD?
  Emmanuelle Le Barbenschon.
  *Pontus Nilsson.*
- Paper No.: 814, Psychological support for deployed personnel – The Danish Model. 
  *Halfdan Fryd Koot.*

**S54: Bereavement and Illness**
Chair: Minouk van Steijn.
- Paper No.: 437, Posttraumatic stress disorder in women following severe postpartum hemorrhage.  
  *Minouk van Steijn.*
- Paper No.: 286, A changed reality: listening to homicidally bereaved individuals.  
  *Filipa Alves-Costa.*
- Paper No.: 444, The concept of resilience in the life of martyr’s offspring.  
  *Saba Moghaddam.*
- Paper No.: 273, Prolonged grief and posttraumatic stress effects on work productivity.  
  *José Carlos Rocha.*

**S51: Dissociation**
Chair: Mark Shevlin.
- Paper No.: 128, How do we escape the threat when it comes from within?  
  *Mark Shevlin.*
- Paper No.: 189, Psychometric properties of the Spanish Peritraumatic Dissociative Experiences Questionnaire in Chilean firefighters.  
  *Nadia Ramos Alvarado.*
- Paper No.: 412, Emotion recognition, expressive suppression and dissociative symptoms in traumatized individuals with and without PTSD.  
  *Monique Pfaltz.*
Track 4: Trauma Treatment.

S77: Cognitive Based Treatment
Chair: Else Fagermoen
- Paper No.: 187, Trauma focused cognitive behavioral therapy (TF-CBT) and complex trauma.
  Else Fagermoen.
- Paper No.: 415, Training therapists in trauma-focused cognitive behavioral therapy: what works?
  Rochelle Hanson.
- Paper No.: 433, Why do I have to suffer? Symptom management, views and experience of patients with a cPTSD: a grounded theory.
  Manuel Stadtmann.

S79: Influencing Factors
Chair: Suzy Matthijssen.
- Paper No.: 100, A quicker, better and more effective form of trauma treatment?
  Suzy Matthijssen.
- Paper No.: 170, Identification with the family history as a protective factor in the intergenerational trauma transmission.
  Egle Mazulyte.
- Paper No.: 227, The role of trauma and posttraumatic stress on acceptance of social change.
  Paulina Zelviene.
- Paper No.: 348, A case study on narrative exposure therapy as applied in a high-income economy.
  Victor Viray.

S78: New Methods
Chair: Lutz Wittmann.
- Paper No.: 81, Posttraumatic dream content: methodological approach and preliminary results.
  Lutz Wittmann.
  Anette Kersting.
- Paper No.: 165, Interrupting traumatic memories: an emergency room virtual reality intervention for pain reduction and the prevention of PTSD.
  Sara Freedman.
- Paper No.: 400, Dissolving traumatic memories with the body-centered RIM method.  
  Lotte Vesterli

S80: Factors influencing Treatment Outcome  
Chair: Marie Karlsson.
- Paper No.: 97, Group treatment for trauma survivors: do they want to share their personal stories of victimization?  
  Marie Karlsson.
- Paper No.: 209, Changes in trauma cognitions following group treatment for PTSD in sexually victimized incarcerated women.  
  Ana Bridges.
- Paper No.: 111, “Two doctors recommended independently of one another that I should see a psychotherapist...”. Understanding trauma survivors facilitators towards professional help.  
  Viktoria Kantor.
- Paper No.: 220, “is trauma screening upsetting for youth?”.  
  Ane-Marthe Solheim Skar.

S11: Therapeutic mechanisms in post-traumatic stress disorder.  
Chair Rene Garcia.  
Abstracts:
- No.: 108, Brain activity recovery during fear extinction after EMDR therapy  
  Khalfa S, Rousseau P
- No.: 112, Effects of propranolol, on memory reconsolidation in mice: involvement for PTSD treatment  
  Roullet P
- No.: 109, Repetitive transcranial magnetic stimulation (rTMS) for the treatment of PTSD.  
  Marc Legrand & Wissam El-Hage
- No.: 239, Prefrontal deep brain stimulation prevents relapse in a PTSD mouse model  
  Garcia R.

S12: Results of randomized controlled trials for the treatment of PTSD after abuse.  
Chair: Rita Rosner & Lutz Goldbeck.  
Abstracts:
- No.: 282, Cognitive restructuring and imagery modification for posttraumatic stress disorder (CRIM-PTSD): a pilot study  
  Regina Steil
- No.: 72, Developmentally adapted cognitive processing therapy for adolescents and young adults after abuse – results of a randomized controlled trial
- No.: 245, Efficacy of seeking safety in German outpatients with substance use disorders and posttraumatic stress disorder: a randomized-controlled trial
- No.: 110, Trauma-focused cognitive behavioral therapy (TF-CBT) for children and adolescents: 6- and 12-months follow-up of the multi-center study TreatChildTrauma
  **Goldbeck L, Pfeiffer E, Sachser C, Tutus D.**

**S18:** Delivering trauma-focused treatments to diverse clients in real-world settings.
Chair: Benjamin E. Saunders.

Abstracts:
- No.: 231, “I don’t want to talk about it!” Frequency and development of youth’ disengaged behavior in trauma-focused cognitive behavioral therapy (TF-CBT).
  **Ormhaug S, Birkeland M, Jensen T.**
- No.: 150, Scaling up evidence-based trauma-informed practice: lessons from the real world.
  **Berliner L.**
- No.: 119, Evaluation of a trauma-focused group intervention for young refugees.
  **Pfeiffer E, Goldbeck L**
- No.: 149, The role of community collaboration in implementing evidence-based trauma treatment for children: data from the South Carolina Trauma Initiative (SCTPI).
  **Saunders B**

**S23:** New horizons in brief eclectic psychotherapy for PTSD.
Chair: Mirjam Mink-Nijdam.

Abstracts:
- No.: 171, Predicting treatment outcome of Brief Eclectic Psychotherapy for PTSD in police officers
  **Geert.E. Smid, C.A.I. van der Meer, M. Olff & M.J. Nijdam.**
- No.: 177, Recognizing hotspots in brief eclectic psychotherapy for PTSD by text and audio mining
  **Sytske Wiegersma, M.J. Mink-Nijdam, A.J. van Hessen, M. Olff & B.P. Veldkamp.**
- No.: 200, Experiences learned from the implementation of BEPP in Lithuania
  **Evaldas Kazlauskas, P. Zelviene, & J. Eimontas.**
**Track 5: Child Maltreatment**

**S17:** Childhood maltreatment and adult mental health in samples with high risk of childhood adversity exposure in Norway.
Chair: Dagfinn Winje.

Abstracts:
  **Steine I, Winje D, Krystal J, Bjorvatn B, Milde A, Grønli J, Nordhus I, Pallesen S.**
- No.: 247, Adult reactions to participation in childhood maltreatment research.  
  **Arefjord K, Winje D, Hansen A, Waage L, Dovran A.**
- No.: 156, Childhood maltreatment and the potential for common grounds in relation to schizophrenia spectrum disorders and substance abuse disorders.  

**S28:** Screening for mental health after trauma in children and adults: importance, instruments, and innovations.
Chairs: Joanne Mouthan & Anne Bakker.

Abstracts:
- No.: 264, Usefulness of symptom-based self-report instruments for early PTSD risk screening.  
  **Mouthaan J, Sijbrandij M, Reitsma J, Gersons B, Olff M.**
- No.: 262, A new, game-based eHealth tool for screening and monitoring children’s post-trauma responses.  
  **Kassam-Adams N, Marsac M, Winston F.**
- No.: 310, Online mental health screening and early intervention for ED patients: pilot implementation and cost-utility analysis.  
  **Bakker A, Panneman M, Haagsma j, Mouthaan J, Klein Wolt K, van Beeck E, Olff M.**
- No.: 370, Screening for chronic PTSD after disasters: the gap between self-reported posttraumatic stress and PTSD cases in psychiatric services.  
  Kristina Bondjers
- Discussant: Sense and sensibility of screening after traume.  
  **Marit Sijbrandij.**

**S62:** Social and Economic Influences
Chair: Margaret Mclafferty.
- Paper No.: 378, childhood adversities and psychopathology in the Northern Ireland population: the mediating role of social networks.  
_Margaret Mclafferty._

- Paper No.: 83, predicting child abuse potential: the role of social support in times of economic hardship.  
_M Rajter._

- Paper No.: 287, a socio-economic and demographic investigation about juvenile pushed into crime over court records (sample of van).  
_Suat Aynas._

**S58: Long-Term Consequences.**  
Chair: Jutta Lindert.

- Paper No.: 9, child abuse and mental health in adults.  
_Jutta Lindert._

- Paper No.: 295, investigating young adolescents’ mentallization across childhood adversity types.  
_Rasa Barkauskiene._

- Paper No.: 50, The role of childhood sexual abuse in adult sleep disturbance.  
_Kathryn Belicki._

- Paper No.: 813, Preliminary outcomes ‘Tuning Relationships with Music’ intervention for parents with trauma history and their teen.  
_Vivienne M. Colegrove, S. Havighurst, C. Kehoe._

**S59: Psychopathology and Shame.**  
Chair: Karni Ginzburg.

- Paper No.: 174, Pain perception and body awareness among individuals with borderline personality disorder.  
_Karni Ginzburg._

- Paper No.: 137, types of childhood adversity and risk of psychopathology in young women.  
_Malgorzata Dragan._

- Paper No.: 61, prevalence, characteristics, and mental health risks of shame as a result of physical and sexual abuse.  
_Stephen Ellenbogen._

- Paper No.: 40, self-objectification and disrupted body boundaries as mediators of the relation between childhood maltreatment and shame.  
_Anat Talmon._
**S60: Maltreatment and Gender Profiles.**
Chair: Dean Lauterbach.
- Paper No.: 314, sex differences in trajectories of externalizing symptoms in a samples of maltreated children.  
  *Dean Lauterbach.*
- Paper No.: 318, the impact of emotional maltreatment and gender on mental health and mental well-being in Swedish 12-13 year olds.  
  *Johan Melander Hagbord.*
- Paper No.: 60, Developing gender-specific typologies of childhood adversities based on a large community sample.  
  *Grainne Mcanee.*
- Paper No.: 19, Adverse childhood experiences profiled by gender; relationship to internalizing and externalizing adult psychopathology.  
  *Carol Burns.*

**S61: Sexual Abuse**
Chair: Shelley Fletcher.
- Paper No.: 16, Predicting the PTSD treatment response trajectories in Danish incest survivors: the role of social support, coping and PTSD symptoms.  
  *Shelley Fletcher.*
  *Mogens Christoffersen.*
- Paper No.: 5, under-reporting of child sexual abuse in orthodox Jewish communities.  
  *David Katzenstein.*
- Paper No.: 431, Adolescent pregnancy and maternity as a result of early and multiple interpersonal (sexual) traumatization – treatment aspects.  
  *Jana Schmidtová.*

**S63: Institutional- and Fostercare**
Chair: Rachel Hiller.
- Paper No.: 77, Static predictors of the emotional and behavioral wellbeing of children in care: a service data study.  
  *Rachel Hiller.*
- Paper No.: 29, child abuse and neglect in institutional foster-care settings, cumulative lifetime traumatization, and adult survivors’ mental health: The Vienna Institutional Abuse Study.  
  *Matthias Knefel.*
- Paper No.: 175, childhood trauma and cognitive profiling of children placed in foster care. *Misja Eiberg.*
- Paper No.: 238, The impact of social factors on trajectories of internalizing behavior problems within maltreated foster care youth. *Ethan Paschau.*

**S75: Child Maltreatment**  
Chair: Dean Lauterbach

- Paper No.: 294, Trajectories of self-regulation symptoms among child maltreatment survivors.  
  *Dean Lauterbach*
- Paper No.: 210, Children bereaved by parental intimate partner homicide: factors associated with visiting the incarcerated perpetrator.  
  *Arend Groot.*
- Paper No.: 82, Prevalence of different maltreatment types in a national representative sample of Tanzanian secondary school students.  
  *Mabula Nkuba*
**Track 5.1: Child maltreatment in a family context**

**S81**: ISTSS: Child Maltreatment (adult samples).
Chair: Getrud Sofie Hafstad.
- Paper No.: 803, Child maltreatment and later risk for justice system involvement.
  Maureen Allwood.
- Paper No.: 804, Prevalence and life course stability of intimate partner violence against women in the WHO World Mental Health Surveys.
  Amy Street.
- Paper No.: 805, Childhood Abuse as a Predictor of Military Sexual Trauma: Comparing Physical, Sexual and Emotional Abuse.
  Brian Marx.

**S04**: Traumatic stress in preschoolers: Novel findings on outcome and interventions.
Chair: Markus A. Landholdt.
Abstracts:
- No.: 115, Posttraumatic stress symptoms in young foster care children after interpersonal trauma: the influence of foster parental stress and parenting style.
  *Vasileva M, Petermann F.*
- No.: 64, Preschool children's daily life after injury: the Ear for Recovery Study
- No.: 63, Prevention of post trauma reactions in young injured children: preliminary results from the CARE intervention trial in Australia
  *De Young A, Kenardy J, Kimble R.*
- No.: 55, Prevention of posttraumatic stress in young children with burn injuries: Preliminary results from the CARE intervention RCT in Switzerland.
  *Haag A, Landolt M.*

**S03**: child post-trauma adjustment in a family context: the role of parenting from conceptualization to treatment.
Chair: Rachel Hiller.
Abstracts:
- No.: 118, Parent-child conversations in the aftermath of injury
· No.: 62, Understanding parenting and parent-child interactional processes in the early aftermath of trauma
   **Kassam-Adams N, Marsac M.**

· No.: 78, The role of parenting style and behaviours in predicting child post-traumatic stress reactions

· No.: 42, Disaster recovery triple P: a universal approach to helping parents support their children after disasters (or any potentially traumatic event)
   **Cobham, V., McDermott, B., Sanders, M.**

**S19:** Child and parental posttraumatic cognitions in the aftermath of child trauma: recent findings and new directions.
Chair: Anke de Haan.

Abstracts:
- No.: 23, Parent mental health development following child trauma exposure: a longitudinal study

- No.: 166, Do negative maltreatment-related cognitions mediate the association between social support and posttraumatic stress symptoms in maltreated youth?
   **Münzer A, Ganser H, Goldbeck L.**

- No.: 27, Understanding the role of parents in children’s recovery from trauma: is parent posttraumatic cognition the key?
   **Schilpzand E, Alisic E, Anderson V, Conroy R.**

- No.: 159, Functional posttraumatic cognitions in children and adolescents after accidental trauma.
   **de Haan A, Landolt M**

**S33:** Family Matters: intergenerational aspects of childhood maltreatment.
Chair: Bernet Elzinga.

Abstracts:
- No.: 326, The roles of emotion recognition and emotional support in the intergenerational cycle of maltreatment.
- No.: 322, Experienced and perpetrated child maltreatment differentially relate to neural face processing.  
*Elzinga B, van der Berg L, Tollenaar M, Bakermans-Kranenburg M, Compier-de Block L*

- No.: 327, The maternal brain after early life maltreatment and associations with maternal sensitivity.  
*Neukel C*

- No.: 370, Minding the children: increasing family capacity to care.  
*Mooren T*

**S64**: (Domestic) Violence  
Chair: Stéphanie Vincent Lyk-Jensen.

- Paper No.: 179, Growing up in the shadow of domestic violence: evidence from register data.  
*Stéphanie Vincent Lyk-Jensen.*

- Paper No.: 192, child abuse, neglect and complex-PTSD in male-perpetrator intimate partner violence.  
*Ohad Gilbar, R Dekel, A Ben-Porat, P Hyland.*

- Paper No.: 416, wounds of an invisible war: distress and healing in marginalized youth exposed to multiple layers of violence.  
*Aran Watson.*

*Mogens Christoffersen*

- Paper No.: 224, Transmission of traumatic relationships across life: the crucial role of dissociation.  
*Osnat Zamir.*

**S65**: Violence & Treatment  
Chair: Karin Pernebo.

- Paper No.: 17, outcomes of psychotherapeutic and psychoeducative group intervention for children exposed to intimate partner violence.  
*Karin Pernebo.*

- Paper No.: 391, Family violence on children – barriers and facilitators experienced by family physicians in its detection.  
*Margarida Figueiredo-Braga.*
- Paper No.: 66, Experiences of treatment among children being victims of physical abuse. Results from an interview study.
  *Johanna Thulin.*

**S34:** Biological consequences of child maltreatment: sensitive periods, gene x environment interactions and the role of inflammation.
Chair: Iris-Tatjana Kolassa.

**Abstracts:**
- No.: 319, The involvement of mitochondria in chronic low-grade inflammation associated with maltreatment experiences during childhood.
- No.: 339, FKBP5 x childhood abuse: A multilevel study predicting comorbidity.
  *Halldorsdottir T, Binder E*
- No.: 240, Importance of type and timing of adverse childhood experiences on hair cortisol concentration.
  *Schalinski I, Teicher M, Rockstroh B.*
- No.: 155, The influence of a history of maternal child maltreatment experiences on the endocannabinoid system of postpartum mother-infant dyads.

**S66:** Neuro- and Biological Perspectives on Child Maltreatment
Chair: Yann Quide.

- Paper No.: 185, Effects of childhood trauma on the left inferior frontal gyrus function during response inhibition in psychosis.
  *Yann Quide.*
- Paper No.: 85, Childhood cryptotrauma may cause unexplainable and treatment resistant effects of mental disorders and multivariate diseases across the life-span.
  *Anne Just.*
- Paper No.: 393, childhood trauma, life events and immune dysfunction – reciprocal interactions in patients with reumathoid artrisis and depression.
  *Margarida Figueiredo-Braga.*
- Paper No.: 248, Epigenetic mechanism linking early life stress and brain reactivity to emotional stimuli.
  *Wojciech Dragan.*
**Track 5.2: Children & Parents and More Knowledge.**

**S67: We Need to Know More.**
Chair: Eva Alisic.
- Paper No.: 113, Intimate partner homicide: what do we know about the children? *Eva Alisic*
- Paper No.: 440, we all need to know more – brief interventions in professionals and volunteers working with traumatized children. *Margarida Figueiredo-Braga.*

**S26: Trauma Research using Administrative Data.**
Chair: Philip Hyland.
**Abstracts:**

**S19: Child and parental posttraumatic cognitions in the aftermath of child trauma: recent findings and new directions.**
Chair: Anke de Haan.
**Abstracts:**
- No.: 166, Do negative maltreatment-related cognitions mediate the association between social support and posttraumatic stress symptoms in maltreated youth? *Münzer A, Ganser H, Goldbeck L.*
- No.: 27, Understanding the role of parents in children’s recovery from trauma: is parent posttraumatic cognition the key?
  Schilpzand E, Alisic E, Anderson V, Conroy R.
- No.: 159, Functional posttraumatic cognitions in children and adolescents after accidental trauma.
  de Haan A, Landolt M

S08: Novel approaches to assessment and intervention for children and parents in pediatric health care settings.
Chair: Nancy Kassam-Adams.
Abstracts:
- No.: 87, Narrative exposure therapy with parents after PICU
  Colville G
- No.: 92, Mapping psychosocial care across the pediatric hospital
- No.: 102, Understanding the relationship between parent and child distress during paediatric burn medical procedures.
  E Brown.
- No.: 88, Assessment and training for trauma-informed health care professionals in the pediatric hospital.
  Kassam-Adams N, Marsac M, Auerbach M, Myers S.
**Track 6: Child Treatment**

**S83:** Manual Psychodynamic Trauma Therapy: Treatment rational, technique, and scientific evaluation.
- Paper No.: 810, Treatment rationale and formulation.  
  *Roderick Ørner.*
- Paper No.: 811, Technical principles and case examples.  
  *Lutz Wittmann.*
- Paper No.: 812, Outcome and process evaluation. Gathering evidence relevant to psychodynamic therapy for trauma survivors.  
  *Paulo Ferrajao, Lutz Wittmann and Roderick Ørner.*

**S68:** EMDR Treatment
Chair: Trina Tamrakar.
- Paper No.: 22, EMDR with complex traumatized children – an evaluation and two case studies.  
  *Signe Brager.*
- Paper No.: 182, EMDR and tics in children. EMDR therapy procedures and case studies.  
  *João Veloso.*
- Paper No.: 180, EMDR as therapeutic model children's traumatic events some case studies.  
  *Luis Gomes.*
- Paper No.: 181, Narrative reconstructions, EMDR and the attachment.  
  *João Veloso.*

**S69:** New Treatment Forms
Chairs: Áine Travers.
- Paper No.: 801, The Danish Children Houses.  
  *Merete B. Jørgensen & Andrea W. Thomsen. The National Board of Social Services, Denmark.*
- Paper No.: 390, New technology and PTSD treatment in kids: JeRev protocol.  
  *Ophelie Nachon.*
- Paper No.: 235, investigating the effectiveness of experiential play therapy: a case study of emotional abuse.  
  *Gamze Mukba.*
- Paper No.: 230, Investigating the effectiveness of experiential play therapy: a case study of traumatic event.  
  *Gamze Mukba.*
S70: Cognitive Based Treatment
Chair: Cathrine Mogil
- Paper No.: 364, trauma-informed, family-centered treatment approaches for young children with various systems of care: military, medical, and child welfare.
  Cathrine Mogil.
  Margarida Figueriredo-Braga.
- Paper No.: 373, trauma-focused cognitive behavior therapy with child abuse victims who experienced multiple traumas: the Asian experiences.
  Li-Jen Tan

S71: Child Therapy.
Chair: Janne Hagelquist.
- Paper No.: 372, mentalization in practice – bringing structure and flexibility to the traumatized child’s mind.
  Janne Hagelquist.
- Paper No.: 272, Child parent psychotherapy (CPP)- an evidence based model for treatment of traumatized children aged 0-6.
  Anna Norlén.
- Paper No.: 802, Playroom, a conversation tool to strengthen children’s resilience and thereby prevent abuse.
  Lis Toft Madsen, Pia Nystrøm – The National Board of Social Services, Denmark.
- Paper No.: 424, a proposed study: the combined techniques of storytelling and systematic interventions.
  Gamze Mukba.
**Track 7: Trauma in a Global Perspective (including war, terror and veterans)**

**S72: Veterans: Mental Health and Treatment**
Chair: Beatriz Ponce de León.
- Paper No.: 219, pre-deployment dissociation and personality as risk factors for post deployment PTSD in Danish soldiers deployed to Afghanistan.
  *Beatriz Ponce de León.*
- Paper No.: No.: 28, Psychiatric comorbidity profile in treatment-seeking Canadian veterans population.
  *J Don Richardson.*
- Paper No.: 2, Longterm responses to treatment in UK veterans with military-related PTSD: an observational study.
  *Dominic Murphy.*
  *Julia Schellons.*

**S73: Veterans: Family, Partner and Child Related.**
Chair: Gadi Zerach
- Paper No.: 65, Intergenerational transmission of posttraumatic stress symptoms: the mediating role of former prisoners of war’s way of coping.
  *Gadi Zerach.*
  *Heidi Cramm.*
- Paper No.: 3, mental health difficulties and help-seeking beliefs within a sample of female partners of UK veterans diagnosed with PTSD:
  *Dominic Murphy.*
- Paper No.: 146, The impact of parental posttraumatic stress disorder exposure on children growing up in military-connected families: a qualitative systematic review.
  *Heidi Cramm.*

**S74: Conflict in Africa**
Chair: Ruby Charak.
- Paper No.: 91, Assessing the factor structure of the childhood trauma questionnaire, and multiple types of maltreatment among adolescents in conflict affected Burundi.
  *Ruby Charak.*
- Paper No.: 436, Feasibility of reintegrating street children in post-conflict regions.
  *A. Crombach.*
- Paper No.: 396, Post-war environmental stressors: are they more lethal on mental health of survivors than war experiences? Findings from the WAYS study. *Kennedy Amone-P’Olak.*

**S31:** Responding to the mental health needs of conflict-affected and traumatized children and adults in Georgia and Ukraine: challenges and opportunities.
Chair: Darejan Jana Javakhishvili.
- No.: 316, Mental health care utilisation among internally displaced persons in Ukraine. *Roberts B, Makhachvili N, Javakhishvili D.*
- No.: 332, Mental health challenges of deinstitutionalized children in Georgia *Makhachvili N, Pilauri K, Kvavilashvili N*
- No.: 307, Burnout among mental health staff working with traumatized deinstitutionalized children in Georgia. *Javakhishvili D*
- No.: 317, Developing institutional mechanisms for trauma informed and trauma focused care in Georgia and Ukraine. *Javakhishvili D, Makhachvili N*

**S76:** Terror
Chair: Synne Stensland.
- Paper No.: 328, The loneliness of violence. Terror, interpersonal violence, marginalization and loneliness in adolescent from the Utøya and the HUNT studies. *Synne Stensland.*
- Paper No.: 389, emergency organization and follow-up after the Nice terrorist attack in July 2016. *Ophelie Nachon.*
- Paper No.: 385, the prevalence and predictors of PTSD after a terrorist attack. *Yesim Unal.*
- Paper No.: 296, Predictors of healthcare to parents a longitudinal study of the aftermath of Utøya terrorist attack. *Jon Magnus Haga.*
- Paper No.: 814, A blast from the past: Civilians immediate psychological reactions and associative memory of prior events following exploding bus in Isreal. *Menachem Ben Ezra, Shani Pitcho-Prelorentzos, Michal Mahat-Shamir.*

**S36:** The role of trauma interventions in the sustainable global development agenda.
Chairs: Ragnhild Dybdahl & Lars Wien.
Abstracts:
- No.: 365, No health without mental health - the role of mental health in the sustainable global development agenda - with examples from three countries in Africa.
  Lien, L.
- No.: 367, Investing in early childhood development is investing mental health.
  Ragnhild Dybdahl, G Badri.
- No.: 368, The role of trauma interventions.
  Heltne, U.
- No.: 369, The role of universities for reaching the sustainable development goals: education, research, collaboration and community service.
  R Dybdahl, Gasim Badri.

S37: A global perspective on child abuse.
Chairs: Brigitte Lueger-Schuster & Ingo Schäfer.
Abstracts:
- The global collaboration – a project within the global ISTSS Initiative
  Brigitte Lueger-Schuster, Ulrich Schnyder, Miranda Olff, Ingo Schäfer, Julia Schellong

S39: European Crisis for Psychosocial Crisis Management – assisting disabled in case of disaster implementation (EUNAD-IP).
Chair: Robert Bering.
Abstracts:
- No.: 402, Development of an educational toolkit for visually, hearing and intellectually disabled children and youths.
  Claudia Schedlich, F Albers, G Zurek
- No.: 401, Developing a training handbook for emergency personnel and caregivers on the topic of how to support persons with mental disabilities in emergencies and disasters.
  Barbara Juen, A Kreh, M Lindenthal, P Riedel
- No.: 403, Traumatic experiences, mental health and coping among blind and visually impaired individuals.
  Marianne Bang Hansen, Trond Heir
- No.: 397, EUNAD – recommendations assisting disabled in case of disaster.
  Robert Bering, F Gerwinn, L Richter, J Soehn

Discussant: Lars Weisaet.
Abstracts:
- No.: 434, Initiatives of the European Commission to develop European standards for psychosocial crisis management
  *Claudia Schedlich*

- No.: 428, International Classification of Functioning, Disability, and Health (ICF) in the field of psychotraumatology
  *Robert Bering*

- No.: 827, Operationalizing psychosocial support in crisis, findings from the EU project OPSIC.
  *Barbara Juen*

  *Magda Rooze*
The COllaborative Network for Training and EXcellence in psychoTraumatology

CONTEXT

CONTEXT is a three-year doctoral training programme. The goal of CONTEXT is to conduct high quality, innovative research, build capacity and expertise, and foster innovative practice in the area of global psychotraumatology. CONTEXT has three interconnected research programmes, each concerning a priority population in Europe:

1. EU-based asylum seekers and refugees;
2. Emergency-service personnel and humanitarian first-responders; and
3. Survivors and perpetrators of childhood- and gender-based violence

CONTEXT is an international, interdisciplinary collaboration between nine European partner organisations spanning the academic, non-governmental, voluntary, and public sectors. Partners include: Trinity College Dublin, Ulster University, University of Southern Denmark, the International Federation of the Red Cross Red Crescent Societies – Psychosocial Reference Centre, Odense Kommune, the Police Service of Northern Ireland, the Probation Board of Northern Ireland, Spirasi, and the Dublin Rape Crisis Centre.

CONTEXT fellows will receive a unique PhD training experience, working across populations not accessible in any other doctoral training programme. Each research project has been designed to address current and emergent skill and professional deficiencies, essential for curbing the adverse social consequences of trauma-related psychological distress. Fellows will graduate with an advanced knowledge of how to translate psychotraumatology research into practice, thereby contributing to mitigating the impact of psychotrauma in the EU.

CONTEXT has received funding from the European Union’s Horizon 2020 research and innovation programme, under the Marie Skłodowska-Curie grant agreement No 722523.

CONTEXT will present twelve posters with the following presenters and abstracts titles:

Paper No.: 815: Effectiveness of the WHO’s Low-Intensity Psychosocial Intervention for Refugees. Camila Perera.


Paper No.: 817: Complex PTSD among refugees that are victims of sexual violence. Rachel Frost.
Paper No.: 818: Intergenerational Trauma among Refugees: Preventing the Transmission of Trauma from Parent to Child.
Natalie Flanagan.

Paper No.: 819: Managerial Practices to Ensure the Wellbeing of Humanitarian Volunteers in Post-Conflict Situations.
Kinan Aldamman.

Trina Tamrakar.

Paper No.: 821: Secondary Traumatization in Mental Health Professionals Working with Victims of Child Abuse.
Maria Louison Vang.

Paper No.: 822: Identifying Context-Specific Risk for Discrete Trauma Exposed PSNI Officer Population.
Larissa Sherwood.

Paper No.: 823: Childhood Trauma and Related Mental Health Outcomes in an Offender Population.
Áine Travers.

Ida Haahr Pedersen.

Paper No.: 825: Gender Specific Facilitators and Barriers to Accessing Rape and Sexual Assault Services.
Catherine Walshe.

Paper No.: 826: Developmental and Psychosocial Factors that Predict Offender Desistence.
Tracey McDonagh.
Specific effects of neurofeedback training on adults with traumatic childhood experiences

Victoria Dunaeva¹,²

¹ Activus Aspectus - Innovative Laboratory, Warsaw, Poland
² Moscow University of Psychology and Social Sciences, Moscow, Russian Federation

In my paper, I would like to present some conclusions about neurofeedback method which I use in my practice as a clinical psychologist for healing traumas of my patients’ childhood. I am also intended to pay attention to the consequences of adverse childhood for our adult life. Childhood traumas often become the reason of our inadequate actions, strong emotional reactions in the definite circumstances, our fears, phobias and psychological problems. In most cases childhood traumas can cause learned helplessness syndrome which prevents us from right and well-considered decisions.

Characteristic feature of patients traumatized in childhood is high repression tendencies for psychological evaluation and management. They mainly use such defensive mechanisms as repression, denial and regression. In order to reduce anxiety they need to use more and more defensive mechanisms. In that cases neurofeedback training becomes the essential part of psychological treatment.

In my practice I use Bos-Comfort neurofeedback training which gives a lot of opportunity to conduct psycho-emotional correction for a client. Bos-Comfort neurofeedback was created as a result of 10-years experience of a team of Russian psychologists and neurobiologists. One of methods used in this device is the wheel of emotions by Robert Plutchik. Bos-Comfort shows the client how to learn to control own emotions and make good choices in life.

Basing on my practice, I will show some specific aspects of work with adults with childhood traumas. My task is to maintain a discussion about some difficult cases.

Long-term responses to treatment in UK veterans with military-related PTSD: an observational study

Dominic Murphy¹,²

¹ Combat Stress, Reasearch Team, Leatherhead, Surrey, UK
² King's College London, Camberwell, London, UK
Objectives: Military-related trauma can be difficult to treat. Evaluating longer-term responses to treatment and identifying which individuals may need additional support could inform clinical practice. We assessed one year outcomes in UK veterans treated for PTSD.

Design: Within subject design.

Setting: The intervention was offered by Combat Stress, a mental health charity for veterans in the UK.

Participants: The sample included 401 veterans who completed a standardised six week residential treatment. Of these, 268/401 (67%) were successfully followed up a year after the end of treatment.

Methods: A range of health outcomes were collected pre-treatment and repeated at standard intervals post-treatment. The primary outcome was severity of PTSD symptoms and secondary outcomes included measures of other mental health difficulties (depression, anxiety and anger), problems with alcohol and social and occupational functioning.

Results: Significant reductions in PTSD severity were observed a year after treatment (PSS-I: -11.9, 95% CI: -13.1, -10.7). Reductions in the secondary outcomes were also reported. Higher levels of post-treatment functional impairment (0.24, 95% CI: 0.08, 0.41) and alcohol problems (0.18, 95% CI: 0.03, 0.32) were associated with poorer PTSD treatment response at 12 months.

Conclusions: This uncontrolled study suggests the longer-term benefits of a structured programme to treat UK veterans with PTSD. Our findings point to the importance of continued support targeted for particular individuals post-treatment to improve longer-term outcomes.

Paper No.: 3
Reference: S73
Presentation Type: Oral Presentation
Symposium: S73 - Veterans: Family, Partner and Child Related.

Mental health difficulties and help-seeking beliefs within a sample of female partners of UK veterans diagnosed with PTSD

Dominic Murphy¹,²

¹ Combat Stress, Leatherhead, Surrey, UK
² King's College London, Camberwell, London, UK

In the UK there is a paucity of research about the needs of partners who are supporting ex-service personnel with mental health difficulties. In this study, we surveyed the mental health needs and barriers to help-seeking within a sample of partners of UK veterans who had been diagnosed with PTSD. Our sample included 100 participants. Forty-five percent met criteria for alcohol problems, 39% for depression, 37% for generalised anxiety disorder and 17% for symptoms of probable PTSD. Participants who met case criteria for depression, anxiety and problems with alcohol were more
likely to report a greater number of help-seeking barriers. Participants who were experiencing mental health difficulties were more likely to endorse barriers connected to stigmatising beliefs than those associated with practical issues around accessing mental health services. The evidence presented suggests there may be a considerable burden of mental illness within this population. It would seem prudent to conduct further work to understand how best to address this clinical need.

Paper No.: 5
Reference: S61
Presentation Type: Oral Presentation
Symposium: S61 - Sexual Abuse

Under-reporting of child sexual abuse in Orthodox Jewish communities
David Katzenstein
New York University, School of Social Work, Brooklyn, New York, USA

The pervasiveness and associated under-reporting of child sexual abuse in the United States and across the globe have only come to light in the last twenty-five years, and therefore research on this subject is also in its early stages. The disclosure of rampant cover-ups within the Catholic Church has lifted the veil of secrecy on this difficult topic. Certain cultures and communities still lag far behind with regard to reporting, and this is based on myriad factors specific to each culture or community. This research looks at the specific and nuanced factors that lead to the under-reporting of child sexual abuse within Orthodox Jewish communities, explores ways in which these communities have dealt with reporting sexual abuse in the past, investigate avenues of progress on this issue, and examine factors which continue to impede reporting of abuse.

Paper No.: 6
Reference:
Presentation Type: Oral Presentation
Symposium:

Criticality of saving internally displaced children in Kenya in the aftermath of post election violence (PEV)
Tushar Soha
Starford International University, Juba, South Sudan

Disasters, displacement and deprivation are common experience of humanity. However, human induced and human made disasters are distasteful and disparaging. People in Africa are continually devastated by human made disasters of political, ethnic and genocidal atrocities committed by the
mindless actors taking tolls on life telling untold miseries and manipulations. The children are caught in the crossfire of adult game by no fault of their own traumatising their existence with enactment of horrors and deprivation of childhood. Recruitment of child soldier and forced marriages of girl children by LRA, abduction of girl children by Boko Haram are the cruelest instances of coldblooded inhumanity.

The children are caught in the crossfire of adult game by no fault of their own traumatising their existence with enactment of horrors and deprivation of childhood. Recruitment of child soldier and forced marriages of girl children by LRA, abduction of girl children by Boko Haram are the cruelest instances of coldblooded inhumanity.

The victims of all these events are also impacted by political fluid unleashed by electoral violence that happened in Kenya. The children suffered most in this theatre of violence orchestrated by the criminal minds bred by election results. The children affected by PEV in Kenya are a class by itself. Children residing in displaced environment had been more affected than the adults apart from the instances of gang rape, forced prostitution (UN Report), poor or no schooling etc. The physical, psychological and spiritual development of the children's personality had been compromised.

The study uses secondary data, interviews and field visits covering rehabilitation measures to gauge the extent of its success. The Paper dwells on the deprivation of rights of the children of IDPs living in camps in Kenya through the lens of CRC and examines how these issues are still burning the prospects of a group of unfortunate children.

Paper No.: 7
Reference: S43
Presentation Type: Oral Presentation
Symposium: S43 - Trauma Exposure amongst Professionals.

**Compassion satisfaction and fatigue test: the study of validity and reliability**

_Ebru Yıldız, Ö Mestçioglu, S Yağmur Bilen_

_Esenyurt University, Department of Clinical Psychology, Istanbul, Turkey_

**Introduction:** Compassion Satisfaction and Fatigue Test (CSFT) was developed by Figley and Stamm (1996) aiming to test the compassion satisfaction, compassion fatigue and the burnout level of the professionals working with the people who experienced traumatized events.

The purpose of this study is to test the validity and the reliability of the Compassion Satisfaction and Fatigue Test aiming to use it in Turkey literature.

**Method:** The data was randomly collected from 102 professionals including doctors, nurses, physiotherapists, psychologists and social workers who work with traumatized children and adults. The Compassion Fatigue Test (CFT), Compassion Satisfaction Test (CST) and Burnout Test (BT), the subsets of CSFT, have internal consistency, The Cronbach’s Alpha coefficients of .89, .87 and .84 which are found as the reliability values. Split-half correlation coefficients of these subsets are .79, .85 and .79.

The correlation co-efficiency found for the construct validity of the subsets for CFT are .35 and .83; for CST are .50 and .82 and for BT are .61 and .91.
Results: Evaluating the validity and reliability coefficients of the former subtests of CSFT, the study proved that these subsets have high levels of validity and reliability.

Discussion: The study shows that, determining the compassion satisfaction, compassion fatigue and burnout levels of the health care professionals working with traumatized children and adults is important in taking personal or institutional precautions.

Reference:

Paper No.: 9
Reference: S58
Presentation Type: Oral Presentation
Symposium: S58 - Long-Term Consequences

Child abuse and mental health in adults
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Introduction: Physical and sexual abuse during childhood may cause toxic stress potentially associated with mental disorders such as depression, anxiety, and distress. We aim to investigate the long term mental health effects of physical and sexual abuse.

Methods: We conducted a meta-Analysis. We searched PUBMED, EMBASE and PSYCHINFO databases and manually searched relevant articles. 4,074 studies were evaluated. We included in the meta-analysis studies contrasting abuse exposure vs. no-abuse exposure in childhood in relation to depression, anxiety, and distress in adulthood. Data on sample characteristics, exposure and outcome instruments, covariates, and odds ratios (Or) with the respective 95% confidence intervals (CI) were extracted. Combined odds ratios (ORs) and respective 95% CI were calculated using random effects models by type of exposure and outcome; heterogeneity was explored in subgroup analyses by type of study instrument.

Results: Inclusion criteria were met by 19 studies with 115,579 study participants, assessing depression (n=14), anxiety (n=13), distress (n=7). The combined OR for depression related to sexual abuse was 2.04 (95% CI, 1.65-2.53). For depression related to physical abuse, the OR was 1.49 (95% CI, 1.29-1.72). The OR for anxiety related to sexual and physical abuse respectively, were 2.52 (95% CI, 2.12-2.98) and 1.70 (95% CI, 1.33-2.18). The OR for sexual abuse and distress was 3.72 (95% CI, 2.50-5.60); for physical abuse and distress, 4.34 (1.38-3.40).

Discussion: Child exposures to sexual and physical violence are associated with depression, anxiety, and distress in adulthood, independent of type of exposure and outcome assessment instrument.
A qualitative investigation of therapists experiences of countertransference when working with children who have experienced complex trauma: preliminary analysis

Germaine Ingle-cook
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The notion of countertransference has developed out of psychoanalysis and is commonly understood as the therapist’s emotional reactions to the client. The aims of this study were to investigate the types of countertransference therapists experience when working therapeutically with children who have experienced complex trauma. The study also aimed to investigate the impact of working with children who have experienced complex trauma on the therapist’s sense of wellbeing and to examine therapist’s strategies for understanding and managing countertransference. To explore these aims a qualitative approach was employed and 15 therapists were interviewed about their therapeutic work with children who have experienced complex trauma. A thematic analysis was employed to analyse the data and initial analysis revealed a number of countertransference reactions, as well as implications for supervision and training. This poster presents the preliminary analysis of these interviews.

Violent crime against children with disabilities: a nationwide prospective birth cohort-study

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**Aims:** The rate of violent victimization against children with disabilities is thought to be higher than the rate for children without disabilities. Previous population studies lack scientifically sound research methodology and results are weak or inconclusive.

**Method:** data is based on a national study of victimization and violent offending behavior against children <18 years of age using total birth cohorts (N=624,800). The statistical analysis is a discrete time Cox-model. An extended list of potential risk factors was included in the analysis in order to adjust for confounding.

**Results:** Children with disabilities are more likely to be victimized of a convicted violent crime than nondisabled children: ADHD adjusted odds ratio: 1.7 (1.6-1.8), mental retardation: 1.2 (1.1-1.3),
brain injury: 1.3 (1.2-1.3). Autism, speech, sensory or physical disabilities, epilepsy, and dyslexia were not associated with increased risk of violent victimization, when adjusted for confounding risk factors.

Discussion: Assessment of risk factors may permit professionals to facilitate prevention and treatment interventions, such as psychoeducation of family members, teachers, and school-mates in order to increase understanding of the disability conditions. The study underreports the size of the problem because adolescents with disabilities face barriers when reporting victimization.

Paper No.: 14
Reference: S01
Presentation Type: Symposium
Symposium: S01 - PTSD & complex PTSD: ICD -11 updates on concept and measurement

PTSD & complex PTSD: ICD -11 updates on concept and measurement
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The upcoming 11th revision to the World Health Organization’s International Classification of Diseases (ICD-11) proposes two distinct sibling conditions, Posttraumatic Stress Disorder (PTSD) and Complex PTSD (CPTSD), under a general parent category of traumatic stress disorders. PTSD is comprised of three symptoms clusters including (1) re-experiencing of the trauma in the here and now, (2) avoidance of traumatic reminders, and (3) a persistent sense of current threat that is manifested by arousal and hypervigilance. ICD-11 CPTSD includes the three PTSD clusters and an additional three clusters that reflect disturbances in self-organization: (1) affective dysregulation, (2) negative self-concept, and (3) disturbances in relationships. These disturbances are proposed to be typically associated with sustained, repeated, or multiple forms of traumatic exposures (e.g., genocide campaigns, childhood sexual abuse, child soldiering, severe domestic violence, torture, or slavery), reflecting loss of emotional, psychological, and social resources under conditions of prolonged adversity. The formulation of PTSD and CPTSD as two distinct disorders has been supported by differences in risk factors proposed pathophysiology, levels of functional impairment, and, potentially, course and duration of treatment. In this symposium, we aim to provide an update on the latest research regarding the conceptual structure and measurement of PTSD and CPTSD using the ICD-11 Trauma Questionnaire (ICD-TQ) as per ICD-11 proposals in USA, UK, Germany and Lithuania.
Initial psychometric assessment of ICD-TQ: a new measure for the assessment of PTSD and CPTSD as per ICD-11 criteria

Thanos Karatzias
Edinburgh Napier University & Rivers Centre, Department of Health & Social Care, Edinburgh, UK

Introduction: ICD-11 proposes two conditions following exposure to traumatic events; Posttraumatic Stress Disorder (PTSD) and Complex PTSD (CPTSD). The primary aim of this study was to provide an initial assessment of the reliability and validity of a newly developed self-report measure of ICD-11 PTSD and CPTSD; the ICD-11 Trauma Questionnaire (ICD-TQ).

Method: Participants in this study were a sample of individuals who were referred for psychological therapy to a National Health Service (NHS) trauma centre in Scotland (N = 193). Participants completed the ICD-TQ and measures of traumatic life events, DSM-5 PTSD, emotion dysregulation, self-esteem, and interpersonal difficulties.

Results: Using the ICD-TQ, two subgroups of treatment-seeking individuals could be empirically distinguished based on different patterns of symptom endorsement; a small group high in PTSD symptoms only and a larger group high in CPTSD symptoms. Confirmatory factor analysis results supported the factorial validity of the ICD-TQ with results in line with ICD-11 proposals. The ICD-TQ demonstrated satisfactory internal reliability, and correlation results indicated that the scale exhibited convergent and discriminant validity. CPTSD was more strongly associated with more frequent and a greater accumulation of different types of childhood traumatic experiences and poorer functional impairment.

Discussion: Current results provide initial support for the psychometric properties of this initial version of the ICD-TQ. Future theoretical and empirical work will be required to generate a final version of the ICD-TQ that will match the diagnostic structure of PTSD and CPTSD when ICD-11 is published.
Introduction: This study aimed to 1) identify longitudinal trajectories of PTSD treatment response in survivors of childhood sexual abuse (CSA) and 2) examine the role of social support, coping style and posttraumatic stress disorder (PTSD) symptom clusters as predictors of the treatment response trajectories.

Method: We utilised a sample of 439 Danish survivors of childhood sexual abuse attending treatment in Denmark. Assessments were conducted on a six monthly basis over a period of 18 months. We employed latent class growth analysis to test for multiple trajectories and the three step approach to conduct a multinomial logistic regression. Age, sex, coping, symptom clusters and social support were examined as predictors of the trajectories.

Results: The results revealed four distinct trajectories which we labelled; high PTSD moderate responder, high PTSD treatment resistant, moderate PTSD rapid responder, and moderate PTSD gradual responder. Emotional coping, avoidance symptoms and re-experiencing symptoms were associated with more severe PTSD and treatment resistance. High social support was associated with lower baseline PTSD and PTSD recovery.

Discussion: The treatment response of PTSD in CSA survivors is characterised by distinct patterns with varying levels and rates of symptom improvement. The results suggest that social support is a protective factor and emotional coping is a risk factor in relation to PTSD recovery. Further, avoidance and re-experiencing symptoms were associated with more severe and chronic PTSD. Targeting these factors in treatment may lead to better outcomes for CSA survivors.

Paper No.: 17
Reference: S65
Presentation Type: Oral Presentation
Symposium: S65 - Violence & Treatment

Outcomes of a psychotherapeutic and a psychoeducative group intervention for children exposed to intimate partner violence
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2 University of Karlstad, Department of Social and Psychological Sciences, Karlstad, Sweden

Introduction: Experience of violence towards a caregiver during childhood is associated with a risk of negative impact on children’s health and development, and there is a need for effective interventions in clinical as well as in community settings. Research has shown that existing interventions in Sweden for children with experience of violence towards a caregiver are associated with positive but insufficient outcomes. In addition to implementation of new evidence based
interventions expanded knowledge is needed on outcomes of established interventions aiming at identifying possible needs for improvement.

**Method:** The current study is an effectiveness study aiming at investigating the outcomes of two established group interventions for children exposed to intimate partner violence and their non-offending parent, one community based psychoeducative intervention and one psychotherapeutic treatment intervention. The study included 50 children, 24 girls and 26 boys, aged 4-13 years. Background information, child and parental mental health problems and trauma symptoms was assessed pre- and post-treatment as well as 6 and 12 months post treatment.

**Results:** The results indicate that children benefit from both interventions, yet mothers of a majority of the children still reported child trauma symptoms at clinical levels post treatment. Preliminary results from the follow up assessments will be presented, such as outcomes in symptoms reduction and possible associations with confounding variables.

**Discussion:** Theoretical, methodological and clinical implications will be discussed.

**Paper No.: 18**
**Reference: S55**
**Presentation Type: Oral Presentation**
**Symposium: S55 - Recklessness as a Response to Trauma**

**Life course poly-victimisation and psychopathology in an adult male population**
*Carol Burns, S Lagdon, D Boyda, C Armour*
*Ulster University, Department of Psychology, Coleraine, Co Londonderry, UK*

**Introduction:** Victimization experiences, particularly those of an interpersonal nature, often have deleterious outcomes. Research into victimisation experiences is disproportionately weighted toward females thus males are a forgotten population.

**Method:** Data from 14,477 adult males from the National Epidemiologic Survey on Alcohol and Related Conditions Wave II (NESARC II), was utilised to identify profiles of victimization by Latent Class Analysis. Binomial Logistic Regression was then utilized to establish comparative risk levels across mental health outcomes.

**Results:** A 4-class solution was considered optimal. Class-1 (81.4%) exposed a group with low endorsement probabilities across all the victimisation indicators. Class-2 (4.5%) showed moderate endorsement across indicators and Class-3 (12%) showed raised endorsement on assault indicators in adulthood. Both profiles (Class-2 & -3) showed elevated odds ratios (OR’s) for the presence of diagnosed mental health disorders. Class-4 (2.1%) showed high endorsement of all victimisation indicators and showed the highest odds (OR=13.22, CI=0.150-0.190) of meeting the diagnostic criteria of PTSD.

**Discussion:** Findings from the current study indicate multiple discrete typologies of victimisation exist, and that victimization experience is strongly associated with diagnosis across several mental health disorders.
Adverse childhood experiences profiled by gender; relationship to internalising and externalising adult psychopathology

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Introduction: Adverse Childhood Experiences (ACE’s) are associated with multiple negative mental health outcomes. This study aimed to identify typologies of ACE by gender, examining their relationship with Internalising and Externalising psychopathologies.

Method: Data from the Adult Psychiatric Morbidity Survey (APMS, 2007) was utilised (n=7251). Eight measures of ACE were investigated in a Latent Class Analysis (LCA) by KNOWNCLASS. Indicators of internalising and externalising psychopathology were regressed onto the exposed classes.

Results: LCA uncovered three distinct typologies; a normative class, a no/low probability of endorsing neglect/parental separation class and a class evidenced by high endorsement of neglect/parental separation. LCA demonstrated that males and females experienced similar profiles of ACE’s, albeit with varying levels of endorsement probabilities. Binomial Logistic Regression analysis for females showed increased probability of endorsing internalising psychopathologies for victimised classes. Male victimisation classes were less likely to endorse externalising psychopathology (no neglect/parental separation- OR=1.040, 95%CI 0.670-1.410; high neglect/parental separation- OR=1.713, 95%CI 1.327-2.100) compared to the non-victimised class, contrary to previous literature.

Discussion: Findings suggest that male and female typologies of ACE’s may be more similar than currently thought, even though endorsement rates vary. Further investigation is necessary to elucidate the relationship between ACE’s and psychopathology in male populations.
Introduction: Professionals who work with trauma survivors, due to their indirect exposure to their clients’ trauma memory and associated painful emotions, are at risk of compassion fatigue. This study aimed to identify subtypes of compassion fatigue that are both empirically and clinically meaningful data from mental health professionals in South Korea.

Method: All participants (n=423) reported to have at least one client who had experienced a traumatic event. Participants completed items of demographic and professional characteristics, Professional Quality of Life (ProQOL 5; Stamm, 2010), The Center for Epidemiological Studies Depression Scale (Radloff, 1977), and Symptom Checklist-90-R (Derogatis, 1994). LCAs using Mplus version 7 (Muthén & Muthén, 2012) was conducted to examine an appropriate number of profiles of the CS, BO, and STS of the ProQOL 5.

Results: A two-class model was determined to provide the optimal representation of latent classes. The two classes were labeled as Class 1 (Resilient Class, N = 210; 49.6%) and Class 2 (Dysphoric Class; N = 213, 50.4%). The Resilient Class consisted of professionals with high CS and low STS and BO, and the Dysphoric Class included ones with low CS and high STS and BO. Differences of psychological symptoms between the two classes were tested, and significant differences were found on depression, interpersonal sensitivity, and somatization.

Discussion: Results of this study proved that the ProQOL 5 is a helpful tool to screen for professionals negatively affected by helping trauma survivors, and establishing empirically valid profiles will further benefit its users.

Paper No.: 21
Reference: S47
Presentation Type: Oral Presentation
Symposium: S47 - Mental health in the Refugee Population

Mental health screening in refugees - assessing the needs of the vulnerable seeking asylum
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Introduction: A substantial number of refugees present with psychiatric disorders. Despite EU guidelines demanding the identification and support of especially vulnerable individuals such as refugees experiencing traumatic stress, there are as yet no adequately validated and comprehensive mental health screening instruments for refugees residing in Europe. Therefore, we examined the feasibility and psychometric measures of the Refugee Health Screener – 15 (RHS-15), a short screening instrument developed by Hollifield et al. (2013), and also sought to obtain an estimate of the current prevalence of mental health problems in current refugees.

Methods: A sample of refugees (N = 86), representative of those who had arrived around the turn of the year 2015/2016 in Germany, filled in the RHS-15 in their native language. A semi-structured clinical interview was later conducted with a randomly selected subsample (n = 56).
**Results:** The RHS-15 showed excellent psychometric properties in both the self-rating and the interview version. It detected clinically relevant mental health problems when PTSD, depression, anxiety, or somatization problems were present. A shorter 13-item version proved to be equally valid. Fifty-two percent of the refugees examined screened positive in the RHS-15, indicating an endemic proportion of current mental health problems.

**Discussion:** Together with previous research, our findings show the urgent need for large-scale programs detecting mental health problems, e.g. by integrating the RHS into the initial medical examination conducted in the host community. Moreover, task-shifting seems necessary to establish treatment options for those in need.

**Paper No.:** 22  
**Reference:** S68  
**Presentation Type:** Oral Presentation  
**Symposium:** S68 - EMDR Treatment

**EMDR with complex traumatized children – an evaluation and two case studies**  
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EMDR treatment was evaluated with 15 complex traumatized children. The purpose was to investigate if treatment, where EMDR was included as one of the treatment elements, had any association with wellbeing, general functioning and trauma symptoms. A questionnaire was used to collect quantitative data before and after treatment. The Strengths and Difficulties Questionnaire (SDQ) was used for measuring wellbeing, The Children's Global Assessment Scale (C-GAS) rated the general functioning and The Trauma Symptom Checklist for Children (TSCC) rated trauma symptoms. The children had been exposed to several different kinds of severe traumatic events. After treatment the children had significantly less trauma symptoms and higher degree of general global functioning compared to before treatment. Two case studies are included in the paper. The case studies illustrate how relationship therapy was integrated in the treatment parallel to the trauma work. Our results indicate that treatment integrating EMDR and relationship therapy should be continued to be offered to complex traumatized children. More research of which part of the treatment that is effective is needed.

**Paper No.:** 23  
**Reference:** S19.3  
**Presentation Type:** Symposium  
**Symposium:** S19 - Child and parental posttraumatic cognitions in the aftermath of child trauma: recent findings and new directions
**Parent mental health development following child trauma exposure: a longitudinal study**

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**Introduction:** Following child trauma exposure, not only is the child vulnerable to the development of posttraumatic stress disorder, but this also extends to his or her parent(s). Although, research has focused on prevalence rates of parental PTSD development following child trauma exposure, little is known about factors which may influence the development and maintenance of parental mental health symptoms post-trauma. The aim of this study was to investigate the effect of risk factors on the trajectories of parent PTSD, depression, stress, and anxiety symptoms over a period of six months following their child’s exposure to a traumatic event.

**Method:** Participants (N=132; 119 female) were recruited to the study following the child’s admittance to one of four A&E departments in hospitals located in the South West of England; and were followed-up longitudinally at 4 weeks, 3 months, and 6 months, post-trauma. At each time point parents were asked to complete a number of mental health measures including the Posttraumatic Diagnostic Scale, the Parental Traumatic Response Questionnaire, and the Depression Anxiety and Stress Scale.

**Results:** Results indicated that average trajectories for parental PTSD, stress, depression and anxiety declined over time. Findings from a series of multilevel models found that several maladaptive cognitions, such as perceived change or damage to the family, did have a significant effect on parental mental health scores over time.

**Discussion:** In line with previous research, results support findings that maladaptive coping strategies post-trauma have a significant effect on parent mental health development.

**Paper No.:** 24

**Presentation Type:** Poster Presentation

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**A tablet-based approach to enhance child engagement and provider fidelity in trauma-focused CBT**

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**Introduction:** The quality of psychosocial treatment delivery is highly variable in community practice settings, even among well-trained providers. The mental health field needs scalable solutions that
can help to improve clinical outcomes and close the gap between what is known and what is practiced.

**Method:** We conducted a randomized controlled feasibility trial to examine the feasibility of implementing tablet-facilitated Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) in four community mental health agencies with a sample of 13 providers and 27 families. Provider fidelity and child engagement in child mental health treatment was measured observationally via audiorecording of sessions. Qualitative data also were obtained from providers and families.

**Results:** Findings supported the feasibility of this approach after only a 45-min training session. Providers actively and appropriately used the toolkit to engage children, and providers and families expressed high satisfaction with its use. Although this pilot study was underpowered to examine differences between groups in engagement, fidelity, and child outcomes, all benchmarks for feasibility were met or exceeded, and preliminary comparisons were promising.

**Discussion:** This study found that a tablet-based toolkit was acceptable to providers and families and may readily be integrated into mental health treatment with minimal training. Further study is needed to examine the extent to which technology-based applications may enhance the quality and outcomes of mental health treatment delivered to children and families.

**Paper No.: 27**

**Reference:** S19.2

**Presentation Type:** Symposium

**Symposium:** S19 - Child and parental posttraumatic cognitions in the aftermath of child trauma: recent findings and new directions

**Understanding the role of parents in children’s recovery from trauma: is parent posttraumatic cognition the key?**

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**Background and Aims:** Parents play a critical role in children’s recovery from traumatic events, but the mechanisms are poorly understood. Parent posttraumatic cognition could help to explain why parents’ responses are critical to child outcomes. Parental posttraumatic cognitions about their child’s trauma may negatively influence a child’s appraisals of the event thereby contributing to the development and maintenance of the child’s posttraumatic stress symptoms. This study investigated the relationship between posttraumatic cognition in parents and children, and posttraumatic symptoms (parent and child) following children’s exposure to trauma.
Method: Participants were 90 parents and children aged 8-16 years who had been physically injured (e.g., sporting injury, burns, motor vehicle accident) and subsequently admitted to hospital for at least 24 hours. Data collection involved questionnaires to assess parent and child posttraumatic cognitions and mental health outcomes (posttraumatic stress, depression, anxiety, externalising symptoms) 3-6 months post-injury. A new measure of trauma-related cognitions, the Thinking About Recovery Scale, was used to assess parental beliefs about their children’s recovery from traumatic events.

Results: Data showing the associations between parent and child posttraumatic cognitions and the relationships with posttraumatic stress symptoms will be presented. Results will be discussed in terms of the contribution of parental cognitions to understanding the relationship between parental and child posttraumatic adjustment.

Discussion: Conclusions will highlight how parental posttraumatic cognition is associated with parent and child mental health outcomes following children’s trauma exposure. This research is a necessary step in advancing knowledge about parental influences on children’s recovery from traumatic events.

Paper No.: 28
Reference: S72
Presentation Type: Oral Presentation
Symposium: S72 - Veterans: Mental Health and Treatment

Psychiatric comorbidity profile in a treatment-seeking Canadian veterans population
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Military personnel and veterans are at significant risk for PTSD, major depressive disorder (MDD), generalized anxiety disorder (GAD), panic disorder (PD), and alcohol and substance use disorder; making this a highly comorbid population. We examined our treatment-seeking population of Canadian Forces (CF) members and veterans, younger than 65-years-old (N=538), to determine prevalence of probable mental health conditions, comorbidity patterns, and factors associated with comorbidity. The Patient Health Questionnaire was used to determine MDD, GAD, and PD; the Alcohol Use Disorders Identification Test determined alcohol use disorder; the Drug Abuse Screening Test determined drug use disorder; and the PTSD Checklist–Military version determined PTSD. We conducted latent class analysis (LCA) to assess latent classes of comorbidity and logistic regression to determine factors associated with class membership.
Results showed high levels of comorbidity with over 75% of participants having more than one mental health condition, the most common being PTSD (71.6%) followed by MDD (64.5%). LCA revealed two class model: a high comorbidity class (67.8%) in which members were likely to have PTSD (92.6%), MDD (89.6%), GAD (66.3%) and PD (66.0%); and a low comorbidity class (32.2%) in which members predominantly had alcohol use disorder (34.7%) with a relatively low comorbidity. Older participants had significantly higher odds of being in the high comorbidity class and neither sex nor number of deployments were significant predictors of class membership. Our results demonstrate a high rate of comorbidity among treatment-seeking CF members and veterans, particularly among those with PTSD and highlights the importance of assessing comorbidity.

Paper No.: 29
Reference: S63
Presentation Type: Oral Presentation
Symposium: S63 - Institutional- and Fostercare

Child abuse and neglect in institutional foster-care settings, cumulative life-time traumatization, and adult survivors’ mental health: The Vienna Institutional Abuse Study
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Introduction: Child abuse and neglect in foster care institutions (IA) negatively impacts adult survivors’ life course. The Vienna Institutional Abuse-Study (VIA-S) aimed to explore the nature and scope of survivors’ traumatic lifetime experiences, to identify psychopathological long-term correlates, and to contrast the trajectories following IA with the trajectories of groups of adults who did not experience child abuse or who experienced child abuse within their family.

Methods: In 220 adult survivors of IA (age: M=57.9 years, SD=9.5) and 234 adults who partially experienced child abuse within their family (age: M=58.2 years, SD=10.3) we used the Childhood Trauma Questionnaire and the Life-events Checklist to explore the experience of traumatic events and the Structured Clinical Interview for DSM-IV, the PTSD Checklist for DSM-5, the Brief Symptom Inventory-18, and the ICD-11 Trauma Questionnaire to assess current and lifetime psychopathology. We used mediation analysis to predict current psychopathological distress by child abuse, mediated by adult life-events.

Results: Adult survivors of IA experienced more severe abuse and more life-events than the comparison groups. The most frequent current diagnosis was PTSD (35.6%) in the IA sample. All types of child abuse significantly predicted psychopathological distress, and the prediction of all types except for emotional neglect was mediated by adult life-events.

Discussion: Adult survivors of IA suffer from severe mental health problems throughout their life-time that go beyond the burden of adults who experienced abuse in their family. Child abuse
directly predicts mental health problems; this effect is often mediated by cumulative life time traumatization.

Paper No.: 30
Reference: S02
Presentation Type: Symposium
Symposium: S02 - Essentials of resilience: sense of coherence-revised and the steeling effect

Essentials of resilience: sense of coherence-revised and the steeling effect
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Resilience research is still looking for genuine research concepts or paradigms that go beyond an atheoretical investigation of protective and risk factors. Aaron Antonovsky’s salutogenesis approach and his theoretical concept of sense of coherence had been an extremely important milestone in this line of much-needed research. In another important area of resilience research, Richard Liu elaborated on the psychological concept of steeling in humans. Steeling refers to a reduced vulnerability to later stressors by an antecedent psychological inoculation or immunization and previous research had focused mainly on animal models. The symposium brings together new concepts and studies in these areas with data from a meta-analysis, a nationally representative sample, a grief and bereavement sample, as well as qualitative data from older adults reflecting on their time as indentured child labourers and its effect on their health in old age.

Paper No.: 31
Reference: S02.2
Presentation Type: Symposium
Symposium: S02 - Essentials of resilience: sense of coherence-revised and the steeling effect

The new sense of coherence - revised: reasons for redevelopment and psychometric properties
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The presentation introduces a revised Sense of Coherence (SOC) Scale, a new conceptualization and operationalization of the resilience indicator SOC. We outline the scale development and aims for testing its reliability, factor structure, and validity. Literature on Antonovsky’s SOC (SOC-A) was critically reviewed to identify needs for improving the scale. The new scale was investigated in two samples. Sample 1 consisted of 334 bereaved participants, sample 2 of 157 healthy controls. The revised SOC Scale, SOC-A, and theoretically relevant questionnaires were applied. Explorative and
confirmatory factor analyses established a 3-factor structure in both samples. The revised SOC Scale showed significant but discriminative associations with related constructs, including self-efficacy, posttraumatic growth, and neuroticism. The revised measure was significantly associated with psychological health indicators, including persistent grief, depression, and anxiety, but not to the extent as the previous SOC-A. Stability over time was sufficient. This study provides psychometric support for the revised SOC conceptualization and scale. It has several advantages over the previous SOC-A scale. We will discuss the use of the concept and scale for clinical and health psychological testing or research into the growing field of studies on resilience in face of traumatic life events.

**Paper No.: 32**  
**Presentation Type:** Poster Presentation

**Self-esteem mediates the relationship between emotion regulation strategies and anger in a sample of adult survivors of institutional childhood abuse**  
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**Introduction:** Anger is a known factor that adds to the distress of mental health problems in traumatized samples. A key role in this relationship plays the limited access to emotion regulation strategies. In persons with a history of severe trauma, low access to emotion regulation strategies, low self-esteem and high levels of anger are frequently reported, but to our knowledge their interaction has not been investigated. Within this relationship we examined the role of self-esteem and we expected that it would mediate the role of emotion regulation strategies on different forms of anger.

**Method:** In an Austrian sample of 220 adult survivor of institutional childhood abuse we assessed the relationship of emotion regulation strategies (DERS), trait anger (STAXI), anger rumination and displaced aggression (DAQ), and self-esteem (MSWS) with three mediation analyses.

**Results:** In all three analyses we found that the effect of emotion regulation strategies on different forms of anger was mediated by self-esteem. The percentage of the mediated effect was 26% for trait anger, 50.8% for displaced aggression, and 57.5% for anger rumination.

**Discussion:** Our data show that self-esteem plays an important role in the effect of emotion regulation strategies on different forms of anger. Emotion regulation strategies are supported in their beneficial effects on distressing emotional states by a positive self-esteem. As a practical implication for treatment it may be assumed that by increasing self-esteem, the effectiveness of adaptive emotion regulation strategies in traumatized patients is positively influenced.

**Paper No.: 33**  
**Reference:** S02.4  
**Presentation Type:** Symposium
Successful ageing in former indentured child laborers – a qualitative study on the steeling effect

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**Introduction:** Given its virtually tabooed nature, previous research vastly neglected potentially occurring beneficial outcomes related to aversive childhood experiences. Animal paradigms provide first evidence that the steeling effect may be used as an explanatory theory behind the strengthening rather than a weakening effect through childhood adversities in some individuals. It remains unclear whether the steeling effect can be found in healthy elderlies that grew up as indentured child laborers (Verdingkinder) in Switzerland and whether it can be used to explain successful ageing.

**Method:** Half-standardized interviews of 60-120 minutes were conducted with N = 12 healthy former Verdingkinder (Mage = 80 years). Participants were interrogated on coping mechanisms and formative experiences during and after the time as Verdingkind, and their subjective view on the relationship between the time as Verdingkind and their good health in old age. Qualitative content analyses were used to analyze the transcribed interviews.

**Results:** A multifactorial model for the explanation of good health in old age in former Verdingkinder could have been identified. First results indicate that the steeling effect was found to be a relevant factor to explain good health in older individuals that experienced childhood adversities as indentured child laborer. This beneficial effect was not explainable by the aversive experiences per se but by the conscious confrontation with those in adult life leading to acceptance and coming to terms with the past.

**Discussion:** Potential implications of these results for future quantitative studies are going to be discussed at the conference.

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**Attrition in reported rapes: where and why?**

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Research has shown that only a minority of reported rapes are prosecuted by the criminal justice system. However, the question remains why? Research in this area have mainly been conducted in the US and the UK. Studies from other countries are needed to investigate whether attrition of rape is similar elsewhere.

The present poster presents the results of an investigation of attrition in reported rape cases at several time points in the legal process, including documented statements for case closure by the police and the prosecution. In addition, this study examined potential differences between a group of victims in contact with a multidisciplinary rape crisis center compared to a group of victims not in contact with this center. The study was conducted as a case-file analysis of all rapes reported to a Danish police district (n=282) over a three year time period (2008-2010). Results showed an overall conviction rate of 13.5%. Most cases were closed by the police (61.7%). Insufficient evidence and victims withdrawing from the investigation were important factors for attrition. We found no significant differences in attrition patterns or legal reasons regarding case closure between the group of victims who had been in contact with the rape crisis center and those who had not. We encourage knowledge sharing across different countries on experiences of attrition in rape cases and initiatives to improve the psychological and legal support for victims of rape.

Paper No.: 36
Presentation Type: Poster Presentation

When victims of rape withdraw from the police investigation

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Many reported rapes are closed because victims withdraw from the police investigation, but little is known about why. Based on a sample of 282 reported rapes to a Danish police district, this poster present the results of a mixed method approach to identify characteristics and police documented reasons of victim withdrawal from the investigation. Logistic regression analysis was used to investigate the impact of a number of victim or assault characteristics on the likelihood of victim withdrawing from the investigation. Results showed that the lack of forensic examination increased the likelihood of victim withdrawal significantly. Furthermore, a qualitative content analysis of police documented reasons for victim withdrawal was conducted. Police documented reasons indicated that some victims may withdraw due to the psychological burden when participating in the investigation. We discuss these results in relation to the importance of evidence collection and initiatives targeted at reducing the psychological distress among victims of rape when participating investigations.
Introduction: The great East Japan Earthquake (11th March 2011) led to the relocation of almost a third of a million citizens. We actually know remarkably little about how refugees adapt over time. We report panel data collected after the 2011 Great Japan earthquake, tsunami and nuclear accident.

Method: We report a multi-level analysis of survey data from 22,000 refugees questioned by Miyagi Prefecture, one year after the earthquake (time 1: response rate 73% of families contacted) (Goodwin et al, 2015), and 12,600 of the same respondents who completed a similar questionnaire one year later (time 2) (see also Matsuyama et al, 2016). Alongside demographic variables, family and building loss, illness history and physical activity following the earthquake we compare psychological distress and dysfunctional behaviours amongst those moving from Fukushima compared to those from Miyagi prefecture, as well as support from household visitors and family members.

Results: Living in Fukushima at the time of the earthquake, perceived illness, lack of exercise and low levels of social support were also predictive of distress, although this varied across supporter and within families. Those with a psychological supporter at T1 were less willing to report severe mental illness at T2 (OR .58). Support from a friend at T1 was particularly significant for less risk of mental illness at T2 (OR .66).

Discussion: Refugees face several range of challenges when moving away from their homes. Relocation schemes and Prefectural programmes need to account for complex efficacy of support provision across actors.

Introduction: The concepts of trauma and posttraumatic growth are expressions typically found in Euro-American contexts. However, experiencing the process of overcoming adversity may be
differently understood and expressed among different cultures. The aim of this present study was to explore, how members of the indigenous Pitaguary community in Brazil perceive the process of overcoming adversity and how they express this metaphorically. The goal was to investigate which metaphorical images are specific for their culture and how these key metaphors can be culturally contextualized.

Method: During a one-month ethnographic field work, 14 members of the indigenous Pitaguary community were interviewed by means of semi-structured interviews. Moreover, a sentence-completion task for metaphor production was conducted.

Results: The metaphors expressed in their narratives reveal the Pitaguary community’s strong connection with their natural surroundings and draw parallels to their sociocultural background. Central metaphors include pictures of battle, confinement vs. freedom, paths in life and — against our expectations — images of growth.

Discussion: Key metaphors can reveal more about a culture’s collective mindset and worldview, and thus their conception of psychological processes. Our findings suggest that considering expressive nuances is crucial to understanding culturally specific processes in the aftermath of trauma, and therefore to treat the patients adequately.

Paper No.: 39
Presentation Type: Poster Presentation

Trauma rehabilitation in a refugee context in East Africa
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Introduction: Center for Victims of torture (CVT) was founded in 1985 as an independent nongovernmental organization providing rehabilitation services for refugees in St. Paul, Minnesota. In 1999 CVT launched its first international direct services program working with Sierra Leonean refugees in Guinea, West Africa. CVT Kenya has provided rehabilitation services to torture and war survivors in Dadaab, the world’s largest refugee camp, and in Nairobi. Many refugees have experienced targeted violence as well as random atrocities of war. Most of the refugees are from Somalia with others from South Sudan, Ethiopia, Eritrea and other countries, mainly in the Great Lakes Region of Africa.

Methods: The CVT treatment model is informed by the stage-oriented model of trauma recovery (Herman, 1992). In this approach, (1) building safety and a therapeutic relationship serve as the foundation for later (2) exploration of traumatic experiences and their associated difficult emotions and ending in (3) reconnection with self, others, and life. In addition, to counseling services provided by mental health professionals, physical therapy and referral services are provided. The CVT treatment model also includes provision of training and supervision for staff.
Results: Analyses of outcome data will be presented. Assessments of mental and physical health needs, as well as the life situation are conducted at intake and at 1-, 3-, 6- and 12- month follow-ups.

Discussion: Recommendations based on outcomes and lessons learned will be presented.

Paper No.: 40
Reference: S59
Presentation Type: Oral Presentation
Symposium: S59- Psychopathology and Shame.

Self-objectification and disrupted body boundaries as mediators of the relation between childhood maltreatment and shame

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One of the most devastating long-term outcomes of childhood maltreatment is a sense of shame, which may lead to distress and reduced well-being. Self-objectification is a process – manifested in feelings of invisibility and lack of autonomy – in which individuals internalize an external objectification and perceive themselves as instruments for the use of others. Body boundaries represent the sense of the self as a distinct physical entity, since well-defined boundaries are experienced as barriers that protect individuals from their surroundings. As abusive acts often involve both an invasion of victims’ bodies, as well as the use of victims as objects for venting the perpetrators' impulses and urges, the current study examines a dual-path model in which the relations between childhood maltreatment, shame, and well-being are mediated by both self-objectification and a sense of disrupted body boundaries. Questionnaires assessing history of childhood maltreatment, self-objectification, disrupted body boundaries, shame, and subjective well-being were filled out by 531 female students. Results from structural equation modeling (SEM) analyses indicated that both self-objectification and disrupted body boundaries significantly mediated the association between childhood maltreatment and sense of shame. In addition, both were associated with reduced levels of well-being, through the mediating role of shame. These findings support the dual-path model, which stresses the physical and mental ramifications of childhood maltreatment and emphasizes the importance of considering self-objectification and disrupted body boundaries when designing effective interventions for adult survivors.

Paper No.: 41
Presentation Type: Poster Presentation

Heterogeneity in patterns of DSM-5 posttraumatic stress disorder and depression symptoms: latent profile analyses

Ateka Contractor¹, M Roley-Roberts², S Lagdon³, C Armour⁴
Introduction: Posttraumatic stress disorder (PTSD) and depression co-occur frequently following the experience of potentially traumatizing events (PTE) (e.g., Morina et al., 2013). A person-centered approach to discern heterogeneous patterns of such co-occurring symptoms is recommended. We assessed heterogeneity in PTSD and depression symptomatology; and subsequently assessed relations between class membership with psychopathology constructs (alcohol use, distress tolerance, dissociative experiences).

Methods: The sample consisted of 268 students who had experienced a PTE and subsequently endorsed clinical levels of PTSD or depression. Latent profile analyses (LPA) was used to identify the best-fitting class solution accounting to recommended fit indices; and the effects of covariates was analyzed using a 3-step approach.

Results: Results of the LPA indicated an optimal 3-class solutions: high severity, lower PTSD-higher depression, and higher PTSD-lower depression. Covariates of distress tolerance, and different kinds of dissociative experiences differentiated the latent classes.

Discussion: We found evidence for a depressive subtype of PTSD differentiated from other classes in terms of lower distress tolerance and greater dissociative experiences. Transdiagnostic treatment protocols may be most beneficial for these latent class members. Results supported the distinctiveness of PTSD and depression at lower levels of PTSD severity (mainly in distress tolerance abilities) and hereby the current classification system.

Paper No.: 42
Reference: S03.4
Presentation Type: Symposium
Symposium: S03 - Child post-trauma adjustment in a family context: the role of parenting from conceptualisation to treatment

Disaster recovery triple P: a universal approach to helping parents support their children after disasters (or any potentially traumatic event)

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\textsuperscript{2} James Cook University, Townsville, Queensland, Australia

Introduction: The interdependence of parents’ and children’s distress post-disaster is well-established. In addition to parental distress, changes in parenting behaviors and family environment factors may also put children at risk. With a focus not only on reducing risk, but also enhancing
resilience, Disaster Recovery Triple P (DRTP; a 2-hour parenting seminar) was developed following the 2011 floods in Queensland, Australia.

**Method:** DRTP is psychoeducational in nature; content includes: common emotional and behavioral responses in children post-disaster, the natural course of these responses over time, predictable triggers for distress, why some children are more affected than others, parent traps, managing children’s distress, answering children’s questions, and referral pathways. The seminars were delivered across Queensland as part of the state’s Disaster Response. Forty parents provided data at all three time points (pre, post-seminar and 6-month follow-up) as part of the empirical evaluation. Parents completed the Depression, Anxiety and Stress Scale, the Strengths and Difficulties Questionnaire, the specially developed Parenting After a Disaster Checklist, and a satisfaction survey.

**Results:** At follow-up, parents reported reductions in their children’s emotional and behavioural difficulties, as well as increases in their own confidence in managing their children’s distress. Parent satisfaction with the seminar was extremely high.

**Discussion:** Parents have an important role to play in the aftermath of a disaster – or indeed any potentially traumatic event. These data indicate that DRTP – a brief parenting program – may have clinical utility in a post-disaster environment. Its applicability to other potentially traumatic events requires investigation.

**Paper No.:** 43

**Presentation Type:** Poster Presentation

**Involving the medical professionals as agents of collective healing for the political torture victims**

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Injuries from torture and prolonged lack of medical care due to fear of identification or financial deficits lead to chronic illnesses in victims of politically-caused torture. Medical care is thus a crucial part of a social reparative effort. Intentional or non-intentional mistreatment by the medical professionals are still prevalent, delaying the psychological recovery. Positive experiences with medical professionals will likely open the channel for trusting and utilizing mental health services. We examined the experiences of the victims in their encounter with the medical professionals. Thirty victims of imprisonment and torture (F=8, M=22; age mean=65.9) during democratization movement in Korea in 1960-80 were interviewed and surveyed. Results showed various mistreatments (e.g., indifferent attitude 54%, lack of knowledge regarding health issues in torture victims 63%). This was concerning because many victims preferred to seek medical treatment while hesitant to seek mental health services. The doctors’ reluctance to acknowledge the relation between the current illnesses and the past torture was particularly damaging since many victims
wished “to be heard” as much as to be medically treated. We then interviewed 20 doctors of various expertise and qualitatively analyzed the factors related to their behaviors and attitudes toward torture victims. Themes were extracted, including the supportiveness by hospital executives, time/resources during work hours, legal/administrative instructions, availability of consultation, skill-based efficacy, emotional preparedness, and personal ideology and beliefs. In conclusion we suggest realistic guidelines that could be adopted by the medical profession. We also address how such efforts may symbolize the society’s effort for collective healing.

Paper No.: 44
Reference: S04
Presentation Type: Symposium
Symposium: S04 - Traumatic stress in preschoolers: novel findings on outcomes and interventions

Traumatic stress in preschoolers: novel findings on outcomes and interventions
Markus A Landolt
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Preschoolers are both at considerably high risk for exposure to trauma and experiencing adverse outcomes due to their developmental stage, their limited cognitive abilities, and their high dependence on caregivers. Although a high number young children are affected by all kinds of trauma, our knowledge on the effects of traumatic exposure and treatment of mental health consequences in this young age group is still limited. With the introduction of a preschool-subtype of PTSD for children < 6 years in the DSM-5 there is now a growing number of studies with this neglected population.

This symposium includes four presentations on outcomes and early interventions in young children after interpersonal trauma and injury. The first presentation reports on posttraumatic stress symptoms among young foster care children after interpersonal trauma in Germany. The second presentation describes results from the EAR for Recovery study in Australia, an interesting new avenue to assess the consequences of trauma in the daily life of young children. The third and fourth presentations report on two aligned RCTs from Australia and Switzerland that examine the effects of the CARE intervention, an early intervention for young children after injury.

Paper No.: 45
Reference: S52
Presentation Type: Oral Presentation
Symposium: S52 - Violence

Prevalence of dating violence among Danish 7th grade students.
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**Background:** A high prevalence of dating violence (DV) in adolescence has been documented in recent years. Adolescents are more exposed to DV than other age-groups, and they are more likely than adults to develop negative symptoms after negative experiences. However, the vast majority of studies have been conducted in North America and previous studies of DV have primarily focused on the late high school or college populations. Consequently, there is a sparsity of knowledge of DV in early adolescence from countries outside the United States.

**Aim:** to explore the prevalence of perpetration and victimization in a sample of Danish 7th grade students.

**Methods:** In total, 2934 7th grade students aged 12-15 (M = 13.5, SD = .5) filled out a questionnaire battery at school.

**Results:** The prevalence of victimization of emotional, physical and sexual DV was 39.9%, 11.2% and 10.6% respectively, and the prevalence of perpetration of emotional, physical and sexual DV was 24.9%, 6% and 2.1% respectively. We identified various gender differences in the prevalence of victimization and perpetration of DV.

**Conclusion:** The present study highlights that a large proportion of Danish 7th grade students have DV experiences in their dating relationships, including sexual DV experiences. This finding implies that DV is indeed a global issue. Furthermore the results highlight that DV interventions and sexual education programs are very relevant in early adolescence. The gender differences in the prevalence of victimization and perpetration of DV indicate that gender roles highly affect the way the students perceive and report DV.

**Paper No.:** 46

**Reference:** S05.2

**Presentation Type:** Symposium

**Symposium:** S05 - An update on the development of the ICD-11 classification of disorders specifically associated with stress

**An overview of the emerging evidence on PTSD in ICD-11**

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ICD-11 proposes that the PTSD diagnosis can be defined in terms of the combination of three core elements, re-experiencing the traumatic event in the present, deliberate avoidance of reminders, and a persisting sense of threat. Each of these three elements is represented by a minimum of 2 symptoms, resulting in a much more restricted and specific symptom set. In contrast to DSM-5 there is an explicit focus on symptoms that best discriminate PTSD from other disorders with which it is
commonly comorbid, based on the results of factor analyses as well as patient and clinician surveys. There is now a growing body of research that seeks to evaluate these proposals. In this presentation I will summarize the picture that is emerging concerning the likely impact on prevalence rates, the diagnostic overlap with DSM-5, the factor structure of the ICD-11 symptom set, comorbidity rates, and the degree of impairment associated with the ICD-11 and DSM-5 diagnoses.

Paper No.: 47
Reference: S05
Presentation Type: Symposium
Symposium: S05 - An update on the development of the ICD-11 classification of disorders specifically associated with stress

An update on the development of the ICD-11 classification of disorders specifically associated with stress

Chris Brewin
University College London, Department of Clinical Educational & Health Psychology, London, UK

This symposium is intended to provide a progress report on the World Health Organization (WHO)’s ICD-11 Working Group for “Disorders specifically associated with stress”. The symposium will include three presentations given by members of the Working Group. The first will describe WHO’s rationale for a new structure of disorders specifically associated with stress in the upcoming ICD revision scheduled for 2018, including the new disorders of complex PTSD and prolonged grief disorder. It will also describe the field studies that have been conducted as well as planned future evaluation of the proposals. The second will give an overview of the research that has been conducted to date on the new formulation of PTSD, and the effect of basing it around six core symptoms. The third will evaluate the research that has been conducted on the distinguishability of PTSD and Complex PTSD and the validity of the proposed structure of Complex PTSD symptoms. Strategies and key results will be presented that advance ICD-11’s goal of improving the clinical utility through a global and multidisciplinary development and data collection process, emphasizing the participation of low- and middle-income countries, in order to make the ICD-11 a more effective tool in the identification and management of disorders in the field of trauma and severe stress.

Paper No.: 48
Reference: S05.1
Presentation Type: Symposium
Symposium: S05 - An update on the development of the ICD-11 classification of disorders specifically associated with stress

ICD-11 disorders specifically associated with stress: introduction, rationale, and implementation studies
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The international working group of WHO’s ICD-11 on disorders specifically associated with stress provided a revised grouping and revised versions for the following disorders: Post-traumatic stress disorder, complex post-traumatic stress disorder, prolonged grief disorder, adjustment disorder as well as two subtypes of attachment disorders in childhood and adolescence. In 2013, two papers in The Lancet and World Psychiatry presented the rational and justification for these proposals. These proposals stimulated a wide range of research on these revised disorder concepts. 2015 and 2016, an international multi-site case-controlled field study was conducted and published, with favorable results for the revised concepts. Clinical field studies in 12 countries from all world regions are in preparation that investigate validity, reliability, and utility of the definitions and criteria by multi-method assessment in divers populations including samples from WHO-related humanitarian settings. The presentation updates previous reports from ESTSS conferences in Bologna (2013) and Vilnius (2015).

Paper No.: 50
Reference: S58
Presentation Type: Oral Presentation
Symposium: S58 - Long-Term Consequences

The role of childhood sexual abuse in adult sleep disturbance
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Introduction: Adults who had experienced childhood sexual abuse (CSA) were compared to those who had experienced physical abuse and those who had experienced both to consider whether sleep disturbances were due to the generic effect of trauma, or whether there were unique effects of CSA. In addition, we examined the mediating role of post-childhood trauma.

Method: Participants were 396 U.S. adults (197 women, 197 men, 2 other), aged 21-71, M = 35.0. They completed 3 inventories of childhood trauma, 1 of post-childhood trauma, 6 of sleep disorders (assessing 22 conditions), including the PSQI, considered the “gold standard” for assessing sleep disturbance.

Results: The three groups were compared to each other and to a group reporting no childhood trauma by means of MANOVA or Kruskal-Wallis (depending on whether the data met the assumptions for MANOVA). While the abuse groups had more disordered sleep than the no trauma group, no differences were found between the CSA group and the other abuse groups. In addition,
the indirect effect of CSA through post childhood trauma was significant in every case, although direct effects of CSA were also present in many.

**Discussion:** More nuanced analyses are ongoing, but our results indicate CSA has as disruptive an effect on sleep as has physical abuse. This is partially accounted for by an increased likelihood to experience trauma post childhood.

**Paper No.: 51**
**Presentation Type: Poster Presentation**

**Psychological defense mechanisms among spinal cord injured individuals with adjustment disorder**

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**Background:** The used psychological defense styles among spinal cord-injured individuals with adjustment disorders (AJD) have not yet been described. In the present investigation, the prevalence of AJD among people with spinal cord injury (SCI) has been estimated and the pattern of used defense styles has been identified.

**Methods:** This is a cross-sectional investigation. Our setting was a tertiary rehabilitation center in Iran. Referred individuals to Brain and Spinal Cord Injury Research Center were invited to participate in a screening interview. AJD was diagnosed based on DSM-V criteria. Those with AJD diagnosis were scheduled for another interview to assess defense mechanisms (DFM). Demographic and injury-related variables were recorded. DFMs were assessed by the 40-item version of the Defense-Style Questionnaire (DSQ-40).

**Results:** Among 114 participants, 32 (28%) were diagnosed with AJD among whom, 23 subjects attended the second interview. Mean age and time since injury were 29.57 ±9.29 years and 11.70 ±6.34 months, respectively. The majority of patients were using idealization DFM (91.3%). On the second and third place, passive aggression (87.0%) and somatization (82.6%) DFMs have been observed, respectively. Neurotic style was dominantly used (11.52±2.26). Gender, marital status, educational level, cause of the injury and Injury level were not related to defense style (P: 0.38, 0.69, 0.88, 0.73, and P: 0.32, respectively).

**Conclusions:** Prevalence of AJD is estimated to be 28% among individuals with SCI. The most prevalent defense style was neurotic and the dominant used DFM was ‘idealization’. The role of demographic and injury-related variables in determining the used DFMs was insignificant.

**Paper No.: 52**
**Reference: S05.3**
**Presentation Type: Symposium**
Symposium: S05 - An update on the development of the ICD-11 classification of disorders specifically associated with stress

An overview of complex PTSD in ICD-11: measurement and evidence
Marylene Cloitre
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This presentation will provide the rationale for the development of the PTSD versus Complex PTSD distinction as articulated by ICD-11 with an emphasis on the principle of clinical utility. Complex PTSD is comprised of the three PTSD clusters of re-experiencing, avoidance and sense of threat as well as three clusters concerning affect dysregulation, negative self-concept and interpersonal disturbances. A review of findings from over 10 studies will be provided indicating distinct classes of individuals with Complex PTSD versus PTSD as well as differences in risk factors and functional impairment across ethnicities and cultures. Consistency in the proposed factor structure of CPTSD across different cultures and ethnicities will also be described. Implications for assessment and treatment will be discussed.

Paper No.: 53
Presentation Type: Poster Presentation

Preliminary study of requirements for training school counselors for psychological first aid in South Korea
Ji Heum Chang, SH Park
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In 2014, a traumatic accident causing approximately 300 casualties occurred in South Korea. Subsequently, a national demand for appropriate disaster management protocols led to the government adopting the policy of providing Psychological First Aid (PFA), a widely implemented evidence-informed intervention for survivors in acute disaster situations. PFA contains specific instructions across domains such as establishing contact with survivors. To modify and develop an effective PFA training program to be utilized in Korea, we examined the baseline PFA-related knowledge and actual needs of school counselors.

The participants were 40 school counselors working in a region that had recently experienced an earthquake. They completed a questionnaire in multiple-choice format which was developed to measure knowledge and skills related to the major domains of PFA. To measure perceived need for PFA, participants were asked to rate their training needs for the particular knowledge and skills domains using a Likert-type scale.

Paired sample t tests were used to examine school counselors’ knowledge and needs across the major domains of PFA. The degree of knowledge related to the domains of Contact and
Engagement, Safety and Comfort, and Stabilization of Core Actions in PFA were significantly lower than scores obtained on other domains. There was no significant difference in the needs among the major domains of PFA. Participants reported a significant need for PFA training. This study demonstrates that mental health professionals, including school counselors, may lack specific knowledge regarding providing intervention in acute disaster situations and there exists a strong need for PFA training.

**Paper No.:** 54  
**Reference:** S02.3  
**Presentation Type:** Symposium  
**Symposium:** S02 - Essentials of resilience: sense of coherence-revised and the steeling effect

**Validation of the Sense of Coherence-Revised Scale: psychological health in older adults with varying experiences of childhood adversity**  
*Shauna Mc Gee, J Höltge, A Maercker, M Thoma*  
*University of Zürich, Department of Psychology, Division Psychopathology and Clinical Intervention, Zürich, Switzerland*

**Introduction:** The revised Sense of Coherence (SOC-R) concept refers to the ability to perceive and integrate life experiences in order to maintain and develop health. It is assumed to develop during childhood in response to successfully coping with adversity. The present study aimed to conduct a validation of the psychometric properties and test the theoretical assumptions of the SOC-R scale in a sample of older adults.

**Method:** The sample consisted of 268 Swiss older adults (mean age = 66.94 years), and included former indentured child labourers (Verdingkinder). Standardised questionnaires collected data on positive and negative life experiences (including childhood trauma and abuse), resources, and current psychological health.

**Results:** Regarding the psychometric properties, results support a three-factor model of SOC-R with the factors manageability, balance, and reflection, and show good internal consistency. Convergent and discriminant validity was demonstrated by small-moderate correlations with related indicators of psychological health. Regarding the theoretical assumptions, SOC-R was not shown to differ by age group. Moderation analysis showed that SOC-R significantly moderates the relationship between the childhood trauma emotional neglect and current psychological health.

**Discussion:** The findings suggest that SOC-R is a valid and reliable instrument which is suitable for use with older adults. Furthermore, results suggest that a strong SOC-R is an important resource for the maintenance of good psychological health in individuals who have experienced high levels of childhood emotional neglect. Future studies with longitudinal designs should evaluate the test-retest reliability of the SOC-R scale and the stability of SOC-R over time.
Prevention of posttraumatic stress in young children with burn injuries: Preliminary results from the CARE intervention RCT in Switzerland

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² University of Zürich, Division of Child and Adolescent Health Psychology, Department of Psychology, Zürich, Switzerland

Accidental injuries are among the most frequent potentially traumatic events among young children, with around 10-30% developing posttraumatic stress disorder (PTSD) and other comorbid conditions. There is no research about how symptoms could be prevented by means of early psychological interventions. The present study therefore aimed at developing and evaluating an early intervention (CARE: Coping with Accident Reactions) to reduce posttraumatic morbidity in young injured children. The CARE intervention is provided to the parents and includes psychoeducation, strategies to cope with child and parent distress, parenting competencies, trauma narrative. 164 children (Mean age = 2.14 y; SD = 0.89; range 1-4 y) were screened for risk 6-8 days after a burn injury. 46 were randomized to receive the CARE intervention or treatment as usual. Primary outcomes (posttraumatic stress, behavioral problems) were assessed 9-11 days and three months post-accident. Regarding the reduction of PTSD severity over time, results indicate that children in the intervention group improved to a greater extent than in the control group (p = .06), with a medium effect size (Cohen’s d = 0.63). Group differences regarding the reduction of child behavior problems did not reach significance. Effect sizes were medium (total d = .58; internalizing behavior d = .61; externalizing behavior d = .51). Preliminary analyses for the 3-months follow-up are promising as they suggest that the CARE intervention for young children is effective. If these results can be confirmed, an effective and economic procedure will be available to reduce morbidity in young children after potentially traumatic events.

First meta-analysis on the relationship of SOC and PTSD symptom severity

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Introduction: Antonovsky’s concept of sense of coherence (SOC) shows a negative association with physical and mental illness. Various studies identified SOC as an important resilience factor in posttraumatic stress disorder (PTSD). Purpose of the current study was to investigate this relationship on a meta-analytical level for the first time.

Method: The meta-analysis is based on zero-order correlations (r) and consists of 35 independent samples out of 32 studies (N = 9,505) collected from three well-established databases. To calculate the population effect size and to conduct moderator analyses, random and mixed effect models were applied.

Results: After correcting for sampling error, the mean correlation was $\rho = -0.41$ (-.40 without 1 outlier). However, this effect cannot be generalized due to significant remaining heterogeneity of effect sizes. Thus, moderator-analyses testing the influence of different SOC measures (SOCS-13 vs. SOCS-29), trauma type, mean age and gender imbalances per sample were conducted, but did not reveal any significant moderating effect. Nevertheless, professional traumas (e.g. in paramedics and police officers) show a lower correlation with SOC than other trauma types (-.33 vs. -.47).

Discussion: The current meta-analysis confirms a substantial correlation between SOC and PTSD symptom severity: higher SOC scores are associated with lower symptom severity. Additional moderating variables as well as a possible causal relationship need to be further investigated.

Paper No.: 57
Reference: S10.3
Presentation Type: Symposium
Symposium: S10 - Biological and clinical markers of PTSD development and maintenance

Biological and psychological predictors of post-traumatic stress disorder onset and chronicity. A one-year prospective study
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Introduction: Few studies have prospectively examined risk factors for post-traumatic stress disorder (PTSD) in the aftermath of a traumatic exposure. The aim of this study is to identify the
concurrent influence of psychological and biological diatheses on PTSD onset and maintenance, taking into account socio-demographic factors.

**Method:** A total of 123 civilians recruited in emergency units, were assessed using validated instruments during the first week and then at 1, 4, and 12 months post-trauma. Baseline assessment included evaluation of the psychological diathesis (i.e. psychiatric history and peritraumatic distress and dissociation), and the biological diathesis (i.e. physiologic parameters implicated in allostatic load (AL) namely cortisol, norepinephrine, epinephrine, total cholesterol/HDL cholesterol ratio, glycosylated haemoglobin, waist-to-hip ratio, diastolic and systolic blood pressure). Two definitions of AL composite were examined differing in the cortisol parameter, where either a higher level (AL1) or a lower level (AL2) of basal cortisol was considered.

**Results:** Multivariate logistic regression analyses demonstrated both psychological and biological diatheses to be risk factors for PTSD; psychological diathesis predicted onset (1-month) and mid-term PTSD (4-months), whereas for biological diathesis AL2 predicted PTSD maintenance (12-months). No significant association was found with AL1.

**Discussion:** Our date indicate that AL composite could constitute both a marker of chronic PTSD and an indicator of failure to recover from acute post-traumatic symptoms. An important translational aspect of our study is that targeting PTSD symptoms and allostatic overload concurrently, could greatly improve PTSD remission.

**Paper No.: 58**

**Reference:** S06

**Presentation Type: Symposium**

**Symposium: S06A - Presentation of The Aarhus Bereavement Study (The TABstudy) - Prolonged grief disorder in adults - State of the art in prolonged grief disorder research**

**Presentation of The Aarhus Bereavement Study (The TABstudy)**

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**Introduction:** Prolonged grief disorder (PGD) is a mental disorder that occurs after the loss of a loved one. PGD is planned for inclusion in The International Classification of Diseases 11th (ICD-11), scheduled for release in 2018. PGD differs from other complicated grief reactions such as depression, anxiety, and posttraumatic stress, and requires different strategies regarding identification, prognosis, and treatment. At present, evidence-based treatment manuals for PGD
are scarce and little is known about the characteristics and treatment of PGD in adults, although such knowledge is much needed before PGD from 2018 is introduced in health services. The TABstudy aims to expand such knowledge.

**Method:** All adults in the Aarhus area, Denmark who lose their spouse in 2017 and their adult children will be contacted to respond to questionnaires including measures of PGD, depression, PTSD, anxiety, life-quality, centrality-of-loss-event, personality characteristics etc. at 2, 6, and 11 months post-loss. Participants with high PGD-scores 6 months post-loss will be randomized into one of three groups: Compassion-focused therapy for PGD, Mindfulness-based cognitive therapy for PGD, or a wait-list control group. We expect to include 1200 bereaved spouses and 800 bereaved adult children in the survey and 180 in the RCT.

**Expected Results:** Preparing healthcare services for the new ICD diagnosis of PGD by determining frequency and identify predictors and trajectories of PGD in representative samples of bereaved spouses and their adult children; To develop, test, and disseminate effective, evidence-based treatments of PGD and hereby provide researchers and clinicians with clear strategies for treating PGD.

**Paper No.: 59**  
**Reference:** S61  
**Presentation Type:** Oral Presentation  
**Symposium:** S61 - Sexual Abuse

**Sexual crime against children with disabilities: a nationwide prospective birth cohort-study**  
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**Aims:** The rate of sexual victimization against children with disabilities is thought to be higher than the rate for children without disabilities. Previous population studies lack scientifically sound research methodology and results are weak or inconclusive.

**Method:** data is based on a national study of victimization and offending behavior against children <18 years of age using total birth cohorts (N=624,800). The statistical analysis is a discrete time Cox-model. An extended list of potential risk factors was included in the analysis in order to adjust for confounding.

**Results:** Children with disabilities are more likely to be victimized of a convicted sexual crime than nondisabled children: Adjusted odds ratio for ADHD: 1.8 (1.6-2.1), autism: 1.4 (1.2-1.6), mental retardation: 1.2 (1.1-1.4), brain injury: 1.1 (1.0-1.3), loss of hearing 1.3 (1.1-1.6) and epilepsy 1.3 (1.1-1.5), when adjusted for confounding risk factors.

**Discussion:** Assessment of risk factors may permit professionals to facilitate prevention and treatment interventions, such as psychoeducation of family members, teachers, and school-mates in order to increase understanding of the disability conditions. The study underreports the size of the problem because adolescents with disabilities face barriers when reporting victimization.
Developing gender-specific typologies of childhood adversity based on a large community sample

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Introduction: Child abuse is a public health problem that exists globally. It occurs across cultures, in all societies and irrespective of socio-economic-status (SES). This study used Latent Class Analysis (LCA) to examine, using a large US population based dataset if there were distinct groups of people who had shared experiences of six childhood adversities.

Method: Background information was used which contained questions about a range of traumas and abuses in childhood. From low level items, 6 binary variables were generated – neglect, physical abuse, witnessing interpersonal violence against mum, molestation, sexual abuse and having a parent with mental health issues. Endorsement rates were reported. The binary variables were then exported to MPlus and LCA was performed to identify groups within the data. Analysis was done on the total sample, for males and for females.

Results: Profile plots showing best fit models indicate a four class model for the total data, a four class model for females and a three class model for males.

Discussion: Endorsement rates for the traumas and abuses were in line with existing literature. Distinct groups of people emerged in terms of shared experiences of a range of abuses. These groups showed gender differences.

Prevalence, characteristics, and mental health risks of shame as a result of physical and sexual abuse

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Background/Aim: Abuse-related shame (AS) is particularly damaging because it encourages withdrawal and self-loathing and is inextricably connected to detrimental beliefs (e.g., deserving the abuse), which could interfere with help-seeking and natural healing processes. In extant research, sufferers were found to be at high risk for health issues. Drawing from several studies, this paper presents a synopsis of AS: prevalence; gender differences in susceptibility; triggering maltreatment characteristics; and associated health issues.

Method: Self-report data from 315 youths receiving child protective services was used, drawn from a survey that included novel measures of AS and standardized assessments of maltreatment, mental health, and behaviour issues. Among other analyses, linear regressions were performed to determine the degree to which physical and sexual AS was associated with health indicators, after parcelling out shared variance with abuse level.

Results: Comorbid physical and emotional abuse is particularly shaming. Girls are more likely to feel AS. The extent of mental health issues is alarming. After controlling for level of abuse, physical and sexual AS are associated with all subscales of the Trauma Symptom Checklist for Children and the Brief Symptom Inventory, notably with depression, anxiety, and posttraumatic stress. Physical AS was associated with suicide. Few meaningful associations between AS and problems with substance use and addiction were noted.

Conclusions: Findings are consistent with practice perspectives that view alleviation of shame and corollary issues as crucial to helping abuse victims. Initial assessments of child victims should cover shame and emotion processing issues.

Paper No.: 62
Reference: S03.2
Presentation Type: Symposium
Symposium: S03 - Child post-trauma adjustment in a family context: the role of parenting from conceptualisation to treatment

Understanding parenting and parent-child interactional processes in the early aftermath of trauma
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Introduction: A growing body of research implicates parent responses as key to child outcomes after acute trauma. It seems likely that parents influence child appraisals and coping strategies, but we know little about specific interactional processes through which this occurs, or how parents’ own
posttraumatic stress symptoms (PTSS) may impact parent strategies for helping their child address the impact of trauma.

**Method:** The Trauma-related Ambiguous Situation Task (TAST) allows direct observation of parent-child interactions with regard to child threat appraisals and coping strategies in response to trauma-relevant stimuli. During inpatient hospital admission, in 96 recently injured children, we examined child appraisals and coping strategies, parent PTSS, and parent coaching of avoidant coping.

**Results:** Children’s neutral vs threat appraisals may be altered when parents question the child’s response or suggest different appraisals. Parent PTSS was associated with greater promotion of avoidant coping based on parents’ self-report of how they help their child cope, but not based on direct observation of parent behavior during the TAST.

**Discussion:** Understanding mechanisms through which parents influence children’s appraisals and coping responses during the early post-trauma period may inform interventions to reduce child traumatic stress. Variation in findings across assessment methods suggests the importance of a multi-method approach.

**Paper No.: 63**

**Reference:** S04.3

**Presentation Type:** Symposium

**Symposium:** S04 - Traumatic stress in preschoolers: novel findings on outcomes and interventions

**Prevention of post trauma reactions in young injured children: preliminary results from the CARE intervention trial in Australia**

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Injury represents the most common type of trauma experienced by young children. Around 10-30% of young injured children develop posttraumatic stress disorder (PTSD) and other comorbid conditions. However, the mental health needs of traumatized young children have been largely neglected.

The aim of this presentation is to introduce and present the preliminary results from an Australian randomized control trial evaluating the efficacy of the Coping with Accident Reactions (CARE) early intervention. CARE is designed to prevent persistent traumatic stress reactions in young injured children.

**Method:** 405 children were screened by the Pediatric Emotional Distress Scale-Early Screener (PEDS-ES) approximately 1 week after a traumatic injury (e.g. burns, dog bike, car accident) and 73 randomized to receive the CARE Early Intervention or treatment as usual.
Results: Preliminary analysis of outcome on the Diagnostic Infant Preschool Assessment (DIPA) Total PTSD Symptom Severity score indicates that from baseline to 3-months’ post-intervention children in the CARE intervention group improved to a greater extent than those who did not receive the intervention, the effect size is in the moderate range. Similar effects were found for child internalizing behavior problems on the CBCL.

Conclusion: PTSD in young children has been under recognized and underserved. Routine screening and early intervention following medical trauma has the potential to identify young children that are unlikely to receive access to mental health services as well as improve the efficiency and cost effectiveness of clinical care provided by health professionals.

Paper No.: 64
Reference: S04.2
Presentation Type: Symposium
Symposium: S04 - Traumatic stress in preschoolers: novel findings on outcomes and interventions

Preschool children’s daily life after injury: the Ear for Recovery Study
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Introduction: Injury can precipitate posttraumatic stress disorder (PTSD) in vulnerable preschoolers. Despite their importance, it is difficult to assess parent-child interactions using child self-reports, and, on their own, parent self-reports provide only one perspective. Observational methods can be a useful way to study young children’s post-trauma behaviour and interactions, especially given the prominence of behavioural symptoms for preschoolers with PTSD.

Method: The Electronically Activated Recorder (EAR) was worn by 18 children aged 3 to 7 years of age who had been hospitalised for more than 24 hours with an accidental injury. The EAR recorded
30 second audio snippets every 5 minutes during a two day period post-discharge. Interactions were transcribed and coded according to the child’s activity, conversation partner and the emotional tone and topic of the conversation (e.g. injury/non-injury).

**Results:** There was substantial between-family variation in the quantity and content of parent-child interactions. On average, young children interacted with others during 58.5% (SD = 12.9%) of their wake time. Children were most likely to interact with their mother (M = 30.0% of the day, SD = 12.9%), followed by siblings (M = 29.0%, SD = 19.6%) and their father (M = 16.3%, SD = 12.5%). A significantly higher proportion of interactions were with mothers compared to fathers, but there were no significant differences in their proportion of injury talk.

**Conclusions:** The EAR allows young children to directly participate in research. The variability across families underscores the importance of considering unique family characteristics and siblings in designing therapeutic interventions.

**Paper No.: 65**  
Reference: S73  
Presentation Type: Oral Presentation  
Symposium: S73 - Veterans: Family, Partner and Child Related.

**Intergenerational transmission of posttraumatic stress symptoms: the mediating role of former prisoners of war's ways of coping**  
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**Introduction:** Certain coping styles which are characterized by emotional coping or disengagement/avoidance have been linked with the development and maintenance of PTSD and PTSS symptoms (PTSS). However, the role of primary trauma victims' coping styles in the intergenerational transmission of PTSS is still lacking. This prospective study assessed the mediating role of former prisoners of war (ex-POWs) coping styles in the associations between ex-POWs' PTSS and their adult offspring's secondary PTSS and psychiatric symptomatology.

**Method:** A sample of 79 Israeli father-offspring ex-POW dyads of the 1973 Yom Kippur War completed self-report measures. Fathers were assessed in 2001 and 2008, and their adult offspring took part in 2014.

**Results:** ex-POWs' PTSS in 2001 and 2008 were related to various coping styles in 2008. However, only problem-focused coping styles of active coping and planning, as well as emotional-focused coping styles of alcohol and substance usage and ventilation of emotions, were associated with offspring PTSS and psychiatric symptomatology in 2014. Importantly, ex-POWs' ventilation of emotions mediated the link between ex-POWs' PTSS in 2001 and 2008 and their offspring secondary PTSS at 2014.

**Discussion:** Ex-POWs with PTSS might expose their offspring to dysregulated mood,
behaviors, and cognitions. Still, special awareness should be given to coping styles of alcohol and substance usage and ventilation of emotions as possible mechanisms for the intergenerational transmission of captivity related PTSS.

Paper No.: 66  
Reference: S65  
Presentation Type: Oral Presentation  
Symposium: S65 - Violence & Treatment

Experiences of treatment among children being victims of physical abuse. Results from an interview study  
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Introduction: Combined Parent and Child Cognitive Behavioral Therapy for families at risk for physical abuse (CPC-CBT) is an integrated treatment model for families where corporal punishment has occurred. In the treatment children are supported by psycho-education, learning cooping skills, receiving emotional support and processing a trauma narrative. Influenced by trauma focused cbt the narrative is used in the abuse clarification process.  
Method: 20 children 9 to 17 years of age were interviewed after completing the treatment.  
Results: The children told about their experiences of treatment and the change that had occurred within their families. In the analysis of their narratives four themes emerged; Experiences of physical abuse, To tell about the abuse, Experiences of treatment and Transformation in life. This study follows the process from disclosing the abuse, how society is receiving and acting upon the child’s disclosure and the experience of participating in the intervention together with the parent. Children describe how conducting the trauma narrative is a significant part of treatment and stress the importance of getting support by the therapist in order to fulfill the narrative.

Discussion: Physical child abuse could have lifelong implications and it’s therefore important that society offers an intervention both aiming to reduce the risk of further abuse and addressing trauma symptoms of the child. In order to conduct a child friendly intervention it’s of significant importance to listen to the experiences of children. Children´s narratives from this study highlight different components viewed to be important for the therapeutic outcome.

Paper No.: 67  
Presentation Type: Poster Presentation

Does size really matter? A multisite study of competing PTSD diagnostic criteria  
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Background: Researchers and clinicians within the field of trauma will soon be facing a difficult problem when deciding between the use of two rather different diagnostic descriptions of posttraumatic stress responses. Indeed, the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) describes posttraumatic stress disorder (PTSD) as a four-factor structure comprised of 20 symptoms, whereas the proposed 11th edition of the International Classification of Diseases (ICD-11) describes PTSD as a three-factor structure comprised of six-seven symptoms. A rapidly growing number of studies support different competing models of the PTSD structure according to both diagnostic systems. However only a few studies have sought to test models according to both diagnostic systems across the same samples. At the same time, a growing number of studies indicate that the choice of diagnostic system has a significant impact on the estimated prevalence rate.

Objective and Method: The aims are: (1) to independently investigate the fit of the competing DSM-5 and ICD-11 models of PTSD across three different trauma samples (university students, pain patients, and veterans, N = 4,500) using confirmatory factor analysis; (2) investigate differences in diagnostic rates between the proposed ICD-11 and the DSM-5 criteria.

Results: The results will be presented and discussed.

Paper No.: 68
Presentation Type: Poster Presentation

Assessing the dissociative PTSD in sub-acute patients of whiplash
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Background: Since the introduction of the dissociative PTSD subtype (D-PTSD) in the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders, numerous studies have tested its existence. The majority of the studies have identified D-PTSD in addition to multiple associated risk factors. However, there is still a lack of studies investigating latent classes of PTSD following a wider range of traumatic exposure, a wider range of risk factors for D-PTSD PTSD, and within a shorter time-frame than previously investigated.
**Objective and Method:** The present study investigates the possible presence of PTSD subtypes using latent class analysis (LCA) in subacute patients of whiplash (N = 234) and selected risk factors.

**Results:** The results of LCA showed a appeared to be solely quantitatively distributed according to symptom severity: a high class, a moderate class, and a low class. Dissociative symptoms, anxiety/depression, and pain severity significantly predicted PTSD severity.

**Conclusions:** Combined, the results suggest that the component model of three-class solution but no D-PTSD. Instead, the classes dissociation and PTSD rather the subtype model may better explain the relationship between dissociation and PTSD in the present sample. The clinical implications of the results are discussed.

**Paper No.: 69  
Presentation Type: Poster Presentation**

**A systematic literature review of latent class and profile analytic studies of dissociative PTSD**

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**Background:** The dissociative PTSD (D-PTSD) subtype was introduced into the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) in 2013. Prior to this, studies using latent profile analysis (LPA) or latent class analysis (LCA), began to provide support for the D-PTSD construct. This research is important, because dissociative symptoms in the context of PTSD may potentially interfere with treatment course or outcome. The aims of the present study were twofold: to systematically review the LCA and LPA studies investigating support for the D-PTSD construct; and to review the associated research on covariates of D-PTSD in the identified studies.

**Method:** Six databases were systematically searched for relevant studies.

**Results:** Eleven studies were included in the review. The majority of the studies were supportive of the D-PTSD. Several covariates of the D-PTSD have been investigated with mixed results. Limitations. Many limitations relate to the state of the current literature, including a small number of studies, and the use of self-report measurements of PTSD.

**Conclusion:** The results were overall supportive of the D-PTSD construct. Future research on D-PTSD and associated risk factors is needed to shed light on the possibilities of facilitating preventive actions, screening, and implications on treatment effects.

**Paper No.: 70  
Reference: S06.4  
Presentation Type: Symposium**

**Symposium: S06A - Presentation of The Aarhus Bereavement Study (The TABstudy) - Prolonged grief disorder in adults - State of the art in prolonged grief disorder research**
The efficacy of psychotherapeutic interventions for complicated grief in bereaved adults: a meta-analysis

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Introduction: Prolonged Grief Disorder (PGD) is expected to be implemented in ICD-11. Hence, knowledge is needed about efficacious treatments for alleviating complicated grief symptoms. Despite continuous investigation of psychotherapeutic intervention for bereaved adults the most recent meta-analysis on the topic was published nine years ago. Hence, an up-to-date meta-analysis investigating the efficacy of therapies for complicated grief symptoms is needed. This is the aim of the present study.

Methods: The following databases will be searched: PubMed, PsycINFO, Web of Science, and Cinahl. The literature search will be based on the PICO criteria, with variants of 1) bereavement as population-criteria, 2) psychotherapeutic interventions as intervention-criteria, 3) randomized control group as comparator-criteria, and 4) symptoms of complicated grief as outcome-criteria. Exclusion criteria include age <18 years, bereavement due to other losses than of a loved person (e.g., job, miscarriages, pets), non-randomized, controlled trials, and grey literature.

All searches will be conducted independently by the first (MJ) and second author (MFD).

Results: When eligible studies are identified, the information needed for meta-analytic evaluation are extracted. The effect size parameter used will be Hedges g, using a random effects model. Post-hoc analyses include investigation of possible moderators, e.g., type of intervention, outcome measures used, timing of the intervention, and publication bias.

Discussion: The results of the present meta-analysis may offer valuable clinical knowledge as to the efficacy of psychotherapeutic interventions for complicated grief symptoms and be an important step in preparing clinicians for the implementation of PGD as a diagnosis in ICD-11.

Paper No.: 71
Reference: S12
Presentation Type: Symposium
Symposium: S12 - Results of new clinical trials focusing on PTSD after abuse

Results of randomized controlled trials for the treatment of PTSD after abuse

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The symposium “Results of New Clinical Trials Focusing on PTSD after Abuse” focuses on the results of recently completed clinical trials in various stages of clinical testing and various, as yet understudied samples of traumatized patients. The first contribution by Steil et al. is a pilot study
and evaluates the first results of a newly developed short term intervention “Cognitive restructuring and imagery modification for posttraumatic stress disorder (CRIM-PTSD)”. In the second contribution by Rosner et al. the outcome data of a clinical trial “Developmentally Adapted Cognitive Processing Therapy for Adolescents and Young Adults with PTSD Symptoms after Physical and Sexual Abuse” will be presented. The third contribution by Schäfer et al. “Efficacy of Seeking Safety in German Outpatients with Substance Use Disorders and Posttraumatic Stress Disorder: A Randomized-Controlled Trial” shows the results of “Seeking Safety” a treatment manual prominent in the area of substance abuse. The last contribution by Goldbeck and colleagues “Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) for children and adolescents: 6- and 12-months follow-up of the multi-center study TreatChildTrauma” informs about the understudied long-term effects of treatment.

Paper No.: 72
Reference: S12.2
Presentation Type: Symposium
Symposium: S12 - Results of new clinical trials focusing on PTSD after abuse

Developmentally adapted cognitive processing therapy for adolescents and young adults after abuse – results of a randomized controlled trial
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Background: Sexual and/or physical abuse (SA/PA) is known to have severe psychopathological consequences. As yet little treatment research has been carried out with adolescents and young adults. We aim to evaluate a developmentally adapted Cognitive Processing Therapy (D-CPT) for Posttraumatic Stress Disorder (PTSD) after SA/PA in this age group. D-CPT consists of four phases: Commitment, emotion regulation, intensive CPT, and developmental tasks.

Methods: In a multicenter randomized controlled trial we compared D-CPT to treatment as usual (TAU) with assessments carried out at baseline, at mid treatment, at end of treatment, and 3 months after the end of therapy. 88 patients aged 14-21 were included at three treatment sites and randomized to D-CPT and TAU. Patients were assessed with standardized clinical interviews (SKID, CAPS-CA) and questionnaires focusing on self-reported posttraumatic-and borderline symptoms, dissociation and severity of depression (UCLA; A-Des, BSL-25, BDI II).

Results: Patients showed severe posttraumatic symptoms in interview (CAPS-CA: M = 65.16) and questionnaires (UCLA: M = 42.1) at intake. Although patients improved over time, change in PTS-symptoms accelerated during CPT resulting in a large significant effect in favour of D-CPT as compared to TAU. Borderline symptoms and severity of depression improved also significantly with a large effect size.

Discussion: Results show that even this very distressed sample of young people can be treated successfully in an outpatient setting.
Prolonged grief disorder after traumatic and non-traumatic loss: classification, mechanisms, and care

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There is growing recognition that in a significant minority of people, the death of a loved one leads to severe psychopathology. The most commonly observed disorders in this group include posttraumatic stress disorder (PTSD), depression, and Prolonged Grief Disorder (PGD). PGD will likely be included in the forthcoming ICD-11 and is similar to Persistent Complex Bereavement Disorder (PCBD), included in DSM-5. PGD can follow both traumatic losses (e.g., homicide, terror) and non-traumatic loss (e.g., due to illness) and can affect both children and adults. Parallel to research supporting the construct validity of PGD as a new disorder, its underlying mechanisms have been increasingly studied. This has greatly improved scientific knowledge and treatment options for people with PGD and other psychopathology following traumatic and non-traumatic loss. That said, different issues have so far remained relatively unexplored. This symposium brings together an international group of researchers, addressing a number of exciting issues—relevant to the science and practice bereavement care. How applicable are proposed criteria for PGD in clinical practice and across different groups of bereaved people? PGD is associated with suffering, yet can it also be associated with personal growth? Do promising findings about the effects of cognitive behavioural therapy for PGD in adults, generalize to children? And how can we best organize the care for people confronted with one of the most traumatizing losses that people can face: the death of a loved one to homicide?
Cognitive behavioural therapy for prolonged grief in bereaved children: a randomized controlled trial
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Introduction: Although most children recover when a parent, sibling, or other close relative dies, a minority of bereaved children developed Prolonged Grief Disorder (PGD). In addition, a loss can precipitate Post-Traumatic Stress Disorder (PTSD). Notably, PTSD symptoms occur following both unnatural loss as well as natural losses. Very few studies have examined treatment options for PGD and associated psychopathology among bereaved children. In Utrecht, the current authors developed GriefHelp, a nine-session protocolized cognitive-behavioral therapy (CBT) administered in combination with five sessions of parental counselling. Two pilot studies indicated that GriefHelp alleviates PGD and PTSD symptoms (Spuij et al., 2013, 2015). The present study tested its effects in a randomized controlled trial (RCT).

Method: Over 100 children were randomly assigned to either 9 sessions of CBT GriefHelp or 9 sessions of non-directive supportive counselling—both combined with parental support. Changes in PGD and PTSD and other outcomes were examined from pre-treatment to post-treatment and 6 months follow-up.

Results: CBT GriefHelp was found to be a more effective treatment compared to supportive counselling, in terms of changes in different outcome measures. Several interesting findings emerged in moderation and mediation analyses, attesting differences effects between subgroups and mechanisms of change, respectively.

Discussion: The current findings show that CBT GriefHelp can help to alleviate the distress of bereaved children getting stuck in their process of grief. Findings increase our understanding of grief in children and can also inform the treatment of emotional distress in children, confronted with other types of stressful life events.

Paper No.: 75
Reference: S14
Presentation Type: Oral Presentation

Traumatic grief following homicidal loss: consequences, correlates, and care
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**Introduction:** The death of a relative due to homicide is undoubtedly one of the most disrupting events that people can experience. In the literature this is commonly associated with severe prolonged grief, posttraumatic stress disorder (PTSD), and depression—a combination of symptoms that can be referred to as traumatic grief. What do we know about the prevalence of psychopathology? To what extent are revenge thoughts and feelings and cognitive behavioural variables, including maladaptive cognitions and avoidance behaviours, associated with this psychopathology? What is the potential effects of cognitive behavioural therapy (CBT)?

**Method:** We studied the nature, correlates and care of a large group of homicidally bereaved people. Over 300 people completed questionnaires, over 80 received CBT combined with eye movement desensitisation and reprocessing (EMDR).

**Results:** prolonged grief, PTSD, and depression were prevalent and strongly associated with revenge as well as cognitive behavioural variables. A combination of CBT and EMDR was effective in diminishing psychopathology.

**Discussion:** Traumatic grief following homicidal loss is commonly pervasive and distressing. The current research enhances knowledge about the nature and correlates of these symptoms and offers promising results with respect to treatment options. Implications of these findings are discussed, taking into account the generalization of findings to treatment for PTSD following other traumatic events.

**Paper No.: 76**
**Reference:** S03
**Presentation Type:** Symposium
**Symposium:** S03 - Child post-trauma adjustment in a family context: the role of parenting from conceptualisation to treatment

**Child post-trauma adjustment in a family context: the role of parenting from conceptualisation to treatment**

Rachel Hiller¹, E Alisic², N Kassam-Adams³, V Cobham⁴  
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**Introduction:** Following a child’s experience of trauma a parent is often the key source of support. A parent’s own distress, how they discuss the event with their child, and the coping strategies that they engage, may all impact on the child’s own coping and emotional well-being. Despite the potential centrality of their role, many parents report feeling ill-equipped to manage their child’s post-trauma reactions. Our research addresses key questions about the role of parenting in the aftermath of child trauma, and how such evidence can be utilised to improve both parent and child support.
Method: This symposium presents research on parenting in the aftermath of the child’s experience of acute-trauma, including following accidental injury (e.g., car accident) and natural disaster. Presentations cover a range of methodologies, including novel observational methods, longitudinal questionnaire data, and pre-post-follow-up intervention design.

Results: Results focus on establishing the kinds of parent-child conversations that typically occur in the aftermath of trauma (Dr Alisic), how parenting may impact both the child’s own coping strategies, appraisals (Assoc Prof Kassam-Adams), and their longer-term post-traumatic stress symptoms (Dr Hiller), and the effectiveness of engaging parents as part of an intervention program (Dr Cobham).

Discussion: Together, presentations will provide a comprehensive exploration of the role of parents in the aftermath of child trauma, from the conceptualisation of post-trauma adjustment to intervention. Discussion points include novel methodologies to capture parent-child interaction, as well as how findings can be translated to improve both informal and formal support.

Paper No.: 77
Reference: S63
Presentation Type: Oral Presentation
Symposium: S63 - Institutional- and Fostercare

Static predictors of the emotional and behavioural wellbeing of children in care: a service data study
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Introduction: Currently in the UK there are almost 70,000 young people who have been removed from their biological home and placed under the care of a Local Authority. The most common reason for removal is the experience of significant abuse or neglect. Outcomes for these children are poor, with substantially elevated rates of psychopathology, school disruption and contact with the criminal justice system. Despite their significant needs, there is limited robust empirical evidence on key risk factors that may promote poorer or better psychological outcomes, particularly regarding static, system-level characteristics that exist when a young person enters care.

Method: Secondary service data was collected for 200 young people under the care of an English Local Authority. The primary outcome of interest was scores on the strengths and difficulty questionnaire. This measure of behaviour and emotional well-being is administer yearly during routine annual health assessments. Data was extracted for the first 3 years from when the young person entered care. Key predictor variables were (i) type of maltreatment, (ii) age of removal, (iii) number of foster placements and (iv) contact with biological family. Access to mental health services was also explored.
Results and Discussion: Trajectory modelling was used to explore emotional well-being over the three years. Discussion includes whether there are key static risk factors that could assist in the identification of the most at-risk young people and implications for policy and practice.

Paper No.: 78
Reference: S03.3
Presentation Type: Symposium
Symposium: S03 - Child post-trauma adjustment in a family context: the role of parenting from conceptualisation to treatment

The role of parenting style and behaviours in predicting child post-traumatic stress reactions
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Introduction: Following child trauma the parent is likely to be a key source of support. However, there has been little systematic exploration of how, or if, specific parenting behaviours and styles in the aftermath of child trauma, could facilitate or hinder the child’s psychological well-being.

Method: 132 parent-child pairs were recruited from emergency departments, following the child’s experience of trauma, most commonly motor vehicle accidents. Assessments occurred at 1-, 4-, and 7-months, post-trauma. At the initial assessment parents completed a questionnaire measure exploring their cognitions and coping style related to the event and an interaction task, where they discussed the event with their child. PTSD was measured via child-report.

Results: Controlling for age, gender and objective trauma severity, we explored the role of parent cognitions and coping, as predictors of initial and longer-term child PTSD symptom severity. Trauma-specific parent appraisals about the child (e.g., that the child is permanently damaged), and coping styles (e.g., encouraging avoidance), were associated with child-rated PTSD symptom severity. There was less robust evidence for the protective role of adaptive parenting behaviours or the role of non-trauma-specific behaviours (e.g., general overprotection).

Conclusion: Parent’s trauma-specific cognitions and coping behaviours may impact on the child’s own post-trauma psychological well-being, particularly in the acute post-trauma period. Findings provide insight in to how to utilise a child’s social support to improve their post-trauma outcomes.

Paper No.: 79
Reference: S10.2
Presentation Type: Symposium
Introduction: Terrorist attacks force emergency psychiatrists to deal with a massive influx of psychologically traumatized civilian casualties. One major issue is how to quickly and reliably identify the patients at risk of developing Post-Traumatic Stress Disorder (PTSD). The main objective of this study was to determine the risk factors of developing PTSD after a terrorist attack in order to improve initial care guidance.

Method: Our cohort comprised 82 subjects present inside the Bataclan (Paris, France) during the terrorist attack on November-13th 2015. The study primary endpoint was the index score on the PTSD-Check-List Scale. The risk analysis considered all clinically relevant risk factors. All data was collected using a unique internet based self-assessment questionnaires six months after the attacks.

Results: 74% of the subjects presented severe symptoms of Acute Stress Disorder (ASD). 17% were wounded by an automatic firearm. At 6 months, the prevalence of PTSD was 61%. We observed four significant predictive risk factors for PTSD: an elevated ASD (RR=3.1), a low-level of trait mindfulness (RR=2.4), a low level of education (RR=1.6) and a lack of family support (RR=1.4). Physical injury, Peritraumatic dissociation, psychiatric history, and gender, did not represent significant risk factors in our cohort.

Discussion: Terrorist attacks induce an unprecedented prevalence of PTSD. For optimum emergency psychological care after a terrorist attack, severe ASD symptoms should alert the physician. Helping victims to develop their capacity to create a safe and protective environment by leveraging social resources like family, and inner resources like mindfulness will optimize global resilience.
Early atypical emotional processing revealed among victims of sexual abuse: a longitudinal neuroimaging study of PTSD

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Introduction: The most prevalent causes of PTSD in civilians are the physical and sexual assaults, especially in the female population. Several neuropsychological studies have shown in patients with PTSD deficits in impulse control and preferential allocation of attentional resources to potentially threatening stimuli. Whereas these behavioral symptoms are linked to re-experiencing and are thus in the core of the symptomatology of PTSD, their neurobiology has been rarely investigated. Combining emotional and cognitive fMRI tasks, the goal of this longitudinal study was to provide a better understanding of early neurobiological changes induced by traumatic event exposure.

Method: 25 rape victims with PTSD and 20 controls (age matched with the rape victims group) participated in the experiment. For this longitudinal study, each volunteer participated in two fMRI sessions: the first (T1) at 4 ± 2 weeks and the second (T2) at 24 ± 2 weeks after the traumatic event.

Results: Only emotional stimuli elicited significant between-group differences with an increased activity of several brain regions, notably the anterior cingulate gyrus and sensory regions, in victims. Moreover these atypical brain correlates in response to emotional stimuli persisted over time, i.e., no difference between T1 and T2.

Discussion: This pathophysiological study improves our knowledge of PTSD, especially on the early and persistent changes in the architecture of brain regions involved in emotion regulation of victims of severe psychological trauma.

Paper No.: 81
Reference: S78
Presentation Type: Oral Presentation
Symposium: S78 - New Methods

Posttraumatic dream content: methodological approach and preliminary results

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Introduction: Despite significant progress in our knowledge on posttraumatic dreaming, research on posttraumatic dream content is still at its beginning.

Method: The Zurich Dream Process Coding System as a new method of studying affect regulation in dreaming is introduced and applied onto dreams from different samples of trauma survivors.

Results: Typical characteristics of posttraumatic dreams will be elaborated.

Discussion: The implications of dream features for the understanding of the traumatic experience are discussed.

Prevalence of different maltreatment types in a national representative sample of Tanzanian secondary school students

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Background & Aims: Though with their Sustainable Development Goals 2015-2030 the United Nations aim to end all forms of violence against minors, child maltreatment is globally relevant phenomenon (1). In many countries parents apply violent discipline aiming to control children’s misbehavior. However, little is known about child maltreatment and violent discipline in sub-Saharan Africa. In this study, we aimed at examining the prevalence of child maltreatment and violent discipline both from the parents’ and adolescents’ perspective in Tanzania.

Methods: We administered questionnaires to 700 Tanzanian secondary school students (52% girls) with a mean age of 14.92 years (SD = 1.02, range: 12–17) and 333 parents or caregivers (53% females) with a mean age of 43.47 years (SD = 9.02, range: 19-71).

Results: More than 90% of all students reported exposure to violent discipline by a parent including physical and emotional abuse within the past year. A majority of parents (80%) acknowledged using violent discipline and its application was associated with high levels of parental stress.

Discussion & Conclusion: Our findings indicate high levels of violent discipline in Tanzanian homes. There is a need to design and implement interventions that prevent children from experiencing violence at home. Reducing parents’ stress level may be a starting point for intervention. Yet, due to the high levels of violent discipline also societal beliefs need to be considered.
Predicting child abuse potential: the role of social support in times of economic hardship

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Introduction: Social support, according to Social Support Deterioration Deterrence Model, serves as protective factor in the interaction between negative life events, stress and mental health. In this study, we explored the role of children’s characteristics and economic hardship in predicting the mothers’ potential for child abuse with a focus on social support to mothers as a protective factor.

Methods: The study was conducted on 541 pairs of 1st grade high-school students (Mage=15.09, SDage=0.426) and their mothers, from the probabilistic stratified cluster sample from 6 counties in Croatia. We used measures of individual characteristics of mothers (education, economic status, stress events), child’s psychological characteristics (NEO-FFI, Depression, Anxiety and Stress Scale DASS-21, intelligence test TN-10) and behavioral characteristics (school absenteeism, academic grade-point average, risk behaviors), social support and the child abuse potential (CAPI).

Results: Multiple regression model was used to determine the effects of individual characteristics of mothers, the child’s psychological and behavioral characteristics and social support to mothers for the child abuse potential. The model explained 40.6% of the criterion. Mother’s individual characteristics explained 28.3%, child’s psychological characteristics 0.8%, child’s behavioral characteristics had no contribution, while social support explained 11.5% of the risk of child abuse in this model.

Discussion: Findings indicate that the context variables were more important predictors of the mother’s potential for child abuse than the children’s characteristics. These findings underline the importance of studying social context of children’s environment regarding the child abuse potential and emphasize the role of social support as potential focus of community services.
Introduction: Research has shown that an untreated trauma response may compromise successful treatment of health issues. The aim of this paper is to elucidate how to identify possible underlying traumata which may render health problems refractory to treatment. This requires knowledge of PTSD-indicative body language and safety habits.

Method: This study is based on observations and interviews of approximately 400 cancer patients with post traumatic symptomatology and 800 patients with PTSD in group settings and individually in a Surgical Gastroenterological Clinic and in Australia. When PTSD-type postures and elucidation of safety habits emerged, patients were asked if they were interested in participating in a study. If so, they completed a consent form, were interviewed using the same interview guide, which was then analysed with grounded theory methodology.

Results: The population under study were people diagnosed with cancer compared to soldiers, members of the police force and chronic non-cancer pain with PTSD. In many patients with symptoms resistant to treatment, body language and safety habits indicated childhood/adolescent traumata and validated the possible negative consequences of refractory health-seeking attitudes and behaviours. This was often unrecognised by clinicians. When trauma symptomatology was alleviated psychosomatically, improvement relating to their symptoms was noticable.

Discussion: Childhood posttraumatic symptomatology often remains undiagnosed throughout the life-span and thereby guides the possible psychosomatic health and life choices of people negatively. A knowledge of PTSD-type postures and safety habits would alert clinicians to consider and integrate these aspects of their patients’ life situation and thereby improve therapeutic results.

Paper No.: 86
Reference: S08
Presentation Type: Symposium
Symposium: S08 - Novel approaches to assessment and intervention for children and parents in pediatric health care settings

Novel approaches to assessment and intervention for children and parents in pediatric health care settings
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Illness, injury, and medical treatment experiences are among the most common potentially traumatic events experienced by children and their parents. The pediatric hospital offers unique
opportunities for intervention to prevent, reduce, or ameliorate posttraumatic stress outcomes. This symposium will bring together novel approaches to understanding and addressing medically-related traumatic stress in children and parents, at the level of the patient, parent, health care professional, and health care system. Dr. Brown will present results of a study of parent and child distress during acute medical procedures. Dr. Colville will describe a novel application of Narrative Exposure Therapy for parents of children treated in the intensive care unit. Dr. Kenardy will report on efforts to map current psychosocial care in the pediatric hospital setting. Dr. Kassam-Adams will describe a multi-faceted program aimed at understanding and improving the delivery of “trauma-informed” acute medical care in the pediatric hospital.

**Paper No.: 87**

**Reference:** S08.2

**Presentation Type:** Symposium

**Symposium:** S08 - Novel approaches to assessment and intervention for children and parents in pediatric health care settings

**Narrative exposure therapy with parents after PICU**

*Gillian Colville*

*St George's Hospital, Paediatric Psychology Service, London, UK*

**Introduction:** Given the increasing evidence that a significant minority of parents are affected by symptoms of post-traumatic stress and anxiety for many months after their child’s serious illness or accident, it is important that psychological treatments for use with this population are evaluated for acceptability, effectiveness and feasibility.

**Method:** A new brief treatment, Narrative Exposure Therapy (Schauer et al 2011), which has shown promise with samples of people who have suffered complex post-traumatic reactions following repeated traumas, is currently being offered at one centre after their child's admission to PICU. The application of this approach with a case series of five parents who met criteria for post-traumatic stress disorder following their child’s critical care treatment, will be described.

**Results:** The intervention was associated with significant symptom relief in relation to post-traumatic stress (mean pre vs post-treatment difference scores: PDS=11.5, p=0.026; HADS Anxiety=7.0, p=0.042) and there was evidence of continuing and sustained improvement in their functioning over the following year.

**Discussion:** Following an exploration of the main themes that emerged in therapy, parents’ comments on their experience of receiving this treatment will be provided and the impact on the therapist of providing this form of intensive input will also be addressed.

**Paper No.: 88**

**Reference:** S08.4

**Presentation Type:** Symposium
Introduction: Children receiving acute or emergency medical care face potentially traumatic stressors. In addition to illness and injury itself, stressful aspects of medical treatment experiences can put children at risk for psychological sequelae. Trauma-informed care (minimizing frightening aspects of treatment, attending to pain and emotional distress) can reduce PTSS risk, but is a particular challenge during acute medical care when there are many competing priorities for the medical team’s attention and focus.

Method: A multi-faceted research program aimed at understanding “trauma-informed” care in the pediatric hospital has included interviewing acute care providers to identify opportunities for care improvement, developing assessment metrics for trauma-informed and family-centered emergency medical care, and creating in-person and online training programs to teach specific skills.

Results: Provider interviews identified a strong commitment to trauma-sensitive care for children and families, and a number of key themes related to providers’ competing roles and the importance of the specific context of care. Video review of simulated pediatric resuscitation scenarios confirmed the applicability of assessment metrics developed based on the research literature and best practice guidelines, and suggested refinements to these metrics. In-person and online training models were successfully implemented, with evaluations indicating post-training gains in knowledge and confidence.

Discussion: Many pediatric health care providers are committed to delivering care in a way that is trauma-informed and reduces the potential for posttraumatic stress sequelae. Assessment and training tools with this specific focus show promise, but must address the context in which care is delivered.
The US and the UK have been accused of employing physical and psychological torture. Examples include covert rendition program and secret CIA black sites; Guantanamo Bay; Abu Ghraib, MI6 rendition of Libyan dissidents to Gadhafi, and the Iraqi Historic Allegations Team investigations of alleged British use of torture. Some of these have been investigated and accepted as torture while others are under active investigation and may be baseless. The presenters have worked with victims from all of these examples and will be drawing on their experience of the assessment and rehabilitation of alleged victims, as well as exploring of the role of accountability.

Many of the torture techniques are psychological, or involve no touch techniques. Some of the most severe of the practices were perpetrated by psychologists and possibly psychiatrists. In the context of The American Psychological Association being accused of condoning torture, the UKPTS has published a position paper on the use of various coercive interrogation techniques.

This presentation provides an overview of the recent historical background and the harm they cause, particularly during the “War On Terror”. It will include discussion on the establishment of a rehabilitation project for ex-Guantanamo Detainees and the current American Civil Liberties Union (ACLU) civil case against clinical psychologists allegedly engaged in torture in the CIA program. The background will form the basis of a discussion about how to address past abuse and protect against future harm, particularly in the so-called Post Truth Era.

Paper No.: 90
Reference: S45
Presentation Type: Oral Presentation
Symposium: S45 - Treatment Interventions for Refugees

Traumatized adolescents seeking asylum – an intervention study
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Introduction: At the beginning of the year 2016 there was 3024 unaccompanied minors seeking asylum in Finland. Most often these experiences are potentially traumatizing and unaddressed these problems can manifest more severe disorders later in life. Trauma symptoms are part of everyday life in reception units for minors, but the staff lack tools to tackle them. In addition, trauma treatment is available only for few asylum seeking or refugee adolescents with trauma symptoms.

Methods: The project seeks to build and pilot test a model of trauma care among unaccompanied minors to be disseminated to all units for minors in Finland. The aim is (1) to develop a stabilizing group intervention model suitable for all unaccompanied minors and (2) to provide trauma focused intervention (Narrative Exposure Therapy, NET) for those, who experience severe trauma
symptoms. NET was introduced in Finland through the ongoing RCT study among traumatized immigrant children and adolescents. The current project extends this study with the data collected in the pilot units for minors.

**Results:** The study protocol of the randomized control trial will be presented. In addition, the outline of the group intervention model and the process of developing, adapting and piloting the model will be presented.

**Discussion:** Some of the challenges of introducing a new intervention model and implementing a research study a naturalistic setting will be discussed.

**Paper No.: 91**

**Reference:** S74

**Presentation Type:** Oral Presentation

**Symposium:** S74 - Conflict in Africa

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**Assessing the factor structure of the childhood trauma questionnaire, and multiple types of maltreatment among adolescents in conflict affected Burundi**

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The present study aimed to examine the factor structure of the Childhood Trauma Questionnaire (CTQ; Bernstein & Fink, 1998), highlight rates of abuse and neglect among Burundian adolescents, compare these rates with those found in high-income nations, and examine the cumulative effect of multiple types of abuse and neglect on depression and PTSD symptoms. Participants were 231 adolescents and youth (M = 14.9, SD = 1.99, 58.4% female) from five provinces of Burundi, a country in Central Africa affected by war and political violence. Translation and back-translation of the CTQ was carried out to obtain an adaptation of CTQ in Kirundi, the native language of Burundi. With the exception of one item on ‘molestation’ in the factor of sexual abuse, the five-factor structure of CTQ was obtained comprising of latent factors, namely emotional, physical, and sexual abuse, and emotional and physical neglect. The rate of abuse and neglect ranged from 14.7-93.5% with more than 37% reporting 4 or more types of abuse and neglect experiences. Emotional abuse and neglect, and physical neglect were 2-3 times higher among Burundian adolescents when compared with studies from high-income countries using the CTQ. A cumulative effect of multiple types of abuse and neglect was found, such that, those with 4 or more types of maltreatment were higher on symptoms of depression and posttraumatic stress. Findings highlight
the need for culturally sensitive, standardized, and validated measures and norms for gauging childhood maltreatment in Burundi and related need for preventative interventions on childhood maltreatment.

Paper No.: 92
Reference: S08.3
Presentation Type: Symposium
Symposium: S08 - Novel approaches to assessment and intervention for children and parents in pediatric health care settings

Mapping psychosocial care across the pediatric hospital
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Introduction: Research by Alisic, Kassam-Adams and colleagues has demonstrated that hospital emergency nursing staff have identified trauma-focused psychosocial care as an area of great need. We sought to extend this work by exploring trauma-focused psychosocial care skills and need across a number of disciplines and within different hospital units.

Methods: We employed self-report and interview to assess psychosocial knowledge and need, as well as stress experienced as a consequence of trauma exposure.

Results: In total 193 staff across 5 hospital units, Emergency, Burns, Endocrinology, PICU, and Gastroenterology were surveyed. Overall level of knowledge in trauma-focused care was not high with less than 3% of participants answering all questions correctly. Also level of training was low with 27% having received psychosocial care training, Nurses were the least likely to have had psychosocial care training. Allied health had most frequently been trained and also had the lowest perceived barriers, greatest confidence in applying psychosocial care. Confidence in applying psychosocial skills was on average low. Confidence was the only significant predictor of professional burnout and compassion fatigue, even after controlling for experience, resource limitations and institutional support. Conclusions: Overall the needs of staff are similar across different pediatric units and between disciplines, and that healthcare providers in pediatric hospital settings lack confidence and training in psychosocial care. Addressing this need should not only improve the quality of care for children and families but may also reduce emotional burnout and compassion fatigue.

Paper No.: 93
Presentation Type: Poster Presentation
Relationship between dissociation and subjective experiences in intercultural children who are currently living in residential child welfare facilities
Yumi Suzuki
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Background and Aims: There are increasing number of abused and neglected children in residential child welfare facilities in Japan, and also intercultural children. This research focuses on traumatic symptoms among intercultural children who have foreign countries as their background, and are currently in residential child welfare facilities.

Results: Study 1: As the results of chi-square test, it showed that these children (16 children, 8 boys and 8 girls, mean age of 13.9 years) scored higher on the Dissociation(DIS) and obvious dissociation(DIS-O)components of the Trauma Symptom Checklist for Children : TSCC-A than did control children(62 children,31 boys and 31 girls, mean age of 13.6 years). (χ²=7.79,df=1,p<.01)
Study 2: Analysis of semi-structured interview of 4 interviewees (3 boys and 1 girl, 15-19 years old) revealed that concepts related to dissociation: “Inappropriate bringing-up environment,” ”Unstable and vulnerable family”, or ”Experiences that become trauma later”, and “Losses in cultural transition,” “Wavering when children enter a foster home and give meaning to enter there,” or ”Loss Experiences overtime.”
Two additional concepts were “cultural bullying” and “entering another world”.

Conclusion: These results suggest that intercultural children who have foreign countries as their background may suffer from psychological distress, such as fear and anxiety, and use dissociation as a defence mechanism in the long process of cultural transition. Some similarities between these children and children of immigrant in terms of high risk factors and problems in mental health are also discussed.

Paper No.: 94
Reference: S43
Presentation Type: Oral Presentation
Symposium: S43 - Trauma Exposure amongst Professionals.

Child protection: long term implications on psychological wellbeing and workability of police child protection investigators
Noreen Tehrani
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Background: Child protection investigators (CPIs) are exposed to stories of physical, emotional and sexual abuse. Listening to accounts of child abuse creates vulnerability to burnout, secondary trauma and post-traumatic stress.
Aims: The aim of the study was to identify changes in the psychological wellbeing of CPIs over time
Method: The CPIs worked in several child protection roles and had annual psychological surveillance. The screening was administered on-line and included clinical measures of anxiety, depression, primary and secondary trauma as well as compassion satisfaction.

Results: The data showed at the end of the first year an increase in secondary trauma and a reduction in compassion satisfaction. In year 1-2 there was a reduction in primary trauma symptoms, which returned in the third year at which time many CSIs left the role. CSIs in post over six years had higher level of anxiety, depression, primary and secondary trauma and a lower level of compassion satisfaction.

Discussion: The results showed how changes in psychological symptoms in CSIs change over time. Some CPI appeared more resilient and able to continue in role up to six years.

Conclusions: Organisations employing CAIs should introduce regular screening and consider the introduction of tenure at 3 years.

Paper No.: 95
Presentation Type Preference: Presentation

Psychological and behavioral problems in children of war veterans with post traumatic stress disorder
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Background and Aims: Posttraumatic stress disorder (PTSD) caused by war trauma experiences affects veterans’ ability to meet their parental obligations, which can lead to the appearance of psychological and behavioral problems in their children. We explored, based on the parents’ assessment, whether the children of veterans with PTSD exhibit more psychological and behavioral problems and whether there are differences in relation to the sex of the child.

Method: The study group consisted of 91 children from 50 veterans receiving treatment for the war-related PTSD at the Psychiatric Department of the University Clinical Hospital Mostar. The control group consisted of 98 children of 50 war veterans without PTSD who were selected from veteran associations by the snowball method. The following instruments were used in the study: General Demographic Questionnaire, Harvard Trauma Questionnaire–Bosnia and Herzegovina version and the Strengths and Difficulties Questionnaire for children.

Results: Children of veterans with PTSD have more pronounced psychological and behavioral problems ($U=2372.5; P<0.001$) compared to the children of veterans without PTSD. Male children of veterans with PTSD have more frequent behavioral problems ($\chi^2=7.174; P=0.025$) compared to the female children, and overall, they more frequently exhibit borderline or abnormal psychological difficulties ($\chi^2=6.682; P=0.029$).

Discussion and Conclusion: Veterans suffering from PTSD have a significant impact on the occurrence of psychological and behavioral problems in their children. This set of data suggests
the need for early identification and treatment of the traumatized families, to prevent far-reaching negative effects on growth and development of the affected children.

**Group treatment for trauma survivors: do they want to share their personal stories of victimization?**

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**Introduction:** Although exposure is a critical component of trauma treatment (Rauch, et al., 2012), few have evaluated outcomes of group-based exposure therapy and whether it is acceptable to women. Outcomes from our novel exposure-based group treatment with incarcerated women showed significant reductions in PTSD and depression symptoms (Karlsson, et al., 2014; 2015). In this study, we explored women’s treatment preferences.

**Method:** Thirty currently incarcerated women in a U.S. prison (97% White, Mean age = 37.9) completed surveys about their trauma histories and PTSD symptoms, and rated their reactions to descriptions of two group trauma treatments. One treatment required sharing personal stories of sexual victimization, while the other required only listening to other survivors’ stories.

**Results:** Participants had experienced on average 5.3 trauma types (range 2-9). Childhood sexual abuse, endorsed by 87% of the sample, was most common. Paired t-tests revealed that participants favored the listening group over the personal sharing group (e.g., more interested, more willing to participate, greater anticipated benefit, ps < .05). However, when asked to choose between the two groups, half of the sample chose each. Participants with a probable PTSD diagnosis (n = 17) were more willing to participate in a group that required sharing their personal stories of sexual victimization.

**Discussion:** Findings suggest that trauma survivors are willing to engage in group treatments focused on sexual victimization and their preferences partially depend on PTSD symptom severity. Results will be discussed in relation to a treatment outcome study funded by the American Psychological Foundation.
Symposium: S35 - Traumatized refugees and asylum seekers: prevalence of psychopathology and innovative interventions

The feasibility of narrative exposure therapy in a day treatment program for refugees

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Introduction: Narrative Exposure Therapy (NET) is an evidence-based treatment for PTSD, in particular for refugees who experienced cumulative traumatic events. However, in severely traumatized refugees, standardized application of NET can be challenged by comorbid complaints, ongoing stressors, and psychosocial adjustment difficulties. For this group, a combination of NET and other interventions may be more appropriate. The purpose of this study was to examine the feasibility of NET as part of a day patient treatment and to evaluate the potential effectiveness of NET for refugees with severe psychopathology, in particular for those with a history of prior treatment with limited improvement.

Method: Data were available from 87 refugees who consecutively entered the day treatment program for PTSD (2012 – 2016) at Foundation Centrum 45, a Dutch mental health institute specialised in treatment of populations traumatised by war and organised violence. The program comprised of a weekly five-hour program and lasted a year divided in three phases. In phase 2 patients received individual NET. The Clinician-Administered PTSD Scale (CAPS) was administered during the (group based) phase 1 and phase 3. Treatment attendance was recorded every week.

Results: Preliminary results show a decline of PTSD symptoms in two third of the completers (67 %), of which one third clinically significant (15 points on the CAPS).

Conclusions: Traumatized refugees with severe psychopathology, comorbid complaints and ongoing life stressors can benefit from trauma focused treatment. Inclusion of NET in a day treatment program is feasible and enhances the acceptability of, and adherence to this treatment.

Paper No.: 99
Reference: S09
Presentation Type: Symposium
Symposium: S09 - Mass violence, exposure to trauma and different experiences from Europe

Mass violence, exposure to trauma and different experiences from Europe

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In the last couple of years there have been suicide bombing attacks in several European countries such as France, Belgium, Turkey and Germany. Due to these suicide attacks, or other mass violence, hundreds of victims lost their lives and thousands of them wounded. Although mass violence
commonly causes widespread distress, most of them did not require treatment. But after these potentially traumatic events some people needed urgent assessments, screening and support when necessary. Interventions in the early phase following mass traumatic events are not currently well-supported by empirical literature. Effective early treatment of trauma-related conditions can prevent longer-term difficulties. Early intervention in mass traumatic events should be embedded within a multidisciplinary, coordinated local disaster mental health system. Early interventions should be utilized in a culturally sensitive manner and take into account the ongoing stressors, reactions, and resources. In this symposium three speakers will present their own practices and the lessons learned from their experiences.

Paper No.: 100
Reference: S79
Presentation Type: Oral Presentation
Symposium: S79 - Influencing Factors

A quicker, better and more effective form of trauma treatment?
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Introduction: A new form of trauma therapy, until recently indicated as Visual Coding Displacement Therapy (VCDT) has been developed by two therapists in the UK. They claimed this therapy would be quicker and better than other forms of trauma therapy. The therapy had some similarities with eye movement desensitization and reprocessing (EMDR) – mainly that it is also a form of working memory taxation - but there are also some essential differences.

Method: Together with Dutch researchers (Suzy Matthijsen Msc. and Prof.dr. Ad de Jongh this new form of treatment was protocolized and tested on 36 healthy students. The students were asked to recall three negative emotional memories under three conditions; EMDR, VCDT and a control condition.

Results: The stunning results – where a significant difference in efficacy was found not only comparing VCDT with the control condition, but also with EMDR – will be shown to you.

Discussion: We would like to discuss with you the interpretation of these results. What is this new form of trauma therapy and why does it work? The results are important in the trauma field, not only because this study could improve our understanding of the working mechanisms underlying
some forms of trauma therapy, but it could also directly help to develop better and quicker ways of trauma treatment. We would like to tell you more about the form of therapy and support our presentation with videomaterial.

Paper No.: 101
Reference: S56
Presentation Type: Oral Presentation
Symposium: S56 - Recklessness as a Response to Trauma

Interpersonal trauma and adolescent delinquency: indirect effects through posttraumatic overmodulation and callousness
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Introduction: High rates of interpersonal trauma exposure and PTSD have been found among justice-involved youth across many international studies and have spurred the need to understand the mechanisms accounting for the association between childhood trauma and adolescent delinquency [1]. In particular, recent research has implicated a cluster of posttraumatic reactions involving related constructs, but which have been differentially labeled, including desensitization, emotional numbing, or callous-unemotional traits [2]. Moreover, these constructs might be viewed more accurately through a trauma-informed lens as representing the recently proposed overmodulation subtype of PTSD symptoms [3]. The present study investigated the associations among these variables and their relation to repeat offending, or recidivism, in a sample of justice-involved youth.

Method: Participants included 799 adolescents (Mage=16.08, SD=1.3; 25.9% girls) admitted to a detention facility in the United States. Participants completed measures of interpersonal and noninterpersonal trauma exposure, PTSD symptoms, callousness, and recidivism.

Results: Path models conducted using structural equation modeling via Mplus 7.31 showed that interpersonal trauma was uniquely associated with PTSD symptoms of overmodulation, and that overmodulation was uniquely associated with callousness. Further, interpersonal trauma showed an indirect effect on recidivism through overmodulation and callousness, with the model invariant across genders. Discussion: These findings add to the growing literature on the overmodulation/undermodulation distinction in PTSD and are among the first to apply this conceptualization to an adolescent sample. This research promises to inform our understanding of the underlying mechanisms that trauma-informed interventions might need to target in order to deflect traumatized youth from a delinquent trajectory.

Paper No.: 102
Reference: S08.1
Understanding the relationship between parent and child distress during paediatric burn medical procedures

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Introduction: Paediatric burn injuries are most commonly sustained by children under 5 years old. The injury and following medical procedures are potentially traumatic events (PTEs) for parent and child. Young children experience the procedures with limited understanding or developed coping strategies, and rely on their parents for support. However, a parent’s own distress may impact support provided. We hypothesised parent distress would impact child coping and distress behaviour, through parent behaviour.

Methods: Eighty-seven families were recruited at Lady Cilento Children’s Hospital, Brisbane, Australia. Parents completed a mental health screen for anxiety/depression, posttraumatic stress symptoms (PTSS), and anticipatory anxiety. Parent and child behaviour were observed during the medical procedure.

Result: Three significant mediations were found. Parents with higher anxiety/depression demonstrated less coping-promoting, which reduced the positive effect on child coping (ab= -.04; 95% CI= -.11 to -.01). Parents with higher PTSS demonstrated more distress-promoting, which increased the negative effect on child coping (ab= -.04; 95% CI= -.13 to -.0003), and also increased the positive effect on child distress (ab= .21; 95% CI= .02 to .61). Independent of these mediations, parent mental health did not directly influence child coping or distress (c’s<.22, ps>.068). Unexpectedly, parent anticipatory anxiety had a direct negative effect on child coping (c’= -.10, p=.043).

Discussion: Parent mental health affects how a parent supports a child, and leads to reduced child coping during a PTE. Parental anticipatory anxiety appears to negatively influence child coping by an alternative mechanism. Parent psychosocial health and behaviour are important factors for future interventions that aim to improve paediatric medical procedure experiences.

Investigation of commemoration processes after traumatic loss by a disaster : Focused on the Sewol ferry disaster case

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In April 2014 the traumatic loss of 304 passengers on the Sewol ferry shocked Korean society. As the nation grieved, many different commemoration ceremonies have been performed. Goal of this study is to examine similarities and differences in commemoration processes amongst three groups; 1) the bereaved, 2) the general populace, and 3) public institutions. For this goal, this study estimates the frequency of commemorations over time and identifies the people's emotions revealed in the commemoration events and their themes. Using Korea's major web portal, Naver, 847 articles from April 2014 to April 2016 were collected, and two trained coders conducted a content analysis. Results show that commemoration events were most frequently held in April 2015 on the first anniversary of the disaster and in April 2016 on the second anniversary of the disaster. Also all groups expressed feelings of sadness and anger and communicated a “we-will-never-forget” pledge. However, our analysis shows that the pledge took on different meanings for different groups. The bereaved focused on remembering those lost, while the general populace and public institutions groups emphasized searching for the causes of the incident to prevent future disasters. The basis of results, the implications involved in sociocultural context were discussed. Especially since most of the victims of the Sewol ferry disaster were adolescents, sadness about the fact that the adolescents who would have needed to be protected by adults died at their early age due to adults' wrongdoing was frequently found in the commemoration events for the Sewol ferry victims.

Paper No.: 104
Reference: S67
Presentation Type: Oral Presentation
Symposium: S67 - We Need to Know More

DSM-5 and ICD-11 PTSD in children and adolescents: factor structure and diagnostic rates
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6 Catholic University of Eichstätt-Ingolstadt, Department of Psychology

Background: A broad definition of PTSD with 20 symptoms in DSM-5 is opposed to a narrow definition of 6 symptoms in ICD-11.

Objectives: To investigate the underlying dimensional structure of DSM-5 and ICD-11 PTSD in a clinical sample of children and adolescents and to compare the diagnostic rates between diagnostic systems.
Method: The sample comprised 475 self-reports and 424 caregiver reports on the Child and Adolescent Trauma Screen (CATS), which were collected at pediatric mental health clinics in the US, Norway and Germany. The factor structure of the PTSD constructs was investigated using confirmatory factor analyses (CFA). To compare diagnostic rates McNemar’s tests for correlated proportions were used.

Results: CFA results demonstrated excellent model fit for ICD-11 PTSD with 3 factors. For the DSM-5 models we found also excellent fit for the Anhedonia and the Hybrid model. Diagnostic rates were found to be significantly lower according to the proposed ICD-11 (self-report: 23.4%; caregiver report: 16.5%) algorithm compared with the DSM-5 criteria (self-report: 37.8%; caregiver report: 31.8%) (Self-report: χ² = 141.22, p<.001; Caregiver report: χ² = 137.18, p<.001).

Discussion: Our findings provide further support for an alternative latent dimensionality of DSM-5 PTSD in children and adolescents. We also found support for the 3 factor PTSD conceptualization proposed for ICD-11. However, the prevalence rates of ICD-11 PTSD were low. Inconsistent PTSD constructs and significantly diverging prevalence of PTSD between DSM-5 and the ICD-11 will result in major challenges for researchers and clinicians in the field of child and adolescent psychotraumatology.

Paper No.: 105
Reference: S06.1
Presentation Type: Symposium
Symposium: S06A - Presentation of The Aarhus Bereavement Study (The TABstudy) - Prolonged grief disorder in adults - State of the art in prolonged grief disorder research

Prevalence of prolonged grief disorder in adult bereavement: a meta-analysis
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Background and Aims: Prolonged grief disorder (PGD) is a bereavement-specific syndrome expected to be included in the forthcoming ICD-11. Defining the prevalence of PGD will have important nosological, clinical, and therapeutic implications. The present meta-analysis aims to estimate the prevalence of PGD in the adult bereaved population, identify possible moderators, and explore methodological quality of studies in this area.

Methods: A systematic literature search was conducted in PubMed, PsycINFO, Embase, Web of Science, and CINAHL. Studies with non-psychiatric, adult populations exposed to non-violent bereavement were included and subjected to meta-analytic evaluation.
Results: Fourteen eligible studies were identified by two independent reviewers. Meta-analysis revealed a pooled prevalence of PGD of 9.8% (95% CI 6.8–14.0). Moderation analyses showed older age to be associated with higher prevalence of PGD. Study quality was characterized by low risk of internal validity bias but high risk of external validity bias.

Discussion and Conclusion: This first meta-analysis of the prevalence of PGD suggests that one out of ten bereaved adults is at risk for developing PGD. This result underscores the importance of identifying those bereaved individuals in greatest need to allocate economic and professional resources most effectively. However, the available epidemiological studies into PGD prevalence are methodologically heterogeneous, only half the studies used registry-based probability sampling methods, and few studies analyzed non-responders. Due to heterogeneity and limited representativeness, the findings should be interpreted with caution and additional high-quality epidemiological research using population-based designs is highly needed in this area.

Paper No.: 106
Reference: S10
Presentation Type: Symposium
Symposium: S10 - Biological and clinical markers of PTSD development and maintenance

Biological and clinical markers of PTSD development and maintenance
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The recognition of post-traumatic stress disorder (PTSD) along with the ability to treat it has become an essential concern of our Western societies. The majority of people exposed to trauma however do not develop PTSD, most victims maintaining, or rapidly returning to a normal functioning. The stressor initiates traumatic memories, and the onset of PTSD symptoms actually depends on the ability of the individual to modify the associated hyperarousal and neurobiological cascade. This transition phase is likely to be the period when risk and protective factors are of greatest significance and consequently an important window for intervention strategies. Few studies have prospectively examined risk factors of PTSD in the aftermath of a traumatic exposure.

In introduction, Frédéric Canini will question the context of confrontation to aggressors and the involvement of the periaqueductal gray in the development of defensive mechanisms in animals as
well as the development of the peritraumatic symptoms in humans. Marion Trousselard examined 82 subjects exposed to the 13-nov-terrorist attacks (Paris, France). She will present both protective and risk factors that must be taken into account for optimum emergency psychological care after a terrorist attack. Isabelle Chaudieu followed 123 subjects in the aftermath of a traumatic exposure (at 2-7 days) then at 1, 4 and 12 months. She will present biological and psychological predictors of PTSD onset and chronicity. Wissam El-Hage will present the early (4-weeks) and persistent changes (24-weeks) in the architecture of brain regions involved in emotion regulation of 25 rape victims compared to 20 matched-controls.

Paper No.: 107
Reference: S10.1
Presentation Type: Symposium
Symposium: S10 - Biological and clinical markers of PTSD development and maintenance

Traumatization: from confrontation to risk factors for PTSD
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Introduction: Studies based in animal behaviours during the confrontation to aggressors suggest that the intensity of the stress response depends on contextual cues such as proximity of the aggressor, the possibility to escape. Such contextual information might be coded through the dopamine and the serotonin modulation during the confrontation. Consequently, any alteration in the dynamic of these neurons might be detrimental. Naïve animals develop defensive mechanisms involving the periaqueductal gray (PAG), a structure having strong relations with the entire brain. Studies carried out in human confirm the role of PAG in the development of the peritraumatic symptomatology. Furthermore, strong relations have been evidenced using fMRI between PAG and brain areas, suggesting that any PAG activation might be associated with frontal activation.

However, this hypothesis does not capture all the clinical risk to develop Post-Traumatic Stress Disorder (PTSD). One major modulator is the extent of the initial stress response and its balance between hypothalamo-Pituitary-adrenocortical (HPA) axis and the autonomic nervous system (ANS) activation. Imbalance of the initial stress response has been evidenced as PTSD risk factors. Such dysfunction has been recently related to epigenetic modulations, suggesting that the story of people would also be essential.

Conclusion: Studies aiming to give a comprehensive view of the PTSD risk factor should question the context of the confrontation, the biological background and the brain activation afterwards.
Brain activity recovery during fear extinction after EMDR therapy

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Post-traumatic stress disorder (PTSD) is a highly prevalent psychiatric disorder occurring in the aftermath of traumatic event. Among the therapeutic approaches to treat PTSD patients, the eye movement desensitization and reprocessing (EMDR) therapy has proved to be one of the most efficient therapies. Fear mechanisms deficits are thought to be at the core of PTSD. This is why researches exploring the PTSD’s underlying mechanisms, commonly used a fear conditioning and extinction paradigm. This paradigm is based upon the repetitive association between an aversive unconditioned stimulus and a neutral conditioned stimulus leading to conditioned fear responses. After EMDR therapy, i.e., symptom decrease, PTSD patients recovered from slower fear extinction. Our study aimed at reproducing these results and identifying the underlying brain activities related to this extinction improvement. 17 PTSD patients underwent fear conditioning and extinction paradigm during fMRI recordings before and after EMDR therapy. They were compared to a wait-list group. Symptoms decrease after EMDR therapy has again improved fear extinction and has been related to a significant modification of the amygdala and the inferior frontal gyrus activities. Restoring the functioning of the brain structures involved in fear extinction learning may be at the core of symptoms improvement in PTSD.

Repetitive transcranial magnetic stimulation (rTMS) for the treatment of PTSD

Marc Legrand & Wissam El-Hage
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Introduction: Despite solid knowledge on the underlying pathophysiology of PTSD, current therapeutic approaches remain non-effective for many patients. This study aimed to assess the efficacy of applying repetitive transcranial magnetic stimulation (rTMS) on altered neuronal networks in an animal model.
**Methods:** 128 male mice ran through a foot-shock traumatic context to induce a PTSD phenotype. Magnetic stimulation was focally applied over prefrontal structures in a 5-day long protocol at excitatory parameters (12.5 Hz, 1.6 Tesla), in comparison to antidepressant treatment.

**Results:** rTMS elicited beneficial effects, i.e. diminishing avoidance toward traumatic cues, enhancing memory performance and decreasing the hallmark freezing behaviors during re-exposure to the traumatic context. These beneficial effects of rTMS were observed with greater magnitude than those produced by the antidepressant.

**Discussion:** These findings highlight the potential of rTMS and its neuronal-based effects as a therapeutic alternative.

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**Paper No.: 110**  
**Reference:** S12.4  
**Presentation Type:** Symposium  
**Symposium:** S12 - Results of new clinical trials focusing on PTSD after abuse

**Trauma-focused cognitive behavioral therapy (TF-CBT) for children and adolescents: 6- and 12-months follow-up of the multi-center study TreatChildTrauma**

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**Background:** The sustainability of treatment effects of trauma-focused interventions has rarely been investigated. We hypothesized that the large immediate treatment effect of TF-CBT as reported in a multi-centre treatment study (1) would be stable at follow up time points.

**Methods:** 76 patients aged 6-17 years with substantial posttraumatic stress symptoms (PTSS) due to experiences of violence, sexual abuse or other traumatic events received TF-CBT. At 6 respectively 12 months post treatment, patients were reassessed with the Clinician-Administered Posttraumatic Stress Disorder Interview for Children and Adolescents (CAPS-CA), the Childrens’ Global Assessment Scale (CGAS) and multiple questionnaires. Intention-to-treat analyses were performed.

**Results:** At 6 months, both the reduction of PTSS (post: d=1.64; 6 M: d=1.76) and the improvement of psychosocial functioning (post: d=0.87; 6M: d=-1.22) of treatment completers were stable. At 12 months, the children and adolescents showed further improvements (PTSS: d=2.58; CGAS d=-1.64). Questionnaire results demonstrated the same pattern of improvement.

**Discussion:** TF-CBT has sustainable effects over 12 months post treatment. Improvements are extended after completion of treatment.

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**Paper No.: 111**  
**Reference:** S80  
**Presentation Type:** Oral Presentation  
**Symposium:** S80 - Factors influencing Treatment Outcome
“Two doctors recommended independently of one another that I should see a psychotherapist...”. Understanding trauma survivors facilitators towards professional help

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Introduction: Trauma survivors tend to be reluctant to seek professional help for mental health problems. While barriers to mental health service (MHS) use have been investigated in various trauma samples, facilitators lack attention in research so far. However, the understanding of perceived facilitators to MHS use seems crucial in increasing the likelihood of help-seeking of trauma survivors.

Method: 46 survivors of institutional abuse (28 currently in psychotherapy, 18 never entered treatment) were interviewed about perceived facilitators to MHS use and their suggestions how to enable other survivors to seek mental health treatment. All interviews were recorded on a digital audio recorder, transcribed verbatim, and anonymized. The transcripts were double checked with the audio files and then screened for initial codes derived from prior research. With a thematic analysis relevant themes were identified.

Results: The final themes regarding facilitators and suggestions will be presented. Preliminary analysis suggests several themes such as: recommendations from health professionals, concrete suggestions for choosing a psychotherapist, perceived psychological strain, coverage of psychotherapy costs, and wish for change. Differences between trauma survivors with and without MHS use emerged and will be described in detail.

Discussion: Understanding trauma survivors’ perceived facilitators and learning from their suggestions regarding MHS use is important to develop interventions to encourage treatment-seeking of individuals with mental health problems following traumatization.

Paper No.: 112
Reference: S11.2
Presentation Type: Symposium
Symposium: S11 - Therapeutic mechanisms in post-traumatic stress disorder

Effects of propranolol, on memory reconsolidation in mice: involvement for PTSD treatment

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Introduction: Memory reconsolidation impairment using the β-noradrenergic receptor blocker propranolol is a promising novel treatment avenue for patients suffering from pathogenic memories, such as post-traumatic stress disorder (PTSD). However, in order to better inform
targeted treatment development, the effects of this compound on memory need to be better characterized via translational research.

**Methods:** We examined the effects of systemic propranolol administration in mice undergoing a wide range of behavioral tests including a new behavioral task, specifically designed as a mouse model of PTSD, to determine more specifically which aspects of the memory reconsolidation are impaired by propranolol.

**Results:** We found that propranolol impaired memory reconsolidation in the most and in the least aversive tasks, but not in the moderately aversive task, suggesting its amnesic effect was not related to task aversion. Moreover, in behavioral tasks in which animals were forced to behave; propranolol did not impair memory reconsolidation. Taken together our results suggest that the memory impairment observed after propranolol administration may result from a modification of the emotional valence of the memory rather than a disruption of the contextual component of the memory trace.

**Conclusion:** This is relevant to the use of propranolol to block memory reconsolidation in individuals with PTSD, as such a treatment would not erase the traumatic memory but only reduce the emotional valence associated with this event.

**Paper No.: 113**

**Reference:** S67

**Presentation Type:** Oral Presentation

**Symposium:** S67 - We Need to Know More

**Intimate partner homicide: what do we know about the children?**


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³ University Medical Centre Utrecht, Wilhelmina Children’s Hospital, Utrecht, The Netherlands

**Introduction:** The impact of losing a parent due to fatal partner violence is intuitively obvious. Unfortunately, most of our knowledge about children’s circumstances and needs after intimate partner homicide is based on anecdotes and case studies. Our goal was to describe the demographics and circumstances of all children bereaved by parental intimate partner homicide in the Netherlands in the period 2003-2012.

**Method:** We combined information from 8 national data sources (e.g. from justice courts, child services, and the media) to identify cases and extract information on children’s background and circumstances. In particular, we coded information about living arrangements, prior violence at home, whether the children had witnessed the homicide, and subsequent legal procedures.

**Results:** In the period under study, 256 children were bereaved due to intimate partner homicide. On average, the children were 7 years old at the time of the homicide and most (87%) lost their
mother. Their living arrangements varied. Almost all children had probably or certainly been exposed to previous violence at home, and there was a range of levels of exposure to the homicide itself (more than half of the children were at the location of the killing). Legal procedures often took multiple years.

**Conclusions:** The burden on children bereaved by intimate partner homicide is exceptionally high, not only because of the traumatic loss but also because of children's previous exposure and the subsequent legal procedures. Professionals involved in cases of intimate partner homicide should ensure that children receive adequate mental health treatment.

**Paper No.:** 114  
**Reference:** S07.1  
**Presentation Type:** Symposium  
**Symposium:** S07 - Prolonged grief disorder after traumatic and non-traumatic loss: classification, mechanisms, and care

**The ICD-11 diagnostic criteria for prolonged grief disorder: the primacy of clinical utility and global applicability**  
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*University of Zürich Psychological Institute, Department of Psychology, Zürich, Switzerland*

**Introduction:** The identification and classification of disorders arising from stressful or traumatic events has been a challenging yet successful endeavour. The ICD-11 diagnostic criteria for prolonged grief disorder (PGD) have now been finalized. This paper presents the rationale for the current structure of the ICD-11 PGD diagnostic criteria and how it adheres to important guidelines outlined by the World Health Organisation (WHO).

**Method:** We review the guidelines for the development of ICD-11 clinical descriptions and diagnostic criteria as outlined by First et al. (2015) in World Psychiatry. We compare the original 2009 consensus criteria for PGD by Prigerson, Horowitz and colleagues with the updated ICD-11 criteria in terms of clinical utility and global applicability.

**Results:** The current ICD-11 diagnostic guidelines for PGD align with the WHO goals for improved clinical utility; these criteria are brief, easy to follow and flexible in terms of clinical decision making. Additionally, these criteria were developed to improve global applicability; they include caveats referring to the specific cultural and societal norms of grieving. Initial field testing and experimental studies have confirmed the clinical utility and validity of the ICD-11 criteria.

**Discussion:** Evidently the ICD-11 PGD criteria have been developed with the key features of clinical utility and global applicability in mind. This is paramount as clinicians; researchers and policy makers take increased notice of the importance of recognizing, diagnosing and treating PGD. The next steps should include further field testing of the PGD cross-culturally and the development of effective interventions.
Paper No.: 115  
Reference: S04.1  
Presentation Type: Symposium  
Symposium: S04 - Traumatic stress in preschoolers: novel findings on outcomes and interventions

**Posttraumatic stress symptoms in young foster care children after interpersonal trauma: the influence of foster parental stress and parenting style**  
*Mira Vasileva, F Petermann*  
*University of Bremen, Center for Clinical Psychology and Rehabilitation, Bremen, Germany*

**Introduction:** Previous research demonstrated the influence of the biological family on how children cope with posttraumatic stress. However, little is known so far about how the foster family influences the way young children cope with trauma. This study explores predictors in the foster family for posttraumatic stress symptoms (PTSS). Furthermore, it investigates the moderating effect of foster parental stress and parenting on internalizing and externalizing symptoms in children following traumatic experiences.

**Method:** A cross-sectional study was conducted in Germany. Foster parents of 323 children aged 3 to 7 completed questionnaires about children’s PTSS, internalizing and externalizing problems, foster parental stress level, and parenting style.

**Results:** Approximately 36% of foster children experienced interpersonal traumatic events and 18% scored above the clinical cut-off for PTSS. The best predictors for PTSS were parental stress (β = 0.48, p < .001) and overreactivity (β = -0.28, p = .017). Laxness and verbosity as parenting styles did not influence children’s PTSS but moderated the impact of interpersonal traumatic experiences on children’s externalizing problems (β = -0.74, β = -0.51 respectively, p < .001).

**Discussion:** The results highlight the necessity of a proper preparation and support for foster parents in order to avoid the deterioration of psychological symptoms following traumatic experiences.

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Paper No.: 116  
Reference: S09.1  
Presentation Type: Symposium  
Symposium: S09 - Mass violence, exposure to trauma and different experiences from Europe

**Politicians under terrorist threat.**  
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As advisor for the National Counterterrorism Coordinator in the Netherlands our aim is to help politicians and their families under terrorist threat and under protection to cope with the stressful situation. Interviews with politicians showed that they responded in very different ways; some became more radical in the expression of their ideas, others were more frightened or angry in public expressions. In general, coping with the protection was difficult in the beginning but later on it became part of the new way of living and working. When children of the politicians were targeted in death threats, some politicians left office. The effects of death threat and protection on our politicians are underestimated and require further systematic study.

**Paper No.: 117**

Reference: S06.3

Presentation Type: Symposium

Symposium: S06A - Presentation of The Aarhus Bereavement Study (The TABstudy) - Prolonged grief disorder in adults - State of the art in prolonged grief disorder research

Are life stories related to grief and positive affect? A prospective study of bereaved partners

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**Introduction:** Life stories refer to internalized stories that provide coherent accounts of individuals’ past, present, and future. Studies show relations between characteristics of life stories, well-being, and psychopathology. The present study examined whether the emotional tones of past and future life story chapters were related to grief and positive affect in bereaved partners.

**Method:** 182 participants were recruited at a specialized palliative care unit 2-4 months after they had lost their partner and 155 participants completed the follow-up 5-7 months later. The materials included standardized scales measuring grief and positive affect as well as a questionnaire, asking participants to identify up to ten past chapters and three future chapters in their life stories and rate these on 1-5 scales measuring emotional tone (positive and negative). The follow-up included the grief and positive affect scales.

**Results:** Positivity of future chapters was significantly correlated with less severe grief and more positive affect at both baseline and follow-up. However, when predicting follow-up grief and positive affect in multiple regressions, future chapters was not a significant predictor after controlling for baseline grief and positive affect.

**Discussion:** The results suggest that it may be important for the well-being of bereaved partners to construct a positive future. However, the results were less convincing when predicting grief and positive affect at follow-up and need to be replicated in future studies.

**Paper No.: 118**
Parent-child conversations in the aftermath of injury

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Introduction: While conversations are considered central to psychological recovery from potentially traumatic events, little is known about what conversations actually occur in daily life. In this presentation we focus on everyday parent-child interactions regarding a child’s serious injury (requiring >24h hospital admission), after discharge from the hospital.

Method: We used the Electronically Activated Recorder (EAR [1]) in a prospective observational study among 71 injured children (aged 3-16 years) and their families. During 2 consecutive days, we collected audio samples of families’ daily life (30-second snippets every 5 minutes). The snippets were transcribed and double-coded according to a standardized coding scheme, involving the conversations’ topic, tone, and interaction partners.

Results: We obtained close to 20,000 audio snippets. Our preliminary analyses suggest that children and parents talked about the injury in, on average, 11% of their interactions (either directly or indirectly, about its consequences). Injury conversations had a more positive tone than non-injury conversations (p<.01). There was substantial variation in amount of interaction and injury talk across families. In the presentation, we will also explore relations between parent-child interaction characteristics and child mental health outcomes.

Conclusions: The EAR appears to be a feasible method for the naturalistic observation of daily family environments and interactions after potentially traumatic events such as injury. The audio data provide interesting new starting points for the development of psychosocial support interventions grounded in families’ day-to-day lives.
Evaluation of a trauma-focused group intervention for young refugees

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Recent research describes a lack of treatment options for a great number of young refugees suffering from posttraumatic stress symptoms after having experienced traumatic events. Trauma-focused group interventions, adapted to the specific needs of the young refugees, may be one way of improving their mental health and, more specifically, of preventing chronic PTSD. This study thereby aims at evaluating such an intervention in terms of posttraumatic stress symptom reduction.

A total of 29 male young refugees (14-18 years of age, mainly from Afghanistan) participated in the pilot study from March to July 2016. The group intervention called “My Way” comprises a short-term intervention in the child welfare setting with six sessions of psychoeducation, relaxation, trauma narrative and cognitive restructuring, implemented by trained and supervised social workers. We used a dependent t-test to compare posttraumatic stress symptoms as measured by Child and adolescent trauma screen (CATS). Participants reported significantly less posttraumatic stress symptoms post-intervention (pre: 26.4±7.7; post: 20.5±6.4; t(28) = 3.71, p = .001; d = .85). In order to evaluate the effectiveness of the intervention in comparison to a waitlist condition, an RCT study (n = 97) has been conducted. Preliminary findings will be reported.

Hence, results indicate initial evidence of the efficacy of the trauma-focused group intervention regarding posttraumatic stress symptom reduction.

Cultural concepts of trauma – a field study on metaphors in India

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Introduction: The term “trauma” can be viewed as a metaphor which originates from somatic medicine and is translated from the Greek word “wound”. Although this notion is widely accepted by clinicians and researchers in mental health, recent emic literature suggests that different concepts or metaphors relating to trauma can be found in cultures outside Europe and North
America. In order to gain a better understanding of trauma in a culturally sensitive way, the present project aims to explore metaphors used to describe aversive or catastrophic events in a rural community in India.

**Methods:** This field study is part of a larger cultural clinical psychology project conducted in multiple countries. It has an interdisciplinary approach using qualitative research methods, including focus groups and interviews with key informants. Metaphor analysis will be conducted using a hermeneutic/interpretative framework.

**Results:** As an expected outcome we anticipate finding metaphors on trauma relating to both the traumatic event and its psychological consequences. Such metaphorical associations are expected to reflect implicit worldviews and culture-specific beliefs in the community under study.

**Discussion:** Cultural concepts of trauma and related metaphorical expressions have been underrepresented in cultural clinical psychology research. Taking into account perspectives from anthropology are useful to better understand how aversive events and its psychological consequences are conceptualized in different cultures, thereby contributing to more culturally-sensitive interventions.

**Paper No.:** 121

**Reference:** S14.1

**Presentation Type:** Symposium

**Symposium:** S14 - Traumatic grief: innovations in research and clinical practice

**Prolonged grief, post-traumatic stress, and depression symptoms after loss in a Dutch community sample: a latent class analysis**

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**Introduction:** Mental health problems following loss can result in heterogeneous symptomatology that may include symptoms of Prolonged Grief Disorder/Persistent Complex Bereavement Disorder (PGD/PCBD), Post-Traumatic Stress Disorder (PTSD), and Major Depressive Disorder (MDD). However, the co-occurrence and temporal relationship of symptoms of these three disorders in bereaved individuals is still relatively unexplored. The first study identified subgroups of bereaved individuals with shared characteristic symptomatology and examined predictors for these subgroups. The second study assessed the temporal relationship of PGD/PCBD and PTSD following bereavement.

**Methods:** In the first study, using data from 496 Dutch bereaved persons who filled in questionnaires assessing PGD/PCBD, PTSD and MDD, we conducted a latent class analysis to identify different symptom classes. Predictors of class membership were also examined. In the second study,
using data from 204 Dutch bereaved persons, who filled in questionnaires in the first and second year after their loss, we conducted a cross-lagged analysis to find temporal relationships.

**Results:** In the first study, we found three different classes: a resilient class, a PGD class and a combined PGD/PTSD class. Violent cause of death, loss of a child, and loss of a partner were associated with membership of the combined PGD/PTSD class. In the second study, we found that PGD symptoms may precede PTSD symptoms after bereavement.

**Discussion:** These two studies increase our understanding of the course and predictability of symptomatology outcome following bereavement. This is a first step towards designing assessment and intervention methods, specifically directed towards subgroups of individuals sharing characteristic symptomatology.

**Paper No.:** 122

**Presentation Type:** Poster Presentation

**Polytraumatization among juvenile justice-involved adolescents: associations with difficulties in emotion regulation and mental health symptoms**

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**Introduction:** The present study aimed to extend the existing literature on polytraumatization and its psychological consequences among juvenile justice-involved youth.

**Method:** Participants were 809 adolescents aged 12-19 years (M = 16.08, SD = 1.3, 25.9% girls) admitted to a juvenile detention facility in the United States. Participants completed measures of trauma event history (e.g., sexual assault, exposure to family violence), dimensions of emotion dysregulation, and mental health symptoms.

**Results:** Based on 26 types of adversities, latent class analysis yielded three unique classes: Low Polytraumatization (Class 1; N = 327; 22.3% girls), Violent Environment with Minimal Maltreatment (Class 2; N = 337; 12.8% girls), and High Polytraumatization (Class 3; N = 145; 64.8% girls). After controlling for age and gender, multivariate analysis of covariance indicated that Class 3 scored higher than the other two less severe classes on all dimensions of emotion dysregulation, including nonacceptance of emotions, difficulties engaging in goal-directed behavior, poor control over impulses when distressed, lack of emotional awareness, limited access to emotion regulation strategies, and lack of emotional clarity; as well as mental health symptoms of depression, somatic complaints, and suicidal behavior. Additionally, in contrast to the least traumatized class (Class 1), Class 2 scored higher on two dimensions of emotion dysregulation and mental health symptoms of substance abuse and anger/irritability.
Discussion: These findings have theoretical and clinical implications for understanding of patterns of co-occurring traumatic experiences as well as related difficulties in emotion regulation and mental health problems among justice-involved adolescents.

Paper No.: 123
Reference: S14
Presentation Type: Symposium
Symposium: S14 - Traumatic grief: innovations in research and clinical practice

Traumatic grief: innovations in research and clinical practice
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Persistent Complex Bereavement Disorder (PCBD) is newly included in DSM-5. Prolonged Grief Disorder (PGD), a condition similar to PCBD, will likely enter the forthcoming ICD-11. PCBD often co-occurs with Post Traumatic Stress Disorder (PTSD) and depression. Particularly after unnatural, violent losses occurring in the context of potentially traumatizing circumstances, the conditions may all be present. The term traumatic grief can be used to refer to a combination of PCBD, PTSD, and depression following losses with traumatizing elements.

This symposium includes four studies, with a different perspective on traumatic grief. The first presentation addresses a study examining the existence, co-occurrence and temporal relationship of symptoms of PCBD/PGD, PTSD, and depression in a heterogeneous sample of bereaved individuals from the general (Dutch) community. Possible predictors of elevated symptoms, such as mode of death and relationship to the deceased are also addressed. In the second presentation a study is presented that was designed to identify subgroups of individuals confronted with losses in the Ukrainian MH17 airplane crash, based on their endorsement of clusters of PCBD/PGD, PTSD, and depression. In addition, correlates of subgroup membership, including characteristics of the losses, are examined. The third presentation will address recent research findings the treatment of on mental health problems after ambiguous losses in Mexico. The last presentation focuses on a research program focused on the nature, determinants, and psychotherapeutic care of homicidally bereaved people. Among other things, this presentation will address the effects of cognitive behavioural therapy and eye movement desensitisation and reprocessing for psychopathology following homicidal loss.

Paper No.: 124
Presentation Type: Poster Presentation
Long-term effects of sexual abuse: Implications of community for self-healing processes
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This pilot project investigates implications of community for self-healing processes among adults with long-term effects of sexual abuse in childhood and adolescence. The project was initiated by The Danish Association Tracks, an independent user and interest group for adults with long-term effects of sexual abuse, and under the auspices of the Region of Southern Denmark.

**Methods:** The pilot project consisted of a series of three workshops as an arena for topic discussions among research participants. The purpose of the pilot project was: a) to test topic discussions as a model for qualitative research in the field, and b) in close collaboration with research participants to identify key issues in relation to the research project’s overall focus.

**Results:** A model with a repeating frame and structure for topic discussions, providing a free discussion, has proved crucial for research participants’ successful participation in the project. Preliminary results of discussions indicate that participation in communities are essential in self-healing processes, but potentially destructive as well, as the original dysfunctional family bear witness of.

**Discussion:** This method has shown to be rewarding as a model for qualitative research in long-term effects of sexual abuse in childhood and adolescence, both ethically and with regards to generating future research results in the field.

**Paper No.: 125**
**Reference: SS3**
**Presentation Type: Oral Presentation**
**Symposium: SS3 - Disaster**

Exploring the contexts, mechanisms and outcomes of post-disaster commemoration rituals: a systematic review
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**Introduction:** In the aftermath of a disaster, communities tend to use a certain set of ritual actions to deal with the sense of shock, anger, disbelief and other emotions. We conducted a systematical review of the international literature on commemoration rituals performed in the public domain
during the short and long-term aftermath of events where people were killed, other than war, in order to draw lessons concerning the relation between contexts, mechanisms and outcomes.

**Method:** We searched in PubMed, EMBASE, PsycINFO, PILOTS and Sociological Abstracts for relevant publications using keywords such as “ritual”, “commemoration”, “monument” in combination with exposure terms (e.g. “disaster”). All included publications were analysed along their treatment of four aspects: mourning, meaning-making, remembering and (re-)constructing identity.

**Results:** Eventually, we included approximately 100 publications, mostly descriptive, comparative, explorative, or interpretative approaches of certain cases. Most authors focus on processes of meaning-making and mourning in relation to identity and cultural congruence and conflict. The relevance of commemoration ritual for health and well-being outcomes has hardly been studied.

**Discussion:** Scientific knowledge on how to organize, structure and position post-disaster commemoration rituals in public settings is plenty but rather diffuse and coloured. Nevertheless, the systematic review provided important patterns and lessons, leading to the development of a tentative model which aims to deepen the understanding of relationships between mourning, meaning-making, memory and identity, both at an individual and collective level.

**Paper No.: 126**

**Presentation Type: Poster Presentation**

**The negative effect on “belief in a just world” derived from childhood abuse**

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It is known that childhood abuse brings about severe impact on one’s later interpersonal relationships. People generally recognize the world as a fair and secure place, believing that the efforts are rewarded and “Heaven’s vengeance is slow but sure”. However, when they suffer traumatic or shocking incidences, they will be exposed to the risk of losing such a belief that man is all treated and ensured with fairness and being secure. Consequently, by recognizing pangs of survivor’s guilt or laying responsibility onto victims, they try to maintain the illusion to be the fair and secure world. While people who experienced chronic trauma such as childhood abuse, in their earlier life, may fail to build up such beliefs, and thereby, tend to consider the world more ruthless. This study aimed to investigate the impact of childhood abuse on “belief in a just world”. From the database of large-scale research studies with university students (Fukui et al., 2017), 130 subjects’ data, which had variables used in the study, were analyzed. The result of the hierarchical multiple regression model showed that occurrence of childhood abuse significantly decreased the “belief in a just world”. The effect remained after controlling age and sex. Our study revealed that childhood abuse make it difficult to maintain the “belief in a just world”. Here we concluded that those who had to experience this unfair treating of abuse in their earlier life might have agony or the maladaptive problems because they cannot recognize their world as fair and secure.
How to cope with the aftermath of suicide bombings: establishing psychosocial solidarity network in Turkey

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There have been many suicide bombing attacks in Turkey. Some targeted big crowds others non-governmental organizations and human rights activists directly. In last 18 months there have been 32 attacks in Turkey. 460 person died, 2000 wounded due to a suicide bombing attack. After the attacks in which human rights activists and mass organizations were targeted, medical organizations weren't well-prepared to provide prompt psychosocial support to those who lost loved ones and those who were experiencing psychosocial difficulties. These people needed urgent assessments of their psychosocial needs. Also, such assessments and service utilization had to be provided in a safe environment. Psychosocial Solidarity Network (PSSN) was established for this purpose and has been continuing its work.

Under the guidance of Turkish Human Rights Foundation, different foundations working in the mental health field such as Psychiatric Association of Turkey, Turkish Medical Association, Psychologist Association of Turkey participated to PSSN.

After each attack, public availability sessions were made by the PSSN informing the target groups and all affected person. Groups that were exposed to trauma including eyewitnesses, injured who were hospitalized and those who lost close ones were visited and their needs were established.

Methods: individual, group or family treatments by depending on the needs of the people.

The benefits/difficulties of PSSN work after one year will be discussed. This work made it possible to reach people who otherwise would not get psychotherapeutic support. Also, it was enhanced the collaboration between professionals from different disciplines in the team.

How do we escape threat when it comes from within?

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Threat response has been widely investigated in the research literature. Multiple theoretical models have attempted to describe the mechanisms and processes that are involved in relation to physiological and psychological reactions to perceived attack, or threat to survival. Many of these models articulate threat responsivity in terms of survival, defence and adaptation and most, if not all, focus on threat that occurs externally to the individual. Suicidality however poses an altogether unique form of threat to survival in that it is internally generated and self-directed. While responsivity therefore to this form of threat may also require defensive action and may necessitate some form of distancing or protection from the source of threat (in this case, the ‘self’), no known research has explored threat responsivity in this context. The following paper introduces a trauma response hypothesis for internally generated and self-directed threat and focuses on psychotic experience (PE) as one possible phenomenon that might explain such a response. Using prospective data from a Danish population cohort, analyses revealed that suicidality was statistically more likely to precede (41.4%) rather than follow PE (20.7%). Moreover, using cross-sectional data from two UK epidemiological surveys, analyses indicated that individuals who thought about suicide in their lifetime were up to 8 times more likely to experience PEs while those who both thought about and attempted suicide in both their lifetime and in the year of assessment were up to 48 times more likely to experience PEs compared members of the population who were free from suicidality.

Paper No.: 129
Presentation Type: Poster Presentation

Patients with psychogenic non-epileptic seizures: influence of traumatic factors
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Introduction: Psychogenic non-epileptic seizures (PNES) are epileptic seizures without electrophysiological correlate or clinical evidence for epilepsy, whereas there is evidence for psychogenic factors that may have caused the seizure (Bodde et al., 2009). In this exploratory study, we examine the influence of traumatic factors on the development of PNES.

Method: The sample included patients with PNES (n=7), patients with epileptic seizures (n=11) and healthy controls (n=77). Each participant completed a personal information form and 3 questionnaires: the Post-traumatic cheklist symptoms (PCL-S 5), the peritraumatic Dissociative Experiences Questionnaire (PDEQ), the Post-traumatic Distress Inventory (PDI). Plus, all the people have had a diagnostic interview with a clinician (Mini International Neuropsychiatric Interview) in order to controll comorbidity.
Results: Analyses are still in progress (non parametric statistics) but preliminary results showed the number of traumatics events during life were significantly higher in the PNES group than in the epileptic seizures group.

Discussion/Conclusion: Results will provide insight into how to consider traumatic factors influence on PNES. A necessary step of intervention in patients with PNES seems to be understanding the diagnostic with care.

Paper No.: 130
Reference: S24.2
Presentation Type: Symposium
Symposium: S24 - Adjustment disorder: diagnosis, prevalence, and interventions

A socio-interpersonal approach to adjustment disorders after involuntary job loss
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Introduction: Job loss is associated with a variety of impairments in well-being. Adjustment disorder (AjD) is one of its possible outcomes. In the context of stress-response syndromes, Maercker & Horn (2013) introduced the socio-interpersonal framework model. It emphasizes that the interaction between the affected person and the environment crucially defines the extent of the stress-response after major life events. In line with recent developments and the nosological grouping of AjD in the category of trauma and stress-related disorders, we seek to generalize the model assumptions to AjD. This talk will present a socio-interpersonal model for adjustment disorders and show first evidence from a Swiss cohort of recently laid-off individuals.

Method: We assessed AjD diagnostic status of N=322 participants with an adapted version of the Munich-Composite International Diagnostic Interview (CIDI) and AjD symptom severity with the Adjustment Disorder – New Module 20 (ADNM-20). We further collected data of possible predictor variables with self-report questionnaires.

Results: The interpersonal variables loneliness (β=.12, p<.01; OR=1.46[1.13; 1.89]), and dysfunctional disclosure (β=.59, p<.001; OR=1.11[1.06; 1.15]) as well as the intrapersonal variable self-efficacy (β=-.13, p<.01; OR=0.89[0.82; 0.97]) were associated with both AjD symptom severity and diagnostic status. Perceived social support (OR=3.38[1.67; 6.81]) and negative social support (OR=2.08[1.12; 3.88]) were associated with AjD diagnostic status. Age (β=.15, p<.001) predicted AjD symptom severity.

Discussion: Social-interpersonal processes influenced the development of AjD after involuntary job loss over and above intrapersonal variables. Future research on etiological factors in AjD development should further elaborate these finding by including more contextual factors.

Paper No.: 131
Reference: S15
International perspectives on trauma resilience and recovery Part I

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Populations everywhere in the world are confronted with all types of potentially traumatic events, ranging from war and conflict, crime and sexual violence, natural and human-made disasters, epidemics and terrorist attacks. This double symposium combines recent findings and lessons from different studies focusing on exposed populations under different circumstances at different levels, conducted with quite different research methods. What the contributions in part 1 have in common is that they all involve an assessment of mental health impact, resilience and social context. Michel Dückers discusses the results of several cross-national comparison studies linking trauma exposure, together with socio-economic and cultural country characteristics to trauma-related mental health disorders. The contribution by Helena Bakic goes deeper into the conceptualization and measurement of resilience in the context of severe flooding in Croatia. Revathi Krishna presents the findings from a systematic review on how Asia-Pacific children and families living in poverty cope with disasters. Juul Gouweloos reflects on the outreach programme after the 2009 Turkish airlines crash in the Netherlands and mental and physical health measurements. Part 1 is chaired by Chris Brewin.

Paper No.: 132
Reference: S15.1
Presentation Type: Symposium
Symposium: S15 - International perspectives on trauma resilience and recovery Part I

A vulnerability paradox in the cross-national prevalence of trauma-related mental health disorders
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2 NIVEL – Netherlands Institute for Health Services Research, Utrecht, The Netherlands
Introduction: Differences in the prevalence of trauma-related mental health problems are poorly understood. Our objective was to test whether national variation in prevalence rates can be explained by trauma exposure and countries’ overall vulnerability, indexed by a comprehensive combination of cultural and socioeconomic features.

Method: We searched PubMed, EMBASE, PsycINFO and PILOTS for general population studies on lifetime PTSD and trauma exposure based on clinical diagnostic interviews (WHO CIDI, DSM-IV). Lifetime prevalence data on anxiety disorders, substance disorders, externalizing disorders, mood disorders (PTSD in particular) and exposure were taken from single studies and overviews by Benjet et al. 2016 and Kessler et al. 2009. Country vulnerability data were extracted from World Risk Reports.

Results: PTSD is positively related to trauma exposure but negatively related to vulnerability. Together, exposure, vulnerability, and their interaction explain more than 70% of the variance in national lifetime PTSD prevalence. Apart from the interaction, the pattern was confirmed for all mental disorders under study, with the strongest effect size in mood disorders.

Discussion: Paradoxically, populations of less vulnerable countries have higher chances of reporting PTSD. Because a PTSD diagnosis links psychological, physical, and functional symptoms explicitly to trauma exposure, the interaction between exposure and vulnerability might mean that populations in less vulnerable countries are more likely to attribute health complaints to exposure.

Paper No.: 133
Reference: S15.2
Presentation Type: Symposium
Symposium: S15 - International perspectives on trauma resilience and recovery Part I

Stability and change post-disaster: dynamic relations between individual resilience, psychological resource loss and posttraumatic stress symptoms
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Introduction: The notion of change is one of the key characteristics of resilience in the face of adversity. Those who can adapt to new circumstances better or those who recover faster are those who show resilience. Our objective was to study the dynamic relations between the change in individual resilience, psychological resource loss and posttraumatic stress (PTS) symptoms in the recovery period after a natural disaster.

Method: In May 2014 a severe flooding struck the southeast region of Croatia. We interviewed 223 randomly sampled community members from the most severely struck municipality 1.5 (T1) and 2.5
(T2) years after the disaster on a variety of measures, including individual resilience, perceived psychological loss and PTS symptoms. Data was analyzed using latent difference modelling. 

**Results:** True latent mean differences indicate that there was a slight but significant increase in individual resilience between the two time points and a small to medium decrease in both psychological resource loss and PTS symptoms. There was also a significant variability in intra-individual change: some individuals changed more than the others. Those who showed a higher increase in individual resilience showed a higher decrease in PTS symptoms, both directly and indirectly through a higher decrease in psychological resource loss. 

**Discussion:** Patterns of increase/decrease in individual resilience, perceived loss and PTS symptoms show that 2.5 years after the disaster the community is still recovering. Psychological resource loss could have a central role in this process, explaining the relation between individual resilience and PTS symptoms.

**Paper No.:** 134

**Reference:** S15.3

**Presentation Type:** Symposium

**Symposium:** S15 - International perspectives on trauma resilience and recovery Part I

**Children and families’ experiences coping with disasters while living in poverty: an Asia-Pacific focus**

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**Introduction:** Prevalence of traumatic stress symptoms has been well documented in the aftermath of natural disasters. Our objective was to synthesize the literature on families’ coping with disasters while living in poverty and to understand the experiences of families’ and staff of community organisations during the 2015 floods in Chennai, India.

**Method:** We conducted a systematic review of literature on the ways that children and families living in poverty cope with disasters in the Asia Pacific region which yielded 26 studies from six low and middle income countries. In Chennai, we interviewed family members (n=7), staff of community organisations (n=9) to understand their and their children’s experiences during the floods.

**Results:** This systematic review explored the role of socio-economic factors, socio-cultural factors, and indigenous knowledge in coping with disasters. Preliminary results from the interviews include: some participants thought children enjoyed playing in the water, while others thought that they experienced stress reactions that continue to affect some in the present time as well, e.g. being apprehensive about rain even a year after the floods.

**Discussion:** The review and the interviews highlight gaps regarding child involvement in research and understanding of coping strategies used by children in poverty. The interviews underscored
the challenges that families, especially children experienced during and in the aftermath of the floods. They also emphasized the need for children to be prioritized and included while planning, preparing for and recovering from disasters.

Paper No.: 135  
Reference: S17  
Presentation Type: Symposium  
Symposium: S17 - Childhood maltreatment and adult mental health in samples with high risk of childhood adversity exposure in Norway

**Childhood maltreatment and adult mental health in samples with high risk of childhood adversity exposure in Norway**  
*Dagfinn Winje*  
*University of Bergen, Department of Clinical Psychology, Bergen, Norway*

The Trauma Psychology Research Node at the Dept of Clinical Psychology, University of Bergen, focuses on assessment methods of potentially traumatic events (PTE) in childhood and associations with adult mental health among civilian patients and clients with high risk of exposure to adversities in childhood. Aim of the research is to identify instruments that may be useful in everyday clinical work as well as in clinical research. Research data are collected by use of self-report instruments. The results indicate that: There is a dose-response relation between CCM and adult symptom outcomes; More negative appraisals and less positive benefits of the research process was associated with increasing number of different forms of childhood maltreatment, and There were no statistically significant differences for the CTQ-SF sum, or subscale scores, between persons with schizophrenia spectrum disorders (SSDs) and persons with substance abuse disorders (SUDs). Findings may be relevant for future research and for clinicians' assessment and treatment/counseling interventions.  

Today's presentations comprise  
1) A study of cumulative effects of trauma among adult survivors of childhood sexual abuse  
2) A study of adult patients' and clients' reactions to participation in childhood maltreatment research  
3) A comparison study of childhood maltreatment in persons with schizophrenia spectrum disorders (SSDs) and persons with substance abuse disorders (SUDs).

Paper No.: 136  
Reference: S15.4  
Presentation Type: Symposium  
Symposium: S15 - International perspectives on trauma resilience and recovery Part I

**Treatment needs, physical injury and mental health of air crash survivors: a longitudinal study**
Juul Gouweloos\textsuperscript{1,2}, H Te Brake\textsuperscript{1}, M Sijbrandij\textsuperscript{3,4}, P Boelen\textsuperscript{2}, R Kleber\textsuperscript{2}

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**Introduction:** In 2009, an airplane crashed near Amsterdam. This longitudinal study aims to investigate whether symptoms of PTSD and depression were related to treatment needs and trauma characteristics. Identifying treatment needs and trauma characteristics is crucial for early detection and treatment.

**Methods:** Two months (T1) nine months (T2) and 3,5 years (T3) after the crash, structured telephone interviews were held among 121 adult survivors. Response rates were 68%, 63% and 45% respectively. Treatment needs were assessed with open interview questions. Trauma characteristics were assessed were Injury Severity Score (ISS) and hospitalization. The Trauma Screening Questionnaire and the Patient Health Questionnaire-2 measured risk for PTSD and depression.

**Results:** Among those at risk for PTSD or depression, 45% (of N=40) reported unfulfilled treatment needs at T1, 33% at T2 (of N=37) and 9% at T3 (of N=22). Those with unfulfilled needs were at increased risk for PTSD/depression at T2 compared to those with no need or who received treatment at T1 ($\chi^2(2) = 12.82, p=.002$). Mixed design ANOVAs showed no association between the course of symptoms of PTSD and depression 2 and 9 months after the crash and ISS or hospitalization.

**Discussion:** After an airplane crash, health care providers should be aware that there are survivors who have unfulfilled treatment needs. Psychosocial support programs that address these needs might mitigate the risk for PTSD and depression months later. Furthermore, survivors may be at risk for PTSD or depression, regardless of the objective severity of their physical injuries.

**Paper No.:** 137

**Reference:** S59

**Presentation Type:** Oral Presentation

**Symposium:** S59- Psychopathology and Shame.

**Types of childhood adversity and risk of psychopathology in young women**

Malgorzata Dragan

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**Introduction:** Childhood adversity (CA) is a predictor of psychopathology in adult life, and gender is one of the factors influencing this relationship. The aim of study was to test associations between
different types of childhood adversities and selected indices of psychopathology in a sample of young women.

**Method:** 502 women aged 18–28 completed a set of questionnaires identifying symptoms of general psychopathology, PTSD, emotional dysregulation, problem drinking and alcohol-related beliefs.

**Results:** At least one category of CA was indicated by 77% of women in the sample. To gain information on different "symptom profiles" depending on the type of childhood adversities, a cluster analysis along with a discriminant analysis was performed. Three clusters were distinguished: (1) sexual abuse; (2) maladaptive family functioning (physical violence, parental mental or alcohol problems, family discord and economic hardship); (3) parental somatic health problems. All three types of CA were related to symptoms of emotional dysregulation and general psychopathology. However, women with sexual trauma were characterized by the highest scores in PTSD, problem drinking symptoms and beliefs about inability to control drinking.

**Discussion:** Analysis of differences in symptom profiles depending on the cluster of CA revealed that although symptoms of emotional dysregulation and general psychopathology have similar intensity regardless of the type of those experiences, other consequences do differ. Women who experienced childhood sexual abuse report more severe symptoms of PTSD and problem drinking.

**Paper No.: 138**

**Reference:** S16

**Presentation Type:** Symposium

**Symposium:** S16 - International perspectives on trauma resilience and recovery Part II

**International perspectives on trauma resilience and recovery Part II**

*Michel Dückers*¹²

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Populations everywhere in the world are confronted with all types of potentially traumatic events, ranging from war and conflict, crime and sexual violence, natural and human-made disasters, epidemics and terrorist attacks. This double symposium combines recent findings and lessons from different studies focusing on exposed populations under different circumstances at different levels, conducted with quite different research methods. The contributions in part 2 focus on on service delivery to affected populations, care utilization, recommendations on what (not) to do and organizational lessons. Jurriaan Jacobs gives an overview of findings from an extensive document analysis of 25 years of post-disaster psychosocial support in The Netherlands. Philippe Pirard describes how psychosocial services were planned and delivered to survivors in the first hours, weeks and months after the terrorist attacks in Paris in 2015. The evaluation findings presented by Hans Te Brake follow a longer time frame: what is there to learn from the national information and
support website, launched for hundreds of bereaved Dutch families after the 2014 MH17 plane crash? Lise Stene discusses different studies conducted in the aftermath of the terrorist attacks in Norway in 2011 and highlights lessons concerning outreach, mental health service delivery and care utilization. Part 2 is chaired by Michel Dückers.

**Paper No.: 139**

**Reference:** S16.1

**Presentation Type:** Symposium

**Symposium:** S16 - International perspectives on trauma resilience and recovery Part II

**Two decades of post-disaster psychosocial support services in the Netherlands: a qualitative systematic review**

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**Introduction:** Lately, the field of post-disaster mental health and psychosocial support has expanded rapidly. Many guidelines and standards – primarily based on expert knowledge – have been developed in the pursuit of high-quality service delivery. However, systematic analyses of psychosocial support services are scarce. Objective of this study is to evaluate psychosocial support services in different disaster settings through time to determine mechanisms for successful service delivery.

**Method:** We conducted a qualitative systematic review of psychosocial support service delivery during the recovery phase of 12 Dutch disasters between 1992 and 2014. We used systematic search and snowballing methods and included over 90 documents.

**Results:** The documents emphasise the prevalence of psychological disorders. Only few documents where found that focussed primarily on evaluation of post-disaster psychosocial support. Over time, planning, training, registration, information delivery, acknowledgement, equality and disaster status seem to be difficult to organize. Moreover, disaster type is a factor in the quality of service delivery. Collaboration is increasingly emphasised.

**Discussion:** Psychosocial support services has grown from a monodisciplinary to a multidisciplinary field. Suboptimal inter-professional collaboration is a recurring threat to service quality. The field lacks systematic and critical appraisal of its functioning as evaluation and learning is amply done in practice. Although the active involvement of specialized mental health expertise in the planning and delivery of psychosocial support services is indispensable, the medicalization of post-disaster reactions is a serious point of concern.

**Paper No.: 140**
Reference: S16.2
Presentation Type: Symposium
Symposium: S16 - International perspectives on trauma resilience and recovery Part II

Learning from the 2015 terrorist attack in Paris: using feedback from epidemiologic studies to better manage the psychological impact
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Introduction: In January and November 2015 Paris was struck by terrorist attacks, directly exposing thousands of civilians as well as field workers. The psychosocial support organization was twice challenged heavily in the emergency phase and the aftermath. We describe how the National Public Health Agency assessed the mental health impact within the exposed population and the utilization of available mental health support services.

Method: Two epidemiological studies were launched after the event among exposed civilians as well as rescue and security workers population 6 to 11 months after. After the first attack case face-to-face interviews were conducted. After the attack in November, due to the size of the exposed population information, the interviews were guided by a web-questionnaire strategy.

Results: Measurements point at a (possible) PTSD prevalence of 17-55% among civilian victims and close residents, and provide insight into probable risk factors, the nature of the complaints and motivation for healthcare utilization, which is valuable for the planning of the midterm service delivery. For workers, the psychosocial impact manifests itself in a different phenomenology (somatic complaints, anxiety and depressive manifestations), yet the results confirm the need for psychosocial impact training before an event, and standardized psychological interviews afterwards.

Discussion: Despite the limitations and methodological improvement points, we can draw several practical lessons for the optimization of future outreach programmes. Epidemiologic feedback information proved to be very useful. Both terrorist attacks underline the need for active screening and provision of information in an high-impact emergency context.

Paper No.: 141
Reference: S26.1
Presentation Type: Symposium
Symposium: S26 - Trauma research using administrative data

Childhood maltreatment typologies: a data linkage validation study
Siobhan Murphy¹, E McElroy², M Shevlin², J Murphy², A Elklit¹, P Hyland³,M Christoferson⁴
Introduction: Child maltreatment research has a number of methodological limitations, such as, accurately modelling complex patterns of occurrence and co-occurrence of abuse experiences and reliance on self-reported or prospective data. This study addresses these challenges by linking data collected from Danish registries with an existing large scale population study of young adults reporting on maltreatment in childhood. Testing the validity of these reports with pre-established correlates of maltreatment drawn from the registry data will provide a more objective model of risk.

Methods: Data were collected from a Danish national study conducted by The Danish National Centre for Social Research in 2008 and 2009. A sample of 4,718 young adults were randomly selected from the birth cohort of children born in 1984. Structured interviews were conducted on 2,980 participants. This data was then linked with factors such as, gender, economic deprivation, family dissolution, children in out of home care, psychiatric and physical health outcomes drawn from the Danish registries.

Results: Bivariate associations showed that all variables, except physical health outcomes, were significantly associated with different subgroups of child maltreatment (co-occurring abuse, sexual abuse, emotional abuse) relative to non-abused controls. Multivariate binary logistic models demonstrated shared and unique risk factors for different forms of child maltreatment.

Discussion and Conclusion: This study has important implications for emphasising how a child’s early environment can have lasting health effects and highlights the need for targeted interventions encompassing a range of risk-factors at an early age.

Paper No.: 142
Reference: S16.4
Presentation Type: Symposium
Symposium: S16 - International perspectives on trauma resilience and recovery Part II

Lessons from the 2011 Utøya attack on healthcare utilization in young survivors of terrorism
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Introduction: Unmet mental healthcare needs have been reported after terrorism. Young survivors are especially vulnerable as posttraumatic distress may perturb their psychosocial development. Better insight into healthcare utilization after terrorism is requested to promote public health
preparedness. We assessed posttraumatic distress, self-perceived healthcare needs and healthcare utilization among survivors of the Utøya 2011 youth camp attack in Norway.

**Methods:** Three waves of face-to-face interviews were carried out 4-5, 14-15 and 31-32 months after the attack and linked with register-based data on the survivors’ healthcare utilization from 3,5 years before to 3,5 years after the attack. This study included 261 (53%) survivors who participated in the third wave.

**Results:** Overall 127 (49%) survivors reported very high/high help needs for psychological reactions, and 43 (17%) for attack-related physical health problems. Two in three survivors used specialized psychiatric services the first year, nearly half the second year and more than one in three the third year after the attack, compared to less than one in ten the preceding year. Despite high rates of healthcare utilization, 20% of the survivors disclosed unmet mental healthcare needs and 14% unmet needs for physical health problems related to the attack. The presentation will provide further findings on the relationship between posttraumatic distress, self-perceived healthcare needs, and utilization of health services.

**Discussion:** Most survivors received specialized psychiatric services after the attack; yet unmet needs were uncovered in an important minority. Further improvement in outreach models will be discussed during the presentation.

**Paper No.: 143**

**Reference:** S16.3

**Presentation Type:** Symposium

**Symposium:** S16 - International perspectives on trauma resilience and recovery Part II

**Evaluating the information and support website for Dutch bereaved of the MH17 airplane disaster in the Ukraine: a mixed-method study**

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**Introduction:** On the 17th of July 2014 the 298 passengers and crew members of flight MH17 lost their lives in a plane crash in Eastern Ukraine. The following evening, an information and support website (the Information and Referral Center: IRC) was set up for bereaved families of the 196 Dutch casualties. The development and organization of the IRC, and the extent to which it was used by the target group was evaluated.

**Method:** A total of 128 bereaved filled out a questionnaire, and 22 bereaved participated in 5 focus groups to discuss their experiences. Additionally, data was gathered via a pop-up questionnaire within the IRC, as well as user statistics. Finally, 16 representatives from agencies involved in the IRC were interview about expectations and experiences in developing the IRC.
Results: Three main IRC goals were tested. (1) Trustworthy information: The IRC is seen as a dependable source of information. The availability of news before being broadcasted by other media was highly appreciated, as well as its news-archive function. (2) Peer-to-peer contact: Findings were more ambiguous. Some of the bereaved used the IRC for personal contact, most however, had difficulties sharing via an open forum, and preferred real-life contact. (3) Collection of meaningful data on specific needs: Generating data on specific needs for additional care proved difficult.

Discussion: Systematic evaluations of online communities like the IRC are scarce. Underlying assumptions are rarely made explicit or tested. Based on the evaluation findings, we discuss assumptions on what an IRC should constitute.

Paper No.: 144
Presentation Type: Poster Presentation

Does Intimate partner violence negatively impact maternal parenting? A meta-analytic review on positive parenting, harsh discipline and parenting stress
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The present meta-analytical study aims to deepen the knowledge about the relationship between Intimate Partner Violence (IPV) and maternal parenting quality, considering that literature did not provide univocal results. Some studies, consistent with the spillover hypothesis, have documented the negative relationship of IPV and parenting in victimized mothers, including harsh discipline, physical/verbal aggressions or ineffective parenting, which in its turn may lead to poorer children’s adjustment. In contrast, some studies found good parenting behaviors in line with the hypothesis that women may try to compensate for the violence exposure by offering increased nurturing and protection to their child. Primary studies were selected through database searches (on SCOPUS, ERIC and PSYCINFO) and reference lists of eligible studies and review articles about the topic. The study was performed in line with the PRISMA guidelines (1) and the study protocol is available on PROSPERO*. All quantitative studies which measured both the level of the experienced IPV (in the present or in the past) and selected parenting outcomes were included. The study provides a quantitative synthesis based on correlations for each selected parenting sub-construct. Moreover, depression and post-traumatic symptoms are tested as moderators. Results and applicative implications (like interventions for mother-child dyads and trauma-informed assessment of parental skills) will be discussed.

Paper No.: 145
Reference: S14.2
Presentation Type: Symposium
Symposium: S14 - Traumatic grief: innovations in research and clinical practice
Introduction: Hundreds of individuals lost a significant other in the Ukrainian plane disaster in 2014. The current study is the first to explore subgroups of disaster-bereaved individuals based on presence of psychopathology clusters. This may inform the development of diagnostic instruments and tailored interventions. Aims of the current study were to examine (1) subgroups based on presence of Prolonged Grief Disorder (PGD), Major Depressive Disorder (MDD), and Posttraumatic Stress Disorder (PTSD) symptom clusters and (2) associations between class membership, disaster-related variables (i.e., experiencing multiple losses, conducting multiple burials for the same deceased, and time to confirmation of death), and a sense of unrealness.

Method: Self-rated PGD, MDD, and PTSD from 167 participants were subjected to latent class analysis to identify subgroups. Correlates of class membership were assessed using the three-step approach.

Results: A three-class solution yielded the best model fit. Class 1 (Resilient class; 20.0%) was predominantly characterized by low probability of PGD, MDD, and PTSD symptom clusters, class 2 (PGD class; 41.8%) by moderate-high probability of presence of PGD, and class 3 (Combined class; 38.2%) by moderate-high probability of presence of PGD, MDD, and PTSD symptom clusters. Compared with the Resilient class, a sense of unrealness was more likely to be experienced by individuals in the PGD class and the Combined class.

Discussion: Our results indicate that subgroups of disaster-bereaved individuals can be distinguished based on the presence of PGD, MDD, and PTSD symptom clusters. A sense of unrealness was the strongest distinguishing feature of the subgroups.
Introduction: When a military member or veteran has Posttraumatic Stress Disorder (PTSD), there are ripple effects on the family. The literature about the specific impacts on children in these families is less developed than on spouses, which informed our research questions:
1. What are the impacts of parental PTSD on children growing up in military-connected families?
2. Is there evidence of secondary traumatization?

Method: We conducted a qualitative systematic review following the Joanna Briggs Institute procedure. The search process entailed a three-step search process: 1) initial search of MEDLINE and CINAHL; 2) detailed search across all databases using all keywords and index terms; 3) hand search the reference lists of included papers to locate additional studies. Targeted databases included: Medline, Embase, Web of Science Core Collection including Social Sciences Index, CINAHL, PsycINFO, AMED, ERIC, and ProQuest Dissertations and Theses. At least 2 reviewers completed all screening and appraisals.

Results: The search yielded 13,485 citations. Exclusion criteria included studies focusing on homeland conflicts, groups impacted by terrorism or political unrest, child soldiers, spouses exclusively, and program descriptions. Nine qualitative studies proceeded to full extraction and analysis.

Discussion: Overall, quality of the evidence is mixed. Preliminary analysis suggests that children may be impacted directly and indirectly by the expression of parental PTSD that includes parents experiencing difficulty modulating and expressing emotion. Disruption to the family system appears to impact communication and attachment for children. There is some evidence of increased rates of certain mental health conditions among the children.

Paper No.: 147
Presentation Type: Poster Presentation

Indirect effect of secondary traumatic stress on well-being among trauma professionals: the mediating roles of social support and self-efficacy change

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Introduction: The aim of this two-wave prospective study was to examine the indirect effect of secondary traumatic stress (STS) on subjective well-being measured by satisfaction with life and job-related affective well-being in the context of personal resources: social support and self-efficacy. In line with the Conservation of Resources Theory and Schwarzer’s enabling hypothesis, we expected that STS may lead to the decrease in well-being via the loss in resources: first in social support, next
in self-efficacy. Three sources of social support were considered: family, friends, and significant other.

**Method:** Two-wave data were collected among Turkish trauma professionals (N = 100) using: Secondary Traumatic Stress Scale, Multidimensional Scale of Perceived Social Support, Secondary Trauma Self-Efficacy Scale, Satisfaction With Life Scale, Job-Related Affective Well-Being Scale.

**Results:** The results showed evidence for the enabling hypothesis. A sequential mediation analysis with bootstrapping revealed significant effect of STS on satisfaction with life and job-related negative affect via changes in support from significant other and self-efficacy ($\beta = -.040$, 95% CI [-.135, -.002]; $\beta = .040$, 95% CI [.005, .117]): Higher STS at T1 led to grater decline in social support and next in self-efficacy which in turn led to higher job-related negative affect and lower satisfaction with life at T2. No evidence was found for mediating role of support from family and friends.

**Discussion:** The results contribute to the findings on job–related secondary traumatization and its consequences by demonstrating the enabling mechanism of social support and self-efficacy in the context of resource loss.

**Paper No.: 148**
**Reference:** S18
**Presentation Type:** Symposium
**Symposium:** S18 - Delivering trauma-focused treatments to diverse clients in real-world settings

**Delivering evidenced-based, trauma-focused treatments to diverse child clients and families in real-world settings**

Benjamin Saunders  
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This symposium will present data and information from 4 research and implementation projects investigating different aspects of delivering evidence-based trauma treatments to diverse populations of traumatized youth in 3 countries, Norway, Germany, and the USA. All studies focus on youth receiving services in community agencies. A discussant will summarize the findings and suggest implications for services and future research.

**Paper No.: 149**
**Reference:** S18.3
**Presentation Type:** Symposium
**Symposium:** S18 - Delivering trauma-focused treatments to diverse clients in real-world settings

**The role of community collaboration in implementing evidence-based trauma treatment for children: data from the South Carolina Trauma Initiative (SCTPI)**

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Introduction: Prior research has found that greater collaboration between child welfare and mental health service agencies resulted in more foster children receiving mental health services and having better clinical outcomes (Bai et al., 2009). This field study tests whether greater collaboration between community service providers is associated with decreased treatment barriers and increased numbers of children receiving TF-CBT. Data are reported from 5 SCTPI community-based learning collaboratives (CBLC) implementing TF-CBT involving community caseworkers, mental health service providers, and senior leaders.

Method: Pre- and post-CBTC online surveys were conducted with participating therapists, caseworkers, and senior leaders from 31 counties in South Carolina. Surveys included an 8 item Community Collaboration Scale ($\alpha=0.93$), a 13 item Barriers Scale ($\alpha=0.90$), and participant estimates of children in their community receiving TF-CBT.

Results: Of 390 multidisciplinary participants, 274 (70%) completed both the pre- and post-CBTC assessments. Results found significant increases in reported community collaboration ($d=0.37$), decreases in barriers to treatment ($d=0.59$), and increases in estimates of eligible children completing TF-CBT ($d=0.56$). Significant correlations ($r=0.24-0.49$) were found between collaboration, barriers, and treatment completion in the directions hypothesized. Mediational analyses found that treatment barriers mediate the relationship between collaboration and treatment. Construct changes and interrelationships were moderated by participant role as a therapist, broker, or senior leader.

Discussion: Findings generally supported the hypotheses. Recommendations are that child EBT implementation projects should include components to increase community collaboration to reduce barriers to treatment completion and clinical and child welfare service should work to increase collaboration in everyday service delivery.

Paper No.: 150
Reference: S18.4
Presentation Type: Symposium
Symposium: S18 - Delivering trauma-focused treatments to diverse clients in real-world settings

Scaling up evidence-based trauma-informed practice: lessons from the real world
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Introduction: Trauma and adversity account for much of childhood and adolescent onset of clinical disorders, not just trauma specific conditions. Most children affected by trauma seek mental health care in general community settings where the trauma and its impact may not be recognized. We
implemented an efficient statewide trauma-informed training approach for the most common childhood disorders (depression, anxiety, behavior problems, trauma impact). Children are screened for trauma exposure and assessed for the clinical target; treatment is matched to results.

**Method:** We evaluated perceived competence in skills for standardized assessment, and key components of CBT evidence-based treatments for 4 childhood disorders at baseline and following six months of expert case consultation. Participants are required to enter data on cases including scores and components delivered. We predict improvement in self-reported competence and completion of certificate requirements.

**Results:** Participants report increases in self-reported competence across most skills and competence is correlated with greater activity on the web-based data entry tool and completion of the certificate.

**Discussion:** The training model is feasible and well received over the past 6 years. Providers report improvements and are motivated to obtain a certificate. Organizations value the training model because there are polices requiring them to implement EBPs and this approach meets the requirements for 4 different EBPs. Weaknesses are that we could not measure actual competence and that we noted that many professionals struggled with learning and doing the skills.

**Paper No.:** 151

**Presentation Type:** Poster Presentation

**Pilot study on the effect of timing and type of trauma on adult anxiety using the animal model of trauma**

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**Introduction:** Childhood trauma, including childhood neglect, has been found to be related to adulthood psychopathology. Furthermore, childhood traumas may induce more negative effects than adulthood trauma. As a pilot study for constructing an animal model of complex trauma, this study examined differential effects of childhood neglect, adolescent physical trauma, and adulthood physical trauma on adulthood psychopathology as manifested through rats’ anxiety-like behaviors.

**Method:** Three groups of Sprague-Dawley rats (N=10) were each exposed to childhood neglect, physical trauma in adolescence, or physical trauma in adulthood. Childhood neglect group (n=3) was exposed to maternal separation for 3 hours a day from post-natal day [PD] 2 to PD 14. Juvenile trauma group (n=4) was exposed to foot shock between PD 28-35. Adult trauma group (n=3) was exposed to foot shock between PD 56-63. All groups were tested using the Elevated Plus Maze to measure anxiety-like behaviors between PD 84-91.

**Result:** In analyses of variance (ANOVAs) and contrast analyses, the adult trauma group showed significantly less anxiety-like behaviors compared to both childhood neglect and juvenile trauma.
groups. However, there were no significant differences in anxiety-like behaviors between the childhood neglect group and the juvenile trauma group.

**Discussion:** The results indicate that early-life trauma, both neglect and physical trauma, have more negative effect on adulthood adaptation than adulthood trauma. Based on the results, future studies should consider comparing the effects of type of trauma in early life with a larger sample.

Paper No.: 152
Presentation Type: Poster Presentation

The moderating effect of childhood trauma in the relationship between social anxiety and reactive aggression

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**Introduction:** High degree of social anxiety has been associated with more aggressive tendencies. This may reinforce a vicious cycle of social anxiety because aggression may lead to increased perceived negative evaluation. According to the differential effects model, particular type of childhood trauma may lead to different adulthood psychosocial outcomes. The present study examined whether social anxiety and type of childhood trauma are associated with reactive aggression and whether specific type of childhood trauma moderates the relationship between social anxiety and reactive aggression.

**Method:** A total of 143 adults completed the following Korean version questionnaires: Social Interaction Anxiety Scale (SIAS), Reactive-Proactive Aggression Questionnaire (RPQ), and Childhood Trauma Questionnaire (K-CTQ).

**Results:** In hierarchical regression analyses, social anxiety and childhood physical abuse demonstrated a significant positive correlation with reactive aggression, and only emotional abuse showed a significant moderation effect on the relationship between social anxiety and reactive aggression.

**Discussion:** The results imply that childhood trauma, in particular childhood emotional abuse, should be considered in treatment planning and provision of interventions for individual with social anxiety.

Paper No.: 153
Reference: S17.1
Presentation Type: Symposium
Symposium: S17 - Childhood maltreatment and adult mental health in samples with high risk of childhood adversity exposure in Norway
Cumulative childhood maltreatment and its dose-response relation with adult symptomatology: findings in a sample of adult survivors of sexual abuse

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9 University of Oslo, Institute of Basic Medical Sciences, Oslo, Norway
10 Haukeland University Hospital, Norwegian Competence Center of Sleep Disorders, Bergen, Norway

Introduction: In the present study, we examined the role of cumulative childhood maltreatment (CCM) for several health related outcomes in adulthood, including symptoms of psychological distress as well as perceived social support and hardiness.

Methods: 278 adult survivors of CSA (95.3% women, mean age at first abusive incident= 6.4 years) responded to a survey assessing a broad range of symptoms, childhood maltreatment (Childhood Trauma Questionnaire, Short-Form), perceived social support and psychological hardiness. One-way ANOVAs were used to examine associations between CCM scores and symptom scores. Hierarchical regression analyses were used to examine the association between CCM and the outcome measures while controlling for abuse-related independent variables.

Results: A significant dose-response relation was found between CCM scores and self-reported symptoms of posttraumatic stress (PTSS), anxiety, depression, eating disorders, dissociation, insomnia, nightmare related distress, physical pain, emotional pain, relational problems, self-harm behaviors as well as on a measure of symptom complexity. An inverse dose-response relation was found for work functioning, perceived social support and hardiness. Using a Bonferroni corrected alpha level; CCM remained significantly associated with all outcome measures except eating disorder symptoms after controlling for abuse-related variables in the regression analyses.

Discussion: Results add to previous literature by showing that dose-response relation between CCM and adult symptom outcomes could also be identified in a sample characterized by high exposure to adversities, and lends support to the notion put forth by previous authors that CCM seem to be related to the severity of adult health outcomes in a rule-governed way.

Paper No.: 154
Does prolonged grief treatment foster posttraumatic growth? Results from a randomized controlled trial with long-term follow-up

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Introduction: Prolonged grief disorder (PGD) is a persistent and disabling kind of grief reaction that can be treated effectively by psychotherapeutic interventions. There has been limited investigation of whether these interventions can also enhance positive outcomes of bereavement, like posttraumatic growth or benefit finding.

Method: To explore this issue, the posttraumatic growth trajectories in 51 outpatients with clinically relevant prolonged grief symptoms, who participated in a randomized controlled trial, were followed up from baseline up to 1.5 years after integrative cognitive behavioral therapy for PGD (PG-CBT). Using mediation analysis, we examined the relation between symptom reduction and the short-term treatment effect on posttraumatic growth.

Results: PG-CBT significantly fostered growth in patients suffering from PGD compared to a waiting list control group, with a medium effect size of Cohen’s $d = 0.60$. This effect remained stable up to the 1.5-year follow-up. Grief symptom reduction mediated short-term treatment effects on posttraumatic growth. However, growth also partially mediated treatment effects on prolonged grief symptoms.

Discussion: Taken together, PG-CBT was effective in enhancing the participants’ perception of posttraumatic growth, but the definite interaction between symptom reduction and posttraumatic growth remains unclear, as both seemed to influence each other’s trajectory in the course of treatment.
Introduction: Growing evidence supports the influence of child maltreatment (CM) experiences on the development of various biological systems. The endocannabinoid (EC) system acts as a regulator for inflammation, pain perception, and food intake control among other functions and seems to be altered in trauma spectrum disorders. This study aimed to investigate the association between CM experiences and alterations in the EC system in postpartum mothers and their newborns.

Method: Hair samples of N=150 mothers and N=92 neonates were collected shortly after parturition (<1 week) for the retrospective assessment of the ECs N-palmitoylethanolamide (PEA), N-stearoylethanolamide (SEA), and N-oleoylethanolamide (OEA) levels during the third trimester of pregnancy. Applying established cut-off criteria of the Childhood Trauma Questionnaire (CTQ), the study cohort was divided into women with (CM+) and without (CM-) CM experiences. The CTQ sum score operationalized the severity of CM. Considering potential covariates, group comparisons and regression analyses were conducted.

Results: CM+ mothers showed significantly lower hair levels of OEA and SEA compared to CM-mothers. In contrast, neonates of CM+ mothers exhibited, as a trend, higher levels of OEA and PEA. Furthermore, the severity of CM experiences was significantly associated with lower maternal SEA levels and higher neonatal OEA levels.

Discussion: To the best of our knowledge, this is the first study illustrating alterations in hair EC levels in the aftermath of early life stress. With regard to their anti-inflammatory, analgesic and food-intake regulating properties, these alterations might play a role in the interplay between CM and adverse health outcomes.

Paper No.: 156
Reference: S17.3
Presentation Type: Symposium
Symposium: S17 - Childhood maltreatment and adult mental health in samples with high risk of childhood adversity exposure in Norway

Childhood maltreatment and the potential for common grounds in relation to schizophrenia
spectrum disorders and substance abuse disorders

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**Introduction:** High levels of childhood maltreatment (CM) have been found in schizophrenia spectrum disorders (SSDs) and substance abuse disorders (SUDs) as investigated separately. However, few studies have compared CM profiles in these disorders. There might be similarities between SSDs and SUDs in relation to types and severity of CM exposure, and potential clinical and etiological implications that have been overlooked.

**Methods:** The sample consisted of 57 patients with SSDs and 57 patients with SUDs, matched by age and gender. The groups were compared on the Childhood Trauma Questionnaire Short-Form (CTQ-SF) sum score, subscale scores, and number of patients reporting CM at a cut-off of moderate/severe levels.

**Results:** There were no statistically significant differences for the CTQ-SF sum scores between the SSDs (M = 45.55, Mdn = 43) and SUDs (M = 43.85, Mdn = 43; U = 1587.5, p = .83) or for the CTQ-SF subscales (sexual, physical and emotional abuse, and physical and emotional neglect). There were no statistically significant differences between the groups in terms of whether the patients met the cut-off of moderate to severe levels of CM. More patients with SSDs (13.5 %) than SUDs (2.7 %) reported 4-5 CT above the cut-off. This was statistically non-significant.

**Discussion:** We found similar profiles of CM types and severity in SSDs and SUDs, suggesting CM as a potential common ground in relation to these disorders. Our results replicate the high levels of CM in these disorders as investigated separately.

**Paper No.: 157**
**Reference:** S55
**Presentation Type:** Oral Presentation
**Symposium:** S55 - Assault and a Gender Perspective.

**But were you drunk? Substance use during sexual assault in Norway**
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**Introduction:** Sexual victimization often takes place when the victim is under influence of alcohol or drugs; however, there is limited knowledge about how common victim-intoxication is. Intoxication during the event may affect how the event is interpreted afterwards, including whether or not the
event is perceived as a ‘real’ assault. However, it is not known whether intoxicated sexual assaults are less severe in terms of event-characteristics and negative health and functioning.

**Methods:** We investigated possible differences between intoxicated sexual assault and non-intoxicated sexual assaults in terms of event characteristics, social functioning, and mental health in a telephone interview study of 1011 Norwegian young adults. Analyses include chi square analyses and one-way ANOVA. Intoxication during sexual victimization occurred commonly (65.1% of those victimized).

**Results:** The event characteristics of intoxicated and non-intoxicated sexual victimization were highly similar. In terms of mental health and social functioning, there were no differences between the two groups, although both differed significantly from those who did not experience sexual victimization.

**Discussion:** These results indicate that victimization status, rather than intoxication status, should be in focus when discussing severity and consequences of sexual assault. Mental health professionals may want to be attentive to experiences with sexual victimization, regardless of whether the victim was intoxicated.

**Paper No.: 158**

**Reference:** S20.1

**Presentation Type:** Symposium

**Symposium:** S20 - Implementing effective mental health care interventions in the Syrian refugee crisis

**Examining implementation and scaling-up of MHPSS interventions for refugees**

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**Introduction:** Many studies have examined the effectiveness of mental health and psychosocial support (MHPSS) interventions for refugees to reduce distress following trauma and adversities. However, accompanying evidence is also required on MHPSS intervention implementation processes and their ability to be scaled-up in order to achieve necessary coverage and impact, including their interaction with health systems. The objectives of this paper are to: (1) analyse existing evidence on implementing and scaling-up MHPSS interventions for refugees; (2) present research methods for evaluating implementation and scaling-up of MHPSS interventions for refugees, focusing particularly on a health systems perspective.

**Methods:** For Objective 1, a systematic literature review methodology will be used. Objective 2 will draw on the findings from Objective 1, and also use work from the new STRENGTHS study which is implementing transdiagnostic low-intensity mental health interventions for Syrian refugees in the Netherlands, Turkey, Switzerland, Germany, Sweden, Jordan, Lebanon, and Egypt.
Findings: Preliminary finding from the systematic review suggest that MHPSS intervention studies for refugees do not sufficiently include research on implementation processes and potential for scaling-up. The evidence is particularly weak in low- and middle-income countries despite them hosting the vast majority of refugees globally. These findings will be supplemented through a discussion of the methods being used to evaluate implementation and scaling-up in the new STRENGTHS study, focusing particularly on a health systems perspective. Specific recommendations will be made.

Conclusions: Greater priority should be given to research on implementation processes and scaling-up of MHPSS interventions for refugees and other conflict-affected persons.

Paper No.: 159
Reference: S19.4
Presentation Type: Symposium
Symposium: S19 - Child and parental posttraumatic cognitions in the aftermath of child trauma: recent findings and new directions

Functional posttraumatic cognitions in children and adolescents after accidental trauma
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Introduction: Cognitive trauma models suggest that posttraumatic cognitions play an important role in developing and maintaining posttraumatic stress (PTSS). While the importance of dysfunctional posttraumatic cognitions for PTSS in children and adolescents is well established, findings on functional posttraumatic cognitions are rare.

Method: 50 children (29 males; 7-15 years) who had received inpatient medical care at the University Children’s Hospital Zurich were assessed within the first month after a road traffic accident or a burn injury. Functional posttraumatic cognitions were investigated with a newly developed 14-items measure “Functional Posttraumatic Cognitions Questionnaire (FPTCQ)”. First, the items were examined regarding their psychometric properties. Subsequently, correlations between functional posttraumatic cognitions and dysfunctional posttraumatic cognitions as well as acute PTSS were calculated. The impact of age, gender, injury severity, and hospitalization on functional posttraumatic cognitions was multivariately investigated.

Results: 10 of the 14 items showed good psychometric properties (e.g. Cronbach’s α = .80). Functional posttraumatic cognitions correlated strongly with dysfunctional posttraumatic cognitions (Spearman’s Rho = -.54, p < .001) and moderately with acute PTSS (Spearman’s Rho = -.37, p = .003), both negatively. Multivariate analysis showed that age was a significant predictor for functional cognitions with adolescents reporting more functional cognitions, whereas gender, injury severity, and hospitalization were not.
Discussion: Assessing functional posttraumatic cognitions after accidental trauma might help evaluating how severe a child is impacted by the frightening event. However, further studies with larger samples and longitudinal data are needed to better understand the role of functional cognitions for post trauma adjustment.

Paper No.: 160
Reference: S21.3
Presentation Type: Symposium
Symposium: S21 - Occupational violence and health - presenting and discussing studies on the impact of occupational violence on health and future directions in the field

Occupational violence and mental health: does frequency and type of violence matter?
Prospective cohort study on 2.000 social-educators
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Introduction: Occupational violence (OV) increases the risk of depression, burnout and PTSD, indicating that OV leads to different psychopathologies. Existing studies on OV are either cross sectional, using broad definitions or long recall periods (12 months) of OV. Therefore knowledge is scarce regarding the nature of OV that leads to different mental health problems. This knowledge is crucial to improve prevention and treatment of pathological reactions to OV.

The aim of the present study is to investigate whether:
1. Character and frequency of OV is prospectively associated with worsening of mental health?
2. Character and frequency of OV is important to differences in psychopathology?

Method: Data is collected with a baseline and 13 month follow-up survey, including 12 short surveys in between. The study population is social educators working with adults (N=2000). The effect of violence on health are calculated using general linear mixed effect models for repeated measures with 2 dimensions; “types of violence” and “time” and with subject ID as random effect.
Outcome is mental health including PTSD (ICD 11), Burnout (CBI) and common mental disorders (SCL 10N and OSQ). Explanatory variables are different exposure to violence measured in 10 groups differing in OV frequency and severity, using Menckel, Carter and Viitsaras - recording instrument
of disruptive and violent behavior. Confounders are age (years) gender (male/female) earlier traumatic events (The National comorbidity survey) and “occupational risk factors” (COPSOQ).

**Results and Discussion:** Preliminary results from the first 10 months data will be presented and discussed, for research question 1.

**Paper No.: 161**
**Reference:** S21.2
**Presentation Type:** Symposium

**Symposium:** S21 - Occupational violence and health - presenting and discussing studies on the impact of occupational violence on health and future directions in the field

**Violence at work predicts health-related absence from the labor market. A follow-up study**

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**Background and Aims:** Exposure to workplace violence is one of the most serious threats to employee safety. Even so, only few longitudinal studies have investigated whether workplace violence increases the risk of health-related absence from work.

The aim of the present study was to examine whether physical violence at work increases the risk of health-related absence from work and is associated with a greater risk of health-related absence from work in certain subgroups defined by gender, age, and educational level.

**Method:** The study draws on data from a health and morbidity survey from 2006 merged with register data for the period from 2006 to 2015 (n = 14,250). Logistic regression models were used to examine violence at work as a predictor of health-related absence from work.

**Results:** Workplace violence predicted health-related absence from work several years after the assault. In the 10-year follow-up period, individuals who had been exposed to workplace violence had 1.67 times higher odds of health-related absence than non-exposed individuals. Interaction analysis showed that exposed women, persons above 40 years of age, and individuals with a higher educational level had higher odds of health-related absence from work than their non-exposed counterparts.

Discussion and Conclusion: Employers and workers’ organizations should take action to support and help victims of workplace violence so that they may avoid future absence from the labor market. Victims of workplace violence are not affected by the violent incident only in the year following the physical assault; they remain affected up to 8 years after.

**Paper No.: 162**
**Reference:** S06.6
**Presentation Type:** Symposium
Compassion focused therapy for prolonged grief disorder following bereavement of a life partner. A pilot project
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**Introduction:** Losing your life-partner can cause symptoms of prolonged grief disorder (PGD) and may have negative effects on health, functional capacity and quality-of-life (QoL). With the forthcoming inclusion of PGD in ICD-11, evidence-based treatment for PGD is needed. The aim of this project was to explore the potential effects of a newly developed manual of Compassion Focused Therapy for Prolonged Grief (CFT) for individuals with clinically relevant levels of PGD symptoms.

**Methods:** Seven bereaved partners (5 women, mean age=53 years) participated in group-based CFT including an introduction interview and 8 weekly 2-hour sessions. Qualitative data from sessions (resumes), focus-group interviews, and self-report questionnaires (PGD, depression, PTSD) were analyzed using a qualitative and quantitative approach.

**Results:** There was a significant effect (p≤.05) on PGD, depression, as well as PTSD (Hedge’s d=0.97-1.21).

A number of themes emerged which indicated why CFT may be an efficacious treatment for PGD:

- An understanding of the cognitive functions of PGD.
- Finding peace and acceptance in everyday life without the life partner.
- To identify and restructure negative thoughts and emotions, i.e. self-criticism.

All participants indicated that they experienced psychological growth and learning as well as a more compassionate way of living both regarding themselves and others following the course.

**Discussion:** The overall themes in CFT correspond to some of the key aspects of PGD, and results of this pilot study indicate that CFT for PGD may be a relevant method for treating PGD. Randomized controlled trials are needed to replicate our findings.

**Reference:** S22
There is increasing evidence for a primary role of early-life stress and trauma in the development of a range of psychiatric conditions, including post-traumatic stress disorder, depression, anxiety and psychotic disorders. Early traumatic experiences set off a cascade of biological processes influencing the pathway to illness, including the stress system [Hypothalamic-Pituitary-Adrenal (HPA) axis, in particular cortisol], pro-inflammatory immune responses (cytokines) or neuronal growth and differentiation (brain-derived neurotrophic factor, BDNF). Modifications of these biological markers can lead to physiological changes in brain morphology and/or function later in life. In this series of presentations, early-career researchers will present empirical data on the mechanisms by which trauma exposure may influence both these systems that in turn influence brain structure and function. The first presentation will show the impact of variations in the oxytocin receptor gene and the relationship between experience of early-life stressors in childhood and maternal inflammation during pregnancy (P. Töpfer). The second part of the symposium will be dedicated to the association of childhood trauma exposure on HPA axis and brain morphology (S. Ciufolini), or general functioning and serum BDNF levels (M. Aas) in two samples of patients with first-episode psychosis. Finally, this symposium will present evidence for long-term effects of childhood trauma exposure on brain structure/function of adult schizophrenia patients (A. Cancel).

Paper No.: 164
Reference: S19
Presentation Type: Symposium
Symposium: S19 - Child and parental posttraumatic cognitions in the aftermath of child trauma: recent findings and new directions

Child and parental posttraumatic cognitions in the aftermath of child trauma: recent findings and new directions
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Posttraumatic cognitions play an important role while adapting to a traumatic experience. Although a lot of research regarding dysfunctional posttraumatic cognitions has been conducted recently in children and adolescents, not all mechanisms have been clearly understood, yet. Especially, the role of significant others, e.g. the role of parental trauma-related cognitions, merits more attention. Moreover, functional cognitions regarding the frightening event and its consequences have been rarely investigated.
This symposium includes four presentations dealing with different questions regarding child and parental posttraumatic cognitions. The first presentation describes the impact of dysfunctional maltreatment-related cognitions and perceived social support on posttraumatic stress symptoms in a German sample of children and adolescents. The second presentation from Australia demonstrates how parental posttraumatic cognitions are associated with parent and child mental health outcomes following children’s trauma exposure. The third presentation focuses on parental mental health following their child’s admittance to emergency departments in the United Kingdom. It describes how parental maladaptive cognitions following their child’s trauma impact parental mental health over time. The fourth presentation deals with functional trauma-related cognitions within the first month after an accidental trauma in Swiss children and adolescents. It describes the associations between functional cognitions and dysfunctional posttraumatic cognitions as well as trauma-related stress in the acute phase following trauma.

Paper No.: 165
Reference: S78
Presentation Type: Oral Presentation
Symposium: S78 - New Methods

Interrupting traumatic memories: an emergency room virtual reality intervention for pain reduction and the prevention of PTSD
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Background and Aims: Memory processes may be central to the development of PTSD, and interrupting memory consolidation may prevent its development. Specifically, use of visuo-spatial tasks has been shown to reduce traumatic intrusions in non-clinical populations. Our study aimed to administer a similar task in a clinical population, using the Virtual Reality SnowWorld environment. We hypothesized that playing with SnowWorld in the Emergency Room (ER) will result in less PTSD and pain.

Method: Subjects were arrivals to the ER immediately following exposure to a traumatic event (N=88); aged 18-65, without loss of consciousness, following a potentially traumatic event. Subjects signed informed consent. Subjects were randomly assigned to treatment condition (SnowWorld) or control, and were assessed in the ER, as well as 6 month follow up for PTSD symptoms and pain levels.

Results: Analyses indicate that the SnowWorld group showed reduced pain levels in the ER, reporting a significantly greater change in pain scores before and after the intervention (F(1,64)=13.02, P<0.05. At 6 months, there were no differences between the groups in terms of levels of intrusions (SnowWorld, 7.5 (3.2), Control Group 7.3 (3.1), F(1,36)=0.8, ns , or incidence of PTSD (SnowWorld, PTSD 13.3%, Control Group PTSD 21.7%, X2=0.4, ns).
Discussion and Conclusion: These results show that SnowWorld is an acceptable intervention, with immediate effects on pain. At six months, the prevalence levels of PTSD were lower in the SnowWorld group than in the control group, however this was not a significant difference. The implications of the results will be discussed.

Paper No.: 166
Reference: S19.1
Presentation Type: Symposium
Symposium: S19 - Child and parental posttraumatic cognitions in the aftermath of child trauma: recent findings and new directions

Do negative maltreatment-related cognitions mediate the association between social support and posttraumatic stress symptoms in maltreated youth?
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Introduction: Social support by family, friends and significant others is known to buffer the impact of adverse life events on children's well-being and functioning. However, little is known about pathways that may explain this association. According to a model of social–cognitive processing (SCP), talking about traumatic experiences with supportive others might enable victims to maintain or reestablish a coherent worldview. Furthermore, a supportive social network may help to develop a positive self-concept and to reassure a person that he/she is important to others. Both may reduce dysfunctional trauma-related appraisals. Therefore, the present study investigated whether maltreatment-related cognitions mediate the association between social support and posttraumatic stress symptoms (PTSS) in children and adolescence.

Methods: We assessed the history of maltreatment in 200 children and adolescents (age 8-17 years) using a semi-structured interview. Participants’ perceived current social support, maltreatment-related negative cognitions related to the subjectively “worst” experience of maltreatment and PTSS during the past month were assessed using self-report questionnaires.

Results: A set of mediation analyses demonstrated, that negative maltreatment-related appraisals mediated the relation between perceived social support and PTSS.

Conclusions: Social support can buffer the impact of adverse life events by reducing negative beliefs that maltreated youth have about themselves and the world. These results provide support to models of SCP. Moreover, they emphasize the importance of cognitive coping in regard to episodes of maltreatment which can be shaped within daily social interactions with non-abusive caregivers, friends, and significant others. Implications for clinical practice need to be discussed.

Paper No.: 167
Presentation Type: Poster Presentation
Introduction: ABC of psychotraumas is a French network created in 2007 by researchers and clinicians involved in research in the field of psychotrauma. It is a non-profit organization officially recognized as being of public benefit and affiliated to the European Society for traumatic Stress Studies (ESTSS).

Method: This network includes 14 teams in 11 French regions with 90 members (psychiatrists, psychologists and neurobiologists) from various institutional organizations: the National Center for Scientific Research (CNRS), the National Institute of Health and Medical Research (Inserm), the Biomedical Research Institute of Armed Forces (IRBA), Universities and Hospitals. Its main mission is to develop strong interactions between clinical and fundamental research.

Result/Discussion: The network has notably built strong translational work in collaboration with European teams (1) and just written a collective book "ABC des psychotraumas" (in press). The network structuration enabled a very reactive setting-up of studies following the recent terrorist attacks in France: "13 November" (on individual and collective memories), "Remember" (MRI and neuropsychology), "2015 Paris terrorist attacks" (post-traumatic stress disorder risk factors inform care guidance, "Paris MEM" (reconsolidation and propranolol)...

Perspectives: Creation of multidisciplinary psychotrauma expert centers for developing and promoting multicentric research, care and training.

Paper No.: 168
Presentation Type: Poster Presentation

Relationships between childhood abuse and explicit/implicit internal working models of attachment: using implicit association test
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Most of the current studies on childhood abuse retrospectively deal with the history of childhood abuse. However, there is the possibility that this retrospective approach is inadequate to accurately measure the history of abuse, because traumas experienced in early developmental
stages might be difficult to recall as they might had occurred before age three, or be forgotten due to dissociation. Internal working models (IWM) of attachment have been formed based on the early parenting environment. Though explicit aspects of IWM are predicted to be related to the history of abuse which was retrospectively recalled, implicit aspects of IWM might be unrelated to the history of abuse based on self-report. Therefore this study examined relationships among the frequency of abuse experiences that were retrospectively recalled, explicit IWM assessed by using a self-reported scale, and implicit IWM assessed by using the Implicit Association Test. A questionnaire survey and experimental tasks were conducted with university students (N=54). Results of the analysis indicated a positive relation between the frequency of childhood abuse and explicit attachment-related anxiety, and a negative relation between the frequency of childhood abuse and implicit attachment-related anxiety. Moreover, the frequency of childhood abuse was reported most often in the group with explicit “fearful-avoidant” attachment styles, which had high explicit attachment-related anxiety and avoidance, as well as in the group with high explicit attachment-related anxiety and low implicit attachment-related anxiety. In the latter group, the frequency of childhood abuse might have been excessively reported because of the instability of explicit aspects only.

Paper No.: 169
Reference: S50
Presentation Type: Oral Presentation
Symposium: S50 - Neurological

A deregulated Th17/Tregulator cell balance as an intermediate in psychosis liability, childhood trauma, and social stress sensitization in virtual reality
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Background: Childhood trauma is linked to higher risk for psychosis. Using Virtual Reality, we have shown childhood trauma to be associated with heightened social stress sensitivity in groups with varying psychosis liability. Psychosis patients - in particular those exposed to childhood trauma - are characterized by immune dysregulation. We examined whether T helper and regulator cell populations predicted stress in virtual social environments in groups with low or high psychosis liability and different experiences of childhood trauma.

Methods: T helper (Th) and T regulator (Treg) cell populations were determined using flow-cytometry in blood samples taken from 53 high psychosis liability (39 recent onset psychosis patients and 14 patients at ultra-high risk for psychosis) and 80 low psychosis liability (34 siblings of psychosis patients and 46 healthy controls) participants before exposure to social stressors in a
Virtual Reality environment. Childhood trauma was assessed retrospectively using the Childhood Trauma Questionnaire.

**Results:** In the high psychosis liability group, childhood trauma was associated with increased Th17 cell counts, while Treg counts predicted subjective stress during exposure to Virtual Reality social stressors. There were no significant main or interaction effects of psychosis liability or childhood trauma on other immune cell populations.

**Discussion:** Childhood trauma may contribute to psychotic and affective dysregulation later in life through a sensitized paranoid and stress response to social stressors. In individuals with high (genetic) psychotic liability, childhood trauma may result in increased Th17 populations. A related Treg expansion may be linked to social stress induced psychotic symptoms.

**Paper No.: 170**
**Reference:** S79
**Presentation Type:** Oral Presentation
**Symposium:** S79 - Influencing Factors

**Identification with the family history as a protective factor in the intergenerational trauma transmission**

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**Introduction:** The aim of this study was to explore the significance of identification with the family history as a protective factor in the intergenerational trauma transmission among the offspring of historically traumatized families in Lithuania, who experienced severe political persecutions during the soviet occupation. This research was funded by the European Social Fund under the Global Grant measure.

**Method:** One thousand Lithuanian citizens participated in a representative study and completed the Life Events Checklist, Trauma Screening Questionnaire, Well-being Index, Resilience Scale and Life Orientation Test. They have also provided the information about family member experiences of political persecutions during the soviet occupation in Lithuania and their identification with this family history.

**Results:** Positive outcomes of the traumatic family history for the offspring were found: they were more resilient, optimistic and scored higher on well-being than participants, whose families did not suffer political persecution. The outcomes were significantly associated with the participants’ identification with the family history. A good model fit for the SEM analysis emphasizing the importance of the identification was found.

**Discussion:** Identification with the family history may serve as a protective factor and enhance resilience in the process of intergenerational trauma transmission.

**Paper No.: 171**
Predicting treatment outcome of brief eclectic psychotherapy for PTSD in police officers

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Police officers are at risk of exposure to job-related potentially traumatic events (PTE) that may lead to developing posttraumatic stress disorder (PTSD). Little is known about trauma-focused psychotherapy outcomes in the police. This naturalistic study aimed at evaluating whether PTE exposure and clinical variables pretreatment predicted PTSD symptom reduction during treatment as well as residual PTSD symptoms posttreatment. In consecutive referrals to a specialized mental health service for police officers (N = 636), the number of PTSD symptoms was measured pre- and posttreatment (N = 454) using semi-structured clinical interviews. Treatment consisted of Brief Eclectic Psychotherapy for PTSD (BEPP), an evidence-based treatment originally developed for police officers. PTE included loss of loved ones, injury/maltreatment, other job-related traumatic events, and other traumatic events. Data were analyzed using structural equation modeling and logistic regression. The treatment effect size was large (d = 3.6, 95% CI [3.4-3.8]). Police officers who reported more injury/maltreatment events or other traumatic events were likely to have more PTSD symptoms at baseline as well as larger reductions during treatment. Police officers who reported more losses of loved ones showed smaller reductions in PTSD symptoms during treatment. Concentration problems were the most frequent residual symptom, present in 18% of police officers posttreatment and were predicted by pre-treatment PTSD symptoms and loss of loved ones. Our findings increase insight into the type of experienced PTE and clinical characteristics of police officers with PTSD who benefit most from trauma-focused treatment. Paying more attention to socio-interpersonal processes may further enhance treatment effectiveness.

Post-traumatic stress symptoms and help-seeking behaviour in Lithuanian population

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Introduction: Although Post-traumatic Stress Disorder (PTSD) stands out of other mental health disorders with a clear extrinsic cause, i.e. traumatic event, and thus may be seen as a less stigmatizing disorder, often people are reluctant to seek professional help.
The aim of the study was to evaluate the help-seeking behaviour in general Lithuanian population and to assess the relationship between help-seeking, traumatic experiences and the symptoms of PTSD. This research was funded by the European Social Fund under the Global Grant measure.

**Method:** One thousand Lithuanian citizens participated in a representative study. Traumatic experience was assessed by the Lithuanian versions of Life Events Checklist (LEC) and Trauma Screening Questionnaire (TSQ); also participants were asked about their use of mental health services, prescribed or over-the-counter medication (antidepressants, sedatives/hypnotics), and other help-seeking behaviour.

**Results:** The vast majority of study participants were exposed to at least one traumatic event during their lifetime. Around 8% of study sample experienced clinically significant PTSD symptoms. There was a significant association of PTSD symptoms and the certain type of help-seeking behaviour. More than half of individuals with clinically significant PTSD symptoms used antidepressants or sedative/hypnotic medication, although only up to 30% of them used mental health services.

**Discussion:** The findings of the current study raises the question of a common self-medication behaviour among people with PTSD in Lithuanian population.

**Paper No.:** 173  
**Reference:** S14.3  
**Presentation Type:** Symposium  
**Symposium:** S14 - Traumatic grief: innovations in research and clinical practice

**Addressing ambiguous loss in relatives of missing persons: towards an exposure-based approach**

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Ambiguous loss is characteristic of the situation faced by relatives of missing persons. Symptoms of posttraumatic stress disorder, depression, and prolonged grief disorder may accompany ambiguous loss. Brief Eclectic Psychotherapy for Traumatic Grief (BEP-TG; Smid et al., 2015) has been proposed as an integrated treatment model to address these symptoms in patients confronted with traumatic loss of loved ones, including ambiguous loss. BEP-TG comprises treatment components such as psycho-education, mobilizing social support, exposure, and behavioral activation. However, specific adaptations to the exposure component may be necessary in ambiguous loss, since unlike loss due to death, irreversibility of ambiguous loss is not self-evident. We reviewed the literature on treatment interventions used in the context of ambiguous loss. In relatives of missing persons with high levels of distress, holding on to the hope that the loved one will return may be seen as a strategy to avoid emotions associated with the thought that the separation is permanent. However, pressure for closure paradoxically leads to increased resistance. Therefore, exposure-based interventions for ambiguous loss should not focus on closure or coming to terms with the irreversibility of the loss, but on tolerating the ambiguity surrounding the loss.
Pain perception and body awareness among individuals with borderline personality disorder
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Introduction: Borderline personality disorder (BPD) is often accompanied by repeated self-destructive acts and non-suicidal self-injurious behaviors. There are indications that individuals with BPD, which often report a history of childhood maltreatment, tend to demonstrate distinctiveness in pain processing, reflected in attenuated pain perception. This study examines the hypothesis that body awareness moderates the association between BPD and pain perception.

Methods: Participants consisted of 46 women diagnosed with BPD and 47 healthy controls. Sensory testing included the measurement of heat-pain thresholds, ratings of suprathreshold stimuli, measurement of temperature evoking moderate pain, and temporal summation of noxious mechanical stimuli. Body awareness was assessed by a self-report questionnaire.

Results: As hypothesized, among subjects with low levels of body awareness, those with BPD demonstrated hypoalgesia as manifested in their higher pain thresholds, lower suprathreshold pain ratings, and moderate pain evoked by higher temperature, in comparison with the controls. Among those with high levels of body awareness, BPD subjects demonstrated increased reactivity to pain as manifested in their higher pain ratings and moderate pain evoked by lower temperature, in comparison with the controls.

Discussion: The findings of this study show that pain perception among individuals with BPD is moderated by level of body awareness. The potential of clinical interventions that target body awareness among BPD patients will be discussed.

Childhood trauma and cognitive profiling of children placed in foster care
Misja Eiberg
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**Introduction:** Of the approximately 11,000 children currently living in out of home care in Denmark, the majority were placed into the care system due to neglect, abuse or an unsafe home environment. A growing body of empirical literature within the neuropsychological field provides evidence that childhood maltreatment, or prolonged stress, may altogether alter the developing brain, and cause changes and challenges in cognitive functions and learning development.

**Method:** In a randomized controlled trial of educational support interventions for children in care, 153 children aged 6-13 living in foster care were initially assessed with standardized instruments to examine their academic abilities and level of functioning - in particular their cognitive profiles - including measures of IQ and specific capabilities such as executive functioning, cognitive flexibility and attention (comprising measurements such as WISC IV, BRIEF, 5-15 and CNT).

**Main Results:** Preliminary results concluded that mean IQ was within normal range but in the lower region, and distribution was negatively skewed with IQ scores ranging from 42-115. The working memory index score was particularly low with a mean of approximately 1.0 SD below average. Furthermore, well above half the children scored above the clinical threshold on a parent/teacher rated measure of executive function, and scores on performance tests of cognitive flexibility and attention were considerably below average.

**Discussion:** Cognitive profiling with considerations of the correlations among cognitive skills, executive function, behavior and academic achievement, may suggest more feasible interventions to meet the complex needs for developmental and educational support of children in care.

**Paper No.:** 176

**Reference:** S07.4

**Presentation Type:** Symposium

**Symposium:** S07 - Prolonged grief disorder after traumatic and non-traumatic loss: classification, mechanisms, and care

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**The UK National Homicide Therapeutic Service: A model of care for traumatic bereavement**

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2. Assist Trauma Care, Rugby, UK
3. Utrecht University, Utrecht, The Netherlands

**Introduction:** Traumatic bereavement may have long-lasting mental health consequences requiring specialised mental healthcare. This study aimed at describing the model of care of Assist: the UK national homicide therapeutic service, as well as to evaluate its potential effectiveness and to explore sociodemographic and clinical variables associated with complicated grief and posttraumatic distress severity in homicide bereaved patients.

**Method:** N=726 adult homicide bereaved patients consecutively referred to Assist Homicide Therapeutic Service who received traumatic grief focused CBT completed the Inventory of Complicated Grief (ICG) and Impact of Event Scale (IES) to assess complicated grief and...
posttraumatic distress severity pre- and posttreatment. Data were analysed using latent growth models.

**Results:** Treatment effect sizes were large (Cohen’s d=1.4 and 1.9 on ICG and IES, respectively). Female patients had higher baseline ICG and IES levels and larger reductions in IES symptoms during treatment. Patients with a mental health treatment history had higher baseline ICG and IES levels and smaller ICG and IES symptom reductions during treatment. Patients who directly witnessed the homicide had higher baseline IES levels, but larger ICG and IES symptom reductions during treatment. Patients who had lost a partner, parent or child or who anticipated the trial had higher baseline ICG levels. Patients with recent bereavement (< 6 months) showed smaller ICG and IES symptom reductions.

**Discussion:** These findings highlight the potential effectiveness of specialised treatment in homicide bereaved patients. The UK National Homicide Service may serve as a model to optimize accessibility of specialised mental healthcare following traumatic bereavement.

**Paper No.:** 177
**Reference:** S23.2
**Presentation Type:** Symposium
**Symposium:** S23 - New horizons in brief eclectic psychotherapy for PTSD

**Recognizing hotspots in brief eclectic psychotherapy for PTSD by text and audio mining**

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**Introduction:** Identifying and addressing hotspots is the key element of imaginal exposure in Brief Eclectic Psychotherapy for PTSD (BEPP). Research shows that treatment effectiveness can improve by focusing on these hotspots and that hotspot frequency and characteristics may serve as indicators for treatment success. This study aims to develop a model to automatically recognize hotspots, which might be an efficient way to track patient progress and predict treatment efficacy.

**Method:** A supervised text classification model is developed based on audio recordings and transcripts of imaginal exposure sessions. Text mining and machine learning techniques are used to extract and select textual features (words and word combinations) from the session transcripts that distinguish between “hotspot” and “non-hotspot” phases within the sessions. These features are used to train and test the model.

**Results:** Preliminary analyses show that a model based only on used words and word combinations can already identify hotspots reasonably well. The eventual results will also include syntactic and lexical features, which are expected to further improve the model.
Discussion: This study demonstrates the use and added value of text mining and machine learning for BEPP research. It is found that hotspots can be recognized using textual features extracted from session transcripts. The recognized hotspots provide a rich source of information that could be used to train therapists, to evaluate treatments, or even to provide automated feedback. Future research involves expanding the model by adding acoustic features extracted directly from the session recordings, such as speech rate or pauses between words.

Paper No.: 178
Reference: S57
Presentation Type: Oral Presentation
Symposium: S57 - Prevention of Traumatic Reactions.

Supporting the Scottish workforce to respond to trauma across the lifespan: update on a national training initiative.

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Introduction: Recognising the high prevalence and impact of trauma, abuse and neglect, the Scottish Government (SG) has committed to supporting the Scottish Workforce to better understand and respond to the needs of those affected by trauma. This workforce-wide focus is unique and has the ultimate aim of improving the care, support and treatment of individuals of all ages who are affected by trauma, abuse and neglect in Scotland.

Methods: To achieve this, the SG has commissioned NHS Education for Scotland (NES) to develop a trauma training strategy for Scotland. This strategy will be underpinned by development of a skills and knowledge framework for staff working at all levels within the Scottish workforce and by a training needs assessment (year 1), and will lead to the commissioning and piloting of trauma training targeted at different workforce tiers (years 2 & 3). This process is underscored at all points by commitment to a scientifically-informed understanding of trauma and to consultation with experts through experience and relevant stakeholders.

Results: Results of the Trauma Training Needs Assessment and the finalised Trauma Skills & Knowledge (S&K) Framework will be disseminated at conference.

Conclusion: This work has come about through recognition by the Scottish Government that “trauma is everybody’s business”. This presentation will provide an opportunity to discuss the importance of a work-force wide training strategy in responding to the impact of trauma and to share how the S&K framework was developed and will underpin the Scottish National Trauma Training Strategy.

Paper No.: 179
Reference: S64
Growing up in the shadow of domestic violence: evidence from register data

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Domestic violence is prevalent worldwide and has been linked to severe harmful consequences. Studies show that children who are indirect victims of family violence can exhibit the same symptoms, as children who are direct victims of violence. Understanding the consequences of indirect violence for children is therefore important. Previous studies have mainly relied on self-reported survey evidence of family violence. To understand short and medium-term effects of witnessing domestic violence, our study provides the first measure of domestic violence from administrative records based on full cohorts of children born 1997 to 2003 in Denmark. To quantify the effect of witnessing domestic violence on children, we use a quasi-experimental design that combines exact matching and propensity score matching. With this approach we construct a comparison group of children not witnessing domestic violence, but having similar personal and family background including pre-birth history of domestic violence. We find large effects on the likelihood of being placed in out-of-home care and being diagnosed with PTSD. We also find a substantial negative impact on academic performance and self-reported wellbeing in school. The discounted additional cost of a child witnessing violence, up until the child reaches 15 years of age, is about of 25,000 EUR per child.

EMDR as therapeutic model children’s traumatic events. Some case studies

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The use of EMDR around psychotherapeutic interventions for trauma, PTSD, has demonstrated the effectiveness in the resolution of the traumatic event with a low number of sessions and eliminate traumatic memories or traumatic focus. The use of the EMDR Protocol with bilateral brain stimulation, either by body touch, eye movements or sounds, allows access to a differentiated form, memories of the trauma by restructuring the space/time continuum, organizing and integrating the narrative that lets you ease the causes of trauma. This presentation will be held with the support
and use of cases and video. The great specificity of this intervention in kids assumes, in terms of psychotherapies for children, very important results in terms of the resolution of events that have great influence on how it triggers the development of pre-structures of identity or even identity of children, promoting the emergence of limiting beliefs. This presentation has a video.

Paper No.: 181  
Reference: S68  
Presentation Type: Oral Presentation  
Symposium: S68 - EMDR Treatment

**Narrative reconstruction, EMDR and the attachment**  
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² Hospital da Luz - Clínica Amadora, Private Practice, Lisbon, Portugal

In development, there are often difficulties in terms of stabilization of ties to the safety figures. In this context, could grows some develop anguish, separation fears, rituals, etc. The EMDR has shown substantial efficacy and long-term potentiate of reorganization of life or historical narratives in children, allowing retell stories, re-establish links/attachment and promote conflict resolution or insecurities that help acquire positive beliefs that favour the reorganization of the attachment. This presentation uses videos showing the result of the use of EMDR in this reconstruction of narrative and of attachment with the implementation of photo stories or narratives reported by parents in session. The reconstruction of narratives is regarded as one of the most important in psychotherapeutic intervention therapies with children because it allows work situations so important as the attachment. This presentation has two videos that support the efficacy of the EMDR in the rebuild of the attachment narratives made with two different EMDR procedures.

Paper No.: 182  
Reference: S68  
Presentation Type: Oral Presentation  
Symposium: S68 - EMDR Treatment

**EMDR and tics in children. EMDR Therapy procedures and case studies**  
*João Veloso¹, L Gomes²*  
¹ Universidade de Coimbra, Centro de Trauma - Psychology, Lisbon, Portugal  
² Hospital da Luz - Clínica Amadora, Private Practice, Lisbon, Portugal

Tics are one of the most common manifestations in children, which usually results in anxious and/or traumatic events. The EMDR psychotherapy as high effectiveness working with the anxiety disorders
and traumatic stress showed in different frameworks of ticks and have shown a very satisfactory results and symptoms remission. This communication presents a protocol developed by the authors, adapting the EMDR Protocol for children and adolescents including new procedures that promoted a significant improvement of the ticks of the cases presented. This presentation has videos of the sessions.

**Paper No.: 183**
**Reference:** S35.1
**Presentation Type:** Symposium
**Symposium: S35 - Traumatized refugees and asylum seekers: prevalence of psychopathology and innovative interventions**

**Effects of loss of loved ones on psychopathology, disability, and quality of life in Iraqi asylum seekers in The Netherlands**
**Sophie Hengst**
**Stichting Arq, Stichting Centrum ’45, Diemen, The Netherlands**

**Introduction:** Emerging evidence suggests that loss of loved ones under traumatic circumstances is especially prevalent among refugees and asylum seekers and has distinctive effects on mental health, which may need specific treatment. We evaluated the impact of multiple loss, unnatural loss and witnessing loss of family members and friends on psychopathology, disability and quality of life in Iraqi asylum seekers in the Netherlands.

**Method:** Respondents (N=294) were interviewed with structured, culturally validated, Arabic questionnaires. Outcome measures included psychopathology, quality of life and disability. The effects of loss of loved ones were estimated using structural equation modelling (SEM). The model included (partial) mediation effects of psychopathology on disability and quality of life.

**Results:** Results show that loss is highly prevalent (87.5 %) in asylum seekers. Multiple losses of family members and unnatural loss of children appeared independent predictors of psychopathology. We also found independent effects of multiple loss of family members, unnatural loss of own children, and witnessing the death of family members and friends on quality of life and disability. These were either partially or fully mediated by psychopathology.

**Discussion:** The high prevalence of multiple and traumatic loss in asylum seekers addresses clinicians to always evaluate exposure to loss when working with asylum seekers and refugees. The independent effects of multiple and traumatic loss on psychopathology, disability and quality of life appeals to diagnose and treat trauma- and grief-related disorders accordingly and to incorporate specific grief-related psychopathology in diagnostic classifications.

**Paper No.: 184**
**Presentation Type:** Poster Presentation
The risk of sexual crimes against children with disabilities: a national study of the Danish 1995-cohort

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Introduction: Researchers have not been able to establish a relationship between low socioeconomic status (SES) and childhood sexual abuse. The official records may be biased because of biased reporting in low income families. Therefore the association between SES and childhood sexual abuse remains unclear.

Method: The study is a national cohort study. Data is based on a Danish longitudinal survey of children born in 1995 (n=8900). The survey contains information about the children from the age of 3 to the age of 18. The statistical analysis is a logistic regression analysis. A long list of risk- and protective factors is included in the analysis in order to adjust for confounders.

Results: Children with disabilities are more likely to be victims of sexual abuse than children without disabilities. Consequently they suffer more from depressive symptoms, loneliness, low self-esteem and self-harm. The results show that SES cannot explain why children with disabilities are more likely to be victims of sexual abuse. Individual characteristics have a much larger explanatory force.

Discussion: Children with disabilities have a higher risk of being victims of a sexual crime although the data does not permit for a finer division of children with certain disabilities. Family background does not seem to be a significant risk factor and the professionals around the children should look closer at individual factors when identifying the children at risk.

Paper No.: 185
Reference: S66
Presentation Type: Oral Presentation
Symposium: S66 - Neuro- and Biological Perspectives on Child Maltreatment

Effects of childhood trauma on the left inferior frontal gyrus function during response inhibition in psychosis

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5 ARC Centre for Cognition and its Disorders (CCD), Macquarie University, Sydney, New South Wales, Australia
**Introduction:** Childhood trauma is a risk factor for psychosis. Deficits in response inhibition are common to psychosis and trauma-exposed populations, and associated brain functions may be affected by childhood trauma exposure in psychotic disorders. We aimed to identify the influence of trauma-exposure on brain activation and functional connectivity during a response inhibition task.

**Methods:** We used functional magnetic resonance imaging to examine brain function within regions-of-interest (left and right inferior frontal gyrus [IFG], right dorsolateral prefrontal cortex, right supplementary motor area, right inferior parietal lobule and dorsal anterior cingulate cortex), during the performance of a Go/No-Go Flanker task, in 112 clinical cases with psychotic disorders and 53 healthy controls (HC). Among the participants, 71 clinical cases and 21 HCs reported significant levels of childhood trauma exposure, while 41 clinical cases and 32 HCs did not.

**Results:** In the absence of effects on response inhibition performance, childhood trauma exposure was associated with increased activation in the left IFG, and increased connectivity between the left IFG seed region and the cerebellum and calcarine sulcus, in both cases and healthy individuals. There was no main effect of psychosis, and no trauma-by-psychosis interaction for any other region-of-interest. Within the clinical sample, the effects of trauma-exposure on the left IFG activation were mediated by symptom severity.

**Conclusions:** Trauma-related increases in activation of the left IFG were not associated with performance differences, or dependent on clinical diagnostic status; increased IFG functionality may represent a compensatory mechanism required to exert adequate inhibitory control of the motor response.

**Paper No.:** 186

**Reference:** S20.2

**Presentation Type:** Symposium

**Symposium:** S20 - Implementing effective mental health care interventions in the Syrian refugee crisis

Validation and implementation of a newly developed screening tool for refugees

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**Background:** Psychological diagnostics and treatment of refugee populations are challenging tasks for mental health practitioners. Valid computer-based diagnostic tools would be useful to facilitate the screening and treatment process in clinical settings with traumatized patients of different language backgrounds.

**Methods:** We developed MAPSS (Multi-Adaptive Psychological Screening Software), an Audio Computer-Assisted Self-Interview Software for touchscreen devices, and tested its feasibility and usability for screening purposes in clinical settings. In a randomized cross-over design, 30
Traumatized treatment-seeking refugees completed measures of posttraumatic stress disorder, depression and quality of life using both MAPSS and paper-pencil clinician-administered interview. 

**Results:** Results showed no differences between the two assessment modalities with regard to indicated symptoms. The administration via MAPSS was significantly shorter than the paper-pencil interview.

**Conclusion:** The findings suggest feasibility and usability of MAPSS in traumatized refugees. Potential benefits of the tool and implementation and application of MAPSS as a screening tool in the STRENGTHS project, a Horizon 2020 funded multi-site study to implement a low intensity intervention (Problem Management Plus) in Syrian refugees, will be discussed.

**Paper No.:** 187  
**Reference:** S77  
**Presentation Type:** Oral Presentation  
**Symposium:** S77 - Cognitive Based Treatment

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**Trauma focused cognitive behavioral therapy (TF-CBT) and complex trauma**

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*Norwegian Centre for Violence and Traumatic Stress Studies (NKVTS), Oslo, Norway*

**Background:** Many youth referred to mental health clinics have experienced multiple and chronic interpersonal traumas and have developed complex symptoms characterized by significant problems with attachment, safety, affect regulation, stress, dissociation, behavioral regulation, cognition and self-concept. Therapists often find working with these youth challenging.

**Method:** In the Norwegian TF-CBT implementation study, the aim is to identify trauma-exposed youth in mental health clinics, and offer evidence-based treatment for those with post-traumatic stress symptoms. The study currently involves 46 clinics, approximately 300 therapists and 500 trauma-cases. Most of the youth in the study have been exposed to sexual abuse or domestic violence, and approximately 20 % live in foster care or institutional settings. Pre-post scores on posttraumatic stress yield high effect sizes.

**Results:** Based on our work as TF-CBT supervisors, we find that also the complex cases can benefit from TF-CBT with only some modifications such as; introducing and maintaining a focus on feeling safe, specifically addressing the therapeutic alliance, spending more time on the first phase on learning to cope with stress, operating the gradual exposure more carefully, addressing unifying trauma themes, and generalizing ongoing safety and trust. Case-examples will be used.

**Discussion:** Clinical implications and how this knowledge can be included in the training of trauma therapists will be discussed.

**Paper No.:** 188  
**Presentation Type:** Poster Presentation
Assessing prolonged grief disorder: psychometric properties of the Swedish PG-13
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Background and Aims: Traumatic bereavement can lead to persistent and debilitating grief associated with high levels of distress and impaired functioning. Prolonged Grief Disorder is an expected new diagnosis in the forthcoming ICD-11, and so there is a need to evaluate assessment methods. The PG-13 is a rating scale conforming to the proposed ICD-11 diagnostic criteria with 11 symptom items, one duration item and one item on functional impairment. This study aims to evaluate the psychometric properties of a Swedish version of the PG-13.

Method: The PG-13 was translated to Swedish according to best practice. Within an ongoing study, 67 adults who have experienced sudden or unexpected bereavement have been assessed. Measures include PG-13, the Clinician Administered PTSD Scale for DSM-5 (CAPS-5), the Symptom Checklist (SCL-27), and the Mini Neuropsychiatric Interview (MINI). PG-13 was administered twice in two weeks.

Results: Preliminary data will be presented on the psychometric properties of the PG-13. Descriptive statistics of item endorsement, test-retest reliability, internal consistency as well as associations between the PG-13 and CAPS-5, SCL-27, and depression according to MINI will be reported.

Discussion and Conclusion: The preliminary findings suggest that the Swedish version of PG-13 is a valid assessment tool for prolonged grief in Swedish-speaking adults.

Main Abstract Topic: Assessment

Paper No.: 189
Reference: S51
Presentation Type: Oral Presentation
Symposium: S51 - Dissociation

Psychometric properties of the Spanish Peritraumatic Dissociative Experiences Questionnaire in Chilean firefighters
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Introduction: In Chile tools to evaluate peritraumatic dissociation are inexistent. The aim of this study was translate and analyze the psychometric properties of the Peritraumatic Dissociative Experiences Questionnaire (PDEQ), in a sample of firefighters.

Method: Chilean firefighters filled out the assessment protocol. The final sample was 207 participants. We tested examined the consistency by estimating Cronbach’s α and the construct validity through confirmatory factor analysis (CFA). Two models were evaluated: the intercorrelated 2-factor model and a single-factor model. We used the maximum likelihood procedure.
Results: Cronbach’s α for the 2-factor model (8-item, without items 2 and 7) was .72 and for model with all items was .74. The 2-factor model showed an adequate fit to the data χ2df = 2.29, CFI = .93, RMSEA = .079. On the other hand, a single-factor model with all items, showed an inadequate fit χ2df = 3.07, CFI = .83, RMSEA = .10.

Discussion: The CFA of the Spanish PDEQ in a sample the Chilean firefighters show that the PDEQ consists of two intercorrelated factors: Altered Awareness and Derealization. The results are similar to those found in others studies.

Paper No.: 190
Reference: S22.2
Presentation Type: Symposium
Symposium: S22 - Neurobiological effects of early-life stress and trauma in the development of psychotic disorders

Childhood trauma is associated with slower improvement slopes: findings from a one-year follow-up study of patients with a first-episode psychosis

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Objectives: The aim of this study is to investigate if childhood trauma is associated with more severe clinical features in patients with first-episode psychosis, and if this persists at one year follow-up.

Methods: 96 patients with a first-episode of a DSM-IV diagnosis of psychosis (mean±SD, age=27.4±8.2, gender: 56% males) and 264 healthy controls (mean±SD, age=30.07±7.86, gender: 57% males) were recruited to the NORMENT TOP study in Oslo Norway. A history of childhood trauma was obtained using the Childhood Trauma Questionnaire (CTQ). Current global function and symptom levels were assessed using the Global Assessment of Functioning (GAF) scale. Current symptoms were assessed by the Positive and Negative Syndrome Scale (PANSS). All clinical assessments were done at two time points: At initial assessment within the first year of initiating treatment for psychosis, and after one year. Brain derived neurotropic factor (BDNF) was also measured in the serum.

Results: Patients reported significantly more childhood trauma experiences than controls (z=-9.40, p<0.001). In patients, a history of childhood trauma was associated with reduced global functioning (r=-0.40, p≤0.01) and more severe clinical symptoms (r=-0.29, p≤0.01) both at baseline and at follow-up. Patients also had lower BDNF levels than the healthy controls, with the lowest levels in patients with a history of childhood trauma.

Conclusion: Patients with a psychotic illness who report a history of childhood trauma may constitute a subgroup of patients characterized by more severe clinical features and lower BDNF levels.

Paper No.: 191
Feasibility study on implementing evidence-based treatments for post-traumatic stress disorder in Norway

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Introduction: Research shows that evidence-based treatments (EBT) for PTSD are under-utilized in mental healthcare. A proposed nationwide project aims to address this issue, by systematically implementing cognitive therapy for PTSD (CT-PTSD) and Eye Movement Desensitization and Reprocessing (EMDR). This pilot study aims to evaluate the feasibility of a systematic implementation of these methods.

Method: EBTs are currently being implemented in 9 outpatient clinics. Therapists are trained in diagnosing and treating PTSD with one of the two methods, and recruit patients. Regular supervision is provided. Data is gathered on therapists’ attitudes and background, patients’ symptoms and functioning, and treatment evaluations.

Results: 37 therapists were trained. After 6 months, 49 patients have been recruited, and therapists report marked treatment gains. Still, several patient, therapist, organizational, and treatment factors have been identified as potential implementation-barriers.

Discussion: The initial results show challenges in implementing EBTs in Norwegian specialized care, with organizational factors being especially evident. Initiating treatment is challenging, and may require close follow-up. Further data collection aims to examine the acceptability, necessity, suitability, fidelity, and safety of the treatments, as well as patient and therapist satisfaction with the implementation.

Child abuse, neglect and Complex in male-perpetrated intimate partner violence

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3 National College Ireland, Dublin, Ireland

Background and Aims: Males who perpetrate intimate partner violence (IPV) have usually experienced more traumatic events, especially child abuse and neglect – and consequently experience more posttraumatic stress disorder (PTSD) – than a community sample. Prolonged
interpersonal violence was suggested as a risk factor for the proposed ICD-11 Complex-PTSD diagnosis, especially the DSO (disturbances in self-organization) symptoms. Nevertheless, C-PTSD in this specific population, especially the association to child abuse, neglect and IPV, has not yet been studied. Therefore, we examined whether more exposure to child abuse and neglect predicts more symptoms of DSO, and whether greater frequency and severity of male violence is associated with more DSO. Moreover, we examined the mediating role of C-PTSD.

**Methods:** Participants were 223 men drawn randomly from a national sample of 2,600 men receiving treatment at 30 clinical centers for domestic violence in Israel. They completed the new ICD-11 TQ, the CTS for IPV, and the life events questionnaire.

**Results:** Findings based on SEM revealed that high reports of exposure to child abuse and neglect were associated with DSO, and DSO had a greater effect on violence perpetration than did PTSD symptoms. In addition, preliminary results regarding whether C-PTSD is a mediating factor between child abuse and IPV will be presented.

**Discussion and Conclusion:** These findings add to the discussion regarding the implications of the ICD-11 C-PTSD diagnosis. The study also sheds light on the consequences of child abuse and neglect on adults' life behaviors, specifically intimate partner violence perpetrated by men.

**Paper No.:** 193

**Reference:** S24.1

**Presentation Type:** Symposium

**Symposium:** S24 - Adjustment disorder: diagnosis, prevalence, and interventions

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**Adjustment disorder as it is proposed for the ICD-11: structure and predictors in the Lithuanian sample**

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**Introduction:** it has been argued that the current definition of adjustment disorder (AD) is very vague. The World Health Organization (WHO) Working group has made proposals for the definition of AD for the International Classification of Diseases 11th edition (ICD-11), consisting of two symptom groups of preoccupation and failure to adapt. The aim of the study was to evaluate the structure and predictors of AD in Lithuanian sample.

**Method:** 831 participants (57.8% women, M = 39.8) with the age range from 18 to 89 years, participated in the cross-sectional study. Stressors and symptoms of AD were measured using the self-report Adjustment Disorder –New Module (ADNM-20). The structure and validity of the new concept of AD was evaluated using the Confirmatory Factor Analysis (CFA).

**Results:** the study results revealed that the majority (83.3 %) of the Lithuanian general population sample experienced at least one significant stressful life event during the last two years. Analysis of the data also revealed that the two factor structure of AD explained the data well; the results were
in line with the proposals of the WHO Working group. Chronic stressors, female gender, lower education level, poorer well-being, trauma-related stressors and symptoms of posttraumatic stress disorder (PTSD) were the main risk factors for the AD.

**Discussion:** the results provide new evidence for the two-factor structure of AD; furthermore, we found that AD may represent a more complex clinical picture where two core symptoms are not enough to cover the clinical manifestations of AD.

**Paper No.: 194**
**Reference:** S52
**Presentation Type:** Oral Presentation
**Symposium:** S52 - Violence

**Association between dimensions of social acknowledgment and disclosure in interpersonal violence survivors**

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**Introduction:** Trauma disclosure is known to be important for recovery after trauma. One of the important factors that might influence survivors’ trauma disclosure is social acknowledgment of survivors from the family, friends and community. The aim of our study was to explore how social acknowledgment predicts trauma disclosure in a sample of survivors of interpersonal violence.

**Methods:** Study participants were 125 (42% men; 48% women) survivors of interpersonal violence from a community sample. Participants’ age ranged from 18 to 73 years, mean age was 33.34 (SD = 13.2). Life events checklist - Revised (LEC) was used to measure life-time trauma exposure. The ICD -11 Trauma Questionnaire (ICD-TQ) was used for assessments of PTSD symptoms. The Disclosure of Trauma Questionnaire (DTQ) was used to measure different dimensions of trauma disclosure: reluctance to talk, urge to talk, emotional reactions. The Social Acknowledgment Questionnaire (SAQ) was used to measure the perceived general disapproval, family and friends’ disapproval and recognition of trauma survivor.

**Results:** We performed regression analyses controlling for PTSD symptoms and gender with trauma disclosure as a dependent variable. Trauma related reluctance to talk was predicted by general disapproval and recognition. Disclosure related urge to talk was predicted by recognition. Trauma disclosure related emotional reactions were predicted by general disapproval.

**Conclusion:** Our results suggest the important role of social acknowledgement, including perceived reactions from a broader social context, on trauma disclosure.

**Paper No.: 195**
**Presentation Type:** Poster Presentation

**The paradox of being a child to parents with severe mental illness in a small scale society**
Kristianna Dam  
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**Introduction:** Estimated 23% of children live with at least one parent with mental illness. These children are exposed to different degrees of emotional, physical and psychosocial challenges. They need health care professional attentions and care. These children are carrying a caring burden, concealing the parental illness, they are stigmatized, bullied and take special attention to parental health and well-being. We have documented in a review that they navigate in ununpredictable daily life (Dam & Hall 2016).

**Aim:** Explore adult child experiences (n=11) living with a mentally ill parent in the small scale society Faroe Islands.

**Method:** The approach is qualitative, data were collected by individual interviews and analyzed using content analysis.

**Result:** The overarching theme: “The paradox when being a child of a parent with a severe mental illness in a small scale society: adult children’s perspective” has five categories: relation to family, struggling to understand parental illness and hospitalisation, the exposed child, influences on life as adult and wishes and wants.

**Discussion:** The study findings are discussed in theories about caring and coping.

**Conclusion:** Being a child of parents with severe mental illness is a traumatic experience that lasts into adulthood. The study findings are relevant for intervention in psychiatric therapy and nursing as well as the society.

**Paper No.: 196**

**Presentation Type: Poster Presentation**

**ICD-11 complex PTSD among male-perpetrators of intimate partner violence: construct validity, risk factors and defining re-experiencing**

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**Background and Aims:** The ICD-11 has been proposed to include Complex PTSD as unique diagnostic entity that is comprised of core PTSD symptoms and symptoms that reflect ‘disturbances in self-organization’ (DSO). Several conceptual questions were formulated: First, to assess the validity of the CPTSD construct in a unique population of male-perpetrators of intimate partner violence. Second, to assess whether DSO would be associated with more frequency and greater severity of risk factors. Third, whether exposure to traumatic events would predict different outcomes, namely PTSD or DSO. Fourth, if the rate of CPTSD assessed with 2 or 3 Re-experiencing items would be the same.
Methods: Two hundred and twenty-three males drawn randomly from a sample of 2,600 men receiving treatment at 30 clinical centers for domestic violence in Israel participated. Results: Findings revealed that the CPTSD theoretical concept was confirmed by confirmatory factor analysis. High reports of exposure to prolonged traumatic events were found to be associated with DSO. Depression, anxiety and impairment were found to have a greater effect on DSO than PTSD. Rates of CPTSD assessed using 3 re-experiencing items were significantly greater as compared to when only 2 re-experiencing items were used.

Discussion and Conclusion: These findings add to the discussion regarding the inclusion of CPTSD in the ICD-11. The study also contributes to the question regarding the appropriate number of re-experiencing symptoms that should be included in the ICD-11.

Paper No.: 197
Reference: S06.5
Presentation Type: Symposium
Symposium: S06A - Presentation of The Aarhus Bereavement Study (The TABstudy) - Prolonged grief disorder in adults - State of the art in prolonged grief disorder research

Group therapy for parent bereaved young adults – a pilot study
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Introduction: In light of the expected inclusion of Prolonged Grief Disorder in the up-coming 2018 ICD-Manual developing efficacious grief interventions is essential. Børn, Unge & Sorg is a national therapeutic and research center for children and adolescents up to the age of 28. The target group is parentally bereaved children and young people in risk of/or having developed complicated grief. The clients proactively seek therapy. We are currently compiling decades of our clinical experience, knowledge and therapeutic practice regarding this clinical group. As part of this process we have developed a treatment manual which will be tested thoroughly in 2017. In this study we present the results from a pilot study of group therapy with young adults.

Method: The therapy is eclectic in nature combining psychodynamic, CBT and narrative psychotherapy. It consists of 18 group sessions of 2½ hour with eight clients attending each group, and takes place with one week intervals. The applied effect measures were selected based on the theory of change model for the therapy. The primarily effect measure is grief symptoms measured by prolonged grief disorder (PG13), and the secondary effect measures are depression (Becks depression index) as well as anxiety (Becks anxiety inventory).
Furthermore, we have developed fidelity measures, which we have piloted in this study.

Results: We have currently collected the data from the pilot group, and starting to analyze the results. At the symposium, we will present and discuss the results.
Trauma disclosure and social networks
Goda Gegieckaite, E Kazlauskas
Vilnius University, Department of Clinical and Organizational Psychology, Vilnius, Lithuania

Trauma disclosure can be significantly associated with trauma recovery and better mental health of survivors. Online social networks are transforming social interactions and becoming a part of everyday social life. The aim of the study was to explore how often people disclose their traumatic events and stressors on online social networks and how social network related trauma disclosure is related to psychological well-being.

**Methods:** A total of 70 participants, 62.9% (n = 44) women, aged from 18 to 65 (M = 32.99; SD = 13.02) participated in this study. Life Event Checklist (LEC) was used measure trauma exposure. Psychological Well-being Questionnaire (WBQ) was used to measure psychological well-being. Questions about trauma disclosure behaviors on social networks were given to participants to reveal the pattern of disclosure on social networks. This research was funded by a grant (No. MIP 006/2015) from the Research Council of Lithuania.

**Results:** Majority (78.6%) of participants reported they never disclosed their stressful or traumatic experiences on social networks, 18.6% reported disclosing it very rarely and 2.9% reported disclosing negative events on social networks quite often. About half (53%) of the participants who disclosed at least one traumatic event on social networks reported they avoid disclosing details about an event. We found no significant effects of trauma disclosure on social networks on well-being of participants.

**Conclusions:** Results suggest that people avoid disclosing negative life events on social networks, and disclosure on social networks is not associated with psychological well-being.

White matter connectivity of social cognitive regions in adult survivors of child abuse
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**Introduction:** Experience of childhood abuse has long-lasting consequences upon brain structure, function, and connectivity. Furthermore, such experiences have been observed to impact cognitive and social cognitive processes even throughout adulthood. However, few studies have combined these two areas of research, and investigated connectivity between regions known to be involved
in social cognition, particularly those associated with Theory of Mind, perspective-taking abilities, and empathy, in adult survivors of childhood abuse.

**Methods:** The present study investigated structural differences in white matter integrity in connections between the amygdalae, bilateral temporo-parietal junction (TPJ), bilateral anterior insula, dorsomedial prefrontal cortex (dmPFC), and precuneus. Thirty women with histories of childhood physical, sexual, and/or emotional abuse (mean age = 36.3 years, SD = 13.30) were compared to 17 women with no history of childhood/adulthood trauma (mean age = 31.8 years, SD = 9.14) after completing 3T MRI scanning.

**Results:** Preliminary results indicate increased white matter integrity between the amygdalae and dmPFC, precuneus, and left TPJ in traumatised women, yet reduced tract volume. In relation to social function, self-reported empathy was negatively related to amygdala size. Depression did not significantly relate to white matter measures.

**Discussion:** The results indicate that childhood maltreatment can alter white matter integrity in brain areas related to social-cognitive functions.

**Paper No.:** 200
**Reference:** S23.3
**Presentation Type:** Symposium
**Symposium:** S23 - New horizons in brief eclectic psychotherapy for PTSD

**The experiences learned from the implementation of BEPP in Lithuania**
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*Vilnius University, Department of Clinical and Organizational Psychology, Vilnius, Lithuania*

**Background:** The interest in BEPP started since its introduction in the first BEPP training workshop which took place in Vilnius, Lithuania in the year 2011. Soon after the first group of clinicians was trained in BEPP the study aiming to evaluate the effectiveness of BEPP in Lithuania has started. The aim of this presentation is to discuss the research findings of BEPP effectiveness in Lithuania, and also discuss the issues related to implementation of the treatment in another country.

**Methods:** A total of 28 participants with various traumatic experiences who completed BEPP treatment were included in this analysis. Clinical Outcome Routine Evaluation (CORE-OM) scale was used to measure treatment outcomes. Impact of Event Scale – Revised (IES-R) was used for the posttraumatic stress symptom assessments.

**Results and Discussion:** Findings from BEPP effectiveness study in Lithuania revealed a good within-group effect sizes. The majority of study participants have improved significantly. Moreover, participants expected their condition to improve even more after the treatment was completed. Issues related to the lack of acknowledgment of trauma and posttraumatic stress among mental health professionals, limited access to trauma-focused trainings, and no supervisions resulted in difficulties of implementation of BEPP in Lithuania. Currently, BEPP is mostly applied in private practice, and is not covered by health care insurance in Lithuania.
Adjustment disorder: diagnosis, prevalence, and interventions
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Adjustment disorder is one of the most often diagnosed stress-related disorders. The upcoming revisions for the ICD-11 call for actions to validate new definition of diagnosis, and to update theoretical conceptualization, diagnostic tools and treatment methods of adjustment disorder. This symposium will discuss the structure of the adjustment disorder definition as it was proposed for the ICD-11, and analyze risk factors for adjustment disorder in the Lithuanian population. Theoretical explanations in the context of socio-interpersonal approach will be discussed grounding on the sample of individuals with occupational stressors. Experiences of development and application of the emerging internet-based and virtual reality interventions for adjustment disorder will be presented.

Brief internet-based adjustment disorder intervention (BADI): findings from Lithuanian study
Jonas Eimontas, G Gegieckaite, P Zelviene, E Kazlauskas
Vilnius University, Department of Clinical and Organisational Psychology, Vilnius, Lithuania

Introduction: Internet-based adjustment disorder intervention BADI was developed in Trauma research center, Vilnius university, Lithuania. It is a modular flexible self-help intervention.
Methods: More than 3000 self-referred individuals registered to participate in two randomized controlled trials (RCT) testing the efficacy of BADI. Adjustment disorder was measured with Adjustment disorder New Module 8 question version (ADNM-8), psychological well-being was measured with WHO-5. We tested differences between in-program engagement tools and third party tools and share our insight.
Results: In general BADI efficacy was good with medium to high effect sizes. The attrition was high and the dropout was also high. Engagement of the participants measured by different measures was different.

Discussion: High effect sizes are promising for self-guided internet-based interventions, but high attrition rates raise methodological questions: should open RCTs be constructed to collect responses from participants who drop-out and what actions are needed to prevent high dropout rates? How do we apply findings of dropout and engagement in daily life usage of the intervention? We share our insights from the findings of BADI studies.

Paper No.: 203
Reference: S24.3
Presentation Type: Symposium
Symposium: S24 - Adjustment disorder: diagnosis, prevalence, and interventions

ICTs applications for the treatment of adjustment disorders
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Adjustment Disorders (AD) are one of the most common psychological disorders worldwide and have significant impact at personal, social and economical levels. Evidence-based treatments (EBT) for this problem are needed. Our research team developed a Cognitive Behavioural Therapy (CBT) specifically designed for AD [1], and focused on the therapeutic use of Information and Communication Technologies (ICTs) to deliver the treatment. The aim of the present work is to present the way ICTs were used to increase the efficacy and effectiveness of this CBT protocol. First, an adaptive Virtual Reality device (EMMA’s world) has shown efficacy, which is capable of evoking emotions and promoting the processing, acceptance and learning of the problem situation. Then, in order to improve the dissemination of EBT, an Online Emotional Regulation System (TEO) was developed. TEO enables patients to do the homework assignments at home over the Internet. It proved to be an effective tool for reducing negative emotions and increasing positive ones. However, this program cannot be completely self-applied. Thereby, the next step was to adapt the CBT protocol to a self-applied format. Adjustment Disorders Online (TAO) program is an Internet-based intervention that includes multimedia resources and is being currently validated in a randomized controlled trial.

Paper No.: 204
Reference: S67
Presentation Type: Oral Presentation
Symposium: S67 - We Need to Know More

The other side of medal: child abuse trauma and secondary resilience
Numerous researches describe and underline how experience of abuse and interpersonal trauma can have devastating consequences on child's development and is connected with problems in psychological functioning and maladaptation. Victims of abuse, especially sexual, are often described as „fragile“ and „damaged goods“. As result of this strong accent is put on negative influence and changes that working with maltreated and traumatized children can have on professionals. These changes in professionals are known and researched as secondary traumatization. None the less this perspective neglects resilience of our clients and their capacity to overcome traumatic and abusive experiences. In recent work of some colleagues a question of overall consequences of work with this kind of clients has been posed. How can we explain other effects of this work which are not secondary traumatization? Do we experience positive effects and if so can we call it secondary resilience? Do experts working with child abuse trauma experience these effects?

In this presentation we are going to present results of qualitative research showing how experts working with traumatized children describe and experience the phenomenon of secondary resilience.

**Paper No.: 205**
**Presentation Type:** Poster Presentation

**Overcoming treatment barriers with internet-based intervention BADI**
**Jonas Eimontas, G Gegieckaite, E Kazlauskas**
**Vilnius University, Department of Clinical and Organisational Psychology, Vilnius, Lithuania**

**Introduction:** With the ongoing scientific debate about stress-related disorders it is particularly important to develop and test internet-based interventions. Internet-based intervention for adjustment disorder BADI, which could be used following stressful events as as self-help tool for stress management was introduced in 2015 by the Vilnius University Trauma research Center.

**Methods:** In this presentation we analysed pilot data from 117 participants with an age ranging from 18 to 82 years, average of 40.32 (SD = 12.59), and 10% (n = 10) men. Adjustment disorder was measured with the short version of Adjustment disorder New module (ADNM-8), psychological well-being measured with WHO-5. Additional questions about mental health care barriers were included in this study.

**Results:** One third of the participants indicated that they started the internet-based intervention because of the perceived barriers to receive traditional health care services. Treatment barrier group had a significantly higher adjustment disorder symptoms in contrast to a group who reported good access to the traditional mental health care services.
**Discussion:** Our study indicated that internet-based interventions could be a valuable asset in overcoming barriers for individuals who seek mental health services.

**Paper No.: 206**  
**Reference:** S20.3  
**Presentation Type:** Symposium  
**Symposium:** S20 - Implementing effective mental health care interventions in the Syrian refugee crisis

**Eye movement desensitization and reprocessing for Syrian refugees with PTSD: result of a randomized controlled trial**  
*Ceren Acarturk*  
*Istanbul Şehir University, Department of Psychology, Istanbul, Turkey*

**Background:** In Turkey, there are almost 3 million registered Syrian refugees as of January 2017. Previous research indicates high prevalence of posttraumatic stress disorder (PTSD) and depression symptoms among refugees. The present study examined the effect of Eye Movement Desensitization and Reprocessing (EMDR) on symptoms of PTSD and depression by comparing the treatment with a wait-list control condition in Syrian refugees.

**Method:** Adult refugees from a border camp with a PTSD diagnosis were randomly allocated to either EMDR (n=37) or wait-list control (n=33) conditions. All participants were assessed with MINI PLUS at pre-intervention, at post-intervention and at 1 month follow up. The Harvard Trauma Questionnaire (HTQ) and The Impact of Event Scale Revised (IES-R) were used to assess PTSD as the primary outcome measures. The Beck Depression Inventory (BDI-II) and the Hopkins Symptoms Checklist-25 were included as secondary outcome measures.

**Results:** Analyses indicated a significant effect of group at post-treatment indicating that the EMDR Therapy group showed a significantly larger reduction of PTSD symptoms as assessed with the HTQ and IES-R. Similar findings were found for depression symptoms on the other outcome measures.

**Conclusions:** The current study reveals that EMDR may be effective in reducing PTSD and depression symptoms among Syrian refugees. Thus, the presentation will conclude with a brief outline of the STRENGTHS project in Turkey. STRENGTHS will scale-up evidence-based psychological interventions for Syrian refugees in Turkish community settings to reach a much larger number of affected refugees.

**Paper No.: 207**  
**Presentation Type:** Poster Presentation

**Healthcare utilization data analysis in Lithuania reveal huge PTSD treatment gap**  
*Evaldas Kazlauskas, P Zelviene, J Eimontas*  
*Vilnius University, Department of Clinical and Organizational Psychology, Vilnius, Lithuania*
**Background:** Effective evidence-based trauma treatments are developed for PTSD. However, it is well known about the big treatment gaps of mental disorders due to many reasons. This study aimed to analyse the rates of PTSD, and other stress-related disorders in the National health care in Lithuania based on healthcare utilization data.

**Methods:** Analysis of the rates of stress-related disorders in the official registry of the national healthcare was conducted to reveal the rates of PTSD, adjustment disorder, acute stress reaction in healthcare.

**Results and Conclusions:** We found very low rates of the PTSD in the Lithuanian health care, with only about 0.01% of the population identified as having PTSD in the national healthcare. This indicates a huge PTSD treatment gap of about 99% in Lithuania as studies in Lithuania reveal 2-6% of PTSD prevalence in the general population. We assume that the lack of acknowledgment of trauma related disorders among mental health professionals contributes to unidentified PTSD in Lithuania.

**Paper No.:** 208

**Reference:** S25.4

**Presentation Type:** Symposium

**Symposium:** S25 - Assessing sexual assault among university students: adapting the ARC3 Survey for EU/UK research

**Researching prevalence of university sexual assault across the island of Ireland: The RESPECT Network**

*William Flack*

*Bucknell University, Department of Psychology, Lewisburg, Pennsylvania, USA*

Data from student union surveys in the UK (National Union of Students, 2011) and Republic of Ireland (Union of Students in Ireland, 2013) indicate that the prevalence of sexual assault among university students may be comparable to the high rates previously established in the US. The ARC3 campus climate survey has demonstrated good psychometric properties in assessing campus sexual assault and related factors (Swartout et al., 2017), has been used by many US campuses, and has recently been adapted for use in the UK and Republic of Ireland. The RESPECT Network, a consortium of university researchers and voluntary sector organizations in Ireland and the Republic of Ireland, is using the ARC3 survey modified for UK/EU students as part of its work in establishing and tracking changes in the prevalence of campus sexual assault. These results will allow for comparisons of assault prevalence rates across the island of Ireland, and comparisons with rates obtained in the US. It is hoped that this work will be extended to universities throughout the UK and EU, in order to foster cooperative efforts to understand and eventually prevent the trauma of sexual assault among university students.
Changes in trauma cognitions following group treatment for PTSD in sexually victimized incarcerated women

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Introduction: Sexual violence victimization rates among incarcerated women are 2-3 times greater than those found in community samples, yet prisons rarely offer trauma treatment (Harner et al., 2015). Outcomes from our novel group treatment with incarcerated women showed significant reductions in PTSD and depression symptoms (Karlsson et al., 2015). Here, we examined how trauma-related cognitions changed following group treatment for PTSD in a sexually victimized incarcerated female sample.

Method: Participants were 66 incarcerated women in a U.S. prison (89% White, Mage = 32.6) who completed an 8-week exposure-based groups for treating sequelae of sexual trauma. At the first and last sessions, participants completed self-report measures that included the Posttraumatic Cognitions Inventory (PTCI; Foa et al., 1999). The PTCI yields 3 subscales: negative cognitions about the self, negative cognitions about the world, and self-blame.

Results: Paired samples t-tests revealed significant declines in negative beliefs about the self (Cohen’s d = 1.19; p < .001), the world (Cohen’s d = 0.97; p < .001), and self-blame (Cohen’s d = 0.63; p < .001) from pre- to post-treatment. Mean scores suggested that prior to treatment, participants showed trauma-related cognitions that were similar to norms of people with PTSD (Foa et al., 1999). Although participants experienced significant declines in trauma-related cognitions, scores remained elevated compared to people with histories of trauma but no PTSD.

Discussion: Findings suggest group treatment for sexual violence in incarcerated women significantly reduces trauma-related cognitions, but additional treatment may be needed to reduce levels to those of someone without PTSD.
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³ Master Evidence Based Practice in Healthcare, Division Clinical methods and Public Health, Academic Medical Centre, University of Amsterdam, Amsterdam, The Netherlands

Introduction: After parental intimate partner homicide, child protection services and youth agencies make decisions regarding visiting the perpetrator parent in prison. Currently, there are no evidence-informed guidelines for these decisions. We aimed to compare children who were visiting and not visiting their perpetrator parent in prison and determine factors associated with visiting.

Methods: We examined the casefiles of 60 children (one child per family) retrieved from youth agencies in the period 2003-2012 and compared children’s demographics and characteristics pre-, peri- and post-homicide for visiting versus non-visiting children. After exploration of the descriptive statistics, we combined potential predictors into a multivariate logistic model.

Results: Of the 60 children, 29 visited the perpetrator parent in prison while 31 did not. Children who probably had witnessed the killing, whose father was the perpetrator (vs. the victim) and those who were living with family of the victim (vs. living with the family of the perpetrator) were less likely to visit the perpetrator parent in prison.

Conclusion: Apart from the perpetrator’s identity, children’s living arrangement and witness status seem to be related with visiting the perpetrator parent in prison. Caregivers’ grief, anger or guilt feelings may play a role in shaping children’s wishes and professionals’ decisions. We discuss the practical implications of the findings for child protection services and youth agencies.

Paper No.: 211
Presentation Type: Poster Presentation

Emotional narrative content in battered women
V Fernández-Lansac, Maria Crespo, C Soberon, A Funcia, MM Gómez-Gutiérrez
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Introduction: Narrative studies have associated the use of emotional expressions and the psychological adaptation after trauma. However, few studies have analysed the relationship between the emotional narrative content and the adjustment after trauma in battered women.

Method: The current study explored the use of emotional expressions in trauma narratives from 50 battered women, by comparing them with stressful narratives from 50 non-traumatized women. Emotional narrative content was assessed using the Coding and Assessment System for Narratives of Trauma (CASNOT) and the Language Inquiry and Word Count (LIWC).

Results: Narratives from battered women contained significantly more words related to a range of negative emotions. Unexpectedly, for the trauma group humiliation/shame and guilt were not
associated neither with intimate partner violence characteristics nor with psychological symptoms. However, posttraumatic symptoms were associated to the use of more affective words and negative emotions.

**Discussion:** Altogether, the analysis of emotional content in narratives from victims of intimate partner violence could help us to identify specific emotional responses linked to a poor trauma adaption, and therefore to further develop psychological interventions focused on the management of such emotions.

**Paper No.: 212**
**Presentation Type: Poster Presentation**

**Making sense of abuse and adaptation in battered women**
*C Soberon, V Fernández-Lansac, Maria Crespo, A Gabaldón, MM Gómez-Gutiérrez*
*Complutense University, Department of Clinical Psychology, Madrid, Spain*

**Introduction:** Making sense appears to be an important cognitive aspect for the individual adaptation to stressful life events. However, evidence is inconclusive. In addition, few studies have explored this aspect in women victims of intimate partner violence, and all of them have used American samples.

**Method:** This study analyses trauma narratives by 50 Spanish battered women (trauma group) in comparison with stressful narratives by 50 non-traumatized women (controls). The use of words and language expressions related to making sense were coded using the Coding and Assessment System for Narratives of Trauma (CASNOT) and the Language Inquiry and Word Count (LIWC).

**Results:** Trauma narratives from battered women contained significantly more words and language expressions related to helplessness, insight, control, uncertainty and causation. However, no significant associations were found between making sense expressions and psychological symptoms.

**Discussion:** Overall, this study provides further evidence about the role of making sense in the trauma adaptation, specifically for women victims of intimate partner violence. Clinical implications and future research directions will be discussed.

**Paper No.: 213**
**Presentation Type: Poster Presentation**

**Overgeneralising in trauma narratives by battered women**
* Maria Crespo, V Fernández-Lansac, C Soberon, M Cabezas, MM Gómez-Gutiérrez*
*Complutense University, Department of Clinical Psychology, Madrid, Spain*

**Introduction:** A number of studies has shown a reduced ability to retrieve specific memories in trauma survivors. Hence, overgeneral memory retrieval has been linked to the development of
posttraumatic and depressive symptoms. However, few studies have explored specificity vs. overgenerality in memory retrieval among victims of chronic or repetitive traumas.

**Method:** The present study assessed overgenerality in trauma narratives from 50 battered women and in stressful narratives from 50 control women using the Coding and Assessment System for Narratives of Trauma (CASNOT).

**Results:** Battered women reported more specific memories as compared with those from control women. Contrary to expectations, women with PTSD diagnosis and depressive symptoms did not differ significantly in specificity. However, battered women with higher levels of trauma centrality, intrusion symptoms and nightmares reported significantly greater overgeneralization in their trauma memories.

**Discussion:** All in all, a better understanding of autobiographical memory in trauma could lead to the development of innovative strategies focused on the event elaboration for the prevention, detection and treatment of trauma-related symptoms.

**Paper No.: 214**
**Presentation Type: Poster Presentation**

**Narrative in victims of single vs chronic traumatic events**
*C Soberon, Maria Crespo, V Fernández-Lansac, MM Gómez-Gutiérrez*
*Complutense University, Department of Clinical Psychology, Madrid, Spain*

**Introduction:** Chronicity of exposure to traumatic events has been associated with a worse adjustment after trauma. Nevertheless, in spite of the proliferation of narrative approaches to study traumatic memories, very few studies have explored narratives characteristics in victims of single vs. chronic traumatic events.

**Method:** The current study analyzed and compared characteristics of positive and traumatic/negative narratives from three age-matched women groups: (a) exposed to a single interpersonal violence episode (single-trauma group), (b) exposed to repeated intimate partner violence (chronic-trauma group), and (c) non-traumatized women (controls). Narrative variables were assessed using the Language Inquiry and Word Count (LIWC).

**Results:** Differences in narratives variables across groups and narrative valence were explored, as well as the relationship between these narrative variables and psychological symptoms.

**Discussion:** Altogether, this study provides further evidence about the influence that the type of traumatic event could have on the way in which interpersonal violence victims narrate and process their experiences. Clinical implications and future research directions will be discussed.

**Paper No.: 215**
**Reference: S55**
**Presentation Type: Oral Presentation**
**Symposium: S55 - Assault and a Gender Perspective.**
Sex and gender differences in PTSD - what remains unknown?

Dorte Mølgaard Christiansen1,2

1 University of Aarhus, Danish National Centre for Psychotraumatology, Aarhus, Denmark
2 University of Southern Denmark, Odense, Denmark

Sex and gender differences in the severity and prevalence of PTSD are well-established. Though men are generally exposed to more potentially traumatic events, women are approximately twice as likely to develop PTSD. This difference has remained relatively unaffected by changes in diagnostic criteria. However, few studies have systematically sought to explain why women are more prone than men to develop PTSD, and even fewer studies have examined sex as anything more than a simple predictor or control variable. This presentation will discuss the many ways in which sex and gender affect psychotraumatology. The importance of researchers routinely examining sex as a potential moderator in PTSD research will be emphasised, presenting results from both published and non-published studies, and methods that can easily be included in existing PTSD research will be presented. Finally, the potential importance of such moderation effects will be discussed. It is the hope that this presentation will inspire researchers to systematically examine sex differences in associations in PTSD research and to publish both significant and non-significant results in order to close this large gap in our knowledge of how trauma response, symptom development, risk and protective factors, co-morbidity, treatment effects, and other important associations may - or may not - differ between men and women.

Paper No.: 216
Presentation Type: Poster Presentation

Sex differences in associations between peritraumatic physiological arousal and PTSD severity in accident survivors

Dorte Mølgaard Christiansen1,2

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Introduction: Whereas some survivors respond to trauma with acute physiological hyperarousal (e.g. increased heart rate, blood pressure (BP), respiratory rate (RR)), others respond with dissociation, which has been linked to hypo-arousal. Both hyperarousal and dissociation are known risk factors of PTSD and may be moderated by sex. It is thus possible that the association between arousal and PTSD severity (PTSS) is curvilinear and may be moderated by sex.

Method: This study examined the effect of acute physiological arousal on self-reported PTSS 1-2 years later in a consecutive sample of 341 male and 165 female injured accident survivors.

Results: The association between BP and PTSS was non-significant. For RR the quadratic model was not superior to the linear model, neither in the total sample nor when men and women were
examined separately. However, there was a significant moderation effect. The linear association between RR and PTSS was significant and positive in men but significant and negative in women.

**Discussion:** The 2:1 male:female ratio may explain why the curvilinear model was not superior to the linear in spite of the significant moderation effect for RR. The present results call for future studies to use non-linear methods to examine associations between arousal and PTSD and point to the importance of including sex/gender as a possible moderator in PTSD research in general.

**Paper No.: 217**
**Presentation Type: Poster Presentation**

**Acculturative stress, PTSD Symptoms and suicide behavior in Central American refugees living in the United States**
*Joseph David Hovey, L Seligman, R Charak*
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**Background and Aims:** Although there are over 3 million Central American immigrants living in the United States, research on their mental health is scant. Research (1) has found that acculturative stress is associated with depression and suicide ideation in Central Americans in the U.S. and that Central Americans reported elevated levels of PTSD symptoms, due most likely to premigration experiences of trauma. The present study assessed risk and protective factors of PTSD symptoms and suicide behavior in 114 Central Americans in the U.S.

**Method:** Participants (M age = 39; 56% male) completed the Behavioral Disengagement scale of the COPE, Beck Hopelessness Scale, Center for Epidemiological Studies Depression Scale, Personal Resources Questionnaire, SAFE Scale, Screen For Posttraumatic Stress Symptoms version 2, and Suicide Behaviors Questionnaire-Revised in community settings.

**Results:** Ineffective social support, disengaged coping, and elevated acculturative stress, hopelessness and depression were significantly associated with PTSD symptoms and suicide behavior. Multiple regression analyses found that hopelessness, acculturative stress, depression and disengaged coping were significant predictors of PTSD symptoms and that PTSD symptoms and acculturative stress were significant predictors of suicide behavior.

**Discussion and Conclusion:** Findings suggest that Central Americans suffering from acculturative stress and depression may be at risk for PTSD and suicide, but that active coping and social support may help protect against these problems. These findings highlight the need for effective interventions, especially in the current political climate.

**Paper No.: 218**
**Presentation Type: Poster Presentation**

**Problems with the revised DSM-5 A criterion: the case of infant loss**
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*1,2*

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Introduction: Parents who have lost an infant prior to, during, or following birth often interpret the event as highly traumatic and many develop a multitude of symptoms. The A criterion in the DSM-5 PTSD diagnosis requires that a loss must either be witnessed by the parent or be violent or accidental in nature in order to qualify for a PTSD diagnosis. As many types of infant loss do not fulfill these requirements, the changes make it more relevant than ever to establish whether PTSD exists as an independent diagnosis in parents following infant loss.

Method: This systematic review included 46 articles of PTSD in parents who had lost an infant either during pregnancy or birth or within one year of life.

Results: The PTSD prevalence in mothers differed widely across studies with estimated rates at 0.6-39%. Fewer studies focused on fathers reporting prevalence rates at 0-15.6%. Neither type of loss nor gestational age consistently predicted PTSD severity.

Discussion: This review confirms the potentially traumatic nature of different types of infant loss. The finding that neither type nor timing of the loss appears to affect PTSD levels speaks against the DSM-5 distinction between the types of loss that qualify as potentially traumatic and calls into question the legitimacy of the revised A criterion. Failure to accept infant loss as a potential trauma in DSM-5 may have serious consequences.

Paper No.: 219
Reference: S72
Presentation Type: Oral Presentation
Symposium: S72 - Veterans: Mental Health and Treatment

Pre-deployment dissociation and personality as risk factors for post-deployment PTSD in Danish soldiers deployed to Afghanistan
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Introduction: Combat exposure can lead to severe and pervasive psychological, physical and interpersonal problems. However growing research highlights the importance of the predisposition to dissociate as a risk factor for PTSD. In this study we investigated whether pre-deployment dissociation is predictive of membership of previously identified PTSD-symptom trajectories from before deployment to 2.5 years after homecoming. Furthermore we explored other trait contributors with particular focus on the personality trait neuroticism.

Method: The current study included the entire team of 743 soldiers from the Danish Contingent of the International Security Assistance Force 7 deployed to Afghanistan in 2009. Data were collected before deployment, during deployment, and 2.5 years after homecoming.
**Results:** The preliminary findings indicate an association between pre-deployment dissociation and trajectory membership at baseline measurements. Furthermore individuals with elevated dissociation scores at baseline were more likely to have elevated PTSD symptoms 2.5 years after homecoming. Additionally, our study confirms previous findings on a positive association between dissociation and neuroticism, which may help explain how negative emotionality can enhance dissociative experiences.

**Discussion:** The study emphasises the significance of specific trait contributors in the development of combat-related PTSD. Pre-deployment dissociation and pre-deployment neuroticism has shown to be of importance in that they can trigger, exacerbate or accelerate PTSD symptomatology. The study points to critical domains of personality, emotionality and behaviour that may be targeted in the clinical setting as well as in pre-deployment assessments in the military and other law enforcement areas.

**Paper No.: 220**

**Reference:** S80

**Presentation Type:** Oral Presentation

**Symposium:** S80 - Factors influencing Treatment Outcome

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**Is trauma screening upsetting for youth?**

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**Introduction:** Many youth referred to mental health services have been exposed to traumatizing events. However many traumatized youths are not identified, partly due to reluctance among clinicians to ask about traumatization. Clinicians often fear that routinely screening for trauma exposure will lead to excessive upset and “re-traumatization”. In order to develop sensitive trauma screening procedures, research is needed to understand upset among youth in response to questions about potentially traumatizing events.

**Method:** The current study investigates upset following trauma screening among youth (N=5443) 6 to 18 years of age (M=13.0, 56% girls) referred to child mental health clinics in Norway. Descriptive statistics were generated to investigate demographic information and level of emotional reactions. Linear and multiple regressions were used to investigate the predictive effects of age, gender, type and number of trauma experiences, and level of post-traumatic stress on upset.

**Results:** Eighty percent of the youth reported exposure to at least one potentially traumatizing event, of whom 47.6 percent said that they were not at all upset by the trauma screening. Only two percent were very upset. Younger age, being girl, polyvictimization, and high post-traumatic stress scores predicted level of upset. When controlling for the other independent variables, gender, polyvictimization, interpersonal traumas, and a high symptom load predicted upset.
**Discussion:** Trauma screening is associated with low levels of upset in a clinical sample of youth, yet higher compared to population studies. The results are discussed in relation to the training of clinicians.

**Paper No.: 221**
**Presentation Type: Poster Presentation**

**Post-traumatic stress disorder in mountain workers**
*Emmanuelle Le Barbenchon, D Traber, P Hot, S Pellissier*
*University of Savoie Mont Blanc, Department of Psychology, Chambery, France*

**Introduction:** Despite their high level of exposure to Traumatic Events (TE), the assessment of Post-Traumatic Stress Disorder (PTSD) prevalence among mountain workers has provided surprisingly low value (i.e., 2.5%) [1]. We argue that this finding may be due to avoidance strategies used by mountain workers, especially when they self-reported symptomatology of PTSD. The present study compared the prevalence of PTSD by using two different diagnostic procedures.

**Method:** In a first condition, mountain workers (n=60) participated to clinical interviews that provide a structured and reassuring framework for emotional expression. In a second condition, mountain workers (n=62) self-reported their exposure and symptoms using a questionnaire so that they could easily avoid the report of their emotions (by fear of emotion or because of normative pressure).

**Results:** Our results showed that using self-report questionnaire lead mountain workers to underestimate their exposure to TE as a victim (64.51% vs. 98.33% with clinical interviews) and to minimize their symptoms of PTSD (6.45% vs. 15% with clinical interviews).

**Discussion:** These findings are congruent with PTSD rates observed among other at-risk professionals. Discussion emphasizes that avoidance strategies may be used by some professionals to face with their current PTSD state or to cope with normative pressure of appearing as strong in some professional context.

**Paper No.: 222**
**Reference:** S57
**Presentation Type: Oral Presentation**
**Symposium:** S57 - Prevention of Traumatic Reactions.

**What is the rational for primary prevention in PTSD?**
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Most of the prevention of Post-Traumatic Stress Disorder (PTSD) is conducted a posteriori of the trauma exposure in secondary and tertiary interventions. The aim of this presentation is to address the pertinence of PTSD primary prevention, before exposure to the trauma. We propose to conceive such interventions by using a methodological approach following evidence-based practices in primary prevention. For that, it is needed to 1/ question the rationale for developing PTSD primary intervention; 2/ review PTSD risk and protective factors and dispute their causation in the development of PTSD and their modifiable status; 3/review the efficacy and effectiveness of PTSD interventions in terms of therapeutic process in prevention interventions; 4/ address the pertinence and feasibility to use these effective processes in primary prevention interventions. These steps are detailed and concretely exposed within the framework of primary prevention of PTSD among rescue workers, which are translated into a current interventional research program.

**Paper No.: 223**
**Reference:** S25.2
**Presentation Type:** Symposium
**Symposium:** S25 - Assessing sexual assault among university students: adapting the ARC3 Survey for EU/UK research

**Revision process for using the ARC3 survey in Northern Ireland/Ireland**

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The potential use of the ARC3 survey within a Northern Ireland/Ireland student population to assess the incidence, prevalence and risk factors associated with sexual victimisation and related behaviours was considered and a consultation panel formed. The panel included undergraduate degree students as well as postgraduate masters and doctoral candidates. Several consultations were undertaken with university agencies and a consultation document was drafted to recommend changes to the language and terminology relevant to the Northern Irish/Irish student population. The ARC3 modules were examined for relevance to the Northern Irish/Irish culture and political context and recommendations for change were made as necessary. The amended ARC3 is considered suitable for use within Northern Irish/Irish student populations and further adaptations are possible, to ensure that it is suitable for use within the EU and other European communities.

**Paper No.: 224**
**Reference:** S51
**Presentation Type:** Oral Presentation
**Symposium:** S51 - Dissociation

**Transmission of traumatic relationships across life: the crucial role of dissociation**

*Osnat Zamir¹, O Szepsenwol¹, JA Simpson², M Englund²*
Introduction: We examined theories of re-victimization postulating that dissociation is involved in the repetition of abusive relationships across life. While the majority of studies on re-victimization relied on cross-sectional data, the current study utilized 32-year prospective data from the Minnesota Longitudinal Study of Risk and Adaptation to explore whether dissociation mediates the effects of childhood physical abuse on abusive intimate relationships in adulthood.

Method: Our sample included 100 women who were continuously studied from before they were born. Physical abuse was assessed prospectively at the ages of 0-17 using mothers’, teachers’, and child protective services’ reports on child physical abuse. Self-reports of dissociation levels were assessed at the age of 19 using the Dissociative Experience Scale. Intimate partner physical violence was assessed across three time points at the ages of 20-32 using the Conflict Tactic Scale.

Results: Structural Equation Modeling revealed that experiencing physical abuse during childhood forecasted intimate partner violence between the ages of 20-32. Dissociation levels assessed at the age of 19 fully mediated the effects of childhood physical abuse on intimate partner violence.

Discussion: Despite the ongoing search for mechanisms underlying the repetition of traumatic abusive relationships across life, this process has not been fully understood. The current study provides substantial support for the underlying mechanism through which traumatic relationships in childhood are re-experienced in adult intimate relationships.

Paper No.: 225
Reference: S22.3
Presentation Type: Symposium
Symposium: S22 - Neurobiological effects of early-life stress and trauma in the development of psychotic disorders

The impact of childhood trauma on brain structure and stress response: differences between first-episode psychosis patients and healthy controls
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The relationship between childhood trauma, brain alterations and dysfunctions of the stress response system, the Hypothalamic-Pituitary-Adrenal axis (HPA), remains unclear. Likewise it is still uncertain whether the biological correlates of childhood trauma in patients with psychosis differ from those present in individuals with the same exposure but without the illness.

Initially, a vertex-by-vertex two-way ANCOVA analysis explored between-group differences in cortical thickness related to case (86 first episode psychosis patients; 49 with significant childhood abuse) and control (64; 30 with significant childhood abuse) status, and childhood abuse exposure.
Finally a regression model investigated the relationship between Basal Cortisol Production (BCP) and cortical thickness of regions in which a significant association with abuse was identified. The right medial-orbital-frontal gyrus and lingual gyrus showed thinning in individuals with childhood abuse (irrespective of being a case) and their cortical thickness negatively correlated with BCP. Furthermore the right cuneus, latero-orbito-frontal gyrus, post-central gyrus, pre-central gyrus, superior-frontal gyrus and inferio-parietal gyrus were thinner in cases and thicker in controls with abuse suggesting an interaction between group (patient/control) and abuse. Thickness of the right cuneus, latero-orbito-frontal gyrus, superiofrontal and the inferio-parietal gyrus negatively correlated with BCP in controls but not in cases. Childhood abuse has a long-term effect on the adult brain in areas involved in social adjustment, mood control and drive. Interestingly, this effect is divergent in cases and controls, suggesting a specific vulnerability in individuals who would eventually develop psychosis possibly implying an adaptive mechanism to environmental stress.

Paper No.: 226
Reference: S47
Presentation Type: Oral Presentation
Symposium: S47 - Mental health in the Refugee Population

Vulnerability and resilience in refugees exposed to traumatic events
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Introduction: Etymologically, vulnerability is roughly the opposite of resilience. Vulnerable means susceptible of injury, or easily wounded; resilient means elastic or buoyant, capable of bouncing back. In mental health discourses these two Latinate concepts subsume a range of theories and hypotheses, but few definitive research findings. The terms dichotomise and embody refugees, both in media and government white papers. Vulnerable refugees are expected to break easily, to disintegrate; resilient refugees are expected to recover easily from misfortune and implement their innate capacity, their natural resilience. Although acknowledging vulnerability is presumed to be humane, it is debatable whether the label is a service or a disservice to those so labelled.

Method: Using biographical interviews, abductive reasoning and grounded theory, I interpreted and explained the present capacity and agency of a sample of refugee survivors after traumas 30 years ago. Findings are compared with recent work on unaccompanied minors in Norway.

Results: Prevalence rates of traumatic disorders after potentially traumatic events vary widely across nations and contexts (Steel et al., 2009). In situational terms, all refugees and asylum seekers have been or are in crisis, and many experience crisis reactions. This does not necessarily render them vulnerable; many have the means and meaning-resources to recover.

Discussion: The variance depends upon the severity of the traumatic events, availability of family, network and other social resources, well-integrated resilience resources – and, how refugees are
met by health and social workers. How can we facilitate, rather than overlook, the resilience of newly arrived “vulnerable” refugees?

Paper No.: 227
Reference: S79
Presentation Type: Oral Presentation
Symposium: S79 - Influencing Factors

The role of trauma and posttraumatic stress on acceptance of social changes
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Background: Societies are always changing. Some people are open to change, and other may experience difficulties in adjusting to social changes. We aimed to analyze the role of trauma exposure and posttraumatic stress on acceptance of social changes in this study.

Methods: In total 778 participants from the general population in Lithuania participated in this study. Posttraumatic stress symptoms were measured with the Impact of Event Scale – Revised (IES-R). Acceptance of social changes was measured with the 5-item Acceptance of Social Changes Scale (SOCHI) developed by the authors of this study.

Results: Trauma exposure was not associated with acceptance of social changes. However, the intensity of posttraumatic stress symptoms was significantly negatively correlated with acceptance of social changes. Participants with PTSD reported more difficulties in accepting social changes.

Conclusions: This study reveals the importance of posttraumatic stress in acceptance of social changes, and expands our understanding of social-interpersonal factors of PTSD.

Paper No.: 228
Presentation Type: Poster Presentation

The association between child neglect and mental health – a cross-sectional study of primary school children living in Tanzania
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So far neglect – though the most frequently fatal type of maltreatment – only received fractional attention, especially in low-resource countries (1). This study investigated possible associations between neglect and mental health while controlling for other maltreatment types.
409 Tanzanian primary school students (M = 10.5 years, range = 6 - 15), 52% boys, participated in the cross-sectional study. Structured clinical interviews were conducted assessing maltreatment experiences, internalizing and externalizing mental health problems. 21% (n = 84) of children reported at least one type of physical and 31% (n = 127) of emotional neglect. Using structural equation modeling, we found a significant association between neglect and internalizing problems (considering a p-value of 0.10) indicating a small effect (β = .26, p = .069). Our model displayed good model-fit ($X^2 [38, n = 394] = 70.83 (p = .001)$, RMSEA = .047 [90%-CI = 0.029 - 0.064, PClose = .597], CFI = .957). Subsequent analyses confirmed that this relation was particularly strong in a subsample of children aged 9 and younger (β = .59, p = .014). In concordance with previous findings we found that neglect was associated with internalizing mental health problems. This association remained significant when controlling for other maltreatment types. Findings also suggest an impact of age on this relationship. This underlines the need to strengthen the focus on neglect in research and practice.

**Paper No.: 229**  
**Presentation Type: Poster Presentation**

**Can disability predict treatment outcome among traumatized refugees?**  
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The aim of the present study was to examine the influence of disability on changes in symptoms of PTSD, anxiety, and depression among treatment seeking traumatized refugees. Eighty-one refugees participated in different rehabilitation programs. PTSD symptomatology was assessed by the HTQ-IV and symptoms of depression and anxiety was assessed by the HSCL-25. Disability was assessed by the WHODAS 2.0 before treatment. Following treatment, no statistically significant changes in PTSD, depression, and anxiety symptom scores were observed. Disability in the domain ‘getting along’ was a significant predictor of PTSD scores following treatment, when controlling for baseline scores. Neither total disability nor individual disability domains predicted any other symptom changes. Living with one’s partner did, however, seem to be a consistent and significant predictor of treatment outcome. The findings are important in clinical settings when planning and designing treatment programs, as well as evaluating treatment effect. The results indicate the need for including the family of the patient, whenever possible. Future studies should investigate whether disability can predict other treatment outcomes.

**Paper No.: 230**  
**Presentation Type: Oral Presentation**
Symposium: S69 - New Treatment Forms

Investigating the effectiveness of experiential play therapy: a case study of a traumatic event
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Introduction: Play therapy helps children to externalize emotions, thoughts towards various events. Experiential play therapy (EPT) aims to reach a child with an experimental link through plays (1). The present study aims to investigate (a) the effectiveness of EPT for a traumatic event (b) the meaning of the event through plays.

Method: A case study was conducted with a 6-year-old boy who was exposed to the sexual touches of his cousin at the age of 11 when he was 4. Client was interviewd 2 years after the event. Content analysis of 36 EPT sessions has been done.

Results: Themes of plays and toys emerged respectively: aggression (n=75), water (n=36), competition (n=34), purification (n=21), hope (n=15), good versus bad (n=14), substitution (n=7); animals (n=33), water (n=23), competition toys (n=19), fighting tools (n=14), heroes (n=13). It was stated that the child’s troubles decreased via play therapy.

Discussion: Destructive and constructive plays have been observed repetitively. It can be said that the child has restructured his inner world. (2) have reported that children reinterpret their experiences by using toys as animals, water and play dough versus anxious situations.

Paper No.: 231
Reference: S18.1
Presentation Type: Symposium
Symposium: S18 - Delivering trauma-focused treatments to diverse clients in real-world settings

“I don’t want to talk about it!” Frequency and development of youth’ disengaged behavior in trauma-focused cognitive behavioral therapy (TF-CBT)
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Introduction: Traumatized youths may be difficult to engage in therapy, in particular exposure-based treatments. Still there is little research neither on the degree nor the consequences of youth’ disengagement in trauma therapy. Since youth’ disengaged behaviors may influence the clinicians’ in-session decisions on intervention strategies, more knowledge about the relationship between disengagement and outcome is important.
**Method:** In an ongoing study, 88 children and adolescents (age range 7 – 19, 75% girls) receiving Trauma-focused CBT (TF-CBT) in regular community clinics have so far been included. Disengaged behavior is coded with the Behavioral Index of Disengagement Scale (BIDS) at four time points during therapy: two sessions during the early phase, and two sessions during the narrative exposure phase. Active disengagement is defined as not wanting to collaborate on a suggested task or showing negative or hostile behaviors, whereas passive disengagement is defined as being withdrawn and lack of verbal elaboration. Development of disengagement will be explored with latent growth modeling.

**Results:** Preliminary results show that during the course of treatment between 20-30% of the youth displayed signs of active disengagement, and between 40-50% passive disengagement at one or more time points during the treatment. Higher levels of pre-treatment PTS predicted less passive disengagement, and younger age predicted higher levels of both types of disengagement. The relationship between disengagement, dropout, and outcome will be explored.

**Discussion:** How clinicians can identify and meet the disengaged youth will be discussed.

**Paper No.:** 232

**Reference:** S25

**Presentation Type:** Symposium

**Symposium:** S25 - Assessing sexual assault among university students: adapting the ARC3 Survey for EU/UK research

**Assessing sexual assault among university students: adapting the ARC3 Survey for EU/UK Research**

*William Flack*

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Sexual assault among university students has become a topic of increasing concern to government officials, university administrators, and trauma researchers in the EU/UK. A recent, UK government-directed report on this problem (Universities UK, 2015) directs campuses to take a range of actions, including the assessment of assault prevalence. US researchers in the Administrator-Researcher Campus Climate Consortium (ARC3) have developed and tested a survey containing validated measures of sexual harassment, stalking, dating violence, and sexual violence victimization and perpetration. The ARC3 survey has been used by recently by many US university campuses. The RESPECT Network, a new group of university researchers and voluntary sector organization heads focused on prevalence, prevention, and policy regarding university sexual violence in Northern Ireland and the Republic of Ireland, is adapting the ARC3 survey for use in the EU/UK. US panelists will discuss the development and testing of the ARC3 survey, and EU/UK panelists will discuss its adaptation and subsequent implementation.

**Paper No.:** 233
Introduction: Child maltreatment encompasses a broad range of abusive acts which rarely occur in isolation. Indeed, recent studies have validated distinct typologies of trauma in general population samples. Our knowledge of the context in which these different types of maltreatment occur is limited, and it may be that specific types of abuse are more likely to occur in the presence of certain parental risk factors. The present study sought to examine the common and specific effects of well documented parental risk factors on child maltreatment typologies.

Method: Data came from a study conducted by The Danish National Centre for Social Research in 2008 and 2009. Participants were randomly selected from the total birth cohort of all children born in Denmark in 1984 (n=2,980). Structured interviews were used to assess traumatic experiences. This data was then linked to information drawn from the Danish registry system. Multinomial logistic regression explored the association between parental risk factors and specific trauma typologies.

Results: All of the parental risk factors had significant bivariate associations with the trauma typologies relative to the no-abuse category. Multivariate analysis demonstrated both shared and unique effects, with family dissolution a particularly strong predictor of all three trauma typologies (relative to no-abuse).

Discussion: The findings demonstrate that child maltreatment may emerge in many different contexts. Certain parental risk factors may increase a child’s risk of experiencing all forms of maltreatment, whilst other factors may constitute unique risk for specific trauma types.
Background: Numerous studies have shown significant associations between a range of adverse childhood experiences and dating violence (DV). However, few studies have investigated whether these associations vary by type of violence.

Methods: In total, 2934 7th grade students aged 12-15 (M = 13.5, SD = .5) filled out a questionnaire battery at school. Direct logistic regression was performed to assess the impact of a number of adverse childhood experiences on the likelihood that the students would either be a victim or perpetrator of three types of DV.

Results: CSA was a significant contributor in all DV models, with the single exception of the perpetration of physical violence model, in which no significant association was found. Abuse and neglect only made a statistically significant contribution to the physical violence model. Conflict and hostility was a significant contributor to all victimization models as well as the perpetration of emotional DV model. Economy and divorce were not statistically significant contributors in any of the models. The strongest predictor of DV was CSA, with odds ratios of 7.5 to 7.8 in the sexual DV models.

Conclusion: Our analysis confirmed that experiences of emotional, physical and/or sexual violence in childhood are indeed connected to victimization and/or perpetration of violence in early romantic relationships. Moreover, the associations between DV and adverse childhood experiences do seem to vary by type of violence. This has important implications for future intervention programs aimed at reducing DV.

Paper No.: 235
Reference: S69
Presentation Type: Oral Presentation
Symposium: S69 - New Treatment Forms

Investigating the Effectiveness of Experiential Play Therapy: A case study of Emotional Abuse
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3 Private Hospital, Van, Turkey

Introduction: Experiential play therapy (EPT) helps a child to test his/her strength in a safe respected environment (1). The present study aims to investigate a) the effectiveness of EPT for emotional abuse cases b) the meaning of events through plays.

Method: Case study was used as a qualitative research design. Case reports include four boys aged between 7 to 9, who were exposed to domestic violence, emotional abuse and exhibited aggressive
behaviors. The number of EPT sessions for each boy ranges from 6 to 8. Content analysis of sessions has been done.

**Results:** Themes of plays and toys emerged as follows: aggression (n=150), heroes/animals fighting (n =47), death/injury (n =34), value (n=32), hard verbal expression (n=29), punishment (n=22), competition (n=21); animals (n=53), fighting tools (n=40), competitive toys (n=28), repair tools (n=15). It can be reported that children’s temperamental behaviors diminished after sessions.

**Discussion:** Destructive plays related to emotional experiences were observed repeatedly and showed a decrease towards the end of sessions. It can be interpreted that children have restructured their experiences. (2) found that interventions in client-centered play therapy are effective in reducing negative emotions.

**Paper No.:** 236
**Reference:** S43
**Presentation Type:** Oral Presentation
**Symposium:** S43 - Trauma Exposure amongst Professionals.

**Tagged for life: a qualitative study on the adverse effects of client social media use on professionals**

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**Background:** Film footage of professional behaviour in public spaces increasingly finds its way to social media. There are indications that this type of social media use by clients can have adverse consequences on professionals' wellbeing. Objective of this study was to explore the impact on professionals of the filming of professional behaviour by clients and its subsequent appearance on social media.

**Method:** For this qualitative exploratory study, semi-structured interviews (N=9) were used to reconstruct two cases in child protection services and police services. A distinction in phases (filming, posting, escalation) and levels (client, professional, organisation) was made. Second, a focus group was organized (N=10). Two multidisciplinary consultation groups (N=15) were used to validate the topic list and results.

**Results:** Four themes emerged from the data. Professionals experienced filming as a violation of their professional integrity, or as a threat that could result in fear or unwillingness to act. When appearing on social media, footage was often manipulated or associated with other unrelated events, consequently resulting in feelings of powerlessness and outrage. Professionals have little possibilities to react to the filming or posting of footage. Organisations pay little attention to social media’s potential as a threat to operations or the wellbeing of professionals.
Discussion: The taping and posting of footage of professional behaviour can have adverse effects on professional’s wellbeing and can be seen as a potentially shocking event. Moreover, professional integrity seemed to be affected. The professional domain is in need of practical support to cope with this new phenomenon.

Paper No.: 237
Reference: S27.3
Presentation Type: Symposium
Symposium: S27 - PTSD and complex PTSD: changes and challenges in ICD-11 and DSM 5

ICD-11 complex PTSD in trauma-exposed adults: structure and typologies

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Introduction: With regard to the forthcoming ICD-11, complex posttraumatic stress disorder (cPTSD) will be proposed as a sibling disorder of PTSD. The preliminary cPTSD definition comprises the three PTSD clusters and three additional clusters (i.e. affect dysregulation, negative self-concept, interpersonal problems). Our study aimed to examine the construct validity of cPTSD as it is proposed by the ICD-11 as well as to evaluate predominant typologies of cPTSD.

Method: Data from 349 trauma-exposed adults were obtained from a multicenter study in Germany. A confirmatory factor analysis (CFA) was conducted to test for the construct validity. To evaluate predominant typologies of cPTSD, a latent profile analysis (LPA) was conducted.

Results: Good fit indices of the CFA for cPTSD resulted in confirming the proposed theoretical 6-factor model (CFI = 0.97, TLI = 0.96, RSMEA = 0.05). LPAs revealed that a 4-class solution best fit the data. The 4-class solution comprised of a group with moderate PTSD and low cPTSD-specific symptoms (PTSD group, n=93; 26.6%), a second group with moderate PTSD and high cPTSD-specific symptoms (cPTSD group, n=94, 26.9%), a third group with low symptoms in all 6 clusters (low symptom group, n=100; 28.7%) and a fourth group with very high symptoms in all symptom clusters (severe disturbance cPTSD, n=62; 17.8%).

Discussion: Results showed the proposed 6-factor structure of cPTSD and supported the existence of a distinct group of trauma survivors suffering from more complex symptoms. Further studies should extend exploration to other types of traumatic events and to intercultural samples.

Paper No.: 238
Reference: S63
The impact of early social factors on trajectories of internalizing behavior problems within maltreated foster care youth

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Introduction: Children who experience maltreatment at a young age are at an increased risk for developing behavior problems later in life. Maltreated youth who are removed from their family environment and placed in foster care comprise a particularly vulnerable population, even when compared to both maltreated children who never enter foster care and non-maltreated children placed in foster care. Little is known about the long-term symptom trajectory of these children. This study addresses this limitation using contemporary growth mixture modeling techniques.

Method: Participants were 330 youth from the Southwest site of the Consortium for Longitudinal Studies of Child Abuse and Neglect (LONGSCAN) who were placed in foster care due to substantiations of maltreatment before age 4. Behavioral trajectories were assessed using caregiver reports of internalizing symptoms on the Child Behavior Checklist (CBCL) at ages 6, 8, 10, 12, 14, and 16.

Results: Preliminary findings support a 2-class solution with one large group with moderate symptoms that increase slightly and a second group with elevated symptoms that decrease slightly. Additionally, findings on the impact of early social experiences (peer aggression/popularity, maternal acceptance) and environmental factors (violence exposure, number and duration of separations from biological family) and cognitive ability on developmental trajectories will be presented.

Discussion: Examining the role of caregiver stability, social support, exposure to violence, cognitive ability, and maltreatment allegations in the subsequent behavioral trajectories taken by maltreated foster care youth is critical in understanding the ways in which early life experiences affect this particularly vulnerable and understudied population.

Paper No.: 239
Reference: S11.4
Presentation Type: Symposium
Symposium: S11 - Therapeutic mechanisms in post-traumatic stress disorder

Prefrontal deep brain stimulation prevents relapse in a PTSD mouse model

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Introduction: Clinical studies have shown that post-traumatic stress disorder (PTSD) remission, induced by selective serotonin reuptake inhibitor (SSRI) treatment, is associated with increased prefrontal activation. Other studies have shown that continuation SSRI treatment after remitting from PTSD reduces the rate of relapse. The aim of the mouse study was to investigate the relationship between prefrontal activation and PTSD relapse prevention.

Methods: PTSD-like symptoms (including avoidance, fear sensitization, enhanced contextual fear, and anxiety-like behavior) were evoked with a 1.5-mA foot-shock. These symptoms were suppressed with extinction procedure and were reactivated with a trauma priming exposure (with a 0.3-mA foot-shock). Prefrontal activation was induced with tetanic stimulation.

Results: We found that, following suppression of PTSD-like symptoms, prefrontal activation, induced before the trauma priming exposure, prevented symptom return.

Discussion: These data suggest that increased prefrontal activation may be a key mechanism preventing PTSD relapse. Prefrontal cortex deep brain stimulation may therefore be relevant for preventing PTSD symptom return in remitted high-risk patients.

Paper No.: 240
Reference: S34.2
Presentation Type: Symposium
Symposium: S34 - Biological consequences of child maltreatment: sensitive periods, gene x environment interactions and the role of inflammation

Importance of type and timing of adverse childhood experiences on hair cortisol concentration

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Introduction: Both altered cortisol regulation and the exposure to childhood adversities have been repeatedly documented in mental illness. Hair cortisol concentration reflects a long-term indicator of free circulating cortisol that is incorporated into the hair over time. Up till now, studies describe the relation of adversities and hair cortisol using cumulative measures: with increasing number of adverse experiences leading to lower cortisol concentrations, but also higher cortisol levels have been observed. Recent evidence indicates a distinctive impact of type and timing of childhood adversities on the developing brain, supporting the notion of stress-sensitive periods. Thus, it remains elusive what type and timing of adversities is important for hair cortisol concentration.

Method: Detailed profiles of adversities were assessed in patients with severe mental illness (N = 103) using the Maltreatment and Abuse Chronology of Exposure scale. The importance by type (abuse and neglect) and timing (1-18 years) was analyzed using conditioned random forest regression.
**Results:** Neglect at age 3 was the most important predictor for hair cortisol concentration. In contrast, measures of cumulative adversities had no importance for hair cortisol concentration. Post-hoc explanatory analyses showed that patients with early neglect had lower hair cortisol concentrations compared to patients without early neglect.

**Discussion:** The result suggests that early neglect adds to the ‘endocrine building block’, and contributes to the risk for anxious psychopathology.

**Paper No.:** 241  
**Reference:** S11  
**Presentation Type:** Symposium  
**Symposium:** S11 - Therapeutic mechanisms in post-traumatic stress disorder

**Therapeutic mechanisms in post-traumatic stress disorder**  
*Rene Garcia*  
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**Introduction:** There are emerging treatments targeting memory circuits that may be effective in treating post-traumatic disorder (PTSD). The aim of this symposium is to focus on the processes at work during four of these treatments.

**Methods:** Treatments included eye-movement desensitization and reprocessing (EMDR) in patients during fear extinction, and, in rodents, memory reconsolidation impairment using propranolol, prefrontal repetitive transcranial magnetic stimulation (rTMS), and prefrontal deep brain stimulation. The four speakers are members of the French PTSD network, “ABC des Psychotraumas”.

**Results:** EMDR effect was reflected in a modification of the amygdala and the inferior frontal gyrus activity. Propranolol effect resulted mostly from a modification of the emotional, rather than cognitive, component of the traumatic memory. Prefrontal rTMS induced greater beneficial effects than antidepressant treatment. Finally, ventromedial prefrontal deep brain stimulation reduced the rate of symptom relapse.

**Discussion:** Collectively, these data are new and very informative. They indicate that restoring the functioning of the brain structures involved in fear extinction learning, reducing the emotional valence of the traumatic event, and prefrontal activation may be at the core of symptom improvement in PTSD. Ventromedial prefrontal activation may be at the core of PTSD relapse prevention.

**Paper No.:** 242  
**Reference:** S27.1  
**Presentation Type:** Symposium  
**Symposium:** S27 - PTSD and complex PTSD: changes and challenges in ICD-11 and DSM 5
The ICD-11 proposal for PTSD: A comparison of prevalence and comorbidity with the DSM-IV PTSD classification in two post-conflict samples.

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Background: Substantial changes to the posttraumatic stress disorder (PTSD) diagnostic criteria are proposed for ICD-11.

Aim: Objective of the present study was to investigate the impact of the proposed changes in two different post-conflict samples.

Method: Prevalence and rates of concurrent depression and anxiety, socio-demographic characteristics and indicators of clinical severity according to ICD-11 in 1075 Cambodian and 453 Colombian civilians exposed to civil war and genocide were compared to the diagnostic criteria according to DSM-IV.

Results: Results indicated significantly lower prevalence rates under the ICD-11 proposal (8.1\% Cambodian sample; 44.4\% Colombian sample) compared to DSM-IV (11.2\% Cambodian sample; 55.0\% Colombian sample). Participants meeting a PTSD diagnosis only under the ICD-11 proposal had significantly lower rates of concurrent depression and a lower concurrent total score (depression and anxiety) compared to participants meeting only DSM-IV criteria. There were no significant differences in socio-demographic characteristics and indicators of clinical severity between these two groups.

Discussion: The lower prevalence of PTSD according to the ICD-11 proposal in our samples may counter criticism of previous PTSD classifications to overuse the PTSD diagnosis in populations exposed to extreme stressors. Also another goal, to better distinguish PTSD from comorbid disorders could be supported with our data.

Conclusion: The results of the study suggest that for post-conflict populations, the proposed changes in ICD-11 can contribute to diagnose PTSD more specifically.

Paper No.: 243
Reference: S27
Presentation Type: Symposium
Symposium: S27 - PTSD and complex PTSD: changes and challenges in ICD-11 and DSM 5

PTSD and complex PTSD: changes and challenges in ICD-11 and DSM-5

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With regard to the changes in DSM-5 and the upcoming changes in ICD-11 in trauma- and stress-associated disorders, research is needed to investigate the impact of these changes on the diagnostics of posttraumatic stress disorder (PTSD) and complex posttraumatic stress disorder.
(cPTSD), as well as their applicability in different cohorts. The symposium tackles this need by examining the changes of the proposed ICD-11 diagnostic criteria for PTSD and cPTSD in different populations. Also, the diagnostics of PTSD and its subtypes according to DSM-5 will be a focus of the symposium.

**Paper No.: 244**

**Reference:** S20.4

**Presentation Type:** Symposium

**Symposium:** S20 - Implementing effective mental health care interventions in the Syrian refugee crisis

**Digital supported psychological interventions for traumatized Arab speaking individuals**

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² Medical School Berlin, Berlin, Germany

**Background:** Internet-delivered cognitive-behavioural interventions are proven to be an efficacious treatment for Posttraumatic Stress Disorder (PTSD) in underserved conflict-affected areas. However, the role of single therapy components delivered via Internet still remains unclear, particularly in conflict-affected regions located in the Middle East and North Africa.

**Objective:** The aim of this study was to compare the efficacy and the course of PTSD symptom change of an internet-based treatment approach (Ilajnafsy) for PTSD consisting of self-confrontation, cognitive re-structuring and social sharing (CR protocol) with the same treatment protocol without the cognitive re-structuring module (Non-CR protocol).

**Methods:** 293 Arabic speaking participants with PTSD were randomly assigned to either the CR group (n = 145) or the Non-CR group (n = 148). Assessments were conducted at baseline, right after therapy and at three-months follow up. PTSD symptom severity was additionally measured throughout treatment.

**Results:** Posttraumatic stress symptoms, anxiety and depression were significantly reduced from baseline to post-treatment in CR and Non-CR treatment conditions. Quality of life could significantly be improved. All treatment effects were maintained up to three-months follow up. No differences between both treatment groups were found with respect to improvements in PTSD symptoms, anxiety, depression and quality of life after therapy and at three-months follow up. The CR and the Non-CR treatment were comparable in terms of acceptance and feasibility.

**Conclusions:** The results show that internet-delivered treatment for PTSD with and without cognitive restructuring can be effective, even in insecure areas with ongoing exposure to human rights abuses through armed conflicts.

**Paper No.: 245**

**Reference:** S12.3
Efficacy of seeking safety in German outpatients with substance use disorders and posttraumatic stress disorder: a randomized-controlled trial

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Background and Aims: Posttraumatic Stress Disorder (PTSD) is frequent among individuals with substance use disorders (SUD). “Seeking Safety” (SS; Najavits 2002), a low-threshold, cognitive-behavioural treatment, has been shown to be effective in several studies in the United States. The aim of this study was to test its efficacy in female outpatients compared to another CBT intervention (relapse prevention training; RPT) and to treatment as usual (TAU).

Methods: The study was part of the German CASNAS-Network (Schäfer et al. 2016). A total of N=343 women with SUD and at least subsyndromal PTSD (cluster B and cluster C or D; DSM-IV) were randomized into one of the three treatment conditions. Assessments of PTSD severity, related symptomatology, and substance use was conducted at baseline, posttreatment, as well as at 3 and 6 months posttreatment. The primary outcome was PTSD severity at 6 month follow-up.

Results: At 6 month follow-up, both interventions were not superior to TAU with regard to the reduction of PTSD symptoms. SS yielded significantly greater improvements of emotion regulation and depression than RPT and TAU, RPT was more effective with regard to the reduction of substance use.

Discussion: The results seem to reflect the fact that present-focused treatments have limited effects on the core symptoms of PTSD. Nevertheless they showed some benefits with regard to trauma-related symptoms (SS) and substance use (RPT).

Conclusion: SS showed some benefits with regard to trauma-related symptoms (emotion regulation and depression) but should be combined with trauma-focused treatments when the primary treatment focus is PTSD.

Paper No.: 246

Presentation Type: Poster Presentation
Predicting PTSD among traffic accident survivors: the mediating role of negative alterations in cognition & mood, and trauma coping self-efficacy

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Introduction: The aim of the research project is to investigate possible relationship between symptoms of posttraumatic stress disorder (PTSD) in the developmental process of PTSD according to the new DSM-5 diagnostic criteria (APA, 2013). The objective will be achieved by integrating cognitive model of PTSD (Ehlers & Clark, 2000) with the concept of trauma coping self-efficacy (Benight & Bandura, 2004). It is hypothesized that the effect of trauma exposure and posttraumatic cognitions on PTSD symptoms (criterion B,C,E) is sequentially mediated by negative alterations in cognition and mood (mediator 1, criterion D), and by trauma coping self-efficacy (mediator 2).

Method: The study is being conducted in a three-wave longitudinal design with a 2-month time lapse. Participants were recruited among traffic accidents survivors (inclusion criteria: the accident occurred within the last three months and resulted in serious vehicle damage or participants' body injury).

Results & Discussion: Currently, the first measurement point of the study was completed, in which enrolled 248 participants (80 of them suffered from PTSD). The detailed analysis with results from all three measurement points will be presented on the poster.

Paper No.: 247
Reference: S17.2
Presentation Type: Symposium
Symposium: S17 - Childhood maltreatment and adult mental health in samples with high risk of childhood adversity exposure in Norway

Adult reactions to participation in childhood maltreatment research

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Introduction: Trauma research raises the question of whether asking participants to disclose details about their trauma will be revictimizing and produce significant and potentially emotional distress. Results from a large meta-analysis across 70 samples suggest that trauma-related research can lead to some psychological distress; individuals generally found participation to be a positive experience.
and do not regret participation, regardless of trauma history and PTSD. However, in samples exposed to childhood maltreatment (CM) higher levels of reported research distress and emotional reactions have been related to higher degree of exposure to traumatic events during childhood. The present study examines whether there are different levels of positive and negative reactions to participation in trauma research related to numbers of reported childhood maltreatment (polyvictimization).

**Method**: In a large study about childhood maltreatment and mental health, the Childhood Trauma Questionnaire Short-Form (CTQ-SF) and Research Participation Questionnaire (RRPQ) were administered to N=620 persons with high risk of exposure to CM.

**Results**: Preliminary results indicate that more negative appraisals and less positive benefits of the research process was associated with increasing number of different forms of childhood maltreatment.

**Discussion**: Presented results will be compared to existing literature and implications of the findings will be discussed.

**Paper No.: 248**

**Reference**: S66

**Presentation Type**: Oral Presentation

**Symposium**: S66 - Neuro- and Biological Perspectives on Child Maltreatment

**Epigenetic mechanism linking early life stress and brain reactivity to emotional stimuli**

Wojciech Dragan

*University of Warsaw, Faculty of Psychology, Interdisciplinary Centre for Behavioural Genetics Research, Warszawa, Poland*

**Introduction**: Early life stress is a potential risk factor for different forms of psychopathology. Recent animal and human studies revealed that epigenetic modifications may be a possible mechanism mediating relation between early stress and brain function related to psychopathology.

**Method**: The studied sample consisted of 88 young adults, aged between 18 and 26 (44 women and 44 men). They were selected on the basis of extreme scores on the Early Life Stress Questionnaire. The fMRI emotion task was performed with the use of stimuli from the Nencki Affective Picture System. The DNA methylation status was determined by using bisulfite sequencing analysis in the DNA extracted from blood samples.

**Results**: In my talk I will present data showing differences in brain activity between groups differing in early life stress level. I will also show how DNA methylation status may mediate relation between childhood negative events and brain function.

**Discussion**: Unraveling of epigenetic changes related to different forms of early life stress may provide an insight into understanding molecular mechanisms of brain function potentially related to psychopathology.
Implementation and evaluation of effective mental health care interventions in the Syrian refugee crisis

Marit Sijbrandij
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Overview: Recent crises in the Middle East, most notably in Syria, have resulted in an unprecedented increase in the number of refugees seeking asylum in neighbouring countries as well as in Europe. Refugees may have been exposed to multiple war stressors such including sexual violence and destruction of their homes and livelihoods, and they have often undertaken a risky and stressful flight leaving their homes for an unknown future. Studies show that refugees are at considerable risk to develop common mental disorders, including , posttraumatic stress disorder (PTSD) depression, anxiety and related somatic health symptoms.

This symposium will present results of recent studies in refugee populations done in several countries across Europe. In addition, we will provide an overview of the recently EU-funded STRENGTHS project. The STRENGTHS project focuses on implementation and evaluation of transdiagnostic low-intensity mental health interventions for Syrian refugees that are offered by lay counselors (Syrian peer-refugees) across European countries (Netherlands, Turkey, Switzerland, Germany and Sweden) and the Middle East (Jordan, Lebanon, and Egypt).

Is there a dissociative subtype in patients with PTSD? A latent class analysis.
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**Introduction:** Classifying subtypes of PTSD may help to better understand the heterogeneity and course of PTSD and may guide the development of tailored treatment programs. The importance of a dissociative subtype in PTSD has been recognized in the DSM-5, but only few studies empirically tested the presence of a dissociative subtype using the DSM-5 symptom criteria. This study aimed to investigate whether a dissociative subtype of PTSD according to DSM-5 could be identified in patients with PTSD. We also examined whether such a subtype (if present) would be associated with emotion dysregulation and depressive symptoms.

**Method:** Participants were 202 patients with PTSD according to DSM-5. PTSD was assessed using the Clinician-Administered PTSD Scale for DSM-5 (CAPS-5; Weathers et al., 2013). Emotion dysregulation and depressive symptoms were measured by self-report. The latent structure of the 20 PTSD DSM-5 criteria and the two DSM-5 dissociative subtype criteria were examined by applying latent class analysis.

**Results:** We identified a 5-class solution, including one distinct subgroup that was representative of PTSD patients with very high probabilities for the two dissociation symptoms. Patients of this class reported the highest severities of emotion dysregulation and depressive symptoms, relative to the other classes.

**Discussion:** These results may support the hypothesis that a distinct subtype of PTSD can be identified among patients with PTSD that is also characterized by more severe emotion dysregulation and depressive symptoms. The results are discussed in light of their clinical implications.

**Paper No.: 251**
**Presentation Type: Poster Presentation**

**Intergenerational influence on Second World War offspring: a review of risk and resilience factors**
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**Background:** Exposure to war violence and disruption has a large impact on society and the lives of individuals. Besides direct short- and long-term effects on those exposed, intergenerational effects may also occur, extending the impact of violence to the future. Not much is known, however, about the mechanisms driving the long-term consequences of violence across generations. The aim of this review was to systematically evaluate the recent scientific evidence for factors contributing to the occurrence of mental health problems and resilience in patients belonging to Holocaust survivor offspring (HSO).
**Method:** A systematic search identified 36 studies on HSO. The studies were reviewed in-depth on parental age during the war, mental complaints among parents and HSO, life events and level of distress in HSO. Also the impact on cortisol metabolism and epigenetics is included.

**Results:** After additional stress more mental problems became manifest in HSO than in comparison. Parental PTSD was associated with PTSD and depression in HSO. Firstborn HSO reported high distress but no comparison was included. HSO were characterized by relatively decreased cortisol levels, increased 11β-hydroxysteroid dehydrogenase type-2 activity, and increased FK506-binding-protein-5 methylation compared to control. There was no evidence for an association between attachment style and development of mental problems in HSO.

**Discussion:** Most important the current systemic review showed that parental PTSD and the age of the mother during the Holocaust affect cortisol metabolism of the child. These findings may help to explain intergenerational influence of the Holocaust on offspring.

**Paper No.:** 252
**Reference:** S50
**Presentation Type:** Oral Presentation
**Symposium:** S50 - Neurological

**Neural mechanisms of art therapy in the treatment of posttraumatic stress disorder (PTSD): a preliminary exploratory study**

*Karin Alice Schouten*

*Stichting Centrum '45, Diemen, The Netherlands*

**Introduction:** Recent neuroimaging studies show that in addition to impaired activity of the limbic system also dysfunctioning in large-scale spatially distributed networks (Salience (SN), Central Executive (CEN) and Default Mode Network) (DMN) is responsible for Posttraumatic Stress Disorder (PTSD).

Art therapy, an experiential treatment using visual art making in a methodical way, is likely to decrease PTSD symptoms and to enable access to traumatic memories.

The aim of this study is to investigate functional brain changes in visual art in order to contribute to a possible explanation for the active mechanisms of art therapy in PTSD treatment.

**Method:** Literature on functional magnetic resonance imaging (fMRI) studies on PTSD and on visual art is reviewed.

**Results:** Visual art activates the anterior insula and parts of the DMN, increases functional connectivity within the DMN and functional connectivity between DMN and CEN.

**Discussion:** Three possible explanations how visual art in art therapy might affect functional brain changes were found:

Art therapy may provide a more complete access to (traumatic) memories by using a wide range of sensory stimuli (visual, tactile, kinesthetic). This might increase functional connectivity between DMN and CEN.
Externalization of traumatic memories in concretized form in art therapy might provide control and some distance. This might increase activity of the anterior insula and contribute to emotion regulation in patients with PTSD of the dissociative subtype. Visual art therapy might increase connectivity in the DMN, related to increase of resilience. Further research into possible functional brain changes through art therapy is necessary.

**Paper No.: 253**
**Reference:** S23
**Presentation Type:** Symposium
**Symposium:** S23 - New horizons in brief eclectic psychotherapy for PTSD

**New horizons in brief eclectic psychotherapy for PTSD**
*Mirjam Mink-Nijdam*¹,²

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² *Academic Medical Center at the University of Amsterdam, Amsterdam, The Netherlands*

Brief Eclectic Psychotherapy for Posttraumatic stress disorder (BEPP) is a comprehensive treatment that meaningfully integrates effective interventions from various psychotherapeutic schools. Its five essentials are psycho-education, imaginal exposure, writing assignments and memento’s, domain of meaning and integration, and a farewell ritual. In this symposium, new insights from treatment studies are discussed as well as dissemination of the treatment. Geert Smid will present predictors of treatment outcome and residual symptoms in a large sample of police officers. Sytske Wiegersma will present a text classification model using text mining and machine learning she developed to recognize hotspots in treatment sessions. Evaldas Kazlauskas will discuss the lessons learned from the dissemination process of BEPP in Lithuania. Finally, developer Berthold Gersons will discuss the presented findings and explore future directions.

**Paper No.: 254**
**Reference:** S35.3
**Presentation Type:** Symposium
**Symposium:** S35 - Traumatized refugees and asylum seekers: prevalence of psychopathology and innovative interventions

**Equator studies on undocumented asylum seekers (ESO): integrative care for traumatized asylum seekers illegally residing in the Netherlands**
*Anke Lahuis, R Aarts, S Ghane, P Scholte*
*Arq Psychotrauma Expert Group, Equator Foundation, Diemen, The Netherlands*

**Background and Aims:** Residence in the Netherlands is illegal for asylum seekers after rejection of an asylum claim. Serious social problems occur, because they are not longer entitled to social...
security, housing and working, often added to existing trauma-related mental health problems. An estimated 13-25 % of refugees resettled in high-income countries suffer from posttraumatic stress disorder (PTSD) or depressive disorder, while rates of anxiety disorder, psychosis, substance abuse and suicide attempts are also increased. The social distress often leads to great reservation among therapists towards applying trauma-focused therapy.

**Method:** This presentation will address an integrative one-year treatment for this specific group of undocumented asylum seekers, including trauma-focused therapy (Narrative Exposure Therapy) despite the deplorable circumstances, and context-focused elements.

**Results:** Preliminary findings from an evaluation study show that application is complicated due to both ethical issues and the ongoing negative impact of context-related factors, but is doable. We will present first findings about our patients: scores on the Clinician Administered PTSD Scale (CAPS), comorbidity and group characteristics. Case discussions with relevant governmental bodies and partners within the social sector resulted in establishing one-year trajectories during which legal and social aid, housing, and treatment are provided.

**Conclusion:** Despite the challenges it seems possible to treat undocumented asylum seekers in an one-year-program of integrative care.

**Discussion:** This presentation may show how multiple mental health and social issues prevailing in a distinct group within the community, call for an integrative approach taking a combined psychiatric, public health, social, medical-ethical and human rights perspective.

**Paper No.: 255**

**Presentation Type: Poster Presentation**

**Coping with forced migration and deportation: Ahıska Turkish older adults**

*Mithat Durak¹, E Senol-Durak¹, M Sakiroğlu²*

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² Adnan Menderes University, Aydın, Turkey

**Background and Aim:** The effect of coerced movement of individuals away from their home land have been questioned in several studies mostly evaluating negative psycho-social consequences with adults. Older adult immigrants have not been likely to be examined in those studies. Furthermore, while struggling with the negative consequences of immigration or deportation, psychosocial changes might have a challenging value over individuals that serve as having protective value. In this respect, coping styles (cognitive and emotional) and resilience are questioned whether both of which serve as protective value.

**Method:** To examine coping styles and resilience, in the present study, Ahıska Turkish Older adults are selected as they had been deported and forced to migrate three times in 60 years.

**Results:** Depth interviews are conducted to evaluate their coping styles and resilience.

**Discussion:** Results of depth interviews are shared and discussed with several clinical implications.
Acknowledgments: The researchers would likely thank to the Scientific and Technological Research Council of Turkey (TUBITAK-SOBAG, 115R077) for financial support of the present study.

Paper No.: 256
Reference: S47
Presentation Type: Oral Presentation
Symposium: S47 - Mental health in the Refugee Population

Ahıska Turkish older adults Deported in 1944: traumatic experiences
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² Adnan Menderes University, Aydin, Turkey

Background and Aims: Ahıska Turks had been deported and forced to migrate three times in 60 years. They are cited as “homeless Turks” in the literature. In the present study, traumatic experiences are aimed to investigate with Ahiska Turkish older adults.

Method: Depth interviews were conducted with a total of 59 Ahiska Turkish older adults. Their experiences of deportation its relation to psychological effects were examined. Of the 59 people living with the deportation, 17 were female (28.8%), 42 (71.2%) were male, and their age ranged from 74 to 94 years. In respect to age at deportation travel, 35.6% of them were 10-17 year-old, 32.2% of them were below the age of 7, 22.0% of them were between the ages of 7-9 and 10.2% of them were over 18 years old.

Results: Content analysis of interviews revealed that they were avoidance, re-experiencing, experiencing emotional numbness / blurring, negative changes in beliefs and emotions as symptoms of post-traumatic stress disorder (PTSD).

Discussion: Results are discussed in the light of literature with clinical implications.

Acknowledgments: The researchers would likely thank to the Scientific and Technological Research Council of Turkey (TUBITAK-SOBAG, 115R077) for financial support of the present study.
Accurate assessment of childhood trauma is fundamental to the understanding of risk and resilient factors that can be used to inform appropriate intervention and prevention strategies. Different statistical and methodological approaches (e.g., prospective, self-reported data) for assessing the pathways and outcomes associated with childhood trauma have been utilized, however, each is limited in a number of ways. Linking administrative data to population based studies provides a powerful tool to overcome some of the challenges in trauma research and permits the estimation of temporally ordered models of risk. The papers presented in this symposium encompass different and innovative methodological approaches using linked administrative data that highlight the utility of applying these approaches in trauma research. Two studies have used a data from a Danish national population based study that found three typologies of child maltreatment (emotional abuse, sexual abuse and co-occurring abuse) to identify associated risk factors using information collected from the Danish registers. The remaining two papers take a broader perspective to childhood adversity and explore myriad biological and psychosocial mechanisms associated the development of specific health and substance misuse outcomes. Collectively, these papers have important conceptual and methodological implications and may be useful in informing future trauma studies.

Paper No.: 258
Reference: S45
Presentation Type: Oral Presentation
Symposium: S45 - Treatment Interventions for Refugees.

Lifeline-NET as a brief version of narrative exposure therapy (NET) for PTSD treatment: a randomized controlled trial with refugees
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Introduction: The experience of repeated traumatic stressors may severely damage mental health. Many survivors do not receive proper treatment and for refugees, care is often completely lacking. Considering this, brief and practicable intervention modules are much needed. In this trial we tested the efficacy of Lifeline-NET, a modification of narrative exposure therapy (NET) designed for practitioners with limited resources.

Methods: In a randomized controlled pilot trial, 30 asylum seekers who presented with Posttraumatic Stress Disorder (PTSD) were either assigned to the LL-NET treatment, or to treatment as usual (TAU). After information and psychoeducation, the LL-NET consisted of eight treatment
sessions including just three sessions with trauma-focused exposure. Furthermore clients were requested to complete written homework in order to process traumatic memories in between sessions. The remaining five sessions served to chronologically recall the sequence of arousing experiences and prepare and process the homework. TAU was based on pharmacotherapy. PTSD, depression and impairment of functioning were assessed in structured clinical interviews one and six months after therapy.

**Results:** LL-NET turned out to be a feasible, effective method for reducing PTSD symptoms. It improved functionality with moderate to large effect sizes whereby clients with low shame-levels showed greater benefits from therapy. None of the outcome measures indicated an improvement for the control group.

**Discussion:** Results indicate that LL-NET, a brief, well-structured, easily applicable version of NET, may lead to considerable improvement of mental health in survivors of traumatic stress. The treatment requires limited training and can be applied by psychotherapists and counselors.

**Paper No.: 260**
**Reference:** S26.3
**Presentation Type:** Symposium
**Symposium:** S26 - Trauma research using administrative data

**Social, familial and psychological risk factors for any endocrine, nutritional and metabolic disorders in childhood early adulthood. A Birth Cohort Study using the Danish Registry System**

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**Background:** Research studies have identified associations between a range of social, familial and psychological risk factor and physical health. The current study seeks to assess the effect of a range of social and psychosocial risk factors on a diagnosis of any endocrine, nutritional, and metabolic (ENM) disorders (ICD-10 E00-99) using linked Danish registry data from a large birth cohort.

**Methods:** A national birth cohort of the Danish population born in 1984 and tracked over the course of the first 21 years of their life was used in the current study (n = 54,458). Psychosocial risk factors including parental history of diagnosis of an ENM disorder, advanced paternal age, gender, urban dwelling, economic deprivation, family dissolution and childhood adversity (child in care) were used to predict any ENM diagnosis.

**Results:** Bivariate associations showed that all variables, except advanced paternal age, were significantly associated with ENM diagnosis. When the variables were entered into a multivariate binary logistic regression analysis childhood adversity (child in care) was the strongest predictor of
diagnosis (OR=2.36) followed by maternal diagnosis of an endocrine disorder (OR=1.74) and advanced maternal age (OR=1.69).

**Discussion and Conclusions:** Results suggest that childhood adversity is the dominant factor in the prediction of an ENM diagnosis. The current study extends the literature conducted on adult populations by demonstrating that early adverse experiences are associated with poor or poorer health outcomes in young adulthood.

**Paper No.: 261**
**Reference:** S26.4
**Presentation Type:** Symposium
**Symposium:** S26 - Trauma research using administrative data

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**Cannabis, child maltreatment and psychosis: the impact of polydrug use**

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**Background:** While research has consistently identified an association between cannabis use, child maltreatment and psychosis, few studies have examined this relationship in a polydrug context (i.e. combining cannabis with other illicit substances).

**Methods:** The present study sought to examine the association between recreational drug use (cannabis only v. polydrug) and psychotic disorders. Analysis was conducted on a large, representative survey of young Danish people aged 24 (N = 4,718). Participants completed self-report measures of lifetime drug use and this information was linked to the Danish psychiatric registry system.

**Results:** Multivariate binary logistic regression analysis was used to examine the association between drug use (no drug use, cannabis only, cannabis and other drug) and ICD-10 psychotic disorders, while controlling for gender and parental history of psychosis. Compared with no drug use, the use of cannabis only did not increase the risk of psychosis while the odds ratio for cannabis and other drug were statistically significant. The moderating effect of childhood maltreatment was also examined.

**Discussion and Conclusions:** Results indicated that psychosis risk may be associated with the cumulative effect of polydrug use and this effect may be moderated by childhood maltreatment.

**Paper No.: 262**
**Reference:** S28.2
A new, game-based eHealth tool for screening and monitoring children’s post-trauma responses

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Introduction: Injured or ill children admitted to hospital may develop persistent posttraumatic stress symptoms (PTSS) that interfere with recovery, but that can only be detected after a child is discharged home. Few healthcare systems achieve regular, systematic post-discharge monitoring of child symptoms to guide follow up care. Web-based eHealth tools may address this gap.

Method: Brief validated screeners (for pain, PTSS, functional recovery) were embedded within a game interface and tested with children and parents for usability. In a new validation study, children (N=60) with recent injury or sickle cell crisis report on their pain and PTSS using a mobile, game-based interface, and we collect nurse-administered pain ratings (from the medical record) and well-validated measures of pain, pain interference, and PTSS administered by trained staff.

Results: User testing with children and parents established acceptability and feasibility, and identified key desired features and functionality. Validation study results will guide development of the next iteration of the system.

Discussion: A game-based eHealth tool designed for repeated assessment of key child-reported indicators is a promising approach to the challenge of “watchful waiting”. The next phase of system development will share screening results with parents and providers to assess impact on follow-up care.
Background and Aims: Current literature on treatment of complex or childhood abuse-related posttraumatic stress disorder (PTSD) debates on including a stabilization phase before trauma-focused treatment. The IMPACT-study (Improving PTSD treatment for Adults with Childhood Trauma) was recently started to investigate the (cost-)effectiveness of phase-based versus intensive trauma-focused therapy for patients with childhood abuse-related PTSD. The aim of the presentation is to present the first diagnostic and research findings in this complex population.

Method: Treatment seeking adult patients of a psychotrauma expert clinic in The Hague, the Netherlands, are screened at baseline for PTSD (CAPS-5 and PCL-5), personality disorders and Complex PTSD (ICD-11). In addition, patients’ traumatic background is investigated with the Childhood Trauma Questionnaire (CTQ) and the Life Events Checklist (LEC-5). Confirmatory factor analysis using MPlus is used to test the factor structure of PTSD. Radio operating characteristics curves are calculated to assess the diagnostic accuracy of the PCL-5, as well as the measures’ intercorrelations.

Results: As data collection is ongoing, the presentation will include descriptive data of the first 40 patients screened. The factor structure of the PCL-5, the correlation with the CAPS 5 and the relations with personality disorders and Complex PTSD will be analyzed and presented.

Discussion and Conclusion: Discussion will center on the utility of these measures in a clinical patients sample with complex symptoms.

Paper No.: 264
Reference: S28.1
Presentation Type: Symposium
Symposium: S28.1 - Screening for mental health after trauma in children and adults: importance, instruments, & innovations

Usefulness of symptom-based self-report instruments for early PTSD risk screening
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Background and Aims: Following traumatic exposure, a proportion of trauma victims develops posttraumatic stress disorder (PTSD). In order to identify those at risk for PTSD in need for diagnostic follow-up, sensitive instruments are required. This study compares the accuracy of 3 symptom-based self-report instruments, the 4-item SPAN, 10-item Trauma Screening Questionnaire (TSQ) and 22-item Impact of Event Scale-Revised (IES-R), in predicting PTSD at a minimum sensitivity of 80%.
**Method:** Injury patients admitted to a level-I trauma centre (N = 311) completed the instruments at a median of 23 days and were clinically assessed for PTSD at 6 months. Areas under the curve and specificities at 80% sensitivity were compared between instruments.

**Results:** Areas under the curve in all instruments were adequate (SPAN: 0.83; TSQ: 0.82; IES-R: 0.83) with no significant differences. At 80% sensitivity, specificities were 64% for SPAN, 59% for TSQ and 72% for IES-R.

**Discussion and Conclusion:** The SPAN, TSQ and IES-R show similar accuracy in early detection of individuals at risk for PTSD, despite differences in number of items. The modest specificities and low positive predictive values found for all instruments could lead to relatively many false positive cases, when applied in clinical practice. The usefulness of symptom-based risk screening will be discussed.

**Paper No.:** 265  
**Reference:** S29.1  
**Presentation Type:** Symposium  
**Symposium: S29.1 - The dimensionality of DSM-5 PTSD: factor structure and validity of DSM-5 PTSD measures across samples**

**Dimensional structure and validity of DSM-5 PTSD: investigation of the 7-factor hybrid model in a trauma-exposed student sample**  
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² Academic Medical Center, Department of Psychiatry, Center for Psychotrauma, Amsterdam, The Netherlands

**Background and Aims:** Several studies have confirmed the seven-factor Hybrid model of posttraumatic stress disorder (PTSD) to be superior to the four-factor DSM-5 model of PTSD. However, more research into the dimensionality of DSM-5 PTSD criteria and the validity of the factors is needed. This study aims to investigate the seven-factor Hybrid model and to assess the interrelationship of the factors with positive (PA) and negative (NA) affect in a trauma-exposed student sample.

**Method:** Undergraduate and graduate college and university students (N = 718), provisional in Dutch and exposed to at least one traumatic event, completed an online survey including the LEC-5, PCL-5 and PANAS. Several confirmatory factor analyses (CFAs) using MPlus were conducted to test the models and Wald chi-square tests were conducted to analyze the differences in relationship with PA and NA.

**Results:** The seven-factor model was superior to the DSM-5 model. NA was significantly correlated with all seven factors, especially to anxious arousal, anhedonia and negative affect (rs = 0.49 to 0.53). PA showed no significant correlation with externalizing behavior and weak to moderate correlations to the other PTSD factors (rs = -0.10 to -0.33).
**Discussion and Conclusion:** Our findings lend support to the seven-factor Hybrid model of PTSD using the PCL-5 in trauma-exposed students and point to NA as possible underlying factor in PTSD. Future research into PTSDs factor structure will benefit from clinical measures. Part of the Symposium S29 - The dimensionality of DSM-5 PTSD: factor structure and validity of the PCL-5 across samples

**Paper No.: 266**
**Presentation Type: Poster Presentation**

**The relationship between post-traumatic stress disorder, traumatic events, and coping strategies employed by refugees**

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**Introduction:** Stress and trauma are common to the refugee experience. Research shows that the prevalence rate of post-traumatic stress disorder (PTSD) among any given population of refugees varies from 4% to 86% [1]. To manage stressful life events and decrease or tolerate stress, individuals employ a set of behaviors called coping strategies [2].  
**Objective:** The objective of this study is to identify the relationship among PTSD, traumatic events, and coping strategies employed by refugees.  
**Method:** The participants of the study were 23 male refugees currently residing in France with an average age of 23.22. The Harvard Trauma Questionnaire (HTQ) and Brief Cope Inventory (BCI) were used in the study. Part I and Part IV of HTQ measures traumatic events, torture history, and traumatic symptoms respectively while BCI assesses coping strategies.  
**Results:** A stepwise regression was conducted to analyze the data. The result shows that active coping, use of emotional support, and positive reframing predicted a decrease in trauma symptoms.  
**Discussion:** Further studies can be done in this topic with a higher number of samples. Studies in the future should consider hiring translators as language barrier may affect the quality of data collected.

**References:**
Screening for mental health after trauma in children and adults: importance, instruments, & innovations

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While screening for medical risks is increasingly accepted, screening for mental health problems is far less established. After any type of traumatic event it is well known that a significant minority of affected individuals, if untreated, will go on to develop severe mental health problems such as PTSD. Despite a seemingly widespread consensus about the importance of screening and monitoring of high risk subgroups, there are still many questions unanswered. What type of mental health problems should our screening programs focus on? How do we successfully implement screening strategies? What instruments should we use? Can we apply the same methods to adults and children? Is there a role for Ehealth in screening? And what about the cost-effectiveness?

This symposium aims to present a broad perspective on screening after trauma and will actively engage the audience through interactive discussion and a joint case exercise.

Can brain imaging help us understand the path between childhood trauma and psychosis?

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Introduction: Childhood trauma is associated with schizophrenia vulnerability, with a growing body of evidence to suggest a role in the onset of psychotic disorders (Morgan and Gayer-Anderson 2016). In this talk, we will present two studies that explored the interactions between childhood trauma and brain morphology and connectivity in schizophrenia.
Method: First, we investigated the impact of childhood trauma on brain morphology and symptoms dimensions with voxel-based morphometry (VBM) and structural equation modelling in 21 patients with schizophrenia and 30 healthy control subjects (Cancel et al. 2015). Second, we used an fMRI emotional task to explore the links between early trauma and amygdala functional connectivity in the schizophrenia group (Cancel et al. 2016).

Results: In the VBM study, childhood emotional neglect was associated with decreased total grey matter volume in both groups, with a stronger association in the patients group. In the schizophrenia patients group, severity of emotional neglect predicted grey matter decrease in dorsolateral prefrontal cortex, which in turn predicted the severity of disorganization. Similarly, our functional connectivity study revealed that, in schizophrenia patients, higher levels of sexual abuse and physical neglect during childhood were associated with decreased connectivity between the amygdala and the posterior cingulate/precuneus region.

Discussion: Our findings suggest that both neglect and abuse during childhood could have long term effects in brain structure and connectivity. Such early events could shape the psychopathology of schizophrenia with developmental effects on brain regions such as the DLPFC, or specific stress-related circuit involving the amygdala and the precuneus/posterior cingulate region.

Paper No.: 269
Reference: S29
Presentation Type: Symposium
Symposium: S29 - The dimensionality of DSM-5 PTSD: factor structure and validity of DSM-5 PTSD measures across samples

The dimensionality of DSM-5 PTSD: Factor structure and validity of DSM-5 PTSD measures across samples
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The recent change in PTSDs diagnostic criteria and factor structure in DSM-5 highlights the ongoing debate about the heterogeneity of the disorder. Recent validation studies of the four-factor DSM-5 model revealed multiple superior models that included six and seven factors. A recent systematic review confirmed the need for confirmation of the dimensionality of DSM-5 PTSD across samples [1]. This symposium aims to present findings on the factor structure and psychometric properties of the PTSD Checklist for DSM-5 (PCL-5) in samples of trauma-exposed students, treatment seeking substance users, clinical PTSD patients and police personnel.

Paper No.: 270
Presentation Type: Poster Presentation
Change mechanisms in trauma treatment for children and youth
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Introduction: Although there is compelling evidence that trauma-focused cognitive behavioral therapy (TF-CBT) is an effective treatment for traumatized youth, there has been little research on the mechanisms of symptom reduction. Few studies have examined the longitudinal course of posttraumatic stress symptoms (PTSS) in relation to potential mediators of change in a youth sample. This paper investigates the mechanisms by which TF-CBT leads to therapeutic change by examining if, and potentially how, changes in cognition and depression relates to symptom change in PTSS.

Method: The sample consisted of 79 traumatized youth who received TF-CBT. The youth were assessed for PTSS using CPSS (Child PTSD Symptom Scale) at baseline, after session 6, after session 15 (post-treatment), 12 months after baseline (1st follow-up) and 18 months after post-treatment (2nd follow-up). Depression and degree of negative trauma-related appraisals were also measured at each assessment using Mood and Feelings Questionnaire (MFQ) and Child Posttraumatic Cognitions Inventory (CPTCI).

Results: Growth curves analysis showed that symptoms of PTSD, depression and negative trauma-related cognitions decreased over time. Cross lag mediation analysis showed that reduction in trauma-related cognitions mediated change in PTSD symptoms over time, whereas the relationship between changes in PTSD and changes in depression did not show a clear pattern.

Discussion: The findings indicate that addressing and altering maladaptive trauma appraisals may be crucial to successful treatment of PTSS. Even though symptoms of depression decreased over time, the temporal relationship between changes in depression and PTSS is unclear and warrant further investigation.

Paper No.: 271
Reference: S25.3
Presentation Type: Symposium
Symposium: S25 - Assessing sexual assault among university students: adapting the ARC3 Survey for EU/UK research

Revision of content for use of the ARC3 survey in Northern Ireland/Ireland
Shelley Fletcher
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In order to assess incidence, prevalence, risk factors and outcomes of sexual and physical violence and stalking (both victimisation and perpetration) within the Northern Ireland/Ireland student
population the ARC3 survey has been adapted to make the language and terminology more relevant. Based on recommendations from a consultation panel a number of changes have been made. The general terminology has been made more culturally relevant (for example, the term ‘Hook up’ has been changed to ‘Casual partner’), the alcohol use module has been replaced with the AUDIT (Bohn, Babor, & Kranzler, 1995) due to differing measurements of alcohol units, the demographic questions now reflect the most commonly used endorsements in the UK and Ireland and the questions surrounding institutional responses have been modified in accordance with UK and Ireland legislation (for example in the UK and Ireland there is no Title IX protections against sexual misconduct). It is hoped that this survey will be used within Northern Irish and Irish higher education and that it can be adapted further for use within other parts the UK and the EU.

Paper No.: 272
Reference: S71
Presentation Type: Oral Presentation
Symposium: S71 - Child Therapy.

Child parent psychotherapy (CPP) - an evidence based model for treatment of traumatized children aged 0-6
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2 University of Karlstad, Karlstad, Sweden

**Background:** It is well known that traumatic events early in life can severely disturb further development of children. Still, evidence based methods for treatment of the youngest victims of traumatic events are few. Child Parent Psychotherapy (CPP) is an attachment based model integrating knowledge from trauma theory, neurobiology etc with therapeutic techniques from play therapy and CBT. The model and its dissemination in the Nordic countries will be presented.

**Method:** An ongoing prestudy, including nine CAMHS agencies in Sweden, will be presented. The study aims to measure and describe effects of CPP - therapy on psychiatric symptoms, well being and behavior of children and parents involved in treatment, as well as effects on self rated parental skills. Semi-structured interviews with 12 parents in CPP -therapy were performed aiming to investigate parental perspective of the intervention. Preliminary data from the qualitative analysis of the interviews will be presented.

**Results:** Preliminary thematic analyses of the interviews shows that parents recognize and appreciate CPP- specific goals and components such as the use of play as a tool for communication and regulation, being present with child in dyadic therapy, psychoeducation on trauma and child developmental issues and the therapist functioning as a case manager. Parents describe impact of treatment on parental skills.

**Discussion:** Parents of traumatized children can benefit from trauma focused dyadic interventions and have the capacity to develop their understanding of how trauma affects children and to adjust
parenting style. The involvement of parents in trauma treatment of children need to be further developed.

Paper No.: 273
Reference: S54
Presentation Type: Oral Presentation
Symposium: S54 - Bereavement and Illness

Prolonged grief and posttraumatic stress effects on work productivity
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2CPTL, Centro de Psicologia do Trama e do Luto, Porto, Portugal

Introduction: It is known that mental health conditions such depression affects work productivity. However, the specific connection between stress related symptoms (related to bereavement or other traumatic events) have not been clarified. We aim to verify the relationship between Prolonged Grief and Posttraumatic stress (PTSD) symptoms and worker productivity.

Method: After informed consent, questionnaires were applied to 125 workers, which included: Inventory of Complicated Grief (ICG), Life Events Checklist (LEC), The Impact of Event Scale - Revised (IES-R) and Work Productivity and Activity Impairment Questionnaire: General Health (WPAI-GH V2.1) - and was also collected sociodemographic and work environment data.

Results: There is a positive correlation between WPAI-GH work productivity impairment index and prolonged grief (r=.22) and PTSD (r=.19) symptoms. The mental suffering inherent to prolonged grief and PTSD demonstrates an increased risk of productivity loss, reflected its impact on several aspects, mainly communication, relationships with others and decision making process.

Discussion: Spite of the small sample, this study provides evidence and suggest further research on the links between mental health and productivity. There are no relevant effects in absenteeism, but there are with productivity impairment (presentism), with specific effects in interpersonal performance. These aspects emphasise the need for trauma and grief-informed workplaces and enables to quantify the economic costs related PTSD and prolonged grief impairment.

Paper No.: 274
Presentation Type: Poster Presentation

A new scale to measure grief symptoms after losing physical function (FLoGS)
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2Centro de Reabilitação do Norte – Dr. Ferreira Alves, Porto, Portugal
3CESPU, IINFACTS, Psychology and Health Research Group, Porto, Portugal
Introduction: We usually associate grief to bereavement experiences, however we can find similar symptoms when there is a loss of a body function and the patient is in rehabilitation context. Also, frequently clinicians fail to recognise and measure those symptoms because may overlap depression and therefore fail to address patient’s specific difficulties. Our aim is to build a new scale that enables to discriminate most relevant symptoms and to study its psychometric characteristics.

Method: We have 49 participants, 42.9% males and 57.1% females, with a mean age of 49.6 (SD=16.9) in physical rehabilitation context after Stroke (38.8%), Spinal cord injury (22.4%) and Traumatic brain injury (12.2%) and other neurological conditions (26.6%). After informed consent procedures, we use a clinical interview, the IES-6 for traumatic stress, CES-D for depression, and Functional Loss Grief Scale (FLoGS). FLoGS has 33 Likert items with 5 levels. It was built based on other known instruments and after several interviews with health professionals on the field defining patients emotional difficulties. It is aimed to evaluate the grief symptoms after losing a physical function.

Results: FLoGS has a mean value of 90.04 (SD=24.8), with Crombach alpha of .944 and the Exploratory Factor Analysis define a varimax rotated solution that explain 76.1% of the scale variance. Considering the external validity of FLoGS with Traumatic stress symptoms there is a Pearson correlation r=.76 and with Depression symptoms .52.

Discussion: We discuss the relevance of having such instrument available for practice and future research of Traumatic Stress in rehabilitation contexts.

Paper No.: 275
Reference: S06.8
Presentation Type: Symposium
Symposium: S06B - Presentation of The Aarhus Bereavement Study (The TABstudy) - Treatment methods for prolonged grief disorder

Synthesis of four randomised controlled trials with short cognitive-narrative interventions for prolonged grief
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Introduction: We implemented four RCTs for a short manualised cognitive-narrative intervention on perinatal loss, on primary healthcare, on widowhood and on psychiatric outpatient’s care. This intervention was tuned to address specific needs and to promote meaning making narrative production for grief episodes. The manuals have four sessions with three common elements: narrative subjectivation of cognitive and emotional content; metaphorization of central meaning
(or meaning of the deceased) and projecting of alternative episodic organisations, based on Gonçalves and Machado (1999) work.

**Method:** Designs are based on CONSORT guidelines with 24, 11, 20 and 31 cases randomly allocated to intervention groups, respectively, for termination of pregnancy, primary-healthcare bereavement, widows and psychiatric outpatients with prolonged grief. Controls had 67, 18, 20 and participants each. Baseline assessments included Inventory of Complicated Grief, Beck Depression Inventory and Impact of Events Scale-Revised. Follow-up occurred between 2 and 6 months after.

**Results:** Comparing control and intervention groups, it shows evidence of important effect-sizes (Hedge’s g) between 0.19 and 2.41. Different outcomes are considered on two perspectives: treatment and preventive approaches and different problems and samples.

**Discussion:** The synthesised results consolidate evidence that short cognitive-narrative interventions are effective for prolonged grief. Further discussion on crisis support services provision will be focused on feasibility and on future research directions.

**Paper No.: 276**

**Reference:** S35.2

**Presentation Type:** Symposium

**Symposium: S35 - Traumatized refugees and asylum seekers: prevalence of psychopathology and innovative interventions**

The assessment of psychopathology among traumatized refugees: measurement invariance of the HTQ and HSCL-25 across five linguistic groups

*Tim Wind*

*Arq Psychotrauma Expert Group, Centrum ’45, Diemen, The Netherlands*

**Introduction:** Questionnaires are widely used to assess the mental health status of refugees, whereas their construct validity largely remains unexplored.

**Method:** This study examined the factor structure and measurement invariance of two widely used instruments for the assessment of PTSD symptoms (Harvard Trauma Questionnaire; 16 items) and symptoms of anxiety and depression (Hopkins Symptom Check List-25; 25 items) among Dutch (Germanic languages; Dutch [n=373]) and refugee patients defined by language family, including four non-western linguistic groups (Indo-Iranian [n=262], Niger-Congo [n=134], Semitic [n=288], and South Slavic languages [n=199]) and one western linguistic group.

**Results:** Exploratory factor analysis yielded a 3-factor structure of the HTQ and a 2-factor structure of the HSCL-25. Measurement invariance analyses on the HTQ showed strong measurement invariance across the groups of refugee patients. However, Dutch patients reported milder symptom severity on most items of the HTQ. Measurement invariance analyses on the HSCL-25 (not conducted to Dutch patients) indicated partial strong measurement invariance across refugee patients.
**Discussion:** We conclude that mental health constructs measured by the HTQ and HSCL-25 are - to a large extent - interpreted in a similar way by refugee patients. This indicates that these instruments can be applied in non-western refugee patient populations, and that local idioms of distress and inherent response patterns may not play a major role when applying the HTQ and HSCL-25 in these populations. Yet, future studies need to establish whether the commonly used cut-off scores of both questionnaires apply for refugee patients with non-western linguistic backgrounds.

**Paper No.:** 277  
**Presentation Type:** Poster Presentation

**Symptom profiles of posttraumatic stress among Swedish survivors of a natural disaster and their prospective value to long-term distress**  
*Kristina Bondjers, FK Arnberg, M Willebrand*  
*Uppsala University, Department of Neuroscience - Psychiatry, Centre for Disaster Psychiatry, Uppsala, Sweden*

**Introduction:** Research suggest different trajectories of posttraumatic stress symptoms over time (e.g., resilient, recovering, and chronic) among survivors from natural disasters. It is not known, however, if disaster survivors present with distinct symptom profiles and, if so, whether these profiles are related to severity, recovery and exposure characteristics.

**Methods and Results:** This study aims to investigate symptom profiles among Swedish survivors of the 2004 Indian Ocean tsunami using latent profile analysis. Participants include adult survivors who were pulled into the waves and responded to postal surveys 1 and 3 years after the disaster (n=2009). Posttraumatic stress symptoms were assessed with the Impact of Event Scale-Revised (IES-R). The symptom profiles generated from the first year survey will be compared with regard to established predictors of posttraumatic stress, such as disaster exposure, bereavement, perceived social support as well as posttraumatic stress and general distress at three years.

**Discussion:** The presentation will shed light on whether there are distinct symptom profiles among disaster survivors. We will discuss the implications for psychosocial care after natural disasters. The results are relevant for victims of natural disasters in general, and increases knowledge about the characteristics of posttraumatic stress and may improve psychosocial services after traumatic events.

**Paper No.:** 278  
**Reference:** S49  
**Presentation Type:** Oral Presentation  
**Symposium:** S49 - PTSD

**DSM-5 and ICD-11 symptom profiles in a diverse sample of trauma victims**  
*Kristina Bondjers, FK Arnberg, M Willebrand*
**Uppsala University, Department of Neuroscience - Psychiatry, Centre for Disaster Psychiatry, Uppsala, Sweden**

**Introduction:** The 11th revision of the International Classification of Diseases (ICD) proposes two related diagnoses for posttraumatic symptomatology: posttraumatic stress disorder (PTSD) comprising 6 symptoms grouped into three clusters and complex PTSD (C-PTSD). In contrast, in DSM-5 PTSD comprises 20 symptoms grouped into four clusters. The divergence between the two diagnostic systems may have important consequences for assessment and care of individuals exposed to traumatic events.

**Methods and Results:** In an ongoing study, 200 participants who have experienced a potentially traumatic event during the past 5 years have been recruited via adverts in local media, primary care, and outpatient psychiatric care. DSM-5 and ICD-11 PTSD symptoms as well as proposed criteria for complex PTSD were assessed. The results from a latent profile analysis will be presented including profile comparisons regarding positive diagnosis of DSM-5 PTSD, ICD-11 PTSD, and complex PTSD as well as differences in functional disability according to the WHODAS 2.0.

**Discussion:** Increasing the knowledge about the differences between the DSM-5 and ICD-11 diagnosis of PTSD regarding symptom presentation and predictive validity will shed light on how clinicians and researchers can understand and manage these differences. We will discuss potential clinical implications of the findings regarding assessment and care.

**Paper No.: 279**

**Presentation Type: Poster Presentation**

**Childhood trauma-related alterations in brain function during a Theory-of-Mind task in schizophrenia**

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**Introduction:** Childhood trauma is a risk factor for schizophrenia that affects brain functions associated with higher cognitive processes, including social cognition. Alterations in Theory-of-Mind
(ToM) are hallmark features of schizophrenia, and are also evident in individuals exposed to childhood trauma. However, the impact of childhood trauma exposure on brain function during social cognition in schizophrenia remains unclear.

**Methods:** We examined the association between childhood trauma and brain function during the performance of a ToM task in 47 patients diagnosed with schizophrenia or schizoaffective disorder. All participants completed the Childhood Trauma Questionnaire (CTQ) and underwent functional magnetic resonance imaging while performing an established visual-cartoon ToM task. Whole-brain multiple regression analysis was performed on ToM-related brain activation, with CTQ total score as regressor of interest, while accounting for the effects of age, sex, diagnosis, symptom severity, behavioural performance, intelligence and medications levels.

**Results:** First, using a small-volume correction approach within a mask made of key regions for ToM (including bilateral temporo-parietal junctions (TPJ), medial prefrontal cortex (mPFC) and posterior cingulate cortex (PCC)/precuneus), total CTQ scores were positively associated with activation of the PCC/precuneus. Second, explorative analyses for the rest of the brain (i.e., ROIs masked-out), revealed a positive association between trauma exposure and activation of the dorsomedial prefrontal cortex (dmPFC), as well as a negative association with activation of anterior section of the TPJ.

**Discussion:** These results suggest that childhood trauma exposure may, at least partially, contribute to functional alterations of brain regions essentials for effective mental state inference in schizophrenia.

**Paper No.: 280**

**Reference: S55**

**Presentation Type: Oral Presentation**

**Symposium: S55 - Assault and a Gender Perspective.**

**The youth programme at the Centre for Victims of Sexual Assault**

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**Introduction:** From 2011-2014, The Centre for Victims of Sexual Assault ran The Youth Programme for adolescents. The aim of the project was two-fold: 1) To offer treatment to adolescent between 15-19 years old and develop a treatment model and 2) to explore how the group was affected by the assault.

**Method:** 148 adolescents received individual, short-term and assault-focused psychotherapy, parents were offered supportive counselling. Participants underwent standardized data collection procedures. The study employed a mixed methods explanatory design in which statistical results from survey data are elaborated in qualitative case descriptions.
Results: Of the adolescents in the programme, 59 either knew or had become acquainted with the assailant before the assault. Three recurring themes were identified for this group: 1) Reporting to the police: Reasons for not reporting the crime to the police, which relates to fear of social consequences. 2) Failure to thrive in school: Performance and well-being in school may be affected by symptoms of trauma (e.g. cognitive deficits); especially if the assailant attends the same school. 3) Social isolation and exclusion: How the victim’s relationships can be complicated due to an assault, resulting in isolation for the victim and exclusion from their peer group.

Discussion: The social consequences of sexual assaults are serious and complex and are further complicated when the assailant is part of the peer group. Implications are discussed.

Paper No.: 281
Reference: S55
Presentation Type: Oral Presentation
Symposium: S55 - Assault and a Gender Perspective.

Eight years after exposure to assault violence: the longitudinal relationship between posttraumatic stress reactions and self-efficacy
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Introduction: There is a lack of prospective longitudinal studies focusing on the victims exposed to physical violence by a perpetrator other than a family member. Our study may identify long-term consequences of assault that few previous studies have done. The intention was to investigate the 8-year longitudinal reciprocal relationship between posttraumatic stress disorder (PTSD) symptoms and self-efficacy after an assault.

Method: The study had a mixed method longitudinal design, following a single group through 8-years, combining four repeated assessment rounds with qualitative interviews. N=143 at T1 and N=47 at T4. Questionnaires: Impact of event scale 22 (IES-22) and Generalised Self-Efficacy Scale (GSE).

Results: The prevalence of probable PTSD was high at all four assessment rounds, for instance 33.6 % in the acute phase (T1) and still as high as 19.1 % after 8 years (T4). PTSD symptoms and self-efficacy were significantly negatively correlated at all rounds. Female victims scored higher levels of PTSD symptoms than male. Higher levels of PTSD symptoms in the acute phase and 3 months later (T2) were related to lower self-efficacy at 3 and 12 months (T3). However, higher level of self-efficacy after 12 months predicted lower PTSD symptoms after 8 years.
Conclusions: Our results indicate that self-efficacy might contribute positively to recovery from PTSD symptoms. The longitudinal relationship between self-efficacy and PTSD symptoms seem to be complex.

Paper No.: 282
Reference: S12.1
Presentation Type: Symposium
Symposium: S12 - Results of new clinical trials focusing on PTSD after abuse


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Background and Aims: Cognitive restructuring and imagery modification for PTSD (CRIM-PTSD) is a new short intervention. It consists of the cognitive restructuring of core trauma-related dysfunctional beliefs about the self and the use of imagery to encourage more functional beliefs. An RCT showed that CRIM was effective for reducing posttraumatic stress disorder (PTSD) in survivors of childhood sexual abuse (CSA) when it focused on the feeling of being contaminated. CRIM was adapted to treat PTSD symptoms more generally and after various types of trauma by addressing the patients' negative self-concept. This treatment is being described in detail.

Methods: Ten patients with PTSD received two assessment sessions, two treatment sessions, and a booster session. The Clinician-Administered PTSD Scale (CAPS) was administered prior to and four weeks after treatment. Self-ratings, e.g., the Posttraumatic Diagnostic Scale (PDS) and the Posttraumatic Cognitions Inventory (PTCI), were administered at baseline, immediately posttreatment, and four weeks after treatment.

Results: The participants showed significant improvements in both clinician-rated (d = 2.55; p < 0.01) and self-reported PTSD (d = 1.47; p < 0.01). One month after treatment, 9 patients no longer fully met the diagnostic criteria for PTSD.

Discussion/Conclusion: This pilot study suggests that addressing the negative self-concept of PTSD patients using a combination of cognitive techniques and imagery modification can effectively reduce PTSD symptoms. The results are limited by the small sample size and the lack of a control group. There is an outlook on future research on CRIM for PTSD.

Paper No.: 283
Reference: S01.4
Presentation Type: Symposium
Symposium: S01 - PTSD & complex PTSD: ICD -11 updates on concept and measurement

The structure of complex PTSD in the Lithuanian population
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**Background:** There is a growing support for the structure validity for the complex posttraumatic stress disorder (CPTSD) as it was proposed for the ICD-11. This study aimed to analyze the structure of CPTSD, prevalence and risk factors in Lithuanian population.

**Methods:** In total 650 participants, aged 34.50 (SD = 14.48) years on average, 59.5% (n = 387) women participated in this study. Trauma exposure was measured with the Lithuanian language version of the Life Experiences Checklist (LEC). We used the self-report version of the ICD-11 Trauma Questionnaire (ICD-TQ) to measure PTSD and CPTSD.

**Results:** Confirmatory factor analysis shows promising results in supporting the proposed structure model of CPTSD in Lithuanian sample. CPTSD was associated with gender, accumulative life-time trauma exposure, employment status, and self-reported health.

**Discussion:** Our study findings support the proposed structure of CPTSD, and reveals potential risk factors for PTSD in Lithuanian population.

**Paper No.:** 284  
**Reference:** W85  
**Presentation Type:** Workshop  
**Workshop: W85 - Psychological debriefing: evidence-based but ‘Do Not Do’?**

**Psychological debriefing: evidence-based but ‘Do Not Do’?**  
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In April 2017 critical incident stress debriefing (CISD) was granted evidence-based status by the National Registry of Evidence-based Programs and Practices (NREPP) and listed with the Substance Abuse and Mental Health Services Administration (SAMHSA) in the USA. As a form of ‘psychological debriefing’ CISD has received warnings of harm from mental health authorities including the National Institute of Health and Care Excellence (NICE) in England and Wales and similar bodies internationally. Despite these warnings CISD persists as a form of early intervention in military, humanitarian and emergency services worldwide. Whilst this contradiction persists it can be observed that trials of clinically-led debriefing report elevated symptom scores relative to trials of peer-led debriefings. Drawing on personal experience in fire and rescue work, leading post 9/11 CISDs with New York police officers and work with police officers involved in the Westminster attacks the role of peer-support will be re-examined. Drawing on pilot data from UK firefighters, empirical evidence will suggest that critical incident reactions may be more amenable to peer-support than clinical intervention. If claims of harm have prevented the implementation of early and effective interventions following critical incidents the ethical, legal and personal implications have yet to be assessed. A proposal to unify the research effort to bring clarity and consistency to
the design, delivery and enhancement of early interventions, including psychological debriefings, will be made.

Paper No.: 285
Reference: S55
Presentation Type: Oral Presentation
Symposium: S55 - Recklessness as a Response to Trauma

“My son has become immortal”. Parents’ descriptions of reckless behavior in young survivors of a terrorist attack

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Background: Because of a developing evidence base, recklessness and self-destructive behavior (such as reckless driving and risky sexual behavior) have been added to the criteria for PTSD in the DSM-5 as a symptom of arousal and reactivity (Friedman, Resick, Bryant & Brewin, 2011). However, recklessness among young people exposed to terrorism has only been sporadically studied. We used a multi-informant, mixed-methods approach to examine recklessness among young people exposed to the terrorist attack at Utøya Island.

Method: Approximately 2.5 years after the attack, 286 parents provided a narrative about changes in reckless behavior in their youth (mean age 19.3 at the time of the attack) post-trauma, which was systematically coded. Youth self-reported reckless behavior was assessed via an item of the UCLA PTSD Reaction Index, at three different time-points after the attack.

Results: Only 11.5% of the parents had observed reckless behavior in their youth after the attack, and many reported that their youth had become more careful post-terror. Parents described four categories of recklessness: 1) Increased consumption of alcohol and/or drugs, 2) carelessness in traffic, 3) getting into fights, and 4) self-harming behavior. Youth’s self-reports revealed a greater tendency to engage in reckless behavior. Youth self-report revealed a threefold tendency to engage in reckless behaviours, as compared to parents’ reports.

Discussion: In conclusion, recklessness was relatively infrequent in this sample, and our findings suggest that after trauma, risky and reckless behavior among youth may increase for some but decrease for others.

Paper No.: 286
Reference: S54
Presentation Type: Oral Presentation
Symposium: S54 - Bereavement and Illness

A changed reality: listening to homicidally bereaved individuals
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Introduction: Research on death and dying has grown in the last few decades, with more known about likely responses and reactions. However, homicidal bereavement has been much less widely researched. With a relatively high percentage of homicides occurring worldwide (437,000 people were killed by homicide in 2012; United Nations Office on Drugs and Crime [UNODC], 2013), it is important to understand what psychological outcomes might emerge afterwards and how to promote people’s wellbeing and adjustment overtime. This experience seems to bring psychological disorders and/or dysfunctional symptoms (e.g., depression, anxiety). In addition, traumatic responses are also likely to occur, such as Posttraumatic Stress Disorder (e.g., van Denderen, 2013) and complicated grief possesses (Prigerson et al., 1995).

Method: Qualitative semi-structured interviews were performed with 21 individuals during their attendance at a residential programme aimed to help participants cope and recover following homicidal bereavement. Thematic analysis was selected to analyse the narratives collected.

Results: Preliminary results demonstrated that individuals seem to face a variety of changes in many areas of their lives, where strong emotional and psychological impacts were described. Four central themes emerged, namely: 1) unique experience, 2) sources of support, 3) coping mechanisms and 4) changed self and world. Furthermore, two different ‘paths’ seem to describe people’s changed reality: “a new normal” vs. “I do not live, I survive”.

Discussion: The narratives add an understanding of the changes individuals are likely to face following homicidal bereavement. This can inform practice (e.g., clinical interventions), as well as policy-making.

Paper No.: 287
Reference: S62
Presentation Type: Oral Presentation
Symposium: S62 - Social and Economic Influences

A socio-economic and demographic investigation about juvenile pushed to crime over court records (sample of Van)
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Introduction: Generally, child abuse means maltreating a child by an adult in physical or psychological way. According to Turkey’s 5395 numbered Child Protection Act, every individual, younger than 18, is accepted as a child although, he/she is adolescent(1). The aim of this study is
the examination of the reports, in terms of socio-economic, demographic, that is reverted to domestic court about Juvenile pushed to crime in Van, a city in Turkey.

**Method:** This study is carried out according to document scanning technique which is a method of qualitative research. So, the reports, that is reverted in domestic courts of Van, of juvenile pushed to crime are kept by experts. The reports chosen, among the records kept by experts, by the way of adequate sample are investigated.

**Result:** It is found out that economic condition of the family of juvenile pushed to crime is bad. Main reason pushed the juvenile to the crime is worse economy. It is found out that worse economic conditions, neglect, peer influence and family intervention is the reason pushed the juvenile to crime. Widespread crimes are robbery and smuggling.

**Discussion:** As a result of investigated records, it is found out that, to a large extend, economic condition and educational status of the family of juvenile is bad. In this context, it is inevitable to increase social support and increase educational level for marriage in order to avoid child abuse.

**Paper No.:** 288
**Presentation Type: Poster Presentation**

**Post-traumatic stress, mental health, coping, and exposure to critical events in firefighters with different levels of peritraumatic dissociation symptoms**

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**Introduction:** Firefighters constitute a high-risk group because they are exposed to a diversity of adverse experiences. In Chile, there are no studies of the impact of these experiences in these professionals. The purpose of the present study was to compare three groups of firefighters with different levels of peritraumatic dissociation (PD), to evaluate the differences in exposure to critical events, post-traumatic stress, mental health symptoms and coping strategies.

**Method:** 239 Chilean firefighters filled out the assessment protocol in their work places. The sample was divided in three groups, firefighters with PD (n= 54), firefighters with some symptoms of PD (n=111) and without PD (n=74). One way anova were used to compare these groups. Multiple regression analysis was conducted to evaluate the predicted effect those variables on peritraumatic dissociation.

**Results:** Firefighters with PD reported higher exposure to critical experiences, more symptoms of post-traumatic stress, more mental health symptoms and a higher use of emotion-focused coping styles, and dysfunctional coping strategies than the firefighters without PD. Multiple regression analysis revealed that emotion-focused coping, dysfunctional coping strategies, and perceived threat related to the exposures most strongly predicted peritraumatic dissociation.

**Discussion:** The results show that the presence of peritraumatic dissociation symptoms constituted a risk for mental health and post-traumatic stress symptoms in Chilean firefighters. The prevention
of these symptoms and the identification of those firefighters who develop peritraumatic dissociation is necessary. Training should focus on alternative coping strategies to help firefighters manage their exposure to a critical incident.

Paper No.: 289
Presentation Type: Poster Presentation

Self-other distinction after early trauma: childhood abuse and a role of depression
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Introduction: Experience of childhood abuse impairs complex social functioning; however, much less is known about its effect on basic social cognitive processes. Whilst crucial social functions are our ability to understand other people’s minds (so-called Theory of Mind, ToM) and our ability to control imitative behaviour, surprisingly few studies have investigated such rudimentary processes in trauma survivors.

Methods: Using two tasks, the present study investigated ToM and imitative behaviour in adults who experienced childhood abuse. Forty-one adult women with childhood sexual and/or physical abuse histories (CA, mean age = 34.9 years, SD = 13.00) and 26 women with no traumatic history (UC, mean age = 38.1 years, SD = 11.82) completed a ToM task, an imitation-inhibition task, and self-reported empathy.

Results: In the implicit ToM task, UCs relative to CA women showed a larger ToM index, i.e. were quicker to respond when facilitated by knowledge of another’s false belief. In the imitation-inhibition task, CAs experienced less interference when observing incongruent movements of another agent compared to UCs. However, when controlling for depression, differences in ToM disappeared yet remained significant for inhibition of imitative behaviour. Lastly, CAs reported more empathic concern and less personal distress.

Discussion: The findings suggest that survivors of childhood abuse have altered perspective-taking skills, and may be less influenced by another person’s perspective potentially due to dysfunctional self-other distinction. Additionally, depression appears to play a role in only some aspects of social cognition.

Paper No.: 290
Presentation Type: Poster Presentation

Effects of childhood abuse and internal working models of attachment on emotion recognition of faces: examined by manipulating strength of expressions
Matsuo Kazuya¹, O Shin-ichi³, S Yoshihiro³, I Tsutomu³, F Yoshikazu⁴
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Childhood abuse and Internal Working Models (IWM) of attachment are known to be important factors effecting on the recognition of facial emotions. Though in daily life, facial expressions varies in various strength depending on situations, previous studies have used the facial expressions expressed at high strength. Therefore this study examined the effects of childhood abuse and IWM on emotion recognition by varying the strength of facial expressions in stages. A questionnaire including the scale of childhood abuse and IWM was administered, together with the facial emotion recognition tasks to university students (N=57, 12 males and 45 females). In emotion recognition tasks, faces expressing happy, anger, sad, and fear were used by setting five levels of expression strengths (0, 25, 50, 75, and 100%). Participants were required to evaluate the degree of emotions expressed in each face. The results of hierarchical multiple regression models indicated that childhood abuse decreased the accuracy in reading neutral facial expressions (0%) and happy (25%), and increased the accuracy in reading anger and sad (25%). When IWMs were entering however, the former effects became insignificant. Moreover, attachment-related anxiety which is one sub-scale of IWM decreased the accuracy in reading neutral facial expressions, happy (75%), sad (75 and 100%), and fear (50%), whereas attachment-related avoidance which is another sub-scale of IWM increased the accuracy in reading sad (100%). This study suggested that childhood abuse affect the reading of faces with weak expressions and attachment-related anxiety/avoidance of IWM affect the reading of faces with strong expressions.

**Paper No.:** 291

**Reference:** S29.4

**Presentation Type:** Symposium

**Symposium:** S29 - The dimensionality of DSM-5 PTSD: factor structure and validity of DSM-5 PTSD measures across samples

**Validity and reliability of the Dutch Clinician Administered PTSD Scale for the DSM-5**

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Introduction: In 2013 the golden standard to assess Posttraumatic stress disorder (PTSD), the Clinician Administered PTSD Scale (CAPS), was adapted to the DSM–5 (CAPS-5). This study aimed to assess the psychometric properties of the Dutch CAPS-5 in a representative sample of trauma-exposed individuals.

Method: A stepped crowd translation was performed to create the Dutch CAPS-5 (1). After training, clinicians conducted CAPS-5 interviews to 1044 trauma-exposed individuals (mixed trauma-background) referred for specialised diagnostic assessment. Subsequently, reliability of the CAPS-5 and its subscales was established with internal consistency and interrater reliability analyses. Construct validity was investigated by establishing the factor structure of the CAPS-5 by exploratory and confirmatory factor analysis (EFA, CFA).

Results: Preliminary results showed that the CAPS-5 and its subscales demonstrated good internal consistency. Analyses of blindly double-scored CAPS-5 interviews (n=20) showed adequate interrater reliability for the total severity score and PTSD diagnosis. EFA and CFA are ongoing and will be presented.

Discussion: Results are discussed in the light of former reliability results and theoretical and empirical support for the latent structure of DSM-5 PTSD; and as part of the symposium ‘The Dimensionality of DSM-5 PTSD: Factor structure and validity of DSM-5 PTSD measures across samples’.

Paper No.: 293
Reference: S21.1
Presentation Type: Symposium
Symposium: S21 - Occupational violence and health - presenting and discussing studies on the impact of occupational violence on health and future directions in the field

Work-related threats and violence and post-traumatic symptoms in four high-risk occupations: short and long term symptoms
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Introduction: In human service sectors frequencies of work-related violence and threats are high, and not always preventable. The consequences can be depressive, anxiety and somatic symptoms, as well as an increased risk of post-traumatic stress disorder (PTSD).
Objective: To examine the associations between exposure to work-related violence and threats and subsequent PTSD symptoms in four high-risk occupations in human service work at long and short term.

Methods: Questionnaire data was collected from 2678 employees working in psychiatric wards, in the elder sector, in the Prison and Probation Service (PPS) and in Special Schools. Exposure to work-related violence and threats was measured in 2011 while symptoms of PTSD measured by Impact-of-Event-R in 2011 and 2015. The associations were calculated with logistic regression adjusted for bullying, sexual harassment and conflicts at work and other personal traumas.

Results: Across sectors, there was a significant association between work-related threats and symptoms of PTSD in both 2011 and 2015. Furthermore, there was significant association between work-related violence and symptoms of PTSD in 2011, but not in 2015. The associations were strongest at short term. The associations were strongest in the PPS and for staff working at psychiatric wards, and in all sectors the association was strongest for male staff.

Discussion: Given the relationship between work-related violence and threats and symptoms of PTSD, it can be discussed how supervisors can detect symptoms of PTSD after exposure to traumatic events and how the workplaces can institutionalise appropriate support and treatment for employees.

Paper No.: 294
Reference: S75
Presentation Type: Oral Presentation
Symposium: S75 - Child Maltreatment

Trajectories of self-regulation symptoms among child maltreatment survivors
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Introduction: There is considerable evidence that emotional and behavioral self-regulation skills improve as children age. However, little is known about the heterogeneity in trajectory of self-regulation skills over time among maltreated children. This is important as poor self-regulation skills are predictive of later life psychopathology. This study examined the heterogeneity of self-regulation trajectories among maltreated children, tested predictors of trajectory, and the relationship between self-regulation trajectory and later life posttraumatic stress disorder (PTSD) symptoms.

Method: The sample was composed of 1354 children who participated in the Longitudinal Studies of Child Abuse and Neglect (LONGSCAN) consortium (Runyan et al., 2011). LONGSCAN is composed of five regional data collection sites in the United States. Self-regulation was assessed by a composite of three Child Behavior Checklist subscales: Anxiety/Depression, Aggression, and
Attention Problems (Spencer et al., 2011). Self-regulation was assessed bi-annually from age 4 to 16 and PTSD symptoms were assessed at age 18.

**Results:** Four trajectory groups were identified labeled consistently low (79.8%), consistently high (3.6%), decreasing (6.9%), and increasing (9.8%). Higher maternal depression predicted membership in the consistently high and decreasing groups relative to the consistently low group. Membership in one of the more dysregulated groups (consistently high, decreasing, and increasing) predicted more severe symptoms of PTSD at age 18.

**Discussion:** This study discovered heterogeneity in self-regulation trajectories. Maternal depression predicted membership in more symptomatic trajectory groups. Provision of support to reduce maternal caregiver’s depression represents one avenue for attenuating the long-term effects of maltreatment on children.

**Paper No.:** 295  
**Reference:** S58  
**Presentation Type:** Oral Presentation  
**Symposium:** S58 - Long-Term Consequences

**Investigating young adolescents’ mentalization across childhood adversity types**

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Mentalization refers to the capacity to infer mental states of self and others. Theory highlights the significance of social experiences and relationships, particularly those of child in family in determining one’s capacity for mentalizing. This ability may influence navigation through social interactions and thus become an essential factor that may further lead the developmental trajectory of adolescent towards disturbance or resilience. The present study aims to examine dimensions of mentalization across a range of childhood adversities in a population sample of 12-14 years old adolescents in Lithuania.

Participants (N = 693) were administered self-report (Childhood Experiences Questionnaire and Reflective Function Questionnaire for Youths) and task-based (Levels of Emotional Awareness Scale for Children, Reading the Mind from the Eyes Test) measures. Correlation analysis revealed that overall score of childhood adversity was significantly related to mental states recognition, emotional awareness, and self-reported reflective function. Examination using person-oriented methods indicated three groups of childhood adversity: (1) no adversity (73.7%), (2) adversity marked by emotional and physical abuse (21.6%), and (3) high adversity (4.7%). ANOVA analysis showed that no adversity group had significantly higher scores on all measures of mentalizing except mental states recognition. Adolescents from second group compared to high adversity group did not differ in reflective function but were better in mental states recognition and emotional awareness.
The study provides an important extension to the literature on the outcomes of childhood adversity and information for practical implications. This research was funded by a grant (No. GER-004/2017) from the Research Council of Lithuania.

Paper No.: 296
Reference: S76
Presentation Type: Oral Presentation
Symposium: S76 - Terror

Predictors of healthcare to parents: a longitudinal study of the aftermath of the Utøya terrorist attack
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Introduction: For half a century, Andersen’s behavioral model of health service use has shaped much of the thinking on access to healthcare. Nevertheless, little is known about predictors of healthcare-seeking behavior in parents in the aftermath of terrorism.

Methods: This study combines registry-based primary healthcare data on n=196 mothers and n=113 fathers of n=227 Utøya survivors (47.1\% of all survivors) with self-reports of the parents and their child-survivors. Parental healthcare consumption early (6 months) and delayed after the attack (6-36 months) was regressed (negative binominal), adjusted for pre-disaster healthcare consumption, age and number of child-survivors per parent. Hypothesized predictors of healthcare consumption included parental and child distress (UCLA-post-traumatic stress disorder reaction index), education, country of origin, personal economy and cohabitation with partner. Ratios of predictions of high versus low level of distress (cut-off=38 vs 0) and yes vs no responses of dichotomous variables were bootstrapped (10^4 repetitions).

Results: High distress was associated with elevated early healthcare consumption in mothers 1.72 (1.16-2.50) and fathers 2.23 (1.06-4.48). Delayed after, this was true only among mothers (1.62, 1.16-2.23). Child distress or socio-demography was not significantly associated with increase in parental healthcare consumption. Significant interaction between parent and child early distress was observed in fathers (p<0.007), significantly increasing early healthcare consumption in distressed fathers (13.5, 1.32-151.9).

Discussion: Encouragingly, healthcare consumption was predicted by early distress and not socio-demographic factors. In the aftermath of disaster, GPs need to prepare for early and lasting healthcare needs in highly distressed individuals, including the parents of survivors.

Paper No.: 297
Presentation Type: Poster Presentation
Heart-rate variability as physiological predictor of child/adolescent PTSD symptoms following trauma and the moderating role of parenting

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Introduction: Alterations in heart-rate at rest and during exposure to trauma-related stimuli are commonly found in adult patients suffering from posttraumatic stress disorder (PTSD). However, this association has been less frequently studied in children and adolescents exposed to trauma. Empirical investigations of heart-rate variability, which is often considered an indicator of stress response and emotion regulation capabilities, are scarce and inconclusive. Furthermore, although the wider literature suggests that parental support can moderate child heart rate responses to distress, it is not yet clear whether parental behaviours could influence the association between such physiological reactions and child post-trauma outcomes.

Methods: Heart-rate data were collected from 83 mother-child pairs (child age: 6-13) within 1 month (T1) of the child/adolescent experiencing a potentially traumatic event and at a 6 months follow-up (T2). At T1, the children verbally recounted their traumatic experience both in the absence of and together with their parents, whilst their heart-rate was recorded. Parental behaviours were assessed via questionnaires and behaviour coding during the joint narrative. PTSD symptoms at T2 were assessed using the child report scale of the UCLA PTSD index for DSM-V.

Results and Discussion: Results will examine the relationship between child/adolescent heart-rate variability and PTSD outcomes, as well as the potentially moderating influences of parental behaviours. The findings may help to increase our understanding of heart-rate variability as a potential risk-marker for PTSD development following child/adolescent trauma and to develop effective family interventions.

Paper No.: 298
Reference: S46
Presentation Type: Oral Presentation
Symposium: S46 - Treatment Interventions for Refugees II

Pain and other moderators effecting the treatment outcome from an interdisciplinary rehabilitation program for tortured and traumatized refugees at DIGNITY

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Background: When chronic pain and posttraumatic stress disorder (PTSD) co-occur the severity of both are mutually maintained and increased. More information is needed to understand how the presence of pain impacts response to treatment aimed at traumatized refugees.

Method: 160 clients were included in a quasi-experimental trial comparing outcomes from the interdisciplinary rehabilitation program at DIGNITY (Danish Institute Against Torture), with
waitlisted clients at pre-, post- and nine-month follow-ups. The interdisciplinary rehabilitation program combines pharmacotherapy (where needed), physiotherapy, trauma-focused psychotherapy (primarily CBT), and social advisors. Outcome and moderation were analyzed using mixed model, SPSS.

**Results:** Compared with waitlist, treated clients showed statistically significant (p<.05 with Bonferroni correction) improvements at post-treatment in PTSD (d: 0.6), Depression (d: 0.4), Anxiety (d: 0.4), and number of pain locations (d: 0.3) with gains maintained at the 9-month follow-up for PTSD (d: 0.5), and depression (d: 0.3). Moderation analyses suggested that higher baseline levels of interference from pain were associated with a poorer response to treatment on measures of PTSD, depression and anxiety. Preliminarily mediation analysis is also suggesting that pain interference is associated with higher levels of these outcomes at each point of measurement.

**Discussion and Conclusion:** This is one of the first studies to examine the role chronic pain plays in treatment aimed at psychiatric disturbance, participation and social functioning in traumatized refugees. The present findings suggest that patients with higher levels of interference from pain may benefit from having their standard treatment supplemented with evidence-based interventions targeting chronic pain.

**Paper No.: 299**

**Reference:** S30

**Presentation Type:** Symposium

**Symposium:** S30 - Perceived social support and peer support programs in trauma-exposed journalists: evidence based perspectives

**Perceived social support and peer support programs in trauma-exposed journalists: evidence based perspectives**

*Gavin Rees*

*Dart Centre for Journalism and Trauma, London, UK*

The role of supportive peers, loved ones, and structured support has been critical in understanding risk and resiliency for PTSD among journalists, as well as creating interventions for this high risk occupation. This symposium brings together researchers, advocates, and trainers to discuss new findings about social support among journalists.

In the first two presentations, data from two samples of news journalists are presented (international sample N = 136; Norwegian sample N = 375). Results show e.g. that workplace social support that the journalist perceived as useful may be a protective factor against psychological impairment following crisis-related assignments.

The remaining two presentations focus on how to implement this knowledge in news- and classrooms. Experts from the Dart Centre for Journalism and Trauma and the Norwegian Union of Journalists present best practices for, and practical examples of how the impact of social support can be included in training for professional journalists and journalism students.
Ethical dilemmas, social support, and posttraumatic growth in news journalists working with large-scale violence
Klas Backholm¹, T Idås²

¹ University of Helsinki, Swedish School of Social Science, Department of Journalism and Communication, Helsinki, Finland
² The Norwegian Union of Journalists, Oslo, Norway

Introduction: A news journalist may be exposed to trauma during crisis-related assignments. Most studies have investigated possible negative consequences such as posttraumatic stress symptoms (PTSS) [1]. However, information about factors possibly contributing to positive post-assignment experiences, i.e. posttraumatic growth, in journalists is scarce [2].

Method: In this study, the role of ethical dilemmas (e.g. uncertainty about crisis-related rules of conduct) and three subtypes of work-place social support (received support; perceived support; received recognition) as predictors of PTSS and PTG were investigated with structural equation modeling. Data was collected with a web-based survey. The sample consisted of 375 Norwegian journalists who worked with the Oslo/Utøya terror attack in 2011.

Results: More exposure to ethical dilemmas predicted more posttraumatic stress as well as more growth. Receiving unofficial recognition from managers and colleagues was associated with more growth.

Discussion: The quality rather than the amount of provided support was central. By developing a workplace culture for discussions and recognition, news organizations can support professional and personal growth after crisis-related assignments.

How to teach journalism students about stress reactions and social support?
Trond Idås
The Norwegian Union of Journalists, Oslo, Norway
**Introduction:** Studies among journalists who have covered traumatic events show that social support and recognition at work are key factors for resilience and posttraumatic growth [1, 2]. Other studies show that media organizations have much to improve regarding the culture for openness about potential stress-related impairment, compared to other professions [3]. One way to promote an openness is to introduce stress and social support as topics at journalism schools.

**Method:** During the last ten years, the Norwegian Union of Journalists has collaborated with Norwegian schools of journalism. Through lessons and a textbook that is included in the syllabus at several schools [1], the interactions between stress reactions, social support, resilience and personal and professional growth have been included into teaching curricula.

**Results:** By introducing the topic at an early stage of the career, young journalists will achieve an understanding of psychological stress and related risk/protective factors that is important for personal well-being as well as for skills related to carrying out and promoting ethical journalism.

Paper No.: 302
Reference: S30.1
Presentation Type: Symposium
Symposium: S30 - Perceived social support and peer support programs in trauma-exposed journalists: evidence based perspectives

**Effects of social support on PTSD symptoms, workplace dysfunction & counter-productivity among journalists**

*Bradley Brummell, A Slaughter, S Drevo, K Parker, E Newman*

*University of Tulsa, Dart Center for Journalism and Trauma, Tulsa, Oklahoma, USA*

**Introduction:** Perceived social support has been shown to be a key protective or risk factor for PTSD among journalists [1, 2]. The relative contribution of personal and professional support has yet to be understood. This study examines the influence of social support on PTSD symptoms, occupational dysfunction, and counter-productivity.

**Method:** In an online survey with 136 journalists, the role of trauma exposure and two types of perceived support (personal and occupational) were examined as predictors of PTSD symptoms, occupational dysfunction, and counter-productivity using regression analyses.

**Results:** Higher perceived personal social support (and personal trauma) predicted PTSD symptoms, while lower perceived occupational support predicted occupational dysfunction and counterproductive work behavior, regardless of trauma exposure.

**Discussion:** Solutions to decrease counter-productivity and workplace dysfunction, may require focus on workplace support while personal resources may be more important for addressing trauma-related mental health responses. Implications for health wellness programs for journalists exposed to trauma require more nuanced interventions based on understanding social support and its impact.
Perceived social support and peer support programs in trauma-exposed journalists: strengthening social support in newsrooms

*Gavin Rees*

*Dart Centre for Journalism and Trauma, London, UK*

Gavin Rees will act as chair and discussant. His introduction will offer a brief ethnography of the working culture of contemporary journalism, and discuss how distinctive professional economic and ideological constraints complicate the importation of a simple one-size fits all social support model from other trauma-exposed populations. He will explain how new media technology (the internet and the greater availability of cheap camera technology) has changed the threat environment that working journalists face. Exposure to traumatic imagery, online harassment, and now greater uncertainty over governments’ role in guaranteeing freedom of expression have all increased the need for social support within certain sub-trades of journalism, which previously have not typically been recognised as high risk.

His presentation will examine how journalistic activity is organised, and discuss the challenges in institutionalising and strengthening peer-to-peer social support in different working milieu, (for example desk-workers vs location reporters in news teams,) and in different economic positions (eg. salaried vs freelance).

In concluding, Gavin will draw on data from the previous presentations, along with the Dart Centre for Journalism and Trauma’s work in developing and promoting social support within networks of professional journalists, in order to suggest a range of potential social support solutions, appropriate for different working situations.

Symptoms and coping in Chilean firefighters: comparison between groups evaluated before and after January 2017 bushfires

*Nadia Ramos Alvarado*¹, H *Marin*², Â *Maia*³

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² Centro Nacional de Investigación para la Gestión Integrada de Desastres Naturales, Santiago, Chile
³ University of Minho, Department of Clinical Psychology, Braga, Minho, Portugal
**Introduction:** In a systematic review of Chilean firefighters mental health research (under review), we found that there are no studies concerning traumatic exposure, peritraumatic dissociation, PTSD symptoms and coping. In the last months, we were able to evaluate 433 firefighters from all over the country and planned to evaluate another 150 in the beginning of 2017. In January, the worst bushfire in Chilean history run for 29 days, interrupting the collection of data. Our aim is to compare the ones already evaluated with the ones that will be evaluated after this exposure.

**Method:** Until now 433 Chilean firefighters filled out the assessment protocol (traumatic exposure, peritraumatic dissociation, global psychopathology, PTSD, coping). In the next month (March 2017) firefighters from two cities (n = 150) will be evaluated as previously arranged.

**Results:** Contrary to expectations, only 1.2% of the participants already evaluated reported PTSD symptoms according to DSM-5 criteria (M= 7.01; SD 7.18), although 20% presented significant symptoms of peritraumatic dissociation (M= 13.45; SD 5.2). Data from this group (pre-exposure) will be compared to a group of firefighters exposed to the recent bushfire regarding self-report of exposure and symptoms.

**Discussion:** Severe exposure to stress is a risk factor for developing PTSD symptoms. The recent bushfire, that caused the destruction of entire towns, the loss of lives (including firefighters lives), is both a tragedy but also an opportunity to understand how these experiences can affect the mental health of firefighters and how coping can contribute to mental health.

**Paper No.:** 305

**Reference:** S31

**Presentation Type:** Symposium

**Symposium:** S31 - Responding to the mental health needs of conflict-affected and traumatized children and adults in Georgia and Ukraine: challenges and opportunities

**Responding to the mental health needs of conflict-affected and traumatized children and adults in Georgia and Ukraine: challenges and opportunities**

*Darejan-Jana Javakhishvili*

*_Ilia State University, Institute of Addiction Studies, Tbilisi, Georgia_*

**Introduction:** Georgia and Ukraine are in a process of overcoming post-totalitarian inertia and armed conflict. This involves responding to war trauma and promoting appropriate reforms in the field of mental health and child care to support deinstitutionalization and establishment of community based trauma services. This symposium discusses the challenges and opportunities in addressing mental health needs of traumatized children and adults in these countries.

**Method:** Bayard Roberts from the London School of Tropical Medicine will present data from a cross-sectional survey conducted throughout Ukraine in 2016 with nation-wide representation of internally displaced persons which examines mental health needs and the corresponding service gap. Nino Makhashvili from ILia State University will present findings on mental health problems among deinstitutionalized children in Georgia; Darejan-Jana Javakhishvili from ILia State University
will share findings on factors contributing to and preventing the professional burnout of the mental health professionals working with the traumatized deinstitutionalized children in Georgia. The forth presentation by Darejan-Jana Javakhishvili and Nino Makhashvili is focused on exploring an experience gained from piloting and implementing networks of trauma informed and focused services in Georgia and Ukraine.

**Conclusions:** The lessons learned from establishing chain of trauma services in Georgia and Ukraine for war trauma survivors will be summarized and key observations and recommendations made. Factors affecting child trauma survivors and their carers and mental health profile and needs of children transferred from big institutions to modern care will be presented. Dynamics and challenges of mental health reforms in these two countries will be explored.

**Paper No.: 306**
**Presentation Type: Poster Presentation**

**Portuguese version of attitudes related to trauma-Informed care: translation and psychometric studies**

José Carlos Rocha¹, H Barbosa¹, T Pires², C Rocha²

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² CPTL, Centro de Psicologia do Trama e do Luto, Porto, Portugal

Considering the actual knowledge of the relevant effects of adverse childhood experiences, traumatic events and grief on health and academic outcomes, several programs have been developed to improve provision of services to people with histories of potentially traumatic exposure through trauma-informed care (TIC). Some of the problems of such type of programs are related to the difficulties to evaluate their outcome and the efficacy of such endeavour, and also a way of fine tune the manuals based on evidence. Therefore, the team from Traumatic Stress Institute of Klingberg Family Centers in partnership with Courtney N. Baker, developed ARTIC. This study aims to translate, to adapt and to characterize ARTIC Portuguese version.

**Method:** After informed consent, 50 teachers and social care institutions from Portugal completed a socio-demographical inquiry, ARTIC Portuguese version, Secondary Traumatic Stress Scale and Maslach Burnout Inventory. ARTIC Portuguese version has 45 items plus 15 supplemental original items related to grief-informed attitudes. The translation process was made using the original version in English: 1. Direct, independent translations to Portuguese by three Psychologists and a professional translator; 2. Back-translation to English; 3. Consensus based on previous versions.

**Results:** The dataset was explored to include general description of the scale and the items, reliability analysis (Cronbach alpha), Exploratory factor analysis and external validity using Pearson’s correlations.

**Discussion:** The relevance of supplemental items and the adjustment they provide are discussed envisioning a broader concept of trauma and grief-informed care. Also ARTIC Portuguese version enables future research evaluating the outcome of TIC training.
Burnout among mental health staff working with traumatized deinstitutionalized children in Georgia
Darejan-Jana Javakhishvili
Ilia State University, Institute of Addiction Studies, Tbilisi, Georgia

**Introduction:** The childcare system reform undergoing in Georgia for the past decade succeeded in deinstitutionalization of children, coupled with the establishment of appropriate alternatives, such as foster care, small group homes for 8-10 children, etc. The objective of the study was to explore factors contributing to and preventing burnout among the state-employed psychologists and social workers providing services to deinstitutionalized children who have experienced abuse, violence or neglect.

**Method:** A round of in-depth qualitative interviews was conducted to study factors facilitating burnout symptoms among the 92 psychologists and social workers providing mental health services at child foster care and small group families. In addition, quantitative research was implemented by the means of Brief Coping and Generalized Anxiety inventories, Professional Quality of Life Scale 5, Patient Health Questionnaire 9 and WHO Disability questionnaire 12. Descriptive and multivariate analyses were applied.

**Results:** Getting acquainted with stories from caregivers/parents about abuse, neglect and violence are the key factors contributing to symptoms of professional burnout. This influences decision making on the after-service pathways for children. The positive coping strategies (emotional support, instrumental support, planning, active coping, acceptance and religion/meditation) for overcoming job-related stress are associated with less burnout symptoms and better mental health outcomes. Staff care strategies related to peer support and supervision facilitated the use of positive coping strategies and decreased the risk of burnout.

**Conclusion:** The study findings are giving guidelines for effective staff care strategies, both at organizational and individual levels, for mental health professionals working with the traumatized institutionalized children.
**Refugee relationships under stress**

*Trudy Mooren*

*Foundation Centrum '45 Utrecht University, Department of Clinical Psychology, Diemen, The Netherlands*

The bio-ecological theory of human development by Bronfenbrenner (2001) forms the backbone of this symposium on understanding, preventing and intervening child maltreatment in refugees. Principles derived from this model are 1. central focus on experience as the engine of human development, 2. context- or environment based learning or development, and 3. reciprocal consequences of experiences shared by children and parents. Also parents are influenced by the behavior and development of their children. Whenever family life is in transition or crisis, such as often is the case with refugee families, living in collective centers and facing an uncertain future, interactions among family members are vulnerable to disturbances. Neglect or abuse of children may occur due to chronic stressors and increasing frustration. How to support minor refugees in difficult circumstances? This symposium will present four papers that focus on different aspects of young refugees and their families under stress. Preventive and intervention strategies aiming child and family support will be presented.

**Paper No.: 309**

**Reference: S32.1**

**Presentation Type: Symposium**

**Symposium: S32 - Refugee relationships under stress**

**A practitioner review of mental health interventions for refugee minors**

*Irma Hein*

*Academic Medical Center De Bascule, Amsterdam, The Netherlands*

**Introduction:** Currently hundreds of thousands of minor refugees entered Europe, of which more than ten thousand were registered in the Netherlands. Minors are considered a vulnerable group, who have frequently been exposed to traumatic events and unfavorable post-migration factors. Although minor refugees are at increased risk of developing psychiatric disorders, it is assumed that many of them are not diagnosed and will not get the right treatment at the right timing.

**Methods:** In this presentation we discuss the results of our literature search on screening and interventions for PTSD in minor refugees, in order to make recommendations for clinical practice.

**Results:** Results show that studies on diagnostic accuracy of assessment instruments and efficacy of mental healthcare interventions in this population are lacking. Traumatic experiences pre-flight, during the flight and at resettlement, sometimes superimposed by parental PTSD, might lead to more than 25% of refugee children developing PTSD.
Discussion: To enhance the number of refugee minors recognized with PTSD we recommend the use of a brief screening instrument. Treatment should start with a public health approach, focusing on environmental supportive factors. Short-term and longer term interventions will be discussed.

Paper No.: 310
Reference: S28.3
Presentation Type: Symposium
Symposium: S28 - Screening for mental health after trauma in children and adults: importance, instruments, & innovations

Online mental health screening and early intervention for ED patients: pilot implementation and cost-utility analysis
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Background and Aims: Accidents, injury and acute illness may have a profound impact on Emergency Department (ED) patients. Online screening and targeted early intervention could facilitate detection of mental health problems at an early stage and prevent symptoms from worsening.

Method: During a 4-week pilot, all consecutive ED patients were invited to participate in an online mental health screening 3 weeks after their ED visit. Patients with a high symptom level of posttraumatic stress (TSQ), depression or anxiety (PHQ-4) were provided with a mobile self-help intervention. Quantitative response patterns were analysed and telephone interviews with randomly selected patients were held to qualitatively evaluate promoting and impeding factors for participation. Cost-effectiveness was determined by comparing the costs of the intervention against the calculated health benefits.

Results: Patients reported the online screening to be easy to use. The response rate on the online screening and usage of the intervention, however, were fairly low. A lack of understanding about the importance and benefit of the intervention seemed to underlie patients’ reasons for not participating. The cost utility analysis demonstrated that the intervention might be cost-effective if the response rate would be increased.
**Discussion and Conclusion:** Online screening of ED patients’ mental health problems seems promising as it is an easily accessible and low-cost method. We will share considerations concerning practicability as well as opportunities to improve the online screening and intervention method.

**Paper No.: 311**
**Reference:** S29.2
**Presentation Type:** Symposium
**Symposium:** S29 - The dimensionality of DSM-5 PTSD: factor structure and validity of DSM-5
**PTSD measures across samples**

**Web-based screening for PTSD symptoms in referred police officers with the PCL-5**
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**Background and Aims:** To facilitate easily accessible screening for trauma related symptoms, a web-based application was developed with the PCL-5 to identify posttraumatic stress disorder (PTSD). This study aimed to determine the diagnostic accuracy of the PCL-5 in a sample of referred police officers.

**Method:** Eighty-nine police officers (75% male) completed the PCL-5 on a personal device prior to a diagnostic interview including the Clinician-Administered PTSD Scale for DSM-5 (CAPS-5).

**Results:** Fifty-two (58.4%) participants were diagnosed with PTSD according to the CAPS-5. There was substantial agreement between the PCL-5 and the CAPS-5. An optimal trade-off between sensitivity (89%) and specificity (68%) levels was found at a cut-off score of 31 on the PCL-5 (area under the curve = .845 [95% CI .765 to .925], diagnostic odds ratio = 15.97).

**Discussion and Conclusion:** The PCL-5, administered through a web-based application, is a valid diagnostic screening instrument for PTSD in referred police officers. Future studies in other (recently) trauma exposed groups are needed to provide additional support for the validity and prognostic accuracy of the PCL-5.

**Paper No.: 312**
**Reference:** S32.4
**Presentation Type:** Symposium
**Symposium:** S32 - Refugee relationships under stress

**Refugee children between traumatic past and uncertain future: the preventive potential of MFT**
Objective: Long lasting asylum procedures with uncertain outcomes can undermine posttraumatic family adaptation in refugee families, including functional parenting. There is growing evidence that prolonged adversity without sufficient adult support leads to a constant activation of stress response system of children, increasing the risk for psychological problems and stress related diseases. Sensitive and responsive parental capacities, often weakened by traumatic stress reactions are further undermined by refugees with unresolved asylum procedure, leading often to diminished emotional availability and increased violence.

Method: A short term, modularized preventive, mentalisation-based, multi-family group (MFG), developed at the Youth & Family team in Foundation Centrum ’45, aimed to enhance coping with uncertainty, strengthen parental capacities, intra- and interfamilial support. The MFG is implemented in an asylum seeking centers for families with limited chance to receive the stay permit in the Netherlands.

Results: Parents were motivated to explore possibilities that enhances their capacities to protect children from external stressors and own stress-related reactions. Sharing problems, coping strategies and resources in a holding supportive context was positively evaluated by family members.

Conclusion: Preventive MFG is a promising method for enhancing sensitive parenting and positive parent–child relations in extreme stressful situations. The effectiveness of the preventive MFG interventions and its implementation in various settings need to be further investigated. The preventive potentials of a multi-family group, implemented in asylum center would be presented, analyzed and discussed.

Paper No.: 313
Reference: S32.2
Presentation Type: Symposium
Symposium: S32 - Refugee relationships under stress

Unaccompanied minors from Eritrea: an ethnography of risks and challenges
Carlijn van Es
Foundation Arq, Research Department, Diemen, The Netherlands

Introduction: Approximately 100.000 unaccompanied refugee minors (URMs) applied for asylum worldwide in 2015. Studies have indicated that URMs are at risk of being exposed to distressing events and of developing mental health problems. Eritrean URMs make up the second largest group of URMs arriving in the Netherlands. As a result of the distressing pre-flight and flight situations, they are considered a particularly vulnerable group. This study aimed to identify the challenges and
needs of this group. The current study focused on the perspectives of the URMs, their mentors and guardians.

**Methods:** An ethnography was executed on the perspectives of this specific group of URMs and their non-parent caregivers. Focus groups with Eritrean URMs (n = 18) between the age of 16 and 17, living in children’s living groups, and individual interviews with their mentors (n = 7) and guardians (n = 8) were carried out. Thematic content analysis was conducted.

**Results:** The data-analysis led to the subsequent categories: (1) non-parent caregiver-URM relationship; (2) stress; (3) preparation to independent living; (4) culture; and (5) leisure activities. The results indicate that these Eritrean URMs have been exposed to and continue to be exposed to multiple distressing events and circumstances.

**Discussion:** Although the data of all perspectives led to the same categories, conflicting views and information within the categories are identified. The results indicate the importance of contextual factors, such as family reunification procedures and the caregiver-URM relationship, in the lives of Eritrean URMs living in the Netherlands. Implications for practice are discussed.

**Paper No.: 314**
**Reference:** S60
**Presentation Type:** Oral Presentation
**Symposium:** S60 - Maltreatment and Gender Profiles.

**Sex differences in trajectories of externalizing symptoms in a sample of maltreated children**

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**Introduction:** A number of child maltreatment researchers examining symptom trajectory have included gender as a covariate that might influence the number of classes or growth factors. Surprisingly, several studies did not find that gender was a significant predictor of trajectory class membership (e.g., Kim, Cicchetti, Rogosch, & Manly, 2009). This non-finding may be an artifact of the use of methods that obscure important gender differences. The purpose of this study was to examine gender differences in externalizing symptom trajectory using two more recently developed procedures: 1. the three-step approach (R3STEP), and 2. multi-group longitudinal modeling (Wang & Wang, 2012).

**Method:** The sample was composed of 1354 children who participated in the Longitudinal Studies of Child Abuse and Neglect (LONGSCAN) consortium (Runyan et al., 2011). LONGSCAN is composed of five regional data collection sites in the United States. Externalizing symptoms were assessed by the Child Behavior Checklist (CBCL) bi-annually from age 4 to 16.

**Results:** Growth mixture modeling findings support a 4-class solution with the groups labeled consistently low, consistently high, decreasing, and increasing. Findings from the three-step procedure indicate that males and females differed in likelihood of membership in the decreasing
group relative to the consistently low group. Findings from the multi-group modeling reveal clear gender differences in growth parameters.

**Discussion:** This study found clear sex differences in trajectories of externalizing symptoms among maltreated children. Findings regarding mechanisms underlying these differences will be presented as they are pivotal to understanding how males and females respond to child maltreatment.

**Paper No.: 315**  
**Reference:** S32.3  
**Presentation Type:** Symposium  
**Symposium:** S32 - Refugee relationships under stress  

**Adolescent refugees: What constitutes resilience?**  
*Marieke Sleijpen*  
*Foundation Arq, Research Department, Diemen, The Netherlands*

**Objective:** Studies on the consequences of trauma and forced migration on young refugees have mainly focused on psychopathology. To describe young refugees' responses to adversity adequately and to better understand their needs, also the perspective of 'resilience' is important. This presentation combines qualitative and quantitative findings demonstrating factors contributing to adjustment and development in young refugees.

**Method:** Data from semi-structured interviews with sixteen adolescent refugees, besides questionnaires filled out by 117 adolescent refugees living in asylum seeker centres (ASCs) throughout the Netherlands and 148 Dutch (non-refugee) adolescents will be presented.

**Results:** Qualitative and quantitative data revealed that adolescent refugees were exposed to multiple potentially traumatic events. In response, they reported high levels of posttraumatic stress symptoms as well high levels of individual resilience and even growth. The most significant source of stress for young asylum seekers was the long waiting period for a residence permit and the resulting uncertainty about their future. Furthermore, not all groups appeared to benefit similarly from the same (protective) factors.

**Discussion:** In this presentation I will elaborate on some of the complexities surrounding the concept of resilience in order to evaluate its usefulness in the light of practical implications for improving lives of young refugees.

**Conclusion:** Results of presented studies demonstrate that a socio-ecological perspective is important to understand what constitutes 'resilience' in young refugees. It seems essential to realize that the role of the context may change over time and is dependent of the characteristics of the individuals involved.

**Paper No.: 316**  
**Reference:** S31.1
Presentation Type: Symposium
Symposium: S31 - Responding to the mental health needs of conflict-affected and traumatized children and adults in Georgia and Ukraine: challenges and opportunities

Mental health care utilisation among internally displaced persons in Ukraine
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² Ilia State University, Mental Health Resource Center, Tbilisi, Georgia
³ Ilia State University, Institute of Addiction Studies, Tbilisi, Georgia

Background: There are an estimated 1.4 million internally displaced persons (IDPs) in Ukraine as a result of the armed conflict in Ukraine. The objectives are to: (i) measure the burden of key mental disorders (PTSD, depression, and anxiety); (ii) examine rates of utilization of health and psychosocial support services; (iii) examine the patterns of utilisation of services.

Methods: A cross-sectional survey was conducted throughout Ukraine between March and May 2016 with 2203 IDPs aged 18 years and over. Time-Location Sampling was chosen as a probabilistic sampling method. Outcome measures were the PCL-5 for PTSD, the PHQ-9 for depression, and the GAD-7 for anxiety. Descriptive and multivariate regression analyses were used.

Results: Of the 2203 respondents, 703 reported experiencing a mental health or emotional problem over the previous 12 months and were also screened positive with PTSD, depression or anxiety. Of these 703, 180 had sought care (with sources of care to be given in the presentation). Therefore, 523 respondents did not seek care, equating to an overall treatment gap of 74%, (74% for PTSD, 71% for depression, and 70% for anxiety). Key reasons for not utilising treatment included: preferring to use their own medications (N=176); unaffordability of health services (N=118) or medications (N=140); poor understanding by health care providers (N=123); poor quality of services (N=78); and stigma/embarrassment (N=41).

Conclusions: The findings support the need for a scaled-up, comprehensive and trauma informed response to provision of the mental health care of IDPs in Ukraine.

Paper No.: 317
Reference: S31.4

Presentation Type: Symposium
Symposium: S31 - Responding to the mental health needs of conflict-affected and traumatized children and adults in Georgia and Ukraine: challenges and opportunities

Developing institutional mechanisms for trauma informed and trauma focused care in Georgia and Ukraine
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¹ Ilia State University, Institute of Addiction Studies, Tbilisi, Georgia
² Ilia State University, Mental Health Resource Center, Tbilisi, Georgia
Introduction: Georgia and Ukraine are two former Soviet countries experiencing impact of ongoing military conflicts. Due to unresolved conflict started in 90ies of the past Century there are more than 300,000 Internally Displaced persons (IDPs) in Georgia. Ukraine is engaged in the armed conflict since 2014 and currently has to take care of more than 1,4 million IDPs. Armed conflicts and forced displacement served in the both countries as powerful stimuli for development of trauma care infrastructure. The aim of the presentation is to reflect on and share experience of developing institutional mechanisms for responding to trauma in two countries.

Method: Two case studies (Georgian and Ukrainian) will be presented sharing experience of establishment of university MA level education in psychotraumatology in Georgia, and chains of trauma informed and trauma focused services for children and adults in Georgia and Ukraine.

Results: Lessons out of establishment of institutional mechanisms for trauma education, as well as and trauma informed and trauma focused care for children and adults are analyzed.

Discussion: During the presentation, role of key stakeholders – people with mental health problems, mental health experts’ community, local governments, international donors in the process of mental health care reform will be discussed; experience and know-hows of overcoming existed challenges and utilizing opportunities will be shared.

Paper No.: 318
Reference: S60
Presentation Type: Oral Presentation
Symposium: S60 - Maltreatment and Gender Profiles.

The impact of emotional maltreatment and gender on mental health and mental well-being in Swedish 12-13 year olds

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Objective: Emotional maltreatment is a common form of child abuse with a powerful negative impact on mental health. The aim of this study was to examine the effect of emotional maltreatment on mental health in a general population of Swedish 12- to 13-year girls and boys.

Method: Data was collected via self-report questionnaires in classroom settings from 1134 students.

Results: Emotional maltreatment had significant effects on mental health and mental well-being for both girls and boys. Moreover, there were significant interaction effects between gender and levels of emotional maltreatment. Girls reported decreased mental health and mental well-being at lower degrees of emotional maltreatment compared to boys. Furthermore, girls reported larger decreases in mental health in response to exposure of emotional maltreatment. For internalizing symptoms, mental well-being and psychosomatic symptoms, exposure of emotional maltreatment seemed to
magnify the gender differences. For externalizing symptoms, there were no differences between girls and boys in the group reporting no emotional maltreatment and the increase in externalizing symptoms were of equal magnitude for both genders.

**Conclusion:** Given the impact of emotional maltreatment on mental health in the general population, results from this study implies that a trauma-informed perspective is necessary in understanding the gender differences in mental health in early adolescence. Further research are needed in order to understand the underlying processes generating the differences in girls and boys responses to emotional maltreatment.

**Paper No.:** 319  
**Reference:** S34.3  
**Presentation Type:** Symposium  
**Symposium:** S34 - Biological consequences of child maltreatment: sensitive periods, gene x environment interactions and the role of inflammation

The involvement of mitochondria in chronic low-grade inflammation associated with maltreatment experiences during childhood

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**Introduction:** Child maltreatment experiences are associated with a phenotype of chronic low-grade inflammation that might contribute to the heightened prevalence of adverse physical and psychological health outcomes in affected individuals. The molecular mechanisms underlying the long-lasting establishment of this phenotype remain, however, largely unknown. Mitochondria, the main energy suppliers of human cells, were recently described to be not only pivotally involved in cellular responses to stress, but also key regulators of inflammatory processes. To this end, we hypothesized that mitochondria might be at the interface between the association of child maltreatment experiences and a state of chronic low-grade inflammation that persists until adulthood.

**Methods:** In a study cohort of 30 adult women with varying degrees of child maltreatment experiences as assessed by the Childhood Trauma Questionnaire, we measured mitochondrial activity in peripheral blood mononuclear cells (PBMC) by high-resolution respirometry, serum levels
of metabolites indicative of oxidative stress using mass spectrometry, and the spontaneous secretion of pro-inflammatory cytokines (IL-1β, IL-6 and TNF-α) by PBMC ex vivo.

**Results:** With increasing severity of child maltreatment experiences, study participants displayed higher levels of oxidative stress and an increased immune cell mitochondrial activity, which in turn was associated with a higher secretion of the pro-inflammatory cytokines IL-1β, IL-6 and TNF-α.

**Discussion:** These findings provide first evidence for an association of child maltreatment experiences with alterations in immune cell mitochondrial activity and support the suggestion that these alterations might be involved in the establishment of a phenotype of chronic low-grade inflammation.

**Paper No.: 320**
**Reference:** S33.4

**Presentation Type:** Symposium

**Symposium: S34 - Biological consequences of child maltreatment: sensitive periods, gene x environment interactions and the role of inflammation**

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**Minding the children: Increasing family capacity to care**

*Trudy Mooren*

*Foundation Centrum *

**Introduction:** Although in general it is known CM exerts a harmful impact on child development, effective interventions to adequately stop abuse and neglect are still scarce. In this contribution a multi-family approach is presented to change parenting attitudes and behaviour in order to foster child development. Multifamily therapy has been adopted from Asen & Scholz (2010) and applied to various target groups, such as families of ex-military, refugees and asylum-seekers.

**Methods:** Short-term programs of multi-family groups have been designed for different target groups, in diverse contexts. The principles will be presented, and clinical examples of techniques illustrated. Basically, it boils down to parents and kids supporting other parents and kids, thereby learning from others as well as helping each other. The focus on the thoughts and needs of their children is crucial for parents to change rearing beliefs and styles, that are often inter-generationally or culturally determined.

**Results:** Multifamily groups lead to a. social networks of participating families based on shared problems; b. increase of resources for dealing with challenges and problems in daily life, c. a shift in parenting beliefs and styles based on exchanging similar and different beliefs and attitudes among participants; and d. more pleasure in family interactions, due to the emphasis on positive and playful exchanges.

**Discussion:** Multi-family groups improve parenting and parent-child relationships. This contribution aims to present with a clear idea of how these groups counteract the risks of violence for child development and to shed light on the effective mechanisms.
Preventative mental health interventions for newly resettled refugees and asylum seekers – what do we know?

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Background: With the current refugee crisis and the large number of traumatized refugees and asylum seekers in western countries, there is an essential need for effective and preventive mental health services to ensure healthy recovery and integration. The Danish Institute Against Torture (DIGNITY) has initiated a preventative mental health program which targets newly arrived refugees and asylum seekers, and in relation to this, we have examined existing knowledge

Aims: To examine the literature on preventative mental health interventions targeting newly arrived refugees and asylum seekers in their country of resettlement.

Methods: We conducted broad literature searches among peer-reviewed articles, but only included studies that concentrated on quantitative measures with a pre- and post-assessment. All interventions were implemented in a western resettlement country and the target group was newly arrived refugees (arrival within the last five years).

Results: There is limited research on preventative mental health interventions for refugees in resettlement, especially for families. The included studies were categorised as either a trauma-focused; individual or group, or multimodal intervention. The majority of the studies found a decrease in posttraumatic stress (PTSD) diagnosis severity and depression symptoms. An increased understanding of PTSD and depression symptoms was also part of the results.

Conclusion: Due to the studies heterogeneity we cannot argue for a direct association between the findings and the time of resettlement for refugees and asylum-seekers. However, the review casts light on a highly topical area which has untapped potential for future research.

Experienced and perpetrated child maltreatment differentially relate to neural face processing

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Introduction: Altered processing of emotional faces due to childhood maltreatment has repeatedly been found, and may be a key process underlying the intergenerational transmission of maltreatment.

Method: The current study is the first to examine the role of neural reactivity to emotional and neutral faces in the transmission of maltreatment, using a multi-generational family design including 129 participants of 40 families with a large age range (8-69 years). Experienced and perpetrated maltreatment (abuse and neglect) were examined in association with activation in the amygdala, hippocampus, rIFG and insula in response to angry, fearful, happy and neutral faces. We tested whether neural reactivity to these faces mediate associations between experienced and perpetrated maltreatment.

Results: Results showed enhanced bilateral amygdala and hippocampus activation in response to angry, fearful and neutral faces in neglected individuals, and dampening effects of experienced abuse on rIFG and insula activation in younger individuals, pointing to differential effects of abuse and neglect. However, abusive or neglectful behavior was not related to neural activation in these regions.

Discussion: Neural reactivity did not mediate associations between experienced and perpetrated maltreatment. Abusive and neglectful parenting was related to activation in other regions, indicating experienced and perpetrated maltreatment differentially relate to neural face processing.

Paper No.: 323
Reference: S53
Presentation Type: Oral Presentation
Symposium: S53 - Disaster

Overview of international psychosocial support initiatives against the backdrop of a parabolic model on quality/attitude of psychosocial support programmes
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Introduction: There is a diversity of psychosocial support services offered to victims of traffic accidents, crimes and disasters worldwide. This explorative overview will shed light on the wide array of European and global support initiatives for victims against the backdrop of a theoretical framework on (post-disaster) psychosocial support.

Method: An inventarisation of support practices, ranging from information provision to direct and indirect support, provides an overview of initiatives taken around the EU in the aftermath of victimisation. These practices are presented in relation to the psychosocial support theoretical framework evaluating intervention on an axis of attitude and quality (Dückers & Thormar, 2014).
Results: Overview of a wide range of existing European and global psychosocial support practices on the axial theoretical framework on (post-disaster) psychosocial support. Traditional and innovative practices will be assessed on the theoretical axis of attitude (passive or active) and quality (low to high).

Discussion: This analysis provides a starting point for an explorative discussion on psychosocial support practices implemented in different countries showing the variation in active and outreaching initiatives to passive and reactive ones. This presentation unveils preliminary links between the nature of psychosocial initiatives taken and predominant ideological and political principles existing in the respective countries.

Paper No.: 325
Reference: S33
Presentation Type: Symposium
Symposium: S33 - Family matters: intergenerational aspects of childhood maltreatment

Family matters: intergenerational aspects of childhood maltreatment
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It is well known that CM negatively affects emotional and social functioning throughout the life span and that CM is a risk factor for the intergenerational transmission of maltreatment. Little is known, however, about the factors involved in this intergenerational transmission and on effective interventions to prevent this.

In this symposium, three speakers will address the factors involved in the intergenerational transmission, based on experimental, multi-generational studies. Prof. Alink will focus on the role of emotion recognition and emotional support in the Intergenerational cycle of Maltreatment, prof. Elzinga will address the neural processes related to face processing that may be involved in the intergenerational transmission of abuse and neglect and Corinne Neukel will focus on the influences of early life maltreatment on maternal sensitivity and the empathic brain. Finally, Trudy Mooren will present the principles of short-term programs of multi-family groups, designed for different target groups, in diverse contexts, that aim to prevent abuse and neglect and increase family capacity to care.

Paper No.: 326
Reference: S33.1
Presentation Type: Symposium
Symposium: S33 - Family matters: intergenerational aspects of childhood maltreatment
The roles of emotion recognition and emotional support in the intergenerational cycle of maltreatment
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It has been proposed that the ability to recognize emotions in others and to respond appropriately to these emotions are impaired in maltreated individuals, which in turn may explain maltreatment of own children. These intergenerational processes will be investigated in this three-generational family study.

Families were invited to participate (N = 170, mean age = 50.3, SD = 13.1; 93% Caucasian). Experienced and perpetrated maltreatment were assessed with the Conflict Tactics Scales (Straus et al., 1998) and the Childhood Trauma Questionnaire (Bernstein et al., 2003). Participants also performed an emotion recognition task (Pollak et al., 2009) in which they viewed series of different emotional expressions (e.g., angry, happy, fear, sad) ranging from neutral to strong, and indicated which emotion they saw. They also participated in dyadic revealed differences tasks with their child(ren) and parent(s) in which they discussed a topic of disagreement. Warmth, negativity, and emotional support (Allen et al., 2001) were coded in all generations.

There was a significant association between experienced and perpetrated maltreatment. This was true for abuse and neglect, even when controlling for the other type of maltreatment. More neglecting parents made more errors in identifying fear in the emotion recognition task. Similar analyses will be performed with the observational data from the revealed differences task (data processing will be finished this spring).

In sum, the intergenerational transmission of abuse and neglect was confirmed. Further, the roles of emotion recognition and support will be discussed as well as the implications of the results for clinical practice.

Paper No.: 327
Reference: S33.3
Presentation Type: Symposium
Symposium: S33 - Family matters: intergenerational aspects of childhood maltreatment

The maternal brain after early life maltreatment and associations with maternal sensitivity
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Introduction: Maternal early life maltreatment (ELM) is associated with an increased risk for mental disorders, poorer interpersonal functioning and often leads to child abuse in the next generation. Parenting is one potential mechanism of risk transmission, as mothers with ELM often show reduced maternal sensitivity. Maternal sensitivity has been associated with neural activity of the emotion
regulation, salience and empathy networks, while little is known about its neuronal correlates in individuals with ELM.

**Methods:** Mothers with and without physical or sexual abuse in their childhood (N=58) took part in two fMRI-experiments: In a script-driven imagery paradigm they were asked to vividly imagine conflict and pleasant interactions with their child. In an emotion recognition task they were shown affective faces of their own and an unknown child and asked to name the emotion. Maternal sensitivity was assessed in a real-life, standardized mother-child-interaction (children 6-11 years).

**Results:** Mothers with ELM were less sensitive in mother-child-interactions and showed alterations of the neural activity of the salience, emotion and empathy networks in response to imagination of conflictual vs. pleasant situations and to affective faces of their child. Negative emotional stimuli seem to be more salient for mothers with ELM while their salience network is poorly modulated by brain regions involved in mentalizing processes. Furthermore, maternal sensitivity differentially modulates neural processing of affective faces in mothers with and without ELM.

**Discussion:** Results highlight potential neural underpinnings of reduced maternal sensitivity in mothers with ELM and contribute to a better understanding of the intergenerational transmission of abuse.
**Results:** Among adolescents 14% of girls and 7% of boys were often and very often lonely. In multivariate analyses of survivors and controls terror exposure was unrelated to loneliness in the adolescents. Within the Utøya population prior violence and revictimization after the terror, economy below average and immigrant status contributed consistently to loneliness as measured three years after the terror, in multivariate analyses. Exposure to more types of violence was related to more loneliness.

**Discussion:** Exposure to interpersonal violence and socioeconomic marginalization may fuel alienation. Interventions need to address these issues to hinder social detachment.

**Paper No.: 329**

**Reference:** S52

**Presentation Type:** Oral Presentation

**Symposium:** S52 - Violence

**The voices of victims of violence in a foreign scenario**

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Official statistics over the years show that domestic violence and femicide in Georgia are increasing. This is partly due to better access to statistics on femicide, but mainly due to economic hardship, as well as to the history of armed conflicts Georgia experienced in the 1990s and in 2008 in the regions of Abkhazia and South Ossetia, which resulted in displacement of thousands of people.

The aim of the study was to do content analysis of interviews with survivors of femicide attacks in Georgia in order to identify specific experiences of violence in a foreign culture, and find additional insight for the prevention of femicide among migrants and women of cultural minorities in Georgia. In-depth interviews were conducted with six femicide survivors. Qualitative in-depth interview tool was used to interview migrant and internally displaced women in Georgia.

Exposure to conflict-related violence, forced displacement, loss of loved ones, homes and livelihoods, isolation from relatives and neighbors, poor living conditions, high unemployment, poverty, and low access to health care, especially mental health care, and persistant patriarchal cultures have led to increased violence and attempted femicide.

Violence is expending and affecting children: on one hand they are witnessing abuse and beating of their mothers for years; at the same time, abused mothers are abusing their children.

The formal support system (police, doctors, nurses, social workers) is not able to recognize the signs of violence and pro-actively protect the victim due to bias or lack of professionalism.

Information that shows perspective is crucial for these women to survive: the source could be media (especially talk shows) when women reflect on their problems by listening similar stories of women, a police officer who provides information about shelter, or family members, friends and neighbors who usually promote obedience, but might suggest escaping too.
Traumatized refugees and asylum seekers: prevalence of psychopathology and innovative interventions

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Arq Psychotrauma Expert Group, Diemen, The Netherlands

The symposium is about the interplay of trauma, loss of loved ones, culture, changing contexts and mental health care, and will address the challenges of providing culturally sensitive mental health services for refugees and others who have faced (forced) migration and resettlement. We will focus on how trauma, loss, minority status and (adaptation to a new) context may influence mental health. In addition, attention will be given to protective factors (resilience) and risk factors, such as prolonged uncertainty about the juridical status. Participants will learn about a variety of concepts and skills useful for research and mental health services, pertaining to: (a) the concept of complex trauma and grief; (b) the challenges in providing culturally valid research on psychopathology; and (c) the challenges and possibilities of evidence based interventions (such as NET and BEPP). The symposium will provide practical guidelines for trauma treatment based on the latest scientific literature, empirical data and clinical expertise of mental health care professionals working with culturally diverse survivor groups. The symposium will be highly interactive and discussions with the audience will be stimulated.

Mental health needs of deinstitutionalized children in Georgia

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Background: Georgia has made significant steps in child deinstitutionalization. During 2005-2015 majority of large-scale residential institutions were closed and substituted by family- and community-based care system. As a result number of children living in big institutions decreased from 5000 to 84. Around 400 children were placed in family-type small group homes (GHs).
The study aimed to investigate mental health (MH) conditions of children in GHs and develop relevant recommendations.

**Method:** Children and carers from 22 GHs were investigated by a specially developed semi-structured interview schedule; for assessing emotional and behavioral problems of children the ASEBA instruments: CBCL-6-18 (filled-in by carers) and YSR – 11-18 (Youth Self-Report) were used. Clinical interviewing by child psychiatrist was conducted for clarifying MH conditions.

**Results:** Out of 163 children 29.3% met criteria of any mental disorder, mainly conduct disorder (9% of the total sample), enuresis not due to a substance or known physiological condition (6%) and developmental disorder of scholastic skills (4%). According to CBCL, main problems of younger children (6-11 y) were decreased mood and feeling isolated (31.6%), social problems (23.7%) and problems with attention (23.7%). CBCL and YSR data illustrated that 12-18 years old children exhibited high level of anxiety (26.3%), aggressive behavior (24.5%) and depressive mood (20.9%). 35.4% of youth reported a range of internalized and 18% - externalized problems (breaking rules, aggressive behavior).

**Discussion:** Set of recommendations was developed to address identified MH needs of children, including capacity building of carers and providing tailored interventions to GHs, but also to individuals.

**Paper No.: 333**
**Presentation Type: Poster Presentation**

**Posttraumatic symptoms predicted by adverse childhood experiences and posttraumatic maladaptive beliefs**

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**Background/Aims:** The literature lacks information about the impact of Adverse Childhood Experiences (ACEs [1]) with relatively high functioning young adults, as well as outcome data on posttraumatic beliefs. This study explored the predictive power of ACEs, posttraumatic cognitions, and posttraumatic stress disorder (PTSD) symptoms.

**Method:** Data were collected online from female undergraduate students (n = 252, M age = 19.1) at the University of Arkansas in the United States. Questions about adverse childhood experiences were presented last to reduce the likelihood of response bias.

**Results:** Results of hierarchical logistic regression indicated that after controlling for ACE exposure, Posttraumatic Maladaptive Beliefs Scale [2] subscale Self-Worth & Judgment was significantly associated with a 2.1 increase in likelihood of PTSD diagnosis, although most were non-clinical. There was a good model fit using all subscales (discrimination of PTSD symptoms), \( \chi^2(4, N = 252) = 73.8, p < .001, \) Nagelkerke, \( R^2 = .373, \) and predicted classification of PTSD diagnosis with 81.3% accuracy.
Discussion/Conclusions: Findings support the utility of assessing ACEs and added value of using the PMBS to identify specific cognitions for treatment of young adults with PTSD symptoms.

Paper No.: 334
Presentation Type: Poster Presentation

The impact of adverse childhood events on posttraumatic maladaptive beliefs and the salient role of resiliency
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Background/Aims: Exposure to multiple traumatic events in childhood has been associated with negative physical/mental health outcomes. Few studies examine posttraumatic cognitions as an outcome variable with high functioning young adults. This study explored relations between Adverse Childhood Experiences (ACEs [1]), posttraumatic cognitions, and resilience.

Method: Data were collected online from female undergraduate students (n = 198, M age = 19.1) at the University of Arkansas in the United States. Questions about adverse childhood experiences were presented last to reduce the likelihood of response bias.

Results: Exposure to higher number of types of ACEs was significantly related to higher (non-clinical) levels of maladaptive beliefs on the Posttraumatic Maladaptive Beliefs Scale (PMBS [2]). A classic mediation model of ACE exposure, resilience (via the Connor-Davidson Resilience Scale [3]) and maladaptive beliefs indicated resilience partially mediated the relation between ACEs and all 3 PMBS subscales: Threat of Harm, Self-Worth/Judgment, and Reliability/Trustworthiness of Others.

Discussion/Conclusions: This finding highlights the importance of resiliency and protective factors in the aftermath of multiple adverse childhood experiences even in relatively high functioning samples.

Paper No.: 335
Presentation Type: Poster Presentation

The predictive power of resilience in young adult females: relations between adverse childhood experiences and posttraumatic symptoms
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Background/Aims: Polyvictimization research has demonstrated a dose-response relation between multiple adverse childhood experiences and PTSD severity, primarily sampling multiply traumatized children. This study examined the relations between Adverse Childhood Experiences (ACES [1]), posttraumatic symptoms, and resilience.
**Method:** Data were collected online from female undergraduate students \((n = 198, \ M \ age = 19.1)\) at the University of Arkansas in the United States. Questions about adverse childhood experiences were presented last to reduce the likelihood of response bias.

**Results:** Logistic regression indicated exposure to higher number of types of ACEs predicted provisional posttraumatic stress disorder (PTSD) diagnosis, but adding a measure of resilience (Connor-Davidson Resilience Scale: CD-RISC [2]) in a hierarchical logistic regression significantly contributed to the prediction of provisional PTSD diagnosis with good model fit: \(\chi^2(2, \ N = 199) = 37.2, \ p < 0.001\), Nagelkerke \(R^2 = .26\). With each additional ACE, PTSD risk increased 1.5 times; however, higher resilience scores yielded lower rates of PTSD classification (\(\text{Exp}(B) = 0.97, \ p = .01\)). Together, ACEs and CD-RISC predicted classification with 81.3% accuracy.

**Discussion/Conclusions:** Results support the important role of protective factors through emerging adulthood in mediating PTSD diagnosis after exposure to multiple traumatic events in childhood.
Stalked mothers and their encounters with social and legal authorities

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Introduction: There is a lack of research about intimate partner stalking when the victim and stalker have children together. The present study addresses this research gap and provides insight into intimate partner stalking as experienced by mothers stalked by the father of their children. The study examines how the mothers experience the stalking and encounters with social and legal authorities regarding the stalking and the children.

Method: A cross-sectional survey was answered by 196 women who had been stalked by the father of one or more of their children. The stalking was described by the Stalking Behavior Checklist (SBC) and a content analysis was conducted on qualitative items regarding respondents’ experiences of stalking through social and legal authorities and involvement of the children.

Results: Results revealed high rates of harassing stalking behaviour and lower levels of violent stalking behaviour as measured by the SBC. Encounters with several agencies concerning the children and the stalking were common. Respondents experienced extensive and long-lasting case proceedings involving several different agencies and professionals and experienced not being recognized as victims of stalking by professionals. In several cases the stalkers also targeted the children.

Discussion and Perspectives: The study lends insight into a complex matter of a parent stalker-parent victim constellation, as perceived by the stalked mothers, with the children at risk of becoming secondary victims. The study calls for a special sensitivity of professionals who encounter stalked parents in their work and a multiservice coordination and cooperation.

Patterns of victimization: a person-centred approach to physical and sexual violence in a representative sample of Danish youth

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Purpose: Professionals and policy makers have only recently begun to recognize the extent to which different types of victimization are interconnected. To enhance our knowledge of the co-occurrence...
of physical and sexual violence across childhood and adolescence/early adulthood, the present study investigated distinct typologies of victimization in a sample of adolescents and young adults and explored the association between victimization typologies and gender, age, and mental health. **Methods:** Data from the Danish 2013 National Health Survey (“How are you?”) were used. Latent class analysis was used to identify typologies of physical and sexual victimization in a representative sample of 3,812 adolescents and young adults aged 16-24 years. **Results:** Five distinct victimization typologies emerged: a normative group (76%), a physical victimization in adolescence/early adulthood group (13%), a physical revictimization group (5%), a poly-victimization group (4%), and a physical victimization in childhood group (2%). All groups capturing aspects of physical victimization were associated with male gender, whereas the poly-victimization group was highly associated with female gender. Physical revictimization, poly-victimization, and physical victimization in childhood were highly associated with poor mental health status. **Conclusions:** Using a latent variable modeling approach, we identified meaningful subgroups of the victimized population. Two subgroups (i.e., physical revictimization and poly-victimization), which comprised a third of all individuals in the victimization subgroups, had a high probability of exposure to multiple traumatic events and poor mental health. Hereby, the study provides valuable insight into high-risk groups that require holistic interventions.

**Paper No.: 339**  
**Reference:** S34.1  
**Presentation Type:** Symposium  
**Symposium:** S34 - Biological consequences of child maltreatment: sensitive periods, gene x environment interactions and the role of inflammation

**FKBP5 x childhood abuse: a multilevel study predicting comorbidity**  
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**Introduction:** Gene-by-environment interaction (G×E) studies show that the interaction between FKBP5 polymorphisms and childhood trauma can alter the risk for various psychiatric disorders (Zannas et al., 2016). The findings suggest that FKBP5 may encompass a shared risk factor across disorders and common pathways associated with stress response may lead to diverse disease phenotypes. Accordingly, the aim of the study was to examine this G×E association transdiagnostically. To gain a deeper understanding of the underlying mechanisms of this interaction, we also examined the joint effects of FKBP5 genotype and childhood abuse on FKBP5 gene expression and neural activity. **Method:** Two independent samples of clinically depressed individuals (n = 311 and n = 76) were genotyped for the functional variant of FKBP5, rs1360780. A structured clinical interview and self-
report measures on exposure to childhood abuse were administered. Brain glucose metabolism was measured using positron emission tomography.

**Results:** The interaction between FKBP5 and childhood abuse predicted comorbid anxiety across samples. FKBP5 rs1360780 risk allele carriers exposed to childhood abuse had higher levels of FKBP5 gene expression in peripheral blood compared to rs1360780 risk allele carriers not exposed to childhood abuse. The opposite pattern in expression levels of FKBP5 was observed in homozygous major allele carriers. An unbiased whole brain approach revealed three regions significantly associated with the interaction between FKBP5 and childhood abuse.

**Discussion:** These multilevel findings support the role of the FKBP5 risk genotype, following exposure to childhood trauma, as a transdiagnostic genetic factor involved in the pathophysiology of comorbid psychiatric disorders.

**Paper No.:** 340  
**Reference:** S78  
**Presentation Type:** Oral Presentation  
**Symposium:** S78 - New Methods

**Cognitive behavioral internet-based therapy for suicide survivors**  
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**Introduction:** Losing a loved one due to suicide can be a traumatic event and suicide survivors are at risk of developing complicated grief and other mental health problems (e.g., depression, post-traumatic stress disorder) [1]. The current study presents pilot data from a randomized controlled trial of an internet-based cognitive behavioral therapy program for suicide survivors.

**Method:** 45 suicide survivors diagnosed with complicated grief were included in the trial. The 5-week intervention consisted of writing tasks, which were subdivided to three modules 1) self-confrontation; 2) cognitive reappraisal and 3) social sharing. The Inventory of Complicated Grief (ICG-D+3), Becks Depression Inventory II (BDI-II) and the Yale Evaluation of Suicide Scale (YES) were used to assess treatment outcomes.

**Results:** Complicated grief symptoms (ICG-D+3 mean scores) were significantly reduced from 40.80 (SD=11.48; Range 16-69) at the beginning of the treatment to 27.75 (SD=13.87; Range 6-57) post-treatment (t(39)=6.38; p<0.001). Depressive symptoms (mean score pre=19.69; SD=9.85 Range 4-50; mean score post=10.50; SD=8.71; Range 0-42) and suicidal tendency (mean score pre =2.59; SD:1.89; Range 0-7; mean score post=1.66; SD=1.29; Range 0-5) were also significantly reduced (BDI-II: t(39)=5.84; p<0.001; YES: t(39)=3.16; p=0.003).

**Discussion:** First results indicate a positive effect of the internet-based cognitive behavioral therapy program. Future analysis will focus on between group differences. Follow-up results will yield further information on the stability of these beneficial effects.
Development and initial validation of a Danish story stem screening tool for identifying traumatized children
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Introduction: There is a lack of validated Danish assessment tools for preschool and younger school children exposed to traumas. The recently developed Odense Child Trauma Screening (OCTS) is a story stem screening tool for children aged 4-8 years. Based on a structured doll-play setting the OCTS screens for behavioural and representational signs of traumatization within the child’s play narrative. With the current study we aim to provide initial support for the validity of OCTS.

Method: Fifty children aged 4-8 years are assessed using the OCTS. Caregivers of the children are interviewed using the Diagnostic Infant and Preschool Assessment (DIPA) and the Strengths and Difficulties Questionnaire (SDQ).

Expected Results: If the concurrent criterion validity shows good agreement between the OCTS and the DIPA and between the OCTS and the SDQ, this will support the OCTS as a valid screening measure for traumatization among children aged 4-8 years.

Discussion: As a valid story stem tool the OCTS can screen for signs of traumatization in a safe play setting with the young child as informant. Using a validated OCTS will aid in an early identification of possible traumatization and thus help secure a more efficient assessment process and treatment for children exposed to traumas.

Validation of the Diagnostic Infant and Preschool Assessment in a Danish high-risk trauma sample of young children
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Introduction: Few developmentally-sensitive assessment instruments for identifying posttraumatic stress disorder (PTSD) and other symptomatology among young children exist. One of the few existing instruments is the Diagnostic Infant and Preschool Assessment (DIPA)[1]. This study aimed to examine the validity of the Danish version of the DIPA using a clinical high-risk trauma sample of children aged 1-6 years.
Method: A validation study of the DIPA; a semi-structured caregiver interview. Fifty-one caregivers of children aged 1-6 years were interviewed using the DIPA and the Strengths and Difficulties Questionnaire (SDQ). Children were recruited through a regional centre assisting authorities with psychological assessments of children in cases of suspected violence or sexual abuse against a child; through mental health clinics for children across the country; and through a network for parents victimized by intimate partner stalking.

Results: Concurrent criterion validity showed good agreement between the DIPA and the SDQ.

Discussion: The results support the DIPA as a valid measure of symptoms of young children exposed to traumas. The DIPA can increase confidence in the assessment of young children exposed to traumas and aid in ensuring early detection and appropriate treatment of young traumatized children.

Paper No.: 343
Reference: S13
Presentation Type: Symposium
Symposium: S13 - Social relationships and mechanisms of change in PTSD

Social relationships and mechanisms of change in PTSD
Rivka Tuval-Mashiach
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The development of PTSD and its severity have been found to be related both to social support, and relationship quality. It is less clear how these factors may act as a mechanism of change during therapy. This symposium will examine three different studies that have examined the impact of social relationships on the mechanism of change. In the first, Prof Tuvia Peri examines mirroring processes between patients and therapists in individual therapy for PTSD. The second study discusses the impact of social relationship satisfaction and attachment in early interventions for PTSD (Dr Sara Freedman). In the third presentation, interpersonal processes during group therapy are examined (Prof Rivka Tuval-Mashiach). Prof Candice Monson will act as discussant.

Paper No.: 344
Reference: S13.3
Presentation Type: Symposium
Symposium: S13 - Social relationships and mechanisms of change in PTSD

The meaning of others: collaboration in a group intervention for PTSD
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Social Support and the quality of relationships have been found to relate to both the existence of post-traumatic stress disorder (PTSD), and to its severity, but it is yet unclear what role they play as a mechanism of change in therapy. The aim of this paper is to describe a model of video therapy for PTSD, which is based on collaboration between survivors, and qualitatively zoom in into the interpersonal processes which are taking place during the intervention.

**Method:** The Workshop is an intervention in which military participants learn theoretical and practical aspects of video production, and collaborate to create films about their service related challenges and coping. Data was based on two sources: Observation of the collaborative process in 4 workshops, and post workshop interviews with 12 participants from other 4 workshops. Participants were asked to specify what components were experienced as most significant and why.

**Results:** Four themes emerged as central: sense of belonging and feeling understood by similar others, the alleviation of loneliness, the ‘group task’ as a motivating force, and the ability to choose one’s level and type of involvement in the group. All these were perceived as related to a greater openness to share difficult experiences.

**Discussion:** The emerging aspects of relationships, and their possible role in the process of recovery will be presented through a theoretical model which was developed based on the findings, suggesting how the sense of belonging leads to a greater willingness to be exposed to traumatic memories and share.

**Paper No.:** 345

**Reference:** S13.1

**Presentation Type:** Symposium

**Symposium:** S13 - Social relationships and mechanisms of change in PTSD

**Social relationships in recovery from PTSD**

*Sara Freedman*

*Bar Ilan University, School of Social Work, Ramat Gan, Israel*

Little is known about mechanism of recovery in PTSD. Although demographic variables, genetics, levels of depression and PTSD, and social support are all related to recovery, this does not offer a thorough explanation of the mechanism of recovery from PTSD. This study attempts to characterize the difference between recovery and non-recovery from PTSD by a person's attachment style and social relationship satisfaction (SRS).

**Method:** Consecutive ED trauma admissions with qualifying PTSD symptoms (n=501) were assessed three weeks and five months post trauma. The WHO-QOL evaluated Social Relationship Satisfaction, the ECR assessed attachment and the CAPS evaluated PTSD symptoms. Ninety-eight survivors received CBT between assessments. Structural Equation Modeling evaluated cross-legged effects between the SRS and PTSD symptoms.

**Results:** The cross-lagged effect of SRS on PTSD was statistically significant ($\beta = -.12, p = .01$) among survivors who did not receive treatment whilst the effect of PTDS on SRS was nil ($\beta = -.02, p = .67$).
Both relationships were non-significant among survivors who received CBT. Attachment style had no effect on recovery.

**Discussion:** SRS and PTSD are highly associated, and this study shows for the first time that changes in SRS in the early aftermath of traumatic events contributes to changes in PTSD, rather than vice versa. SRS impacts natural recovery, but not effective treatment. Attachment styles were not related to recovery. This study suggests that being satisfied with one’s relationships might be considered as an important factor in both natural recovery from trauma, as well as in recovery related to intervention.

**Paper No.:** 346
**Reference:** S13.2
**Presentation Type:** Symposium
**Symposium:** S13 - Social relationships and mechanisms of change in PTSD

**The role of mirroring and interpersonal processes in improving emotional regulation during exposure-based therapy**

*Tuvia Peri*

*Bar Ilan University, Department of Psychology, Ramat Gan, Israel*

**Introduction:** Research yielded numerous evidence based efficient psychotherapy interventions for PTSD. A recent review identified common features shared by most influential interventions (Schnyder et al., 2015). These include: (a) exposure to the traumatic memory, (b) tackling painful emotions and (c) enhancing emotional regulation. Although all the therapies are based on theoretical foundations their mechanism of change is still not definitely understood, as expressed by Kazdin (2017): “After decades of psychotherapy research, we cannot provide an evidence-based explanation for how or why even our most well studied interventions produce change (Kazdin, 2017). In this work, we suggest that interpersonal interactive processes between patient and therapist have an important role during exposure sessions in trauma therapy.

**Method:** This is a theoretical work that reviews research findings on interpersonal relationships in PTSD therapy as well as findings regarding the mirror-neuron system and embodied simulation (ES), to better understand the mechanism of change in exposure based therapy. A clinical vignette taken from a Narrative Reconstruction therapy (Peri & Gofman, 2014), is used to demonstrate our hypothesis.

**Results:** We claim that mirroring processes taking place between patient and therapist contribute to the enhancement of emotional regulation and helps to elucidate the unique personal meaning of the trauma. This process contributes to improve emotional regulation that further leads to symptomatic change.

**Discussion:** The involvement of complex interpersonal processes between patient and therapist should be considered in the therapy of PTSD. Possible paths to the study of these processes are suggested.
**Paper No.: 347**  
Reference: S25.1  
Presentation Type: Symposium  
**Symposium: S25 - Assessing sexual assault among university students: adapting the ARC3 Survey for EU/UK research**

**Development of the ARC3 survey in the US**  
*Kevin Swartout*  
*Georgia State University, Department of Psychology, Atlanta, Georgia, USA*

The Administrator–Research Campus Climate Consortium (ARC3) formed in the United States (US), in response to recommendations from the US White House Task Force to Protect Students from Sexual Assault. Campus administrators, sexual violence researchers, students, and other stakeholders came together and ultimately curated a series of measures, subscales, and items to assess sexual misconduct and its context. During this process, focus extended beyond campus sexual assault to include other gender-based violations including sexual harassment, stalking, and dating violence. The survey was pilot tested on four US university campuses during the spring and summer of 2015 and made available online—at no cost—in September, 2015. Since then, the ARC3 survey has been requested by representatives from over 400 US institutions of higher education and implemented on approximately 200 campuses.

**Paper No.: 348**  
Reference: S79  
Presentation Type: Oral Presentation  
**Symposium: S79 - Influencing Factors**

**A case study on narrative exposure therapy as applied in a high-income economy**  
*Victor Viray*  
*Latrobe Regional Hospital - Community Mental Health, CAMHS, Traralgon, Victoria, Australia*

**Background and Aim:** Trauma is an external event, one-off or multiple, that can have potential adverse effects in a person’s neurobiology. Some people would experience PTSD and some won’t. Narrative Exposure Therapy (NET) is a treatment that was developed to address the psychological needs of refugees suffering from complex trauma and PTSD. Traumatic events are not viewed in isolation but rather part of the person’s life story. Studies on NET efficacy revealed reduction on PTSD symptoms among refugees. This case study aims to ascertain NET’s efficacy when applied in a high income economy.  
**Methodology:** The Life Event Checklist was used for trauma screening. Pre and post evaluation were conducted using DAS 42 and CAPS-5.
NET is manualised, however, it was "tailor-fitted" in accordance to patient's needs and available resources. Sessions were divided to psychoeducation, lifeline, narration, reflection and integration/posttraumatic growth.

**Results:** Patient was 40 years old female, married, Aboriginal and experienced childhood sexual abuse. She had multiple treatment before and all were unsuccessful. Pre-NET DAS 42 revealed severe depression, highly severe anxiety and moderate stress. CAPS-5 indicated PTSD symptoms were met. After treatment, DAS 42 and CAPS - 5 were re-administered and indicated no PTSD symptoms.

Follow-up showed patient's quality of life has significantly improved.

**Discussion:** Trauma experiences were interpersonal and systemic. Narrative is culturally appropriate and it "de-stigmatises" therapy, resulting to strong therapeutic alliance formation.

**Conclusion:** By adapting and modifying NET without losing its essence, it treated PTSD symptoms successfully and facilitated posttraumatic growth that was deemed impossible before.

**Paper No.:** 349  
**Presentation Type:** Poster Presentation

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**The tetradic system of integrative therapy in psychotherapy with human trafficking victims**

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**Background:** This graduate paper gives and insight on the psychotherapy process of human trafficking victims, based on the „Integrative Therapy“ concept of Professor Dr. Dr. Hilarion Petzold. The aim of this graduate paper is to consistently formulate objective parameters for the psychological treatment of human trafficking victims based on the psychotraumatologist investigation developed by pioneers, such as Bruno Bettelheim (1943), Masud Kahn (1977) and Hans Keilson (1992) connected in a model by van Willigen (2001) and combining aspects of integrative therapy according to Hilarion Petzold („tetradic system“) (2001) (first theoretical part). The detailed psychotherapy process is the subject-matter of the second part.

**Method:**
- first part : literature based theoretical trauma model  
- second part : field work with a dozend young female victims (casuistics)

**Discussion:** It seems very useful in the field of psychotherapy with victims of human trafficking to follow the guidance of a structured sequential trauma model.

**Conclusion:** the paper facilitates an insight on the very specific work in psychotherapy with victims of human trafficking following a processual model.
Cumulative early life stress increases the risk for long-term adverse consequences on mental and physical health. Individuals with experiences of child maltreatment are at increased risk to develop psychopathologies and comorbid physical disorders. In particular, the FKBP5 rs1360780 risk genotype – when co-occurring with adverse childhood experiences – has been identified as a potential key modulator for transdiagnostic psychiatric risk. Besides traumatic maltreatment load during childhood and genetic factors, adverse experiences during sensitive periods might play a role in disease etiology. Furthermore, as a consequence of child maltreatment chronically increased levels of inflammation, altered mitochondrial functioning as well as structural and functional alterations in the brain were observed. Finally, transgenerational effects of child maltreatment might occur when mothers with child maltreatment experiences are pregnant. In the symposium, four studies will be presented investigating the impact of CM on brain development, inflammation, endocannabinoids and mitochondrial functioning, as well as chronic alterations of hair cortisol in clinical patients, postpartum mothers with child maltreatment experiences and their newborns – providing also a transgenerational perspective.
Characteristics associated with ICD-11 PTSD and complex PTSD in a US nationally representative sample

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The presentation will report on recent findings concerning prevalence rates and correlates of ICD-11 PTSD and CPTSD from a nationally representative household sample of adults (n=1893) in the United States of America. Data were collected using an existing online research panel that was randomly recruited through probability-based sampling. Inclusion criteria were that the respondents be aged 18-70 and have experienced at least one traumatic event in their lifetime. Preliminary analyses indicate that the combined prevalence of PTSD and CPTSD as determined by the International Trauma Questionnaire (ITQ; Cloitre, Roberts, Bisson & Brewin, 2015) was 7.3%. The prevalence rate of PTSD was 4.0% and that of CPTSD was 3.3%. Women compared to men were more than twice as likely to meet criteria for PTSD and for CPTSD. Cumulative childhood interpersonal violence was as a stronger predictor of CPTSD than of PTSD. CPTSD was associated with greater comorbid symptom burden and substantially lower psychological well-being. Patterns of symptom endorsement across the six symptom clusters comprising CPTSD (Re-experiencing, Avoidance, Sense of Threat, Emotion Dysregulation, Negative Self-Concept and Relationship Disturbances) will be reported to identify relative frequency of types of symptoms, particularly as compared to those of PTSD.

Paper No.: 353
Presentation Type: Poster Presentation

Towards a better understanding of psychological symptoms in people confronted with the disappearance of a loved one: a systematic review

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²Utrecht University, Utrecht, The Netherlands
³Arq Psychotrauma Expert Group, Diemen, The Netherlands
**Introduction:** The disappearance of a loved one is claimed to be the most stressful type of loss. The present review explores the empirical evidence relating to this claim. Specifically, it summarizes studies exploring the prevalence and correlates of psychological symptoms in relatives of missing persons, as well as studies comparing levels of psychopathology in relatives of the disappeared and the deceased.

**Method:** Two independent reviewers performed a systematic search in Psychinfo, Web of Science, and Medline, which resulted in 15 studies meeting predefined inclusion criteria. Eligible studies included quantitative peer-reviewed articles and dissertations that assessed psychopathology in relatives of missing persons.

**Results:** All reviewed studies were focused on disappearances due to war or state terrorism. Prevalence rates of psychopathology were mainly described in terms of posttraumatic stress disorder and depression and varied considerably among the studies. Number of experienced traumatic events and kinship to the missing person were identified as correlates of psychopathology. Comparative studies showed that psychopathology levels did not differ between relatives of missing and deceased persons.

**Discussion:** The small number of studies and the heterogeneity of the studies limits the understanding of psychopathology in those left behind. More knowledge about psychopathology post-disappearance could be gained by expanding the focus of research beyond disappearances due to war or state terrorism.

**Paper No.:** 354

**Reference:** S01.3

**Presentation Type:** Symposium

**Symposium:** S01 - PTSD & complex PTSD: ICD-11 updates on concept and measurement

**ICD-11 prevalence rates of PTSD and Complex PTSD in a German nationwide sample**

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²Criminological Research Institute of Lower Saxony, Germany.

**Background:** The aim of the study was to assess the prevalences of the newly defined PTSD and Complex PTSD (CPTSD) diagnoses based on the Eleventh Revision of the International Classification of Diseases (ICD-11) beta version. A clinical variant of CPTSD was estimated for patients with only partial fulfilment of posttraumatic core symptoms.

**Methods:** In a nationwide probability-based representative sample of Germans, data were obtained from N=2524 adolescents and adults (age 14-99 years; 55% female). The participants completed a list of potentially traumatic events and a newly developed ICD-11 PTSD/CPTSD self-report. Chi-square statistics and conditional interference trees were applied.

**Results:** One-month prevalence rate was 1.5% for PTSD, 0.5% for CPTSD, and 0.7% for the CPTSD variant. For PTSD, highest conditional prevalence was associated with being kidnapped (20%),
followed by being raped (17%), sexual abuse during childhood and exposure to physical violence (both 11%). For CPTSD, rates were highest for sexual abuse during childhood and being raped (both 7%). PTSD and CPTSD/CPTSD variant subgroups were best differentiated by sexual violence. **Conclusions:** Overall, PTSD and CPTSD (ICD-11) combined prevalence are in the vicinity of previously reported range of prevalence for unified PTSD (DSM-IV; ICD-10). The clinical variant of CPTSD minimally increases prevalence of the latter. Evidence on differential predictors of PTSD and CPTD is still preliminary. Thus, epidemiological research contributes to estimate the health system relevance of both conditions.

**Paper No.: 355**  
**Reference: S06.2**  
**Presentation Type: Symposium**  
Symposium: S06A - Presentation of The Aarhus Bereavement Study (The TABstudy) - Prolonged grief disorder in adults - State of the art in prolonged grief disorder research

**Prevalence and predictors of prolonged grief in after spousal loss in a palliative care unit**  
*Maja O’connor*  
*Aarhus University, Department of Psychology, Aarhus, Denmark*

**Paper No.: 356**  
**Reference: S06.7**  
**Presentation Type: Symposium**  
Symposium: S06B - Presentation of The Aarhus Bereavement Study (The TABstudy) - Treatment methods for prolonged grief disorder

**Development of compassion focused group therapy for prolonged grief**  
*Christina Schlander*  
*Kognitiv Terapi Center Århus, Aarhus, Denmark*

**Introduction:** Losing a loved one can cause clinically relevant symptoms of PGD. Failure to recognize and treat PGD has negative effects on physical and mental health, functional capacity, and life-quality.  
**Aim:** To develop and present a CFT for PGD treatment manual.  
**Methods:** CFT for PGD is short-term (8 weekly 2½ hour sessions) and includes “exposure light” believed to be a relevant way to approach PGD. A beta-version of the treatment-manual was developed and tested. Data included minutes from treatment sessions, therapist perspectives, post-treatment focus group interviews, and self-report questionnaires (PGD, depression, posttraumatic stress). The final version of the manual will be adapted based on this information.
Findings: We recently finished the CFT pilot-test and found large significant effects on PGD symptoms in 6 of 7 participants. All participants evaluated the treatment very positively. Our data also indicates that self-criticism may be a central maintaining behavior in PGD. The manual is presently being adapted according to our findings and will be tested in a three-armed randomized, controlled trial including a population-based sample of bereaved adults and adult bereaved children with clinically relevant symptoms of PGD (part of The TABstudy). This final manual of CFT for PGD will be presented here.

Perspectives: This is the first attempt to develop a manual for 3rd wave cognitive therapy for PGD in adults. We expect that the treatment will be found effective also in the upcoming clinical trial. If CFT for PGD is found effective we will disseminate this knowledge to relevant clinicians and scientists.

Paper No.: 357
Reference: S09.3
Presentation Type: Symposium
Symposium: S09 - Mass violence, exposure to trauma and different experiences from Europe

Rethinking psychosocial support model in the aftermath of the terror attacks on Brussels

Erik de Soir
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Introduction: Terror attacks may produce life-shattering effects on those affected and confront first responders with unprecedented challenges due to the specific dangers inherent to the context of ongoing threat, the massive magnitude of these often multi-site attacks and the extreme sensorial experiences (images, sounds, odors, etc.) which are unknown in daily practice. In previous research on the effects of a dreadful and massive detonation (De Soir, 2015), the experiences of both victims and first responders appeared to create a unique challenge for caregivers.

For those who will develop a chronic PTSD condition, early screening and support, advanced psychological help and taking into account trauma predictors known from previous research (such as peritraumatic dissociation, degree of exposure, event characteristics, social support and psychological help), is of utmost importance.

Method: This presentation will discuss the possibilities of both acute and delayed psychological assistance to first responders (police, fire, EMS, army personnel) based on the principles of psychological triage, the CRASH model (De Soir, 2006; Roose, et al., 2008), and illustrate how a specific monitoring and measurement model (based on TRiM as described in Greenberg, 2009) has been used for the help and support of first responders involved in the Brussels attacks on 2016 March 22nd.
**Discussion:** The presenter will use his experiences as a volunteer fire psychologist, involved from the very first moments after the Brussels attacks, next to the results of his own research, to propose an innovative model for psychological assistance of uniformed personnel.

**Paper No.: 358**
**Reference: S73**
**Presentation Type: Oral Presentation**
**Symposium: S73 - Veterans: Family, Partner and Child Related.**

**Posttraumatic stress disorder & military-connected families: a scoping review**

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**Introduction:** Posttraumatic Stress Disorder (PTSD) of serving military personnel and veterans can affect their families. This scoping review sought to examine the research literature on PTSD experienced by military personnel/Veterans and the impact on families.

**Methods:** Arksey and O’Malley’s 5-step structured approach was used to conduct a scoping review to identify and synthesize knowledge on military-related PTSD and the family. PsychINFO, Embase, CINAHL and Sociological Abstracts were selected as most relevant for the comprehensive search strategy. Included sources were also mined for additional references.

**Results:** From the 3975 potential sources identified initially, 539 studies proceeded through title and abstract screening. Full text screening involved 42 studies, for which analytic data extraction was completed. Throughout each step of the review, at least two reviewers were involved.

The bulk of the literature centres around the male military member with PTSD in a traditional family system. Children and their family systems are impacted both directly and indirectly by parental PTSD. PTSD symptoms affect the style and quality of interactions within the families. Children and spouses may themselves present as traumatized, even if they themselves have not had direct trauma exposure. The ways in which families structure their daily lives can shift to a tense and highly rigid pattern of interaction, with altered communication and roles.

**Discussion:** There is a broad global impact of PTSD on family relationships and routines that impact children’s lived experiences in an ongoing manner. These findings strengthen the evidence for family-centred approaches to PTSD.
A variation in the oxytocin receptor gene moderates the relationship between early maternal care in childhood and interleukin 6 (IL-6) concentrations during pregnancy
Philipp Töpfer, Christine M. Heim, Sonja Entringer, Pathik D. Wadhwa, Nadine Provencal, Elisabeth B. Binder, Claudia Buss.
Charité University Medicine Berlin, Institute of Medical Psychology, Berlin, Germany

Background: Early life stress (ELS) may have long-term health consequences and may be transmitted to the next generation. This transmission likely occurs already during gestation, perhaps mediated by stress-sensitive biological mechanisms. One potential mechanism underlying transmission could be ELS-associated maternal gestational inflammation that may alter fetal brain development. Genetic variations in the oxytocin receptor gene (OXTR) have been shown to affect susceptibility to ELS. Based on the anti-inflammatory properties of oxytocin, the aim of this study was to test whether OXTR variants moderate the association between ELS in the pregnant women’s childhood and systemic inflammation during pregnancy.

Methods: In the first trimester of pregnancy, women (N=93) were recruited and data on ELS (Parental Bonding Inventory), sociodemographic indicators (age, income, education, and race/ethnicity), and body mass index (BMI) were collected. Maternal blood was obtained at each trimester during pregnancy to quantify interleukin-6 (IL-6) concentrations by immunoassay. DNA was extracted and maternal genotype for OXTR SNP rs139832701 (G/T) was determined.

Results: After controlling for race/ethnicity, BMI, and SES, a negative association between early maternal care and mean pregnancy IL-6 concentrations was observed in G allele carriers (r = -.543, p = .009, n = 27), but not in T allele homozygotes (r = .005, p = .975, n = 56). The correlations differed significantly from each other as tested by Fisher’s z test (z = -2.493, p = .006).

Discussion: Results suggest a genotype-specific association between maternal ELS and inflammation during pregnancy. Inflammation during pregnancy may alter the trajectory of fetal brain development and increase offspring risk for neurodevelopmental disorders such as schizophrenia and autism.

Paper No.: 361
Presentation Type: Poster Presentation

Psychological traumatization in dyadic relations in the situation of a child's psychophysical disorder
Yulia Gonchar
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When the family brings up a child with mental and physical disorders, the mother’s role in his/her development is of particular meaning. Child needs a longer period of basic care and attention. In such a dense interaction mother doesn’t have enough her own space.

The study was devoted to the estimation of emotional peculiarities which might lead to the development of dependent relationships, learned helplessness of a child, emotional disinhibition, disadaptation, psychological traumatization.

The study included 42 children aged 3 to 12 years with anomalies of development due to insufficiency of motor areas and their mothers (42 women aged 22 to 39 years). For the estimation of emotional characteristics of children and their mothers we used the set of psychological tests. Predominance of children by the type of impulsiveness (at 45.2%) and the type of egocentrism, intolerance towards others (19.0%) were associated with the emotions of fear and shame, manifested in irritability, anxiety, depression and helplessness. Among mothers the emotions of fear, guilt, irritability, fatigue, anxiety dominated.

As a result of emotional characteristics analysis of the mothers, we found them sufficiently contradictory and inconsistent in their emotional manifestations. There often was stereotyped perception of the emotions of the child and, being in constant contact with the child – there was no real contact because of fatigue, guilt and inability to deal with those feelings.

Among the important factors that could encourage a child to emotional distress might be the disharmonious style of family care and inadequate mother’s relationships patterns.

**Paper No.: 362**

**Presentation Type: Poster Presentation**

**Strangers in the family: the lasting impact of parent-child estrangement**

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² Psychotherapy Private Practice, Wimblebon, UK

**Introduction:** Parent-child estrangement is an underreported societal phenomenon which is believed to be growing in prevalence. Despite clients regularly presenting estrangement issues with a parent in psychotherapy, there is little empirical research specifically detailing the experience and its impact on the sense of self.

**Method:** Our findings are derived from psychotherapeutic work with six clients whom we have seen for at least 20 sessions. Each individual experienced estrangement with a parent before the age of 18. All individuals gave informed consent for us to record psychotherapy sessions and use their stories, and all names and identities have been anonymised.

**Results:** Thematic Content Analysis (TCA) of recorded psychotherapy sessions revealed three commonly experienced affective states: shame, anger and heartbreak. These themes are the legacy of estrangement, leaving the child with a fractured sense of self that continues into adulthood.
**Discussion:** We found that the rupture within the primary relationship between parent and child engenders a parallel rupture upon the child’s sense of self. Attachment bonds in the external world are severed, thereby altering one’s internal working models, and potentially changing how an individual conducts relationships moving forward. The rupture caused by estrangement with a parent is indicative of interpersonal relational trauma, wounding not only the child’s sense of self, but also her ability to maintain and sustain relationships later in life. The paper’s findings suggest that estrangement can be conceptualised as a living loss; a constant repetition of the past rupture that is often played out in present relationships.

**Paper No.: 363**
**Presentation Type: Poster Presentation**

**Polish child and adolescent World War II survivors: Effects of war related trauma on PTSD symptom levels**

*Maja Lis-Turlejska*¹,²

¹ SWPS Warsaw University of Social Sciences and Humanities, Department of Psychology, Warsaw, Poland
² Szymon Szumiał, Mińsk Mazowiecki, Poland

**Introduction:** The psychological consequences of World War II (WWII) in Europe on civilians has been studied for about 15 years. The aim of the presented study was to measure PTSD symptom levels among Polish WWII survivors and also the relationship of these levels with war related traumatic experiences. **Method:** During four years (2012-2015), 405 participants, 250 women and 155 men, were examined. Their age ranged from 1 year to 27 years when the WWII ended (M=12.45; SD=5.93). All participants completed: WWII trauma related questionnaire, Posttraumatic Diagnostic Scale (PDS) and Beck’s Depression Inventory (BDI).

**Results:** Prevalence rate of PTSD in the sample was 33.4% and, still after 67 to 70 years, the number of WWII related traumatic events correlated significantly with the intensity of PTSD symptoms. The highest correlation achieved concerned Intrusion and was high (r=.51) according to Cohen’s guidelines. The most traumatic event was the loss of one’s mother. Participants with this traumatic experience scored significantly higher than participants with all other types of WWII related traumatic events. Achieved effect size was medium (d=.57). Women’s intensity of PTSD symptoms was significantly higher than men’s, but the effect size was small (d=.12).

**Discussion:** The results point to the high prevalence of PTSD among the studied population. They also show the long-term impact of war related traumatic events and especially the loss of one’s mother on posttraumatic symptoms related to the war.

**Paper No.: 364**
**Reference: S70**
**Presentation Type: Oral Presentation**
Symposium: S70 - Cognitive Based Treatment

Trauma-informed, family-centered treatment approaches for young children involved with various systems of care: military, medical, and child welfare

*Catherine Mogil, B Paley
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Trauma can enter the family through multiple pathways and cause secondary challenges such as emotional dysregulation, impaired communication, and strained family relationships. Destabilizing traumatic experiences have a significant impact on very young children who are navigating a critical period of child development, establishing self-regulation skills, and developing templates for future relationships. It is imperative to intervene early, before parent-child interaction patterns become increasingly negative and family difficulties become entrenched, and intervene across systems of care, to destigmatize mental health treatment and increase access to care.

Three interventions for at-risk families facing challenges associated with 1) parental combat deployments, 2) a baby born with acute illness, and 3) child maltreatment will be discussed. Core elements, unique strategies and case examples will illustrate each intervention.

Results of each intervention’s randomized-controlled trial suggest that using a trauma-informed and family-centered approach to care is feasible, promotes positive parent-child interactions, and improves social and emotional outcomes for young children.

Although each of these interventions focuses on a different population and pathway of trauma, there are overlapping guiding principles to intervention. In addition, each treatment offers a unique method for intervention. Best practices in home visiting, hospital-based care, and use of telehealth delivery will be shared.

Paper No.: 365
Reference: S36.1
Presentation Type: Symposium
Symposium: S36 - The role of trauma interventions in the sustainable global development agenda

No health without mental health - the role of mental health in the sustainable global development agenda - with examples from three countries in Africa

*Lars Lien
Innlandet University of Applied Science, Department of Public Health, Elverum, Norway

Background: The slogan “No health without mental health” has been fundamental in placing mental health on the poverty eradication map. Neurocognitive disorders are ranked as leading causes of numbers of disability adjusted life years (DALY) both in rich and poor countries. The links between
mental disorders including addiction and poverty has been elucidated in several studies both via loss of productivity and lack of follow up on children, education and work. The aim of this presentation is to show how mental disorder are prevalent in Africa and how it affects society.

**Results:** From studies in Namibia, South Sudan and IDPs in Sudan we found that one fourth of the adult population have a treatable mental health disorder including depression, PTSD and other anxiety disorders where trauma was an important contributor. Use of alcohol and illegal drugs are leading causes of poverty, mental health problems and somatic disorders in most of southern Africa.

**Discussion:** There is a tremendous treatment gap of mental health diseases in most African and Asian nations. One important reason is the stigma attached to mental health and even being a mental health worker is stigmatized. In addition most people with mental health problems suffer from discrimination socially, in education and work and in getting access to any health care resources.

**Conclusion:** We need to make mental health a priority to reach any of the sustainable development goals in developing countries.

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**Paper No.: 366**

**Reference:** S36

**Presentation Type:** Symposium

**Symposium: S36 - The role of trauma interventions in the sustainable global development agenda**

**The role of trauma interventions in the sustainable global development agenda**

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All nations have agreed on 17 common goals that are the sustainable development goals (SDG). These goals include health, education, violence, poverty eradication, human rights, environment, climate actions, and peace. For the first time, global goals include mental health. The goals pay particular attention to humanitarian emergencies. The goals are universal, and reaching them will require co-operation across sectors, disciplines, countries and regions. In this symposium there are four papers, and they will show that knowledge from the trauma field is important to reach the SDGs. Well-documented trauma interventions should be implemented in the context of a broader health and developmental guidelines. Within this development agenda broader guidelines for interventions, we will share experiences from early child development, gender based violence, and strengthening children's ability to cope with trauma reactions. Concrete programmes will be presented, with examples from Vietnam, Sudan, Syria, Namibia, Iraq, Nepal and Bosnia. It is argued
that the SDGs are a window of opportunity to apply evidence based and hard earned experience of trauma interventions on a global scale, but that – and how- a holistic approach is needed. We will show how various interventions and approaches are not in competition, but rather together can contribute to sustainable development.

Paper No.: 367  
Reference: S36.2  
Presentation Type: Symposium  
Symposium: S36 - The role of trauma interventions in the sustainable global development agenda

Investing in early childhood development is investing mental health

*Ragnhild Dybdahl*¹, *G Badri*²

1. Oslo and Akershus University College for Applied Sciences, Faculty of Social Sciences, Institute for Social Work, Oslo, Norway  
2. Ahfad Women’s University, Khartoum, Sudan

In this presentation we will document the crucial role of development in early childhood, and how interventions should target development holistically. The role of nutrition, care, toxic stress, and other well-documented areas will be highlighted, as well as how interventions have been found to have significant long-term effect in important domains, for the individual, community and countries. The case of International Child Development Programme (Hundeide, 2007) which has been used all around the world will used to illustrate interventions, and we will present an overview of recommendations for such interventions.

Paper No.: 368  
Reference: S36.3  
Presentation Type: Symposium  
Symposium: S36 - The role of trauma interventions in the sustainable global development agenda

The role of trauma interventions

*Unni Heltne*

*Center for Crisis Psychology, Bergen, Norway*

This presentation will add to the SDG discussion by sharing experiences and results from research and implementation of low threshold interventions, aimed at reducing trauma reactions for children in a number of different context. The techniques are based on principles of CBT, and are developed
to be delivered by teachers, school counselors or nurses in contexts where mental health personnel are few or lacing. The challenges with training different categories of personnel in using the methods, how to make those trained able to train others and the effect of the methods for the affected children will be discussed. Some principles for the development and implementation of this kind of intervention based on the experiences from different countries and different cortices will also be presented.

Paper No.: 369
Reference: S36.4
Presentation Type: Symposium
Symposium: S36 - The role of trauma interventions in the sustainable global development agenda

The role of universities for reaching the sustainable development goals: education, research, collaboration and community service
R Dybdahl1, Gasim Badri2
1 Oslo and Akershus University College for Applied Sciences, Faculty of Social Sciences, Institute for Social Work, Oslo, Norway
2 Ahfad Women's University, Khartoum, Sudan

This presentation will highlight the important role of higher education and pre-service training, based on the experience of the Ahfad Women's University in Khartoum Sudan. Ahfad has extensive experience on co-operation between universities in Norway and other countries on building capacity on trauma treatment, including those related to gender based violence, as well as community service. The importance of cultural relevance and sustainability will be discussed.

Paper No.: 370
Reference: S28.4
Presentation Type: Symposium
Symposium: S28 - Screening for mental health after trauma in children and adults: importance, instruments, & innovations

Screening for chronic PTSD after disasters: the gap between self-reported posttraumatic stress and PTSD cases in psychiatric services
Kristina Bondjers, FK Arnberg, M Willebrand
Uppsala University, Department of Neuroscience - Psychiatry, Centre for Disaster Psychiatry, Uppsala, Sweden
**Introduction:** Screening disaster survivors for mental health problems after initial recovery may detect unrecognized cases of chronic PTSD. This presentation compares published findings of PTSD prevalence after the 2004 tsunami among exposed Swedish adult survivors.

**Method:** Register data were collected for psychiatric diagnoses made in specialized healthcare for 8762 Swedish adults with various levels of disaster exposure. Posttraumatic stress (PTS) was assessed and exposure established for 2268 individuals who filled out the Impact of Event Scale–Revised (IES-R) in surveys at 1, 3, and 6 years post-disaster. A subset of directly exposed participants (n=142) were assessed for current and post-disaster PTSD with SCID interviews.

**Results:** In the survey sample, 5% of participants reported very high and 11% reported high levels of PTS across all surveys. The post-disaster prevalence of PTSD was 11.3% in the interview sample. In healthcare services, the 5-year incidence was 0.5% for PTSD and 2.1% for any stress-related disorder. Findings suggested that the IES-R possessed good screening properties, e.g., sensitivity ≥ 0.92.

Discussion: These studies indicate large differences between the PTS load among survivors and the number of PTSD cases in healthcare services, making a case for individual symptom screening. Yet, screening for chronic PTSD with current methods will yield a substantial numbers of incorrectly classified survivors (640 false positives in this sample), providing challenges to psychosocial follow-up services.

**Paper No.:** 371

**Reference:** S72

**Presentation Type:** Oral Presentation

**Symposium:** S72 - Veterans: Mental Health and Treatment

“CoachPTBS” – creation and usability evaluation of the German App for combat-related mental stress disorders

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³ Zentrum für Psychiatrie und Psychotraumatologie am Bundeswehrkrankenhaus, Berlin, Germany

**Background:** A discrepancy between demand and utilization of counseling for combat-related mental stress disorders is prevalent. Subjective barriers are considered a main reason not to seek help. Apps that bridge that gap by providing information and self-management are well received in the English-speaking world. German language interactive apps had not been available. To tackle this, the freely available "CoachPTBS" was released in summer 2016. It has received successive updates afterwards and has been downloaded well over 3,000 times within the first few months. Research on its usability and applicability was subsequently started.
**Methods:** An analysis of existing mobile phone apps around the world was carried out. Active working groups on interactive PTSD apps have been contacted. Software evaluation tools were reviewed in order to create a new, more general app evaluation tool - uApp.

**Results:** After analyzing existing PTSD apps the Coach PTBS was co-developed with the German military. Full reprogramming beyond updating text-content was necessary to ensure highly secure data protection in particular. New tools were integrated. Additionally, first test results (n=88 subjects) are reported. The newly developed questionnaire regarding the app’s performance in usability and applicability yielded high correlations (.40 to .68) with software usability questions and an overall positive feedback for the app itself.

**Conclusion:** A PTSD app specifically tailored for the German Bundeswehr requirements has been developed. User feedback and results from the questionnaires "uApp" and "aApp" indicate promising results for the new app CoachPTBS.

**Paper No.:** 372

**Reference:** S71

**Presentation Type:** Oral Presentation

**Symposium:** S71 - Child Therapy.

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**Mentalization in practice - bringing structure and flexibility to the traumatized child’s mind**

*Janne Hagelquist*

*Center for Mentalization, Aarhus, Denmark*

**Introduction:** This purpose of this workshop is to outline trauma-informed applications of Mentalization in work with neglected and traumatized youth. Mentalization is about a focus on mental states in one self and in others, especially in connection with explanation of behaviour (Bateman & Fonagy 2007)

The Mentalization guidebook (2017) will be introduced and the tools and models from the guidebook will be presented as a way to give clients tools to rebuild skills directly linked to symptoms of developmental trauma, PTSD and re-enactment. The idea is to encourage both mental structure and mental flexibility.

**Methods:** The STORM model of Mentalization describes methods for intervention, analysis and self-reflection, and is characterized by a positive view on the developmental possibilities for those experiencing trauma and neglect.

**Results:** In Denmark, the STORM model has been used with success as a psycho-educational tool for professionals working with young people. In this workshop we will describe the method in detail, highlighting its capacity to communicate sophisticated concepts in clearly digestible ways. In this workshop clinicians will learn how to teach these methods in simple, practical, accessible ways, so that clients across the developmental spectrum can benefit.

**Discussion:** Complex, developmental trauma poses unique challenges not only to the client but to the therapist who seeks to connect with the client. Since developmental trauma can have a strong
impact on trust, relationship building, attention and focus, interventions with youth must not only seek to be developmentally appropriate but to support the client in rebuilding these competencies.

Paper No.: 373
Reference: S70
Presentation Type: Oral Presentation
Symposium: S70 - Cognitive Based Treatment

Trauma focused cognitive behavior therapy with child abuse victims who experienced multiple traumas: the Asian experience
Li-Jen Tan, B Ong, M-F Goh, A Goh
Ministry of Social and Family Development, Clinical and Forensic Psychology Service, Singapore

This study examined the effectiveness of Trauma Focused Cognitive Behaviour Therapy (TF-CBT) provided to 60 children and adolescents aged 6 to 17 years, who were referred from the Singapore child protection service and child welfare system for sexual or physical abuse related trauma difficulties. A team of psychologists received training and ongoing consultation from international TF-CBT trainers, and provided the therapy according to the PRACTICE components. Caregivers were also involved in the therapy sessions as far as possible. Pre- and post-treatment outcomes were assessed using standardized measures such as the UCLA PTSD Index for DSM-IV, Strengths and Difficulties Questionnaire, and Child Depression Inventory. For about a third of the sample, three-month follow-up outcome data were also obtained. Results indicated significant improvements in post-traumatic stress symptoms after treatment.

While many western studies have shown TF-CBT to be an evidence based and effective treatment, this was the first systematic study of TF-CBT in Singapore and Southeast Asia with a primarily child maltreatment clientele. As these were clients referred from the state child protection services, they were among the higher risk child abuse casetypes and had experienced severe and chronic abuse, with complex trauma presentations. Moreover, as a significant number of clients were living in out-of-home care settings (e.g. foster care, residential group homes), clinicians' creativity and persistence were required to engage clients and caregivers in therapy. Strategies for providing an evidence-based treatment to difficult-to-reach and multiply-traumatized child abuse clientele, as well as cross cultural lessons learned, will be shared.

Paper No.: 374
Presentation Type: Poster Presentation

Alexithymia, dissociation and facial emotion recognition in traumatized individuals with and without posttraumatic stress disorder
Monique Pfaltz, S Passardi, C Müller-Pfeiffer, K Hassanpour, U Schnyder, M Rufer
Introduction: Previous studies have linked alexithymia to facial emotion recognition (ER) deficits and to dissociation. However, previous studies have mainly used high intensity static images. We aimed at qualifying these findings in individuals with posttraumatic stress disorder (PTSD) by accounting for expression intensity. Additionally, we assessed if PTSD individuals of the dissociative subtype (PTSDd) show stronger alexithymia than PTSD individuals of the non-dissociative subtype (PTSDnd).

Methods: PTSD individuals (n=37), healthy controls (n=42) and traumatized healthy controls (n=38) were watching 300 one-second movies showing facial expressions at varying expression intensity and indicated which of 10 emotions were presented in each movie. Alexithymia was assessed by the 20-Item Toronto Alexithymia Scale (TAS-20).

Results: In PTSD individuals, as expected, alexithymia scores were negatively related to ER for low and moderate but not high expression intensities when controlling for depression and dissociation (low intensity: $r=-.46$, $p=.005$, moderate intensity: $r=-.37$, $p=.025$, high intensity: $r=-.17$, $p=.33$). PTSDd individuals (n=20) showed higher TAS-20 total and subscale scores than PTSDnd individuals (n=17) and comparison groups ($p's<.024$). However, PTSDd individuals did not perform significantly different in the facial ER task as compared to the control groups.

Discussion: In conclusion, PTSD per se is not linked to emotion recognition deficits. However, alexithymia in individuals with PTSD is related to both dissociation and difficulties in labeling facial expressions of emotion, especially for lower expression intensities. Reduced facial emotion recognition abilities in PTSD patients with more pronounced alexithymia may have implications for the social functioning of these patients in daily life.

Paper No.: 375
Presentation Type: Poster Presentation

Physical abused children and adolescents mental health in connection with parental bonding and their perceptions of their parents
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Introduction: The aim of this study was to contribute to the research of child physical abuse (CPA) by examining if there were any differences in high school students’ mental health and/or in how they perceive their parents, depending on whether they had been subjected to CPA or not during childhood.

Method: A representative sample of high school students (N=3288) participated in the study. Participants completed the following: questions about CPA and alleged perpetrators, the Hopkins
Symptom Checklist, Rosenberg Self-Esteem Scale, the Sense of Coherence Scale and Parental Bonding Instrument.

**Results:** As expected the results showed that students who reported experiences of CPA reported significantly, more symptoms of psychological distress, lower self-esteem and lower sense of coherence and significantly more negative perceptions of their parents’ parenting than students who had not experienced CPA.

**Discussion:** The importance for clinicians to have results like this in mind when meeting physically abused children and adolescents and to find treatments that can enhance these children’s perceptions of their parents.

**Paper No.:** 376  
**Presentation Type:** Poster Presentation

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**A multivariate analysis of behavioral correlates of incest victimization: a study in the trauma of sexual abuse**

*Pam Ramsden*  
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**Introduction:** Sexual victimization research suggests that incest victims develop various defenses and mechanisms as a direct result of their victimization. This research examined the behavioral correlates and looked at three different categories of behavior: coping behaviors that are designed to ignore or minimize the incestuous relationship; compensation behaviors that are used as a way of recompensing for the abuse and avoidance behaviors that are active acts created to avoid sexual contact.

**Method:** Three hundred and fifty two adolescent subjects between the ages of 12-18 were used in this study with 126 individuals being identified as victims of incest. The data was collected from residential treatment facilities. Information was collected for health records, educational records, developmental records, family history and behavior patterns.

**Results:** A one-way multivariate analysis of variance was run to determine differences between the three categories of behavioral correlates and incest victimization. The differences between the incest victims was statistically significant, F(3, 346) = 26.047, p <.001; Wilks' Λ = .815; partial η² = .184. Variables such as higher suicide rates, higher levels of physical illnesses, self destructive behaviors, depression, rage and anger.

**Discussion:** This study identified various behaviors related to incest victimization that could possibly be used to identify survivors. These combinations of behaviors maybe unique to incest victims, maybe goal-directed and may serve a purpose in the victim's life as a way of dealing with the victimization.

**Paper No.:** 378  
**Reference:** S62
Childhood adversities and psychopathology in the Northern Ireland population: the mediating role of social networks
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2 University of Ulster, Department of Psychology, Coleraine, Co Londonderry, Northern Ireland, UK

Background and Aims: Adverse childhood events can have a very negative impact on psychopathology. Research suggests that good social networks can be protective, buffering a person against the negative impact of childhood adversities. However, individuals who suffer early adversity such as maltreatment may have lower levels of social networks due to these experiences. The study aims to identify profiles of adverse childhood experiences related to parental maladjustment and maltreatment. It subsequently examines associations between adversity classes, social networks and psychopathology.

Method: The study utilises epidemiological data from the Northern Ireland Study of Health and Stress (NISHS), conducted as part of the WHO World Mental Health (WMH) Survey Initiative. The WMH-CIDI was used to survey 4,340 participants (part 2, n = 1,986).

Results: Latent Class Analysis identified 3 adversity classes; high, moderate and low risk. Regression models revealed that individuals who experienced adversity had higher rates of psychopathology. The impact was partially mediated by social networks, with family and friend support or harmony displaying different effects on various disorders. However, those who experienced elevated rates of adversity had lower levels of social networks in the first instance.

Discussion and Conclusion: The study reveals that childhood adversities have a negative impact on mental health, and also in the formation of strong social networks, providing important information for practitioners and policy makers. However, social networks are protective factors and the findings may assist in the development of early intervention and prevention strategies for those most at risk. Limitations and future directions are discussed.
The ISTSS Global Collaboration was formed as part of the ISTSS Global Initiative. It consists of an affiliation between different societies, for traumatic stress study around the world. It includes representatives from different regions including Hong Kong, Japan, Africa, Europe, North and South America and Australia. The aim is to stimulate collaboration around the world without creating a new global structure, but by focusing on different topics. The panel will introduce the Global Collaboration, the process of working together, the selection of the topics etc. Some of the products will be presented, e.g. the “Internet information on Childhood Abuse and Neglect” (iCAN) or the study on a “Computerized Childhood Attachment and Relational Trauma Scale” (CARTS by Paul Frewen) around the world. Language barriers, challenges in attaining an ethical approval, and benefits will be discussed.

The panel will include Ulrich Schnyder, pioneer of the global initiative of the ISTSS, Miranda Olff (chair of the global collaboration), Paul Frewen for the CARTS study, Ingo Schäfer, president of the ESTSS, Brigitte Lueger-Schuster, member of the global collaboration group – delegate for the ESTSS, Julia Schellong, delegate for the DeGPT.

Paper No.: 381
Reference: S47
Presentation Type: Oral Presentation
Symposium: S47 - Mental health in the Refugee Population

Prevalence of mental disorders among Syrian refugees in Turkey: an epidemiological study
Esra Isik, Y Unal, S Sahin, AT Aker
Kocaeli University, Institute of Health Sciences, Centre for Psychological Trauma and Disaster Studies, Kocaeli, Turkey

Introduction: As a consequence of the Syrian Civil War Turkish Republic has become the largest refugee-hosting country worldwide. By January 2017, Turkey hosts almost three million Syrian refugees. It is evident that refugees often suffer from complex trauma-related disorders and are at high risk of developing mental health problems. The aim of this study was to identify the prevalence of mental disorders in Syrian refugees in Turkey.

Method: 1558 Syrian refugees living in Turkey has participated the study. MINI International Neuropsychiatric Interview Form (MINI) and a sociodemographic questionnaire was used to collect data.
Results: Depression was the most common mental disorder with prevalence of 38%, and followed by PTSD and panic disorder. Mental disorders were more prevalent in females. Additionally, mental disorders were more prevalent in participants living in metropolitan cities than in border cities except from social anxiety disorder. Despite the high prevalence of mental disorders, the rate of mental health service use is only 1%.

Discussion: High rates of mental disorders in refugees indicate thousands of refugees experience psychosocial problems and there is an eminent need for community based interventions.

Paper No.: 382
Presentation Type: Poster Presentation

Level of acculturative stress among Syrian refugees in Turkey
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Introduction: Refugees not only suffer from pre-migration traumas but also post-migration problems. Adaptation to a new country and adjusting to a new culture is a challenging and stressful process for the refugees. Acculturative stress occurs when the new comer experiences psychological, somatic and social problems along with the adaptation and adjustment processes.

Method: 1558 Syrian refugees living in Turkey has participated the study. Multidimensional Acculturative Stress Scale (MASS) and MINI International Neuropsychiatric Interview Form was used to collect data.

Results: The mean MASS score was 65,6 and significantly higher in participants with PTSD, who live in metropolitan cities, are male and have low education (p<.001).

Discussion: Despite the proximity of Turkish and Syrian cultures, refugees suffer from acculturative stress in Turkey.

Paper No.: 383
Presentation Type: Poster Presentation

Coping strategy? The religious values in the establishment of psychological trauma
Joana Becker
University of Coimbra, Trauma Centre of the Centre for Social Studies, Coimbra, Portugal

In the face of growing concern about violence, this study takes interest in understanding the causes of the establishment of psychological trauma. Through historical construction, based on social, anthropological and psychoanalytic studies, it is highlighted the relationship between trauma and religion. Trauma is understood as an inability to cope with unexpected and unwanted
situation, when the psyche is invaded by an external impact. However, when the subject is faced with a violent event, is not only the physical and verbal aggression that interfere in the establishment of trauma, but also the representation of what happened. This representation depends, primary, on how the social environment translates the tragedy – which can soften or intensify the suffering even more. Considering the Catholic religion as a tool of social organisation by participating in scientific, political and cultural development, this religion is presented as an important influence on the way in which the person represents and deals with adversities. Besides that, the religious concepts of sin and transgressions provoke "moral suffering" and may lead to blame feeling. Having all these factor into account, this study intends to incite the reflection on power of religion in our society, especially in the children development, since they live in accordance with the environment which they form part of. Seeing that, as Cyrluk (2009: 156) states, "we can only be touched by objects to which our development and history make us susceptible, because we give them special meaning".

**Paper No.: 384**
**Presentation Type: Poster Presentation**

**Psychological well-being after a terrorist attack**
*Soykan Sahin, Y Unal, E Isik*
*Kocaeli University, Institute of Health Sciences, Centre for Psychological Trauma and Disaster Studies, Kocaeli, Turkey*

**Introduction:** A terrorist attack, consisting of shootings and suicide bombings, occurred on 28 June 2016 at Atatürk International Airport in Istanbul, Turkey. Gunmen armed with automatic weapons and explosive belts staged a simultaneous attack at the international terminals. Forty-five people were killed and more than 230 people were injured. It is evident that people are at risk for developing post traumatic stress disorder (PTSD) after terrorist attacks. The aim of the current study was to identify overall psychological well being of the airport workers.

**Method:** Regardless of their presence in the airport during the attacks, 1510 airport workers participated to the study. The data has been collected through General Health Questionnaire (GHQ-12) and a sociodemographic questionnaire one month after the attacks.

**Results:** The mean GHQ-12 score was 8.6. The scores of 86.4% of the participants was higher than 3 which is the cut off point. GHQ-12 scores was significantly higher in the participants who are female (p<.001), divorced (p<.001), has a mental disorder history (p<.05), has a suicidal attempt history (p<.001), witnessed of injury or death (p<.001), was working on the shift during the attacks (p<.001), and was eye-witness to the attacks (p<.001).

**Discussion:** The attacks damaged psychological well being seriously and the results indicated presence of mental health problems for the majority of participants. Some factors like female gender, history of suicidal attempt and mental problems make individuals more vulnerable to develop mental health problems than the others.
The prevalence and predictors of PTSD after a terrorist attack

Yesim Unal¹, E Isik¹, M Demircioğlu¹, S Sahin², T Yılmaz²

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Introduction: A terrorist attack, consisting of shootings and suicide bombings, occurred on 28 June 2016 at Atatürk International Airport in Istanbul, Turkey. Gunmen armed with automatic weapons and explosive belts staged a simultaneous attack at the international terminals. Forty-five people were killed and more than 230 people were injured. It is evident that people are at risk for developing post traumatic stress disorder (PTSD) after terrorist attacks. The aim of the current study was to determine the prevalence and predictors of PTSD among workers of the airport.

Method: Regardless of their presence in the airport during the attacks, 1510 airport workers participated to the study. The data has been collected through a self-report PTSD scale and a sociodemographic questionnaire one month after the attack.

Results: The prevalence of PTSD was 16.8%. A three step hierarchical multiple regression analysis was conducted. Sociodemographic variables, characteristics of the attacks and positions during the attacks was entered respectively. The model was statistically significant (F(15, 924) = 18.597, p < .001) and explained 22% of the variance.

Discussion: The study revealed a high rate of PTSD among airport workers. Proximity to the attacks, female gender, history of self-harm and witnessing death or injury was the strongest predictors.

Emotional, physical and sexual intimacy in adults with and without a history of neglect and other adverse childhood experiences

Monique Pfaltz, S Weilenmann, U Schnyder

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Introduction: Intimate relationships are linked to physical and mental well-being. It is known that adverse childhood experiences (ACE) are related to fear of intimacy and dysfunctional intimate
relationships. However, only few studies have assessed the effects of ACE on self-perceived intimacy and physiological correlates of intimate interactions.

**Method:** The planned project uses experimental paradigms to assess how adults with and without a history of neglect during childhood and other ACE respond to emotional and physical/sexual intimacy. More specifically, we will assess if adults with neglect and other ACE differ from adults without ACE regarding their emotional (negative and positive affect) and physiological (electrodermal activity, heart rate, respiratory sinus arrhythmia, cortisol) responses to experimentally induced emotional and physical/sexual intimacy. Moreover, we will assess whether emotional and physiological responses are related to one another and whether they are related to the self-reported feelings of intimacy in participants’ romantic relationships. In addition, we will assess whether the size and permeability of participants’ personal space depends on the presence of neglect and other ACE.

**Results/Discussion:** We will present first results, which shall provide a basis for the development of interventions aiming at supporting individuals with ACE to develop positive intimate relationships.

**Paper No.: 387**

**Reference:** S38

**Presentation Type:** Symposium

**Symposium:** S38 - ESTSS Panel Discussion - Transcending the boarders. Challenges and opportunities of the "European Refugee Crises"

**Transcending the boarders. Challenges and opportunities of the "European Refugee Crises"**

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The global socio-political developments of the last decade lead hundreds of thousands of people to seek refuge in Europe. The need to accommodate them and assure their dignified existence faces local governments, agencies and professionals in all sectors of the social system with considerable challenges. They also include the promotion of recovery from trauma, which is highly prevalent in refugee populations and can impede the successful resettlement and integration in the host countries. The panel will discuss the current ‘refugee crises’ from the point of view of experts in the field of psychotraumatology. The perspectives covered will include recent research findings and innovative interventions in the mental health care for refugees, but also societal aspects and the question of human rights, as well as the role of media. The contributors of the panel are Marit Sijbrandij (The Netherlands), Christine Knaevelsrud (Germany), Dean Ajdukovic (Croatia), Gavin Rees (United Kingdom), Jorge Aroche (Australia) and Aram Hasan (The Netherlands).

**Paper No.: 388**
Introduction: During the terrorist attack in Nice on 14 July 2016, we had to take care of pediatric population as well as their family. Very quickly, we noticed a lack of standardized scales for these populations, especially for the very young children. The purpose of this study is to present a standardized evaluation for the post-traumatic consequences according to the age of children.

Methods: We searched in literacy the tests and the scales validated for Post-Traumatic Stress Disorders in the young populations. We also have looked for the main comorbidities (anxiety, depression and hyperactivity).

Results: For the children who have more than 6 years old, several scales estimating the psychiatric aspects exist, but most are not translated into French language. For the children who have less than 6 years old, several psychiatric aspects are not assessable.

Discussion: It appears very urgent to have tests and specific scales in French for the pediatric populations, to be able to react better in the urgency. Besides, it would be also interesting to create a neuropsychological and social evaluation to understand the impact of trauma on these two aspects.

Emergency organization and follow up after the Nice terrorist attack in July 2016

Introduction: Following the terrorist attack in Nice on 14 July 2016, we faced massive arrival of young population (from new born babies until 18 years old) and their families. The first emergency answer has been to create a specific pediatric medico-psychological emergency unit (CUMP). After the emergency, a specific department had been created within the children's hospital of Nice (CHU
Lenval) dedicated to the evaluation and care of post traumatic psychological consequences (CE2P).

**Methods:** From July 2016 to January 2017, more than 1100 children and their family came to CHU Lenval.

Pediatric CUMP (2 health care professional) received the whole family in private space. It allowed defusing, psychoeducation on psychotrauma and to leave families together when needed.

Based on clinical observations (symptoms) during the peritraumatic period (emergency with specific pediatric CUMP), and later, we tried to synthetize knowledge in term of evaluation and international standard care for each class of age.

**Results:** The CUMP allowed a direct intervention among children and family. The pediatric CUMP intervened at a pre-therapeutic level, which allowed to detect the children at risk, to prevent symptoms and to orient individuals.

In term of evaluation and care, it seems efficient to consider 3 class of age.

**Discussion:** The creation of a specific place organized and dedicated to children and families in emergency situation further to attack of mass seems to be efficient. Further research may help to define post trauma exposure symptoms in babies, toddlers, children and adolescents.

**Paper No.:** 390

**Reference:** S69

**Presentation Type:** Oral Presentation

**Symposium:** S69 - New Treatment Forms

**New technology and PTSD treatment in kids : JeReV protocol**

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1 SUPEA - CHU Lenval, Nice, France
2 ABC des Psychotraumas, France
3 CoBteK - UNS, Nice, France

**Introduction:** It is known that trauma with intentionality doubles the risk to develop psychiatric disorders (1). It has been shown in adults and youth that relaxation is one of the recommended therapy tool to treat PTSD. Following the terrorist attack in Nice on 14 July 2016, we developed a program using new technologies.

The main objective of the JeReV study is to improve the quality of life (emotional sensitivity in the context of family life, school, social interactions) in children between 6 to 12 years.

**Methods:** 40 kids were included in the protocol.

They had to fill in clinical scale for PTSD, anxiety and depression, KidlQol and SAM. We used sensors, serious games and new technologies during 3 sessions lasting 40 minutes only.

**Results:** We expecte, at the end of JeReV protocol, children to be characterized by a better quality of life compared to the beginning of the program, especially for family life and social interactions.
Discussion: The innovative character of the JeREV study is to contributed to the development and implementation of a system of stimulation specifically dedicated to children. At the individual level, the direct benefit of the patient is the improvement of his quality of life, but also his ability to regulate his emotions and build positive scenarios.

Paper No.: 391
Reference: S65
Presentation Type: Oral Presentation
Symposium: S65 - Violence & Treatment

Family violence on children – barriers and facilitators experienced by family physicians in its detection
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Introduction: Violence over children presents high prevalence rates in primary care. Family physicians (FP) report difficulties in the scrutiny for the presence of child victimization (1), although they recognize that the early detection of child abuse and neglect could potentially reduce its physical and psychological consequences. We aim to ascertain if violence on children is recognised in family medicine, which difficulties and strategies are experience by physicians and how communication skills training influences FP ability to detect domestic violence.

Methods: Forty five FP were surveyed for the detection of the phenomenon in clinical practice, facilitators and obstacles identified when assessing children victimization,

Results: The majority of the FP were female (64%) with a mean age of 35.9 (12.8) years. Physicians reported lack of time (73.3%) and insufficient experience and training (64.5%) as barriers to the identification of violence over children, and considered physical or subjective complains as early possible indicators. Communication skills training was positively correlated with the detection of children victimization (p=.039), and with specific strategies - confidentiality, provide more time and number of consultations.

Discussion: Communication skills training may FPs’ facilitate the screening for domestic violence in primary care settings (2).
Symposium: S43 - Trauma Exposure amongst Professionals.

Secondary trauma in health professionals – the burden of caring for traumatized children
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Introduction: Secondary Traumatic Stress (STS) results from the exposure to traumatized persons. Caring for children exposed to trauma, natural disasters, and other adverse events may provoke a secondary traumatisation in health professionals working in emergency services, with a cumulative effect predisposing to burnout. We intend to study the occurrence of STS and burnout in emergency physicians’ and nurses’ in contact with traumatized children in a Portuguese region of high natural disaster risk.

Methods: Following a previous study in 115 physicians working in hospital emergency departments and intensive care units, a sample of emergency professionals with similar characteristics is being collected. Assessment include: sociodemographic and professional characterization, the Secondary Traumatic Stress Scale (STSS), the Maslach Burnout Inventory (MBI), trauma and victims characterization.

Results: The total STSS score was 26.53 (8.15) in the first sample, similar in both genders. Significant correlations were found between STSS and Burnout subscales. Patients per hour, work days per week and burnout level were predictors of STS. The longer a person worked with traumatized individuals the greater the likelihood of developing STS. We expect to clarify the effect of professional characteristics and caring for traumatized children in the occurrence of STS and burnout.

Discussion: Environmental, work-related factors and caring for traumatized persons are associated with STS in emergency health professionals. Moreover exposure to children’s suffering may enhance the risk for secondary stress. It is important to provide resources to mitigate the impact of STS and burnout in physician and nurses.

Paper No.: 393
Reference: S66
Presentation Type: Oral Presentation
Symposium: S66 - Neuro- and Biological Perspectives on Child Maltreatment

Childhood trauma, life events and immune dysfunction – reciprocal interactions in patients with reumathoid arthritis and depression
Margarida Figueiredo-Braga¹,²,⁶, M Bernardes³, C Santos Mesquita⁴, L Costa³, B Poole⁵
Introduction: Life events and the exposure to traumatic events may impact physical health. It has been suggested that the predisposition to physical or psychiatric diseases is mediated by immune system dysfunction, explaining the frequent occurrence of depression in immune-driven diseases. Our study aims to explore the association between inflammatory markers, anxiety and depression symptoms, fatigue, childhood trauma and life events, in patients with Rheumatoid Arthritis (RA).

Method: Participants are 56 adults from a cohort study, including a group of RA patients (n=15) (Mean age = 51.3, SD – 8.2), a group of 41 healthy controls, and a group of age matched patients with depression (n=21). Participants completed the Hospital Anxiety and Depression Scale, the Fatigue Severity Scale, the Life Experiences Survey, the Adverse Childhood Experiences and the Posttraumatic Diagnostic Scale. Inflammatory markers were determined.

Results: Preliminary results revealed that RA group participant’s had the higher fatigue score. Depressed participants reported the higher number of life events; in turn, RA participants reported a higher negative impact from these events in the previous month. In the same group a negative association between Anxiety and the impact of events in the previous month (r = -.736, p <.01) and between fatigue and the impact of events in the previous six month was detected.

Discussion: Ongoing analyses will permit to explore the relationship between general and specific immune markers and the occurrence of a physical or psychiatric disease, and clarify the role of adverse childhood experiences and adult trauma in immune system dysfunction.

Paper No.: 394
Presentation Type: Poster Presentation

Post-military rites of passage
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This poster will present results from several case studies about rituals designed to reintegrate military veterans into civilian society, using primarily a qualitative approach. The approach is influenced by the theoretical framework presented in Arnold van Gennep’s Les Rites de Passage (1909). Rather than focusing only on the experience of military veterans, these rites of passage will be considered from a broader perspective, as involving rituals that are relevant for the entire society, and for making post-war peace between former antagonists. Given that preparations for
war often involve a kind of dehumanizing of the enemy, which has been described in much past research, post-war rituals will logically be expected to counteract this with an emphasis on human qualities that are shared in common between former adversaries. For the military veterans themselves, relevant rituals include, not only finding ways to come to terms with war-related traumas, but also (just as important) making transitions from the norms and expectations that are common in war zones, back into the sociocultural norms of society at large, including humanistic standards and ideals that can be shared between states that may be engaged in ongoing international rivalries. Case studies of such rites of passage will be presented with particular reference to traumatic events associated with 21st century experiences connected with international terrorism, and the military conflicts that have been initiated in reaction. Importantly, can rites of passage be useful in helping our societies to transition beyond what seems to have become a never-ending "war on terror"?

Paper No.: 395
Reference: S39
Presentation Type: Symposium
Symposium: S39 - European Network for Psychosocial Crisis Management – assisting disabled in case of disaster implementation (EUNAD-IP)

European Network for Psychosocial Crisis Management – assisting disabled in case of disaster implementation (EUNAD-IP)
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Background: EUNAD-IP aims toward the implementation and preparation of EU human rights-related assistance programs for disabled survivors of disasters. The objectives for the project are:
2. Conduction of qualitative studies on disabled in general psychotraumatology.
3. Organisation of workshops to include associations for handicapped in the field of psychotraumatology.
4. Trainings of uniformed services, social workers and mental health professionals to assist handicapped after major incidents.

The results of EUNAD-IP focus on recommendations for psychosocial support programs of disabled (especially blind and deaf) after disaster. In our first and second contribution, we present a survey developing a training handbook for emergency personnel and caregivers on the topic of how to support persons with mental disabilities in emergencies and disasters. The third contribution are dedicated to qualitative studies on blind and hard of hearing individuals in disaster emergencies. Our forth contribution is dedicated to final results of EUNAD-IP: Our recommendations and our task
force is presented. We conclude that EUNAD-IP may be a step forward in the implementation of the UN Convention on the rights of persons with disabilities.

Paper No.: 396
Reference: S74
Presentation Type: Oral Presentation
Symposium: S74 - Conflict in Africa

Post-war environmental stressors: are they more lethal on mental health of survivors than war experiences? Findings from the WAYS Study

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Introduction: War experiences (WE) and post-war environments (PWE) are associated with mental ill-health. This study aims to investigate the pathways from WE and PWE to mental ill-health and to define opportunities for intervention with war-affected youths in Northern Uganda.

Method: Using data from the War-Affected Youth Survey (WAYS), an ongoing study of a large cohort of former child soldiers in Uganda, mental health problems, subjective WE, and PWE were assessed by local adaptations of internationally developed measures for use with war-affected youth 6 years after the end of the war. Structural equation modelling was used to test two mediation hypotheses: (1) the ‘trauma model’ in which WE directly influence long-term mental health and (2) the ‘psychosocial path’ in which WE influence long-term mental health through PWE stressors.

Results: WE were linked to depression/anxiety (β=0.15 (95% CI 0.01 to 0.30)) through PWE (accounting for 44% of the variance in their relations) and to conduct problems (β=0.23 (95% CI: 0.03 to 0.43); accounting for 89% of the variance, i.e., near complete mediation). The direct relation between WE and depression/anxiety attenuated but remained statistically significant, while for conduct problems, the direct relationship was no longer significant after accounting for PWE. Similar results were obtained for psychotic symptoms and somatic complaints.

Discussion: PWE are key determinants of continued mental ill-health in former child soldiers. Interventions to reduce long-term mental problems should address both PWE stressors (psychosocial model) and specialised mental healthcare (trauma model) and consider both models of intervention as complementary.
EUNAD – recommendations assisting disabled in case of disaster

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**Background:** EUNAD aims toward the implementation and preparation of EU human rights-related assistance programmes for disabled survivors of disasters. The objectives include a consensus process on recommendations for assisting deaf and blind in case of disaster.

**Method:** Different sources were used for consensus process.
1. **Evaluation:** Networks of associations for disabled; analysis of literature on research about disabled in psychotraumatology.
2. **Research:** Qualitative studies on blind and deaf in general psychotraumatology.
3. **Workshops:** Extension of the European network for psychosocial crisis management via inclusion of associations for handicapped in one local and two international workshops.

**Pilot Training:** Training of different vocational groups in EUNAD recommendations. Potential trainees are uniformed services, social workers and mental health.

**Results:** Our recommendations are published on www.eunad-info.eu and may serve as precursor tool for the EU Civil Protection Mechanism – Common Emergency and Information System (CECIS). We conclude that the results of EUNAD contribute to the UN-convention of rights assisting blind and deaf in case of disaster.

Paper No.: 398
Reference: S53
Presentation Type: Oral Presentation
Symposium: S53 - Disaster

A stepped-care mental health service model for children: a worked example in a post-disaster setting

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**Introduction:** Over the past 15 years the authors of this presentation have directed numerous mental health service responses for children, adolescents and families after Australian natural disasters (bushfires, floods, cyclones). A tension is always the application of limited resources to individuals with greatest mental health need (e.g. diagnosed PTSD) versus reach to individuals with mild to moderate presentations, as well as potential interventions on parenting effectiveness or mental health literacy of teachers and other professionals who care for children.

**Method:** Following a devastating Tasmanian bushfire (170 properties destroyed; 20,000 hectares burnt) a stepped-care model was undertaken. Elements included a communication strategy, parent
effectiveness workshops, teacher training, proactive school-based screening for PTSD, depression and anxiety, and when indicated Trauma-Focused Cognitive Behaviour Therapy.

**Results:** Across the model of care 8 information sessions were delivered to 90 stakeholders, 6 parent workshops delivered 'Disaster Recovery Triple P (Positive Parenting Program), 60 teachers received post-disaster mental health literacy training, 221 primary school children were screened for a post-disaster mental health disorder, 10 local therapists were trained in TF-CBT, 27 children received the intensive therapy.

**Discussion:** The benefit of a stepped care model of care will be discussed including the reach of this model across presentation acuity (the ability to give 'something to everyone'), power in engaging whole communities by inclusiveness and a strengths focus, legacy issues relating to mental health literacy, and facilitating screening and care for those most at need. Success measures include no child meeting criteria for PTSD at 12 month follow-up.

**Paper No.: 399**

**Reference:** S46

**Presentation Type:** Oral Presentation

**Symposium:** S46 - Treatment Interventions for Refugees II

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**A model for intervention with family related violence in refugee families**

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**Danish Institute against Torture, Rehabilitation Clinic DIGNITY, Copenhagen Ø, Denmark**

**Background:** Several studies of child and adolescent refugee populations find a high prevalence of mental disorders, particularly within the diagnostic category of posttraumatic stress disorder. But also children who are born in exile can exhibit mental health problems often related to the health situation of their parents. A stressful family situation can disrupt parenting and increase problematic behaviour among children. Family related violence has been found to be one of the pathways through which children from traumatized families can be affected.

**Methods:** DIGNITY is currently implementing a project aimed at developing a holistic multidisciplinary model for intervention in traumatized refugee families were family related violence take place. The model aims at stopping the violence, re-establish parenting skills, improve family relationships and bring the children into positive development.

**Results:** At the conference we will describe this holistic multidisciplinary intervention model so far developed which simultaneously focuses on several problem areas: father’s and/or mother’s mental health problems as a consequence of organized violence; the family’s exile and acculturation related challenges; family members’ grief from loss of or separation from important family members; the children’s secondary traumatization due to the parents’ reduced capacity for supportive parenting as a consequence of their own traumatization; and the trauma related family violence.
Discussion and Conclusion: We will discuss critical issues related to the implementation of the intervention in families struggling with trauma related family violence and preliminary findings regarding its usefulness through case presentations.

Paper No.: 400
Reference: S78
Presentation Type: Oral Presentation
Symposium: S78 - New Methods

Dissolving traumatic memories with the body-centered RIM method
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Introduction: The RIM (Regenerating Images in Memory) method gives great results when used to support clients dealing with traumatic stress. This presentation presents findings from working with people dealing with acute stress after a traumatic event as well as people with chronic PTSD. Method: The RIM method [1] is developed by Dr. Deborah Sandella over the past 20 years and has been taught to facilitators around the world during the past 8 years. With the RIM Method, facilitators work with the emotions of the traumatic situation and restore a sense of safety.

Results: With a very low number of interventions, it is possible to work through the immediate trigger of the traumatic response to find a prior root cause. This presentation provides details of three cases: Two cases dealing with severe stress after a traumatic event, and one case of chronic PTSD. Applied directly after a traumatic event, symptoms were alleviated and the subject were able to return to work after only one or two RIM sessions. In the case of chronic PTSD, a short series of five RIM interventions causes a marked improvement.

Discussion: Due to earlier experiences and memories, some subjects are affected more than others by a given traumatic event. The RIM method synthesizes elements of meditation, guided imagery and somatic sensing to allow the subject to process both the immediate event and these earlier memories for significantly faster and fuller recovery.

Paper No.: 401
Reference: S39.2
Presentation Type: Symposium
Symposium: S39 - European Network for Psychosocial Crisis Management – assisting disabled in case of disaster implementation (EUNAD-IP)

Developing a training handbook for emergency personnel and caregivers regarding persons with mental disabilities in emergencies and disasters
Barbara Juen, A Kreh, M Lindenthal, P Riedel
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**Aim:** Our objective was to elaborate on the specific reactions and needs of people with mental disabilities in emergencies and disasters.

**Methods:** In a first step focus group discussions were done with 8 experts. In a second step 20 in-depth interviews were done based on 22 case examples. In a third step a pilot training was developed and then discussed with a group of 18 experts from both emergency and caregiving organisations.

Results showed that stress reactions and needs in emergency situations are the same in people with mental disabilities as in non-disabled persons but reactions may be stronger, more nonverbally expressed and with a later onset. Dissociation and regression as well as aggression seem to occur more often. Grief reactions are not as continuous as with non-disabled persons and a lack of understanding endanger recovery. Using social support and adaptation to new situation seems more difficult. A regular daily schedule, routines and rituals and continuity in caregivers seem to be essential. Knowing the client, good cooperation and communication between caregivers, emergency personnel and relatives are the most important factors.

**Discussion:** Training materials for emergency personnel as well as caregivers of people with mental disabilities are clearly needed. They should include information and case examples on trauma, stress and grief reactions both in people with mental disabilities in general as well as in subgroups.

**Paper No.:** 402

**Reference:** S39.1

**Presentation Type:** Symposium

**Symposium:** S39 - European Network for Psychosocial Crisis Management – assisting disabled in case of disaster implementation (EUNAD-IP)

**Development of an educational toolkit for visually, hearing and intellectually disabled children and youths**

_Claudia Schedlich, F Albers, G Zurek_

_Federal Office of Civil Protection and Disaster Assistance, Psychosocial Crisis Management, Bonn, Germany_

**Introduction:** A strong claim at the end of the first EUNAD project was not only to focus on the improvement of skills among helpers but also to emphasize the strengthening of self-help competences among individuals with disabilities. Based on these demands EUNAD IP aims toward the development of an educational toolkit for visually, hearing and intellectually disabled children and youths.

**Methods:** Experiences in emergencies and the need for training were compiled and specified in an expert meeting with teachers and social workers in special education schools for visually, hearing and mentally disabled children.
On the basis of the outcomes of the expert meeting as well as on the basis of an evaluation of existing toolkits for children and youths in emergencies it was concluded that an educational toolkit should offer flexibility concerning the methodological-didactical implementation while providing the same content for every target group. The online provided educational civil protection toolkit www.max-und-flocke-helferland.de including its methodological - didactical comments will be revised and adapted according to the specific needs of visually, hearing and intellectually disabled children and youths. The adapted toolkits will be tested and evaluated in schools for children and youths with disabilities.

**Results:** Educational toolkits to improve self-help competences and communication skills of children and youths with disabilities in case of disaster will be made available for schools and facilities for people with disabilities.

**Discussion:** To discuss is in what extend the training in self-help competences has a lasting effect in crisis situations for people with disabilities.

**Paper No.: 403**  
**Reference:** S39.3  
**Presentation Type:** Symposium  
**Symposium:** S39 - European Network for Psychosocial Crisis Management – assisting disabled in case of disaster implementation (EUNAD-IP)

**Traumatic experiences, mental health and coping among blind and visually impaired individuals**  
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² *University of Oslo, Faculty of Medicine, Institute of Clinical Medicine, Oslo, Norway*

**Backround:** There is a huge gap of knowledge about fears, trauma exposure and psychological reactions after traumatic events among visual impaired individuals. The aim of the present study was to examine what kind of traumatic events is experienced by visually impaired individuals, how reactions to traumatic events is manifested and coped with, and how they deal with potential threats.

**Method:** A qualitative study included 17 visual impaired individuals who had experienced potential traumatic event. To further explore the findings from this study, a quantitative study has been initiated and carried out during March 2017, including telephone interviews of 800 visual impaired individuals. Data on PTSD and depression, social support, loneliness, self-efficacy, and coping, was collected.

**Results:** The qualitative study showed that fear of daily accidents was more dominating than fear of disasters. The need for independence and being able to cope was highlighted. Posttraumatic reactions included re-experiencing of the traumatic event as visual, hearing, olfactory and bodily sensations. Preliminary results from the quantitative study will be presented, such as prevalence rates of traumatic events, PTSD, social withdrawal and isolation.
Conclusions: Visual impairment implies a diversity of hazards and potential threats in daily life. This calls for a higher emphasis on universal design to ensure safety and predictability. In posttraumatic help seeking, professionals’ knowledge about the need for information, training and predictability is crucial.

Paper No.: 404
Reference: S45
Presentation Type: Oral Presentation
Symposium: S45 - Treatment Interventions for Refugees II

Application of a social reintegration PTSD treatment program for veterans to a refugee population
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Background and Aim: Generalisations of treatment programs across patient populations are not always suitable and their applicability to alternative patient populations should be analysed. PTSD treatment developed for veterans are often used for refugees. To investigate the effect of this, the Social Reintegration module of the Trauma Management Therapy for combat veterans (1) was offered to refugees at The Rehabilitation Center for Torture Survivors – Jutland.

Methods: Five refugees with PTSD were enrolled in the seven-session group based training. They took part in a pre-treatment interview about social skills and relations and a post-treatment interview focused on the impact of the treatment. To uncover treatment response, a thematic analysis was conducted on field notes, session journal notes and the post-treatment interviews. Subsequently, a second analysis was carried out on pre-treatment interviews to investigate psychological conditions that might have affected treatment.

Results: The thematic analysis showed that despite practical barriers, personal barriers and communication difficulties participants got actively involved and were able to develop relations outside of the treatment. The analysis revealed underlying individual cognitions that might have affected this treatment response, including identity, perceived control of behaviour and treatment beliefs.

Discussion: We discuss barriers and successes experienced by participants and potential effects of differences between the sample of refugees and combat veterans on treatment response in light of the literature.

Paper No.: 405
Presentation Type: Poster Presentation

The role of attachment and mentalization in understanding the relationship between trauma and juvenile offending
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Introduction: It is hypothesized that insecure attachment and lower mentalization capacity are important mediators of trauma-juvenile offending relationship, as they are significantly more frequent in traumatized adolescents than in the community samples. There is, however, an evident lack of studies comparing juvenile offenders with non-delinquent traumatized adolescents.

Method: The participants were 85 adolescents (Mage=17.01, SDage=1.20) with the history of severe family trauma: 42 incarcerated juvenile offenders (Nfemale=19), 43 inmates of institutions for children without parental care (Nfemale=20). They filled in the childhood trauma and attachment style questionnaires, and were scored on the Reflective Functioning Scale.

Results: The main findings show that: 1. both groups report equally high levels of attachment anxiety and avoidance in close relationships; 2. both groups have mentalization scores lower than average; 3. male juvenile offenders have the lowest mentalization scores (F=8.52; d=−.88), together with less emotional neglect (F=9.03; d=.91) and more frequent use of idealisation (F=11.78; d=1.03) than non-convicted males; and 4. non-delinquent females report being most traumatized emotionally and physically (all F>4.07; all d>.67), but no other differences compared to female offenders were found.

Discussion: Traumatic experience is again linked to insecure attachment style and prementalizing modes of functioning. Furthermore, the results suggest that prosocial behaviour might be enhanced by a) absence of idealization, b) non-hostile, even if primitive, interpretation model of behavior in attachment relationships in males, c) capacity to think and speak about trauma in females. Practical implications will be discussed.

Paper No.: 406
Presentation Type: Poster Presentation

Barriers to legal disclosure faced by adult survivors of childhood sexual abuse (CSA): the views of experienced trauma therapists.
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Background: A significant proportion of those presenting to mental health services have disclosed or disclose a history of sexual abuse, in which they have been the systematic victims of serious statutory offences (1). Despite this, these offences and offenders often remain unpunished due to a range of factors.
The attrition involved in the prosecution of cases of rape and sexual assault has been well documented, and CSA has been described as one of the most problematic offences to secure convictions for (2). Somewhat overlooked, however, is the considerable attrition that occurs prior to this stage.

**Aim:** To examine barriers and factors that prevent survivors of CSA experience from considering “legal” disclosure of their experiences to police and the prosecution process.

**Method:** 10 key informants, consisting of expert clinicians working in two specialist psychological trauma teams in Scotland were interviewed about their beliefs about the barriers and facilitators to legal disclosure that their clients (adult survivors of CSA) face. The contents of these interviews were analysed using Thematic Analysis.

**Results:** Key themes to emerge included the rarity of legal disclosure for survivors of CSA attending specialist trauma centres, and the significant barriers that clinicians perceive their clients to face in considering reporting their experiences to the police and beyond. Some of these resonated with the barriers that survivors of CSA face in disclosing their experiences generally (3), however some were individual to the legal process.

**Prevalence of PTSD symptoms: comparison across different vulnerable groups and exposed community**

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**Introduction:** Not all individuals exposed to traumatic events develop PTSD. However, there may still be significant impairment among victims. Our purpose was to describe and compare the prevalence of PTSD cluster symptoms and emotional distress in a sample of participants exposed to potentially traumatic events.

**Method:** Participants are 461 adults, between ages 18 and 68 (M = 43.8, SD - 15.8). This sample is composed by four different groups: domestic violence (31 female), war veterans (227 male), firefighters (81 participants) and exposed community (122 participants), that answer to the Response to Traumatic Events Scale (RTES) and to the Brief Symptom Inventory (BSI).

**Results:** 50.7% met the diagnosis of PTSD. The domestic violence group had the higher prevalence of PTSD (93.5%), the higher rates for avoidance (96.8%) and arousal (93.5%), and higher mean levels of emotional distress (1.5, SD - .67). Group comparisons revealed significant differences across all study variables, with the domestic violence group presenting higher rates of re-experiencing, avoidance and arousal, and higher rates of GSI. No differences were found between firefighters and community.
**Discussion:** Differences between groups suggest that factors other than exposure to potentially traumatic events may explain the prevalence of PTSD symptoms. Despite the fact that only about half of the participants had PTSD, prevalence rates of cluster symptoms were high, as well as emotional distress scores, highlighting the need for consideration of not only a diagnosis of PTSD, but also symptom profiles, allowing for more suitable treatments, in order to promote more comprehensive approaches.

**Paper No.: 408**  
**Reference:** S49  
**Presentation Type:** Oral Presentation  
**Symposium:** S49 - PTSD

**Temporal consistency in reporting of traumatic events: comparisons across groups**  
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**Introduction:** Concerns with reliability when using self-reports may be attenuated testing for temporal consistency, allowing to assess the stability of reports throughout time. Our purpose was to describe the prevalence of childhood traumatic experiences and to assess report consistency.  
**Method:** Participants are 90 adults from the community, 34 psychiatric patients, 38 elders, 30 inmates, 49 college students and 79 youth from Child Protective Services (CPS), between ages 14 and 92 (Mean – 36.2, SD – 21.2). Using logical harmonization, the 321 participants were assessed twice for exposure to interparental, physical and psychological violence, neglect, sexual abuse and rejection.  
**Results:** Psychological abuse was the most prevalent experience for community, psychiatric patients, college students and youth from CPS. Scores of K of Cohen revealed that interparental violence had higher levels of consistency for elders, college students and CPS youth. Psychological violence had the lowest rates for elders and CPS youth. Inmates were the most consistent group (mean K= .61), while psychiatric patients were the most inconsistent (mean K = .32).  
**Discussion:** Differences in consistency across experiences suggest that some forms of trauma may be more consistently reported over time, while other may be more prone to inconsistent reports. Differences across groups revealed that psychiatric patients are the most inconsistent, suggesting that psychiatric symptoms may play a role. The knowledge of the consistency of trauma reports in different samples and contexts may help to better understand limitations and challenges of data obtained through self-reports in some groups, under specific conditions.

**Paper No.: 409**  
**Reference:** S43  
**Presentation Type:** Oral Presentation  
**Symposium:** S43 - Trauma Exposure amongst Professionals.
Adversity and trauma exposure: comparing volunteer and professional firefighters

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Introduction: Firefighters are exposed to adversity and trauma. In Portugal this activity is mostly done by volunteers with a smaller group of professionals. Both ensure a significant part of daily work.

This research aims to describe the experiences of adversity and perceived trauma, PTSD symptomatology, global psychopathology and global satisfaction with life, and compare the experience of volunteer and professional firefighters.

Method: 454 firefighters from all 18 Districts of Portugal mainland were invited to answer the exposure Traumatic Experiences Checklist, Brief Symptom Questionnaire, PTSD Checklist for DSM-5 (PCL-5) and a global satisfaction questionnaire.

Results: All participants reported more than 4 adverse experiences, only two participants did not reported perception of threat. Results from the comparison between volunteer and professional firefighters suggest that professionals are exposed to more events, report more perceived trauma and more PTSD symptoms, with lower global satisfaction. There are no differences regarding global psychopathology comparing to volunteers.

Discussion: These results suggest differences between volunteer and professional firefighters in exposure to adverse events and PTSD Symptomatology. Future analysis will help us understand characteristics of this group in order to suggest intervention strategies that suit their needs.

Paper No.: 410
Presentation Type: Poster Presentation

Could it be me? Portuguese children reaction to the image of refugee children

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Introduction: As refugees continue to search for safety in Europe, our television screens are filled with drowned children; children that are living in dreadful conditions in refugee camps, lost from their parents, with scarce food and clothes, looking totally helpless. How do Portuguese children react to those images? What is the impact of this on them? Do they ask themselves: “It could be me”? Do they get anxious and afraid? Or do they see it as fiction, not reality? And then, when real refugee children come to their schools, or the houses next door, what is their reaction? Do they
accept them? Do they feel moved to protect them? How do they deal with the newcomers, with other languages, other cultures?

**Method:** Image presentation followed by a screening, drawings and compositions, made by pupils in schools with and without refugee children.

**Results:** A booklet with the conclusions to be distributed among parents, school teachers and journalists, in order to help them to reflect on the way they bring news to a public that is sometimes forgotten. A short documentary focused in refugee status, integration in a new environment and friendship.

**Discussion:** Analysis of pupils’ reactions in schools with and without refugees; debate with experts from the Portuguese Center for Refugees, who are following the integration of refugee children in schools in Lisbon.

Key words: children, refugees, media, traumatic reactions.

**Paper No.: 411**

**Presentation Type:** Poster Presentation

**Suffering in Portuguese - a trauma center for Portuguese speaking journalists**

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**Introduction:** Many times confronted with catastrophes, conflict and violence, journalists either in the field or at the newsroom, may develop symptoms of vicarious trauma, a problem that they usually ignore. As professionals, they are trained not to feel, not to cry. And if they get sick, or addicted to alcohol or drugs, it seems something “very normal”. But when a recent mother starts to cry in the newsroom looking at the image of a drowned refugee child, is it really that normal? Recently, in their 4th Congress, Portuguese Journalists decided that it would be important to discuss it. The awareness of the problem gave birth, in the USA, to the Dart Center for Journalism and Trauma. But not all who suffers speak English. Can someone tell in English, anguish felt in Portuguese?

**Method:** Inquiries made to journalists who cover trauma related issues. In-depth interviews.

**Results:** Edition of a booklet with the results of the inquiries.

**Discussion:** Analysis of the inquiries by a group of experts in psychological trauma, followed by a discussion between journalists and experts in order to prepare a trauma center for Portuguese speaking journalists.

**Paper No.: 412**

**Reference:** S51

**Presentation Type:** Oral Presentation
Symposium: S51 - Dissociation

Emotion recognition, expressive suppression and dissociative symptoms in traumatized individuals with and without PTSD

Monique Pfaltz, S Passardi, T Wingenbach, C Müller-Pfeiffer, K Hassanpour, M Plichta, M Rufer, U Schnyder,
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Background and Aims: Prior studies have shown that individuals with posttraumatic stress disorder (PTSD) have difficulties recognizing facial expressions. We aimed at replicating these previous findings. Additionally, we assessed if dissociative symptoms and suppression of one’s facial expressions (expressive suppression) affect the hypothesized emotion recognition deficits.

Method: PTSD patients (n=34), traumatized (TC, n=34) and non-traumatized healthy controls (HC, n=29) were watching 300 one-second movies showing facial expressions and indicated which emotion was presented in each movie.

Results: Surprisingly, PTSD patients showed no general emotion recognition deficits. Yet, higher numbers of traumatic events were linked to poorer recognition of positive emotions (happiness, pride) across groups. Also, longer reaction times were linked to higher rates of adverse childhood experiences. Compared to TC and HC, PTSD patients reported more expressive suppression during emotion recognition. Self-report and EMG measures of expressive suppression were, however, unrelated to emotion recognition. Self-reported dissociative symptoms during emotion recognition were linked to diminished emotion recognition abilities within the PTSD group.

Discussion/Conclusions: Emotion processing and emotion recognition may thus be related to (childhood) trauma, rather than to PTSD.

Paper No.: 413
Presentation Type: Poster Presentation

Class and ethnicity in withdrawal of children from their families

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Introduction: Recently, The European Court on Human Rights condemned Portugal for the violation of the rights of a Cape Verdean immigrant woman who was not allowed to see her children, withdraw from her by Social Services workers. The case brought attention on how frequently children are taken from their families, who are accused of negligence and mistreatment. But do Social Services proceed in the same way with children of wealthy Portuguese families? Are there a class and an ethnic bias in the withdrawal of children?
Method: Analysis of all the cases of children withdrawal during the last three years in order to find a pattern.

Results: An inquiry based on our findings to be applied to Social Services workers.

Discussion: Analysis of the answers to the inquiry and further discussion with the Portuguese Observatory for Justice in order to produce a Recommendation to the Services.

Paper No.: 414
Presentation Type: Poster Presentation

Group psychoeducation for adults with long-term psychological consequences of sexual abuse in childhood
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Treatment Center of Sexually Abused (Center for Seksuelt Misbrugte, Midt Nord), Aarhus C, Denmark

The overall purpose of the group psychoeducational program is to investigate and evaluate whether structured psychoeducation in a group setting may give the participants an opportunity to stabilize psychological difficulties, while on the waiting list for individual or group psychotherapy. Furthermore the aim is to prepare the participants for mentalization oriented psychotherapy, and lastly to serve as part of clinical assessment of readiness for psychotherapy.

Invitations to participate in the group psychoeducational program are sent out to everybody on the waiting list for psychotherapy. The program consists of nine group sessions with meetings biweekly. Each session is structured around a psychoeducational theme. Self-reporting questionnaire data is collected at the second and at the last session. Furthermore, the participants’ written evaluations of the program are collected at the last session.

Presently two groups, 19 participants, have completed the nine sessions, and 17 has filled in the questionnaires. There has been a total of eight drop-outs.

The clinical impression and the participants’ written evaluations indicate that there is psychological relief in acquiring a better ability to understand and express themselves about the long-term consequences of their childhood experiences. Also, most of the participants describe that they come to appreciate the group format, giving them the opportunity to let go of feelings of being abnormal and of being alone. The main reason for four of the drop-outs is the participants’ experience of becoming emotionally overwhelmed. This deserves further attention in the process of selecting participants and developing the group psychoeducational program.

Paper No.: 415
Reference: S77
Presentation Type: Oral Presentation
Symposium: S77 - Cognitive Based Treatment
Training therapists in trauma-focused cognitive behavioral therapy: what works?
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Introduction: The prevalence and impact of trauma exposure among youth highlight the need for quality delivery of evidence-based treatments (EBT). Establishing effective methods to train therapists to deliver EBTs with fidelity poses ongoing challenges. Learning Collaboratives (LC) include strategies identified in the literature (in-person training, consultation calls, and completion of the EBT with training cases) as critical for increasing provider EBT knowledge and skill. This study used data from 13 LCs conducted across South Carolina to examine relations between LC training strategies and therapist reported competence in delivery of Trauma-Focused Cognitive Behavioral Therapy (TF-CBT).

Methods: Therapists participating in one of 13 LCs across South Carolina completed pre and post-LC online surveys, which included a 31-item TF-CBT competence measure (α = .98). Project staff tracked participation in training activities.

Results: Of the 612 participating therapists, 309 (50.5%) completed pre and post LC questionnaires. Results indicated that 303 (98%) attended the learning sessions; 90.6% completed at least 12 of the 14 scheduled calls; and an average of 4.7 training cases were identified. Results indicated significant improvements in self-reported competence pre to post training across all TF-CBT components (p < .01). Significant correlations were found between number of registered and/or completed training cases and TF-CBT competence (r =.2 to .32, p<.05).

Discussion: Findings indicated positive improvements in therapist-reported competence from pre to post training; and most participants with post LC data completed all training requirements. Future studies need to explore which strategies are critical for training therapists to deliver EBTs with high fidelity.

Paper No.: 416
Reference: S64
Presentation Type: Oral Presentation
Symposium: S64 - (Domestic) Violence

Wounds of an invisible war: distress and healing in marginalized youth exposed to multiple layers of violence
Aran Watson
University of California, Child Trauma Research Program, San Francisco, California, USA

A substantial body of research validates that the trajectory of traumatic response to chronic and multi-formed violence exposure in childhood is often more complex and varied in its expression
then single-episode traumas. However, the specific characteristics of distress in youth exposed to ongoing violence within communities subject to multiple levels of violence and oppression is considerably less well understood. Furthermore, few studies examine how youth themselves identify, make meaning of and address their own distress in relation to violence and marginalization or how their analyses in turn challenge and reconfigure current definitions of trauma, violence and healing.

From 2013-2015, a youth organization in California conducted a community-based participatory research project called the ‘Listening Campaign’ engaging over 450 youth in examining two related questions: (1) what are the self-described characteristics of trauma exposure and expressions of distress among youth exposed to multiple layers of violence and oppression?, and (2) What strategies of coping and support do young people identify and utilize to increase their resilience or post-traumatic growth in the face of chronic violence-exposure and marginalization? A modified grounded theory approach was utilized for analysis.

Key domains of violence exposure, levels of distress, coping strategies and needs among participating youth were identified. Additionally, participants theorized intersecting meanings and functions of violence for marginalized youth including how invisibility and alienation influence traumatic experience. Overall, a re-conceptualization of violence, trauma and multi-systemic approaches to healing from trauma in Richmond, CA and communities with similar levels of violence and oppression are posited.

Paper No.: 417
Reference: S40
Presentation Type: Symposium
Symposium: S40 - “Here the rain never finishes”: state-sponsored torture and its implications for trauma professionals

“Here the rain never finishes”: State-sponsored torture and its implications for trauma professionals
Gavin Rees
Dart Centre Europe, London, UK

Western States have been accused of employing physical and psychological torture. Recent examples include the US covert rendition program with its secret CIA black sites, Guantanamo Bay; MI6 rendition of Libyan dissidents to Gadhafi, and investigations into alleged British use of Torture in Iraq. Earlier European examples include the operations of Salazar’s regime in Portugal, the French counter-insurgency war in Algeria, and the activities of state security agents throughout the former Soviet sphere of influence.

These documented cases all raise urgent questions for professionals working with psychological trauma. Where do psychologists’ duties lie in alerting the public to the humanitarian and social cost
of state-sponsored torture? What needs to be done to assist the rehabilitation of alleged victims. How should lines of accountability be drawn?
The issues are all the more relevant because of the involvement of trauma professionals in the development of psychological or “no touch” torture techniques. The American Psychological Association has been accused of condoning torture. At best, people who owed a duty of care, may have acquiesced in the creation of systematic torture practices. In response to this derogation of professional duty, the UKPTS has published a position paper on the use of various coercive interrogation techniques.
This panel will bring together clinical, media and legal perspectives and explore the hidden history of state-sponsored torture and it will ask what lessons trauma professions need to learn about advocacy, client-care, and the rehabilitation of victims as we move forward into a new period of marked geo-political instability.

Paper No.: 419
Reference: S40.1
Presentation Type: Symposium
Symposium: S40 - "Here the rain never finishes": state-sponsored torture and its implications for trauma professionals

Psychologists and the “War on Terror”
Brock Chisholm
Criterion A Psychology Services, London, UK

Dr Chisholm has worked directly with victims of western states. He was the lead psychologist on the largest British criminal investigation of war crimes to date and has worked with victims of the CIA rendition programme, including those involved with the current litigation brought against two clinical psychologists who are accused of designing and implementing a covert torture program. He and lawyer Fred Piggott are the principal co-authors of the "UKPTS Position and Guidance Paper on Torture, Coercive Interrogations and Cruel and Degrading Treatment.
Dr Chisholm will provide an overview of examples of abuse perpetrated by western states, including the complicity of mental health practitioners the hidden history of the “War On Terror”. Psychologists inadvertently, and in some cases deliberately, abetted the creation of a state-sponsored torture regime. Brock will also discuss the wider societal harm torture causes and the efforts, largely failed ones, that have been made to bring accountability.

Paper No.: 420
Reference: S40.2
Presentation Type: Symposium
Symposium: S40 - "Here the rain never finishes": state-sponsored torture and its implications for trauma professionals
Torture’s long tail: the experience of Portugal
Diana Andringa
Centro de Estudos Sociais, Trauma Centre, Lisbon, Portugal

From 1933 to 1974, the Portuguese State under the dictatorships of Salazar and Caetano, used torture as an instrument of terror against suspected opponents of the regime. The methods they employed included many of the techniques that the CIA approved for use in 2002: sensory deprivation, forced standing and other stress positions, as well as acoustic violence. Diana Andringa will focus on the long-term impact of torture on its victims, and how it varied according to the techniques used and the personal characteristics of the victim, such as their gender, social class and ethnic identity. In so doing, she will discuss the long-lasting shame experienced by those who “spoke” under torture, and the difficulty that Portuguese society has had in articulating concern and providing support for the victims.

Dr. Andringa is a journalist with a PhD in Sociology of Communication and a member of CES Trauma Centre. A former political prisoner in the 1970s herself, she has written extensively on torture in Portugal and it is former colonies.

Paper No.: 421
Reference: S40.3
Presentation Type: Symposium
Symposium: S40 - “Here the rain never finishes”: state-sponsored torture and its implications for trauma professionals

Life after Guantanamo: recovery and rehabilitation
Katie Taylor
Reprieve, Abuses in Counterterrorism Team, London, UK

Katie Taylor is Deputy Director of Reprieve’s Abuses in Counter-Terrorism (ACT) team and lead of the Life After Guantanamo project that assists in the rehabilitation for ex-Guantanamo Detainees. Katie Taylor will focus on the rehabilitation of victims and discuss the role of justice and accountability in rehabilitation as well as the prevention of state-sponsored torture. The majority of victims have never been able to go through the justice system and have the evidence for the allegations against them examined. This has deprived them of the opportunity to exonerate themselves or to serve a specified sentence for a specified offence. This has far reaching consequences in recovery after release, particularly if they are based in countries who have a presumption of guilt.

She will also discuss the importance of including multi-professional, locally-based teams to facilitate recovery. Supporting and training local professionals may also have an unintended but welcome
ripple effect where skills and knowledge are developed and employed to support other victims of torture.

**Paper No.: 422**
**Reference:** S40.4
**Presentation Type:** Symposium
**Symposium:** S40 - "Here the rain never finishes": state-sponsored torture and its implications for trauma professionals

**Torture in the era of snapchat and twitter**
*Gavin Rees*
*Dart Centre Europe, London, UK*

Gavin Rees will look at how political and media debates shape how the broader public understands what torture is. Drawing on examples from both press coverage and popular entertainment, he will describe how the popular imagination of torture has swung repeatedly between conceptions that inhibit it and those that facilitate it. In particular, he will argue that torture is always better understood as primarily a means of demonstrating power, rather than as a practice for extracting truth, and that failure to be clear about this has hobbled effective advocacy against the practice. His presentation will suggest how journalist and psychology professionals can work together to better inform the public.

Gavin Rees is the executive director of Dart Centre Europe, an organisation dedicated to promoting ethical and innovative approaches to the coverage of trauma and violence. As part of that role, he facilitates trauma awareness training for journalists and filmmakers who cover political violence.

**Paper No.: 423**
**Presentation Type:** Poster Presentation

**Reformulating obstacles: the role of child development in the construction of the resilient**
*Joana Becker*
*University of Coimbra, Faculty of Medicine, Trauma Centre of the Centre for Social Studies, Coimbra, Portugal*

When encountering psychic suffering, various possibilities arise - we can surrender or endure the situation and metamorphose. Nevertheless, how do some people seem to have more strength to fight than others? How do we see war refugees overcome trauma and become successful people? In contrast, why do we see people surrender to the slightest suffering? Based on these questions, this study presents the factors that lead to greater or lesser vulnerability to trauma and the alternatives that help the process of overcoming it. Considering from the earliest years of the subject's life until he is supported after a traumatic event, the concepts of trauma and resilience are
approached with the objective of thinking about the development of people who have undergone some ordeal. From the literature review, children's relationships are presented as factors that facilitate the process of overcoming traumatic situations. However, even though the deprivation of affection and security in early childhood leads to developmental difficulties, it is not considered determinant. At the moment of the aggression, the child is paralyzed, but then seeks solutions. Consequently, if the child is surrounded by an affective environment where he feels welcome and accompanied, the resilience process will be easier. Understanding resilience as a process provides a view of the subject as a developing being, one who is able to reinvent and reframe the world around him. Resilience is the possibility of questioning what to do with the wound and turning the traumatic event into something useful or beautiful.

Paper No.: 424
Reference: S71
Presentation Type: Oral
Symposium: S71 - Child Therapy.

A proposed study: the combined techniques of storytelling and systemic interventions
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² Çukurova University, Adana, Turkey

Introduction: "Storytelling" is a motivational form of narrative therapy as the child is part of the solution and not a passive participant in the therapeutic process (1). The children who are exposed to various abuses may benefit from "storytelling". The purpose of this study is to bring forward a proposal for combined interventions of storytelling.

Method: This research is a theoretical study. It is proposed to use storytelling techniques and systemic interventions together.

Results: The studies that emphasize the techniques of storytelling can be observed. (1) have indicated five steps of storytelling as "introducing the main hero", "creating a phenomenon related to child's trouble", "creating a wise person", "creating a new point of view", "summarizing the difference". These steps can be combined with systemic interventions. Firstly five-steps of storytelling can be accomplished. In the second stage, the client may be asked to design a story. Lastly the stones or puppets that symbolize the client's self and significant objects for his/her may be requested and systemic constellations may be performed.

Discussion: (2) have emphasized that storytelling techniques should involve systemic interventions including theatrical techniques, paintings and figures. As a result, multi-staged storytelling techniques can be developed and tested at various events.

Paper No.: 427
Reference: S42
Panel Discussion: Initiatives of the European Commission: Development of Multidisciplinary Guidelines (MG) for crisis intervention programs

Robert Bering
Alexianer Krefeld GmbH/ University of Cologne, Center of Psychotraumatology, Krefeld, Germany

Following terror attack e.g. in Madrid, 2005, London, 2005 and lately in Paris 2015 and Berlin 2016 psychological after-effects such as Post Traumatic Stress related disorders are to be expected among the survivors, their relatives, and among first aid uniformed services personnel. For these reasons, the European Commission (EC) initialized the pan-European coordination of Multidisciplinary Guidelines (MG) for crisis intervention programs for psychosocial aftercare. Among these PLOT (2005-2006), EUTOPA-(IP) (2007-2011), TENTS and EUNAD-(IP) (2013-2017) have been supported by the EC and experts out of 23 countries in EUROPE. In this context, our symposium has the following objectives: To begin with, former and current projects supported by the EC are going to be summarized. Second, the latest development on the Target Group Intervention Program (TGIP) is given. Third, we have invited key note speakers of our EU projects to recapitulate the development of EU Guidelines for Crisis intervention programs. We conclude that crisis intervention programs such as TGIP are synchronized with MG to develop pan-European standards of the EC.

International Classification of Functioning, Disability, and Health (ICF) in the field of psychotraumatology

Robert Bering
Alexianer Krefeld GmbH/ University of Cologne, Center of Psychotraumatology, Krefeld, Germany

Disaster, terror and other shocking events cause stress response syndromes, functional impairment and changes in the environment. However, in literature the mental disorders caused by disasters are described in the terminology of ICD-10 and DSM-IV, which are based on a bio-medical model and only marginally describe functional impairment and social factors. A standardized description of the interaction between individual and social factors is excluded. For this the International
Classification of Functioning, Disability, and Health (ICF) complements the ICD-10 and was recently adapted to children and youth (ICF-CY). The ICF is based on following components: Body functions and structure, activities and participation as well as environmental factors. The ICF is based on a bio-psycho-social model. For this, we describe how the ICF is useful to describe the effects of stress response syndromes on functional impairment and the interaction with context factors. We summarize the state of the art in the validation of ICF core sets for mental disorders. Based on single case studies we demonstrate how ICF core sets may be useful to describe the effects of disaster on (mental) health condition. We conclude that the frame of the ICF must be integrated in crisis intervention programs such as the Target Group Intervention Program. Further, ICF core sets must be validated to be properly used in the field of psychotraumatology.

Paper No.: 429
Reference: S57
Presentation Type: Oral Presentation
Symposium: S57 - Prevention of Traumatic Reactions.

Asking routinely about intimate partner violence and child abuse in child and adolescent psychiatric outpatient clinics (CAP): a pilot study

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Introduction: In order to provide protection and adequate treatment for children exposed to IPV or CA, the experiences of exposure to violence has to be disclosed. Previous studies have shown a large proportion of undisclosed IPV and CA in child and adolescent psychiatric clinic (CAP) populations, and that the registered prevalence increases significantly when questions about IPV and CA is routinely asked. Among children visiting CAP, the prevalence of exposure to IPV is reported to be approximately 25%. In Stockholm (Sweden) CAP, where questions about IPV and CA are not asked routinely, registered prevalence is 5%.

Method: A pilot study was conducted at Stockholm CAP where questions about IPV and CA were asked routinely during eight weeks. The aims was to 1) investigate the prevalence of IPV and CA; 2) investigate how the children and their parents experienced answering the questions; 3) investigate how the clinicians experienced asking the questions.

Results: 25% of the children reported lifetime prevalence of CA and 29% of the parents reported lifetime prevalence of IPV. In 28% of the families there were reports of IPV or CA during the child’s lifetime. Both children and parents rated the questions as important and not as stressful or tough to answer. Clinicians reported significantly higher experienced competence in asking about IPV and CA after the eight weeks.

Discussion: Results are in line with previous research and indicates that routine questions about IPV and CA are warranted and that the questions are tolerated by both children and parents.
Do lesbian, gay and bisexual students experience more intimate partner violence than heterosexual students?

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**Background and Aims:** Previous research indicates that lesbian, gay and bisexual (LGB) students are significantly more likely to experience traumatic experiences related to intimate partner violence (IPV) than heterosexual students do. The present study aims to compare the prevalence of IPV in terms of sexual orientation.

**Method:** The sample comprises 661 students of both genders from a public Portuguese university, who completed an e-survey composed by sociodemographic data and the Revised Conflict Tactics Scales.

**Results:** Statistically significant differences were found between heterosexuals (n = 598), homosexuals (n = 26) and bisexuals (n = 37) in the experience of physical abuse with sequelae F(2.658) = 5.31, p = .005, η² = .02, and sexual coercion, F(2.658) = 3.61, p = .028, η² = .01. The Hochberg's GT2 Post-Hoc Test revealed that bisexuals reported a higher number of physical abuse with sequelae compared to heterosexuals (p = .005), with no significant differences in sexual coercion. For psychological abuse and physical abuse without sequelae, no differences were observed between groups.

**Discussion and Conclusion:** These findings underscores the need for LGBT research and programs specifically targeting sexual minorities given their underrepresentation in this field of traumatic experiences.
**Introduction:** Early exposition of children to long-term, cumulative and multiple interpersonal traumatic events in their sensitive developmental life stages leads to severe alterations in psychosexual development. Thus, developmentally polytraumatized girls are endangered by premature sexual life associated with sexual risk behaviours, unprotected sexual activity, promiscuity, questionable choice of partners, often severe violence in relationships, sexual revictimization and adolescent pregnancy and maternity.

During pregnancy and maternity these girls often live in complicated living conditions, they experience severe distress (associated with extreme anxiety, depression and dissociation), compensated by maladaptive alcohol and drug abuse, along with risky, impulsive, self-destructive and aggressive behaviours. Children born to these severely traumatized adolescent mothers are further exposed to the risk of disorganised attachment and intergenerational transfer of trauma.

**Method:** A case study of an adolescent girl-mother.

**Results:** Sexual risk behaviour of a 16-year old adolescent girl resulted in pregnancy and premature motherhood. In the course of the therapy it was revealed that the girl’s promiscuous behaviour had been motivated by her desire to achieve interpersonal intimacy. The girl tended to interpret sexual intercourses as tokens of love, support and hope which had been missing in her childhood, when she had been exposed to developmentally adverse traumatizing experiences. As a result the girl had not developed appropriate mechanisms of protecting herself in interpersonal relationships and such mechanisms had been completely lacking in estimating risk in her attempts to achieve intimacy.

**Discussion:** Problems and difficulties in psychotherapy and effective pharmacotherapy procedures within out-patient psychiatric care will be discussed.

**Paper No.: 433**

**Reference:** S77

**Presentation Type: Oral Presentation**

**Symposium: S77 - Cognitive Based Treatment**

**Why do I have to suffer? Symptom management, views and experiences of patients with a cPTSD: a grounded theory**

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³ University of Witten Herdecke, Witten, Germany

**Introduction:** It is proposed by leading researchers to diagnose a complex posttraumatic stress disorder (cPTSD) by the core criteria of a PTSD and by the presence of at least one symptom of the following three domains: a negative self-concept, problems in interpersonal relationships and symptoms of dysregulation. Symptoms are discussed in the literature as a common reason for seeking health care. They can influence and change the quality of life and everyday life itself. Dealing with the resulting difficulties are often left to the responsibility of the patients. This qualitative study
was carried out as a second part of a dissertation with a sequential exploratory mixed - methods design.

Aim: The purpose was to explore the views, the perceptions, experiences, the facilitations as well as the barriers of the patients for their symptom management in the everyday life.

Method: 15 adult inpatients with a cPTSD, were recruited through targeted sampling selection by the doctoral student. The in-depth interviews were conducted in 2017 within the psychiatry “Integrierte Psychiatrie Winterthur” in Switzerland. Interviews were analyzed based on the Grounded Theory.

Results: Three interrelated concepts of symptom experience, symptom management strategies, and symptom outcomes that correspond to the Theory of Symptom Management are going to be presented. These main concepts influence or are influenced by contextual factors that are situated within the domains of person, environment, and health/illness.

Discussion: These domains, which characterize patients views and experiences, can serve as focal points to develop new interventions and for improving the quality of life.

Paper No.: 434
Reference: S42.1
Presentation Type: Symposium
Symposium: S42 - Panel Discussion: Initiatives of the European Commission: Development of Multidisciplinary Guidelines (MG) for crisis intervention programs

Initiatives of the European Commission to develop European standards for psychosocial crisis management

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Introduction: In the last 16 years the European Commission (EC) funded various projects, which aimed to develop and improve quality standards and Multidisciplinary Guidelines (MGs) for psychosocial crisis management in case of large scale incidents and disasters as well as to foster networking of the involved institutions and professionals.

Method: On the base of a comprehensive literature analysis we will present the main conclusions of the projects and identify gaps and needs for further actions.

In detail we are going to address the following questions:
(1) How are the different measures, intervention strategies and resources linked to the needs and demands of those affected?
(2) In which extend the needs of different groups of the population (e.g. children, elderly, disabled, migrants) are considered in the guidelines?
(3) What are the actual approaches to solve interface problems for the transition from acute to mid- and long-term psychosocial support?
What is the significance of a Target Group oriented Intervention Program (TGIP) in the mid-term psychosocial support to prevent trauma related disorders?

**Results:** We conclude that common formalities for the structural implementation of psychosocial crisis management, a common terminology on strategies, measures and interventions and standards to evaluate psychosocial support and to collect lessons learned have to be generated. Furthermore measures of mid- and long-term psychosocial aftercare have to be integrated in MGs of the EC.

**Paper No.:** 435  
**Reference:** S70  
**Presentation Type:** Oral Presentation  
**Symposium:** S70 - Cognitive Based Treatment

**Cognitive-behavioural approaches to PTSD in children – conceptual framework and therapeutic interventions**  
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² University of Porto, Faculty of Medicine, Porto, Portugal  
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**Introduction:** Children and adolescents experiencing violence, abuse or other traumatic events may develop Posttraumatic Stress Disorder (PTSD). According to a Cognitive-behavioural perspective, trauma-related disorders may result of classical and experimental conditioning (1), disturbed information processing (2), and cognitive patterns before the exposure (3). Ehlers and Clark (4) stated that PTSD happens when someone systematically negatively assesses trauma, its consequences and traumatic event memories. A circular relationship occurs between dysfunctional behaviours maintaining cognitive schemas and negative appraisals obstructing behavioural changes.

**Method:** Cognitive-behavioural therapy for PTSD in children and adolescents, imbied in this conceptual framework, was reviewed. Proposed therapeutic interventions include psychoeducation, variable exposure-based programs, cognitive restructuring, anxiety and affective modulation skills. Promising practices include combined methods with other CBT interventions.

**Results:** CTB is one of the elected therapeutic approaches for children with trauma related disorders in particular when PTSD symptoms are present.

**Discussion:** It is mandatory that children and adolescents receive effective treatment for PTSD, regarding the risk for psychiatric and physical illnesses and the emotional burden associated with the disorder.

**Paper No.:** 436  
**Reference:** S74
Feasibility of reintegrating street children in post-conflict regions

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Background and Aims: Street children are a common phenomenon in post-conflict regions. Due to disrupted family systems, familial conflicts, early exposure to violence and therewith associated mental disorders, reintegration of street children is overstraining the capacities of many local humanitarian actors. In an approach that combined psychological assistance, family counseling, medical and economic assistance, we aimed to evaluate the feasibility of reintegration efforts in Burundi.

Methods: We invited 40 male street children (mean age = 13.8 years) to participate in a scientifically evaluated reintegration project. Burundian psychologists conducted semi-structured diagnostic interviews assessing mental health symptoms – including also trauma- and depression symptoms -, exposure to violence, drug abuse and the quality of the caretaker-child-relationship prior to the reintegration, and 2 and 5 months after the reintegration. All children and their families participated in four sessions of family counselling and the most affected received a trauma-focused intervention prior to returning home.

Results: Preliminary analyses highlight that maltreatment significantly increases the likelihood of children leaving their families. Furthermore, the analyses demonstrate the interaction of mental ill-health and maltreatment experienced within the family also in the aftermath of reintegration (r = .52). Those who received the trauma-focused intervention reported significantly less trauma symptoms (d = 2.0). Improving communication between children and caretakers was mandatory for starting the reintegration procedure.

Discussion and Conclusion: Facilitating communication between children and caretakers, addressing mental health symptoms, and providing economic assistance are key for successful reintegration of street children in post-conflict regions.

Post-traumatic stress disorder in women following severe postpartum hemorrhage

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Background and Aims: During childbirth severe blood loss (postpartum hemorrhage, PPH) is a common complication with increasing rates in developed countries. In addition to maternal morbidity and mortality, PPH causes psychological and emotional distress. There is little research on the impact of PPH on post-traumatic stress disorder symptoms (PTSD). Our aim is to assess the relationship between severe PPH and PTSD.

Methods: We conducted a prospective cohort study comparing two groups: patients with PPH of ≥2 liters and a control group that had blood loss of <0.5 liter. We used the PTSD Checklist for DSM-5 (PCL-5) and Clinical Administered PTSD Scale for DSM-5 (CAPS-5) to assess PTSD symptoms and diagnosis respectively. Demographic data was collected from the hospital records.

Results: As of February 2017 we have included 150 patients and 83 controls. Preliminary results show a trend towards significant correlation between severe PPH and PTSD symptoms. Inclusion will finish in June 2017 and latest results will be presented.

Discussion and Conclusion: Our preliminary results show that severe PPH may give rise to PTSD symptoms. Offering additional psychological care to patients who suffered severe PPH could be important in preventing PTSD.

Paper No.: 438
Reference: S53
Presentation Type: Oral Presentation
Symposium: S53 - Disaster

Introduction: When disaster strikes the reactions and thereby the needs of children and adolescents are depending on individual variables as well as variables in the environment. To some individuals, the impact on their mental health status is minor or non-existent. However, others may experience serious posttraumatic stress symptoms with far-reaching and negative outcome for the separate individual, its social relations and the society as a whole. Therefore, prevention and intervention of posttraumatic stress symptoms is of utmost importance, and as the school plays a significant role in a child’s life, it can be a potential arena of preventive and interventional initiatives. Thus, the objective of the present study is to describe and discuss school-based interventions following disasters.
**Method**: The study applies a literature study combined with interviews of experienced researchers and practitioners in the field of psychotraumatology.

**Results**: Although descriptions and manuals for school-based interventions have been developed and implemented, a lack of evaluation still is characterized the field. However meta-analysis indicate medium to large effect in reduction of posttraumatic stress symptoms (effect size $d = 0.68$, $SD = 0.41$).

**Conclusions**: The present study demonstrates that school-based interventions following disasters are recommended, and that a higher prioritization amongst national and international decision-makers would be beneficial. However, further improvement is necessary, and more effect studies are warranted. E-health technologies and a greater focus on preparedness are discussed as possible improvement strategies.

**Paper No.:** 439

**Reference:** S49

**Presentation Type:** Oral Presentation

**Symposium:** S49 - PTSD

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**Trauma in Faroese youth: an epidemiological study**

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**Introduction**: In a 2006 total-population study of Faroese eighth-graders, results showed that 90% either had been exposed to or witnessed at least one potentially traumatic or negative life event. The lifetime prevalence of posttraumatic stress disorder (PTSD) thereof was 20%. Since then, government-funded interventions, targeting the prevention of abuse and bullying (among others), have been employed.

The aim of the current study is therefore to investigate the prevalence of potentially traumatic and negative life events in relation to PTSD amongst Faroese adolescents in 2017 as well as investigate the possible moderating effects of the individual's social support and coping styles.

**Method**: A total population sample of Faroese eighth grade students (N=650) filled out a list of possibly traumatic as well as distressing life events, The ICD-11 Trauma Questionnaire, The Trauma Symptom Checklist, The Coping Styles Questionnaire, and The Crisis Support Scale.

**Results**: The study is ongoing. Correlation and regression analyses will be conducted in order to find possible correlations between symptoms of reactional trauma, coping styles and social support respectively. A latent class analysis shall be applied to investigate possible typologies of traumatic and negative life events.

**Discussion**: Results as well as and clinical implications will be discussed.
We all need to know more - brief interventions in professionals and volunteers working with traumatized children

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Introduction: Educational interventions to improve knowledge and skills of professionals and volunteers working with trauma victims are desirable and valuable. Tailored programs designed according participants educational background and experience “in the field” have proved to be more efficient. Children need special attention, since they represent a particularly vulnerable and dependent population and may require specific abilities. The Trauma Centre of the Centre for Social Studies (CES) of the University of Coimbra is implementing brief educational interventions targeting the needs of who is caring for children submitted to traumatic situations.

Methods: A half day training program for small groups was developed aiming to enhance participant’s ability to deal with traumatized populations and in particular with children exposed to traumatic experiences. The training module included trauma prevention and therapeutic interventions, and incorporated theoretical background and practical content targeting the participants’ knowledge. More specific strategies were explained, and video recorded demonstrations where used to illustrate effective approaches to children at risk.

Results: Participants had variable professional experience, working in clinical or social settings. Evaluation of the intervention revealed that the majority of the participants (83%) considered the workshop content very pertinent. Eighty nine percent reported being capable of applying the acquired skills, and would recommend the training to other colleagues. The majority rated the workshop as having a good length and methodology, but suggested that more time should be committed to discussion and practice.

Discussion: Accumulated evidence shows the efficacy of skills-focused and practice-oriented training programs.
Through military aggression of the Russian Federation to Ukraine, more than a half of million children were affected by the hostilities. In addition to deaths and injuries there are very severe psychological consequences of the war.

Systematic distress caused to the consequences when the children of Donetsk region has significant level of PTSD (25 percent, according to the research of Hopkins Institute), many children experienced the artillery attacks (80 percent), 12.5 percent saw the murder of human being. Since the summer of 2015 psychologists of Psychological Crisis Services began to work with children and parents in schools and kindergartens in the Donbas near the military line.

Form of the work was mobile teams, with children in groups, using games and art therapy, and parents with lectures on the topics:

- Psychological first aid in extreme situations
- Methods of self-regulation and self-help
- The symptoms of stress disorder: what is happening and how to help
- Lessons and games for repair of the emotional and cognitive functions

Recovery of psychophysical functioning of the child, in cases of psychosomatic and sleep disorders. There were published methodological materials for parents, teachers and educators, which included description of the most common post-stress states and methods of help.

As a result of the work - about 3000 children and about the same amount of parents, got psychological help. According to the subjective evaluation of parents and children because of work and study they were able to understand and alleviate their states and states of their child, but an objective assessment will be possible only with the end of the war.
**Background and Aims:** To date, increased attention has focused on how early psychosocial support after trauma may reduce suffering. However, few studies have assessed the reach or effectiveness of post-disaster interventions. The aim of this study is to assess the implementation and utilization of psychosocial support offered after disasters in Iceland.

**Method:** Three population-based studies on inhabitants affected by avalanches in 1995 (n=399), an earthquake in 2008 (n=1301) and a volcanic eruption in 2010 (n=1615) were utilized. Follow-up time varied from 2 months post-disaster (earthquake) to 16 years post-disaster (avalanches). Questionnaire data was used in all three cohorts. Pearson’s chi-square tests were used to compare utilization and perception of psychosocial support with regard to PTSD symptoms.

**Results:** Utilization of psychosocial support varied between disaster cohorts (16% after the 2008 earthquake; 26% after the 2010 eruption and 37% after 1995 avalanches). Satisfaction with support increased over the years, with 53% of respondents reporting being satisfied or very satisfied with the support after the 1995 avalanches; 68% after the 2008 earthquake and 82% after the 2010 eruption. Only in the disaster cohort with the shortest follow-up time (2 months) were PTSD symptoms negatively associated with utilization of psychosocial support (earthquake cohort; p<0.000).

**Conclusions:** Results indicate that satisfaction with received psychosocial support has increased among disaster-affected populations from 1995, when services were first offered, to the year 2010, after the psychosocial plan had undergone substantial improvements. Furthermore, utilization of psychological support appears to be contingent on the severity of the disaster.

**Paper No.:** 443  
**Reference:** S53  
**Presentation Type:** Oral Presentation  
**Symposium:** S53 - Disaster

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**Background:** Studies on children’s wellbeing following exposure to a volcanic eruption are limited. Children are a vulnerable subgroup of the population and may be at risk of developing physical and psychological symptoms following such an experience. The Eyjafjallajökull volcanic eruption in Iceland in the spring of 2010 posed a unique opportunity to investigate these effects.

**Health effects of the Eyjafjallajökull volcanic eruption among children: a prospective cohort study in 2010 and 2013**

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³ University of Iceland, Institute for Sustainability Studies, Reykjavik, Iceland
Methods: In this population-based prospective cohorts study, data were collected with questionnaires among an adult population exposed to the 2010 Eyjafjallajökull eruption 6-9 months after the eruption and again 3-4 years later (N=1615 in 2010). The comparison group consisted of non-exposed individuals living in North-Iceland (n=697 in 2010). Respondents answered questionnaires on their own perceived health, and their children’s symptoms: respiratory symptoms, stomach pain or nausea, headache, sleep disturbances, anxiety or worries, depressed mood and behavioral problems.

Results: Response rate was 72% in 2010, of those, 80% participated again in 2013. In 2010, children of exposed respondents were more likely than non-exposed children to show respiratory symptoms, anxiety and headaches. Within the exposed group, children whose homes were damaged in the eruption were at increased risk for anxiety, headache and depressed mood, compared to children whose homes were not damaged. Prevalence of most of the symptoms were lower in 2013 than in 2010, but some of the symptoms still reflected the degree of exposure 3-4 years after the eruption, such as sleep disturbance and headaches.

Conclusion: Our study reveals that children exposed to a volcanic eruption are at risk for physical and psychological symptoms, even if the event was relatively mild and no major losses occurred. The degree of harm seems to affect the children’s risk of developing symptoms of distress, even 3-4 years later. These results underline the importance of appropriate follow-up for children and identification of potential risk groups after a natural disaster.

Paper No.: 444
Reference: S54
Presentation Type: Oral Presentation
Symposium: S54 - Bereavement and Illness

The concept of resilience in the life of martyr’s offspring
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It is so hard to study about war and its consequences and not to pay attention to the concept of resilience. It seems difficulty, calamity, hunger, pain, illness, loss, fear, terror, and fundamental human anxieties can all be implied in the word of war. Gordon (1996) defined resilience as an ability to prosper, maturate, and increase competence in the face of hard situations and obstacles. The question which can be proposed here is that are people resilient war-traumas? Are they recovered? Although it may seem impossible, are there some people who have shown brilliant adaptability and overcome difficulty of war-stricken?
In this article, I searched for signs of resilience in the life of families who are war survivors and for number of helpful factors which enhanced the chance of being resilient. 12 men and 5 women participated in the semi structured interview in order to investigate the ways which are used by these families in response of losing the head of the family, the father, and other traumatic events which happened after this loss. What could be understood from the result of the interview was this that although they all went through a lot of difficulty and seemingly unmanageable disasters, they could reintegrate and continue their life with resilience. In this way, some factors had a great role; the most important ones were resilience of the mother and identification with the cause of the father.

Paper No.: 445
Reference: S47
Presentation Type: Oral Presentation
Symposium: S47 - Mental health in the Refugee Population

Western conceptualizations and eastern experience: a cross-cultural study of traumatic stress reactions among Tibetan refugees in India

Amrit pal Aulakh
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This study investigated the nature and impact of traumatic experiences among Tibetan refugees in India. It explored the applicability of western conceptualizations of reactions to traumatic events among this cultural group. A randomly selected sample of refugee camp students was assessed on measures of psychological and physical complaints, and on impact as well as severity of traumatic experiences. Respondents had experienced multiple traumatic events. The majority reported ongoing health problems. More than half demonstrated symptoms of intrusion–avoidance. Those with more traumatic experiences reported more symptoms of anxiety and depression (psychologically and, particularly, somatically manifested). Cultural differences in types of experienced traumatic events and manifestations of distress are discussed, as are implications for cross-cultural trauma research using western conceptualizations and instruments.

Paper No.: 800
Reference: S45
Presentation Type: Oral Presentation
Symposium: S45 - Treatment Interventions for Refugees

Music and Imagery with traumatized refugees – results from a pilot study and protocol of a randomized trial.
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²Clinic for traumatized refugees, Denmark.

Background: The treatment of posttraumatic stress disorder in refugees is important to improve health and integration but also to avoid secondary traumatization of their children. Standard treatment of refugees with verbal psychotherapy or multidisciplinary treatment have generated a small effect in meta-analyses (Patel et al., 2014; Slobodin & Jong, 2015). A feasibility study piloting trauma-focused Music and Imagery (trMI) with 16 traumatized refugees in a psychiatric clinic demonstrated significant changes with large effect sizes in trauma symptoms, sleep quality, well-being and social function (Beck et al., 2017). Interviews with participants showed that the method was acceptable and used for self-care at home.

Aims: To assess the effectiveness of trMI in a non-inferiority study.

Method: A randomized controlled trial comparing trMI and verbal psychotherapy (16 sessions each, n=70) is carried out in Clinic for traumatized refugees in Region Zealand, 2016-18. Symptoms of trauma (HTQ), dissociation (SDQ-20, DSS), attachment (RAAS), wellbeing (WHO), and salivary oxytocin/beta-endorphin are measured pre, post and at 6 months follow up.

Results: None yet

Discussion: The pilot study indicated that trMI seemed to affect trauma symptoms by enhancing stabilization, resource building and trauma exposure using the affordances of music for emotional regulation, activation of the parasympathetic system and social engagement.

Conclusion: No conclusions yet.

Pilot results will be presented and illustrated with session material (video clips).

Paper No.: 801
Reference: S69
Presentation Type: Oral Presentation
Symposium: S69 - New Treatment Forms

The Danish Children Houses
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The National Board of Social Services, Denmark

In fall 2012 it was agreed politically to set aside 268 million Danish kroner for a joint effort to protect children and young people from abuse. This led to the opening of five Danish Children Houses on the first of October 2013.
The target group is children and adolescents in the age of 0 up to and including 17 years, who have been subjected to abuse in forms of sexual abuse, violence or suspicion hereof. The Model of
Danish Children Houses is unique, because it is supported by a specific legislation, a central support and a wide range of central initiatives to support the legislation. Moreover, the National Board of Social Services is responsible for managing the national database of children houses to document the Danish children houses efforts.

The National Board of Social Services is responsible for supporting the operation of the children houses and the cross-sectoral collaboration within the children houses. This is done by means of the development of common professional quality standards, professional method statements for the various cross-sectoral efforts, and facilitation of joint meeting forums ensuring a qualified, careful and uniform action in cases of child abuse.

The National Board of Social Services wishes to present the Danish Model of Children Houses, focusing on the legislation, the national needs for planning, organization and facilitation to secure qualified and uniform action across all five Danish children houses including the development of common professional quality standards and descriptions of the efforts offered in the Danish children houses.

**Paper No.:** 802  
**Reference:** S71  
**Presentation Type:** Oral Presentation  
**Symposium:** S71 - Child Therapy

**Playroom – a conversation tool to strengthen children’s resilience and thereby prevent abuse**  
*Lis Toft Madsen, P Nystrøm*  
*The National Board of Social Services, Denmark*

Playroom – a conversation tool - is developed in collaboration between Katrine Zeuthen, Associate professor in Clinical Child Psychology and The National Board of Social Service in Denmark and is continuously researched as a method to strengthening the resilience of children. Playroom is based on a psychoanalytic understanding.

The oral presentation will focus on Playroom, the method behind the tool and on the preliminary experiences of teaching daycare professionals how to use the tool and benefit from it. Playroom is developed in order to support professionals working with children on how to strengthen the resilience of the child. Playroom consists of a variety of simple drawings with children and adults in everyday-like situations. The professionals are educated in the approach behind Playroom. They use the tool by talking with and listening to the children about how they understand the different situations. This leads to a greater understanding on how the children understand relations. The professionals achieve a better knowledge on how the children understand good or bad relations, caring or abuse and they will be able to work with the children’s relations and resilience. In that way playroom is a contribution to the prevention of both violent
and sexual abuse in relation to the everyday-socialization of the child. The National Board of Social Services, Denmark, is responsible to educate professionals in daycare in using Playroom - to strengthen the efforts to prevent sexual abuse against small children. The project runs in the period 2016 – 2018.

**Paper No.: 803**  
**Reference: S81**  
**Presentation Type: Oral Presentation**  
**Symposium: S81 - ISTSS Child Maltreatment Talk**

**Child Maltreatment as a Deterrent to Developmental Role Attainment:**  
**Setting the Path towards Negative Adult Outcomes**  
*Maureen A. Allwood, Cathy Spatz Widom*

**Introduction:** Child maltreatment has been associated with a number of negative developmental outcomes. Derailment of basic developmental milestones, such as high school graduation, has been further linked to negative outcomes for adults. This study examines developmental role attainment among individuals with histories of child abuse and neglect and matched controls in relation to justice involvement in adolescence and adulthood.  

**Methods:** The sample is drawn from a prospective study of children with documented cases of physical and sexual abuse and neglect (occurring before age 11) and a matched comparison group of non-abused or neglected children (N = 1,169; Widom, 1989). Developmental roles attainments are assessed during an interview at approximately age 29, and justice system involvement was collected from law enforcement records.

**Results:** Results show that childhood abuse and neglect predicted decreased likelihood of attaining each of the three developmental roles (graduation, current employment, and current marriage), which in turn increased the likelihood of negative adult outcomes. However, the results differed for males and females.

**Discussion:** This prospective study illustrates the cascading negative effects of child abuse and neglect during early adulthood. The importance of understanding the impact of child abuse and neglect on the attainment of developmental milestones and the life course implications will be discussed.

**Paper No.: 804**  
**Reference: S81**  
**Presentation Type: Oral Presentation**
**Symposium: S81 - ISTSS Child Maltreatment Talk**

**Prevalence and life course stability of intimate partner violence against women in the WHO World Mental Health Surveys**  
*Amy Street*

**Introduction:** Although intimate partner violence (IPV) against women is thought to be common worldwide, absence of consistently-assessed cross-national population data makes it difficult to determine variations across countries.

**Method:** The WHO World Mental Health (WMH) Surveys assessed lifetime exposure to four types of IPV (witnessing inter-parental violence in childhood, adolescent dating violence, violence in first marriages, violence in current remarriages) among 28,585 women surveyed across 20 countries that varied in gender inequality.

**Results:** 16.9% of women were exposed to at least one form of IPV (8.6% inter-parental violence, 8.5% adolescent dating violence among those who dated, 17.6% first-marriage violence among the ever-married, 11.4% current-marriage violence among the remarried). All were positively inter-correlated. Strongest associations were adolescent dating violence with subsequent first-marriage violence (OR = 9.6; 95% CI = 5.8-16.2) and current-marriage violence (OR = 5.4; 95% CI = 3.6-8.1). First-marriage violence was associated with current-marriage violence among the remarried (OR = 2.2; 95% CI = 1.1-4.3). Significant life course associations were found in countries across the range of gender inequality levels. The major exception was weaker associations involving dating violence in countries with high gender inequality, possibly due to the comparative rarity of adolescent dating.

**Discussion:** Exposure to intimate partner violence is common in countries across gender inequality levels. Significant life course continuity within individuals argues for the importance of early interventions to prevent progression to other forms of victimization.

**Paper No.:** 805  
**Reference:** S81  
**Presentation Type:** Oral Presentation  
**Symposium:** S81 - ISTSS Child Maltreatment Talk

**Childhood Abuse as a Predictor of Military Sexual Trauma: Comparing Physical, Sexual and Emotional Abuse**  
*Meaghan E. Brown, A B. Klein, A M. Harwell, S R. Pedersen, D J. Lee, M J. Bovin, R C. Rosen, T M. Keane, B P. Marx*

**Introduction:** Research has shown that abuse during childhood is positively associated with future sexual victimization in adulthood among civilians and military sexual trauma (MST) among military service members. However, findings have been mixed as to the associations between different
types of abuse and MST. This study examined how childhood physical abuse (CPA), sexual abuse (CSA), and emotional abuse (CEA) abuse, might be differentially associated with MST reported by veterans. Method: Participants were 960 veterans from the Veterans After-discharge Longitudinal Registry (Project VALOR). We assessed MST with the Deployment Risk and Resilience Inventory (DRRI), and childhood abuse with the Childhood Trauma Questionnaire (CTQ). We conducted a logistic regression in which CSA, CPA, and CEA were dichotomous predictors and MST was the outcome variable. We hypothesized that (a) each form of abuse would uniquely contribute to MST status; and (b) presence of each type of abuse would be associated with MST. Results: As expected, CSA, CPA, and CEA were all significantly associated with MST (all ps < .001). Notably, whereas CSA \((OR = 3.13)\) and CEA \((OR = 2.12)\) were associated with MST in the expected direction, CPA was not. Specifically, veterans who experienced childhood physical abuse were significantly less likely to report MST \((OR = .65)\). Discussion: Findings of this study will be discussed in the context of understanding risk factors for sexual victimization in adulthood and accompanying posttraumatic stress disorder.

Paper No.: 806
Reference: S82
Presentation Type: Oral Presentation
Symposium: S82 - ISTSS Adult Talk

Theoretical frameworks for trauma adaptation: Change is how we look at it.

Charles C. Benight

Introduction: Self-regulation shift theory offers a new perspective on how people cope with trauma over time (Benight, Shoji, & Delahanty, in press). Self-regulation shift theory (SRST) is an extension of social cognitive theory (Bandura, 1997) and suggests that a subset of vulnerable traumatized individuals will experience a critical threshold during their recovery where their perception of self-determination moving forward is shattered (self-determination violation effect). This “breaking point” results in a drastic negative non-linear shift in functioning. The new state is experienced as an “impaired self” leading to elevated levels of posttraumatic stress symptoms, chaotic coping, and a major drop in perceived capability to manage posttraumatic recovery demands. Benight et al. (in press) found support for lower early coping self-efficacy (CSE) as a critical catalyst variable for the non-linear upward shift in PTSD symptoms at 3 months after a motor vehicle accident in two different samples. Method/Results: A follow-up study with 188 survivors of a massive wildfire found support for a SRST with coping self-efficacy perceptions serving as a critical catalyst variable for a non-linear upward shift in PTSD symptoms between 2.5 and 4.5 months. However, this effect was seen in individuals reporting greater loss rather than less loss as would be predicted from the initial MVA studies. Discussion: Implications for theory refinement and future studies will be offered.
The prevalence and associated risk factors for PTSD among migrant workers in China

Brian J. Hall1,2

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Introduction: International labor migrants constitute a large group of individuals that are at risk for trauma exposure and subsequent development of mental ill-health. Key drivers of population mental health risks for migrants involve cumulative exposures to the social determinants of health (e.g., discrimination) and potentially traumatic life events. These exposures are experienced across the migration continuum, occurring within pre-, peri-, and post-migration contexts. The current study focused on understanding post-migration discrimination as a key modifier of the association between cumulative life adversities and posttraumatic stress disorder symptom severity.

Method: Respondent driven sampling methods were utilized to enroll 750 adult (mean age 40 years) female Filipino domestic workers in the study. The Everyday discrimination scale (EDS), Life Events Checklist (LEC-5), PTSD Checklist (PCL-5) were translated and culturally adapted for use among Filipino domestic workers.

Results: Results indicated that 14% met criteria for PTSD using the PCL cut-off score. The number of lifetime exposures to PTEs ($r = .21$) and greater discrimination ($r = .32$) were associated with higher PTSD symptom severity. Multivariable linear regression analysis adjusting for confounding variables showed that discrimination modified the effect of lifetime trauma exposure on PTSD.

Discussion: Those who reported greater discrimination also reported greater current PTSD symptom severity. These results will be discussed within the growing literature that demonstrates the importance of the receiving country context for migrant mental health.
Department of Psychiatry, Faculty of Medicine and Health Sciences, Stellenbosch University, Cape Town, South Africa

Background: Despite efforts to eliminate publication bias through compulsory registration of trials at inception, and publication of all trials, negative or inconclusive results often go unpublished (1). We sought to establish publication rates for drug and non-drug trials in PTSD, and to review reasons for non-publication.

Methods: A systematic review of registered and published trials from major trial registries was undertaken by two independent reviewers. We considered a study published if it appeared in a peer reviewed journal. We considered study results disseminated if they appeared in a peer reviewed journal, on a trial registry, in a report, or thesis. Univariate, logistic regression and Kaplan-Meier and Cox regression analyses were conducted.

Results: 63% of registered trials yielded traceable peer-reviewed journal publications, while a further 4% of studies had published results in some other form. In 34% of reports, PTSD was the primary outcome. 61% of published data had a positive main outcome, 22% a negative outcome and 17% showed mixed results. Studies of behavioural and drug interventions were more likely to be published than those of drug interventions alone.

Discussion: The publication rate was 67% in the almost 1000 registered trials included, surpassing the rate in other studies. Time from study closeout to publication was approximately 2 years, 3 months. Non-randomised trials took 18 months longer to be published than randomised trials. Studies registered before completion tended to be published sooner than those not registered before completion. Finally, continental location significantly influenced the time between study completion and publication.

Paper No.: 810
Reference: S83
Presentation Type: Oral Presentation
Symposium: S83 - Manual Psychodynamic Trauma Therapy: Treatment rational, technique, and scientific evaluation

Treatment rationale and formulation
Roderick Ørner
University of Lincoln, Lincoln, United Kingdom.

In keeping with psychodynamic theory, the formulation of the impact of trauma pertinent to this study takes as its first focus the extent to which survivors and therapists can develop a narrative of trauma experience(s). This is then used as a basis for assessing its impact upon the relationships which survivors are able to initiate and sustain over time. Through the operation of transference and the compulsion to repeat, the therapeutic relationship becomes the dyadic interpersonal
space in which trauma related processes exert their disruptive influences in circumstances in which they can be examined and made explicit. The aim is to develop new insights about trauma-generated interpersonal problems with a view to considering personal changes which might reduce the frequency of repetitions and eventually improve the quality and viability of relationships over the short, intermediate and longer terms.

Paper No.: 811
Reference: S83
Presentation Type: Oral Presentation
Symposium: S83 - Manual Psychodynamic Trauma Therapy: Treatment rational, technique, and scientific evaluation

Technical principles and case examples
Lutz Wittmann
International Psychoanalytic University Berlin, Germany

This presentation sets out to describe some of the basic techniques commonly used within psychodynamic treatment approaches for trauma survivors. These include clarification of setting, handling of avoidance and repetitions, working through, analysis of transference and countertransference. Avoiding psychoanalytic jargon, procedures will be illustrated by case examples.

Paper No.: 812
Reference: S83
Presentation Type: Oral Presentation
Symposium: S83 - Manual Psychodynamic Trauma Therapy: Treatment rational, technique, and scientific evaluation

Outcome and process evaluation between evidenced based psychiatry and psychodynamic considerations
Paulo Ferrajao¹, L Wittmann², R Ørner³
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²International Psychoanalytic University Berlin, Germany
³University of Lincoln, Lincoln, United Kingdom.

While Randomized Controlled Trials (RCT’s) set a standard for collating evidence about outcomes of psychological therapies, this symposium raises questions about the scope and limitations of RCTs for developing a systematic understanding of the multifactorial process variables which are central to psychodynamic therapies for trauma survivors. So prompted, the symposium aspires to foster
constructive discussion about how to systematically collate data which furnishes more nuanced views of the roles of perceived quality of the working relationship, transference, countertransference, preparation for ending etc. during psychotherapy with adult trauma survivors. These considerations should ideally link to apposite ways of documenting outcomes by criterial deemed essential for this type of clinical intervention, rather than with an exclusive focus on symptom levels.

Paper No.: 813
Reference: S58
Presentation Type: Oral Presentation
Symposium: S58 - Long-Term Consequences

Preliminary outcomes ‘Tuning Relationships with Music’ intervention for parents with trauma history and their teen.
Vivienne M. Colegrove, Sophie S. Havighurst, Christiane E. Kehoe.
Mindful – Centre for Training and Research in Developmental Health, Department of Psychiatry, The University of Melbourne, Melbourne, Australia

Introduction: For parents who have experienced childhood trauma, the challenges of parenting an adolescent may trigger memories of abuse, intensifying conflict and resulting in negative cycles of relating. This study examined whether Tuning Relationships with Music (TRM), a dyadic therapy for parents and teens, increased parent emotion coaching and responsive parent-teen nonverbal and verbal interactions whilst also reducing conflict and adolescent mental health difficulties.

Method: 30 parent-adolescent dyads were randomly allocated into intervention or wait-list control and completed questionnaires and observational assessment at baseline and 4-month post-baseline follow-up. Those allocated to the intervention condition participated in 8 sessions of TRM.

Results: Preliminary analyses of the data using the Wilcoxin Signed Rank Test and State Space Grid analysis showed that parents and teens in the intervention condition were more likely to report and demonstrate reduced conflict and greater satisfaction with their relationship.

Discussion: Preliminary findings will be discussed using video examples to illustrate these changes, particularly the use of music to focus on nonverbal elements of interaction as a key part of assisting parents with a trauma history to change unhelpful ways of relating to their teen.

Paper No.: 814
Reference: S76
Presentation Type: Oral Presentation
Symposium: S76 - Terror
A blast from the past: Civilians immediate psychological reactions and associative memory of prior events following exploding bus in Israel.

Menachem Ben-Ezra, Shani Pitcho-Prelurentzos, Michal Mahat-Shamir
School of Social Work, Ariel University, Ariel, 40700, Israel

Introduction: This study examined the association between self-report associative memories of prior traumatic events and psychological distress up to 48 hours after a terror attack. To date, the number of studies that examined this association is very small and most were conducted weeks or even months’ post event.

Methods: For this purpose, we examined the association between self-report associative memories of prior traumatic events beyond factors such as previous exposure to trauma, political shift and sense of safety.

Results: The results showed that self-report associative memories of prior traumatic events were significantly associated with psychological distress.

Conclusion: These results could be explained by the similarity and recency effects.

Paper No.: 827
Reference: S42
Presentation Type: Oral Presentation

Operationalizing psychosocial support in crisis, findings from the EU project OPSIC
Barbara Juen, Michael Lindenthal, University of Innsbruck, Innsbruck, Austria

Aim. It has been the aim of the EU funded OPSIC project to review existing guidelines and best practice-studies to match methods and tools to all relevant target groups, types and phases of emergencies, and to develop an IT based system – COMPASS – which can function as a go-to-point for all tools needed to plan, conduct and evaluate a psychosocial support intervention

Methods Desk research, an interview guideline and online tool (PSYQUAL) to collect and evaluate best practice from more than 40 events throughout Europe as well as a metaanalysis of studies on longterm effects of disasters have been done during the project.

Results The study on the long-term mental health consequences of disasters has shown that adverse mental health issues persevere for much longer in disaster affected populations than hitherto assumed. This new knowledge has resulted in new recommendations to authorities providing psychosocial aftercare to ensure resources for long-term (up to 10 years after the event) clinical interventions for about 15% of affected population with mental health diagnoses, such as PTSD and depression in order to lower health and social services costs and increase work and family functioning in the affected population.
OPSIC successfully developed the Mental Health and Psychosocial Support (MHPSS) Comprehensive Guideline. This quality management instrument points users to relevant guidelines, resources and tools for planning and implementing MHPSS programmes, at all phases of response, in all types of disasters and with all possible target groups. The guideline contains 51 action sheets, or planning tools, for general crisis managers, psychosocial crisis managers, mental health professionals and other practitioners. It also contains new academic knowledge on longterm consequences of crisis, best practices and the PSYQUAL assessment tool.

Paper No.: 828
Reference: S42
Presentation Type: Oral Presentation

The TERRA Toolkit, Practical Guidance in Prevention of Radicalisation
Magda ROOZE, Arq Psychotrauma Expert Group, The Netherlands

The TERRA research is designed to provide information about social psychological factors which play a role in the radicalisation process. This knowledge can be used to positively impact upon supporting prevention and the de-radicalisation process, through people who come into daily professional contact with vulnerable individuals and groups. Teachers, religious leaders, journalists, law enforcers, social workers and policy makers are target groups for TERRA's work as the key figures who will implement the knowledge gained through the project. On the basis of scientific evidence and in collaboration with a group of international experts the TERRA Toolkit is developed. A practical tool for teachers, youth workers, police officers, prison staff, religious leaders, journalists and local and national governments. The TERRA Toolkit consists of the literature review on radicalisation, a set of manuals for every target group one, tip sheet folders and video material with testimonials of victims of terrorism, formal radicals and interviews with representatives of the different target groups. On the basis of the TERRA Toolkit a Train-the-trainers program is developed, as well as lesson materials for highscool and evidence based policy advice for governments.

Paper No.: 829
Presentation Type: poster Presentation

Child maltreatment and the judicial concept of Security in the light of the concept of the good-enough mother.
Daniel Wildt Rosa.
The study approaches the intimate relation between those medical and juridical subjects proposing the use of the principles present in the concept of the good-enough mother as guiding tool to delimit both whereas it refers to the sufficiency in the cares and means offered to achieve the goals of both subjects, avoiding extreme positions. The concerns with child maltreatment address promoting health conditions that ensure a well-being state, allowing the achievement of a proper development of personality. Thus, everything that is not innate to the child and can threaten his tranquility, hinder or prevent his protection, cause fear, and generate conflict, is an obstacle to a proper development of his personality, not allowing a good-enough environment. Nonetheless, this statement belongs to a well-accepted juridical concept of Security if referring to every human being. We recognize both as wide concepts that evolve according to cultural and scientific progress issues, being able to respond to the yearnings of society in its various historical moments and spaces. The problem faced is that maltreatment concept is imprinted with subjective values and aspirations, which causes an epistemological lack that prevents or misleads political approaches and studies related to Maltreatment from being properly discussed and assessed. As solution, a common language based on objective criteria over the maltreatment concept, which surpasses the typical subjective medical approach of focusing on the patient, must be adopted. On this matter, Social Sciences are more concerned with the collective, emphasizing homogeneous subjectivity besides social aspects, allowing easier overcome this issue.
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El-Hage, Wissam; ABC des Psychotraumas Network, Inserm U930, Imagerie et Cerveau, Inserm, Centre Investigation Clinique 1415, 1 Inserm UMR930, University François Rabelais of Tours & University Regional Hospital of Tours, France. Abstract no.: 79 [S10.2]; 80 [S10.4]; 106 [S10]; 109 [S11.3].

Elhai, J.; University of Toledo, USA. Abstract no.: 28 [S72].

Elklit, Ask; National Research Center for Psychotraumatology, University of Southern Denmark, Denmark. Abstract no.: 16 [S61]; 128 [S51]; 141 [S26.1]; 160 [S21.3]; 219 [S72]; 229; 233 [S26.2]; 257 [S26]; 260 [S26.3]; 261 [S26.3]; 293 [S21.1]; 337; 341; 342.

Ellenbogen, Stephen; Memorial University of Newfoundland, Canada. Abstract no.: 61 [S59].

Elmose, M.; University of Southern Denmark, Denmark. Abstract no.: 341.
Elzinga, Bernet.; Leiden University, The Netherlands. Abstract no.: 203 [S24.3]; 322 [33.2]; 325 [33]; 326 [33.1].


Englund, M.; University of Minnesota, Minneapolis, Minnesota, USA. Abstract no.: 224 [S51].

Entringer, Sonja, Abstract no.: 360 [S22].

Es, Carlijn van; Foundation Arq, Research Department, The Netherlands. Abstract no.: 313 [S32.2].

Ewers, S.; University Hospital Zürich, Switzerland. Abstract no.: 186 [S20.2].

F.

Fagermoen, Else; Norwegian Centre for Violence and Traumatic Stress Studies (NKVTS), Norway. Abstract no.: 187 [S77].

Fahlke, C.; University of Göteborg, Sweden. Abstract no.: 318 [S60].

Fallissard, B.; Inserm, Centre de Recherche en Epidémiologie et Santé des Populations & Inserm, UMR 669, France. Abstract no.: 79 [S10.2].

Farver-Vestergaard, I.; Aarhus University & Aarhus University Hospital and Department of Psychology and Behavioural Sciences, Denmark. Abstract no.: 105 [S06.1].

Fearon, P.; University College London, UK. Abstract no.: 23 [S19.3]; 78 [S03.3].

Fegert, J.M.; Ulm University Hospital, Germany. Abstract no.: 319 [S34.3].

Ferguson, Sandra; NHS Education for Scotland, UK. Abstract no.: 178 [S57]; 406.

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Flack, William; Bucknell University, Department of Psychology, Lewisburg, Pennsylvania, USA. Abstract no.: 208 [S25.4]; 232 [S25].
Flanagan, Natalie; CONTEXT, University of Southern Denmark. Abstract no.: 818.

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Fukui, Yoshikazu; Konan University, Japan. Abstract no.: 126; 168.

Funcia, A.; Complutense University, Department of Clinical Psychology, Madrid, Spain. Abstract no.: 211.

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Gabaldón, A.; Complutense University, Department of Clinical Psychology, Madrid, Spain. Abstract no.: 212.

Gailiene, Danute; Vilnius University, Lithuania. Abstract no.: 170 [S79]; 172.

Gandubert, Catherine; INSERM U1061, Department of Neuropsychiatry, Epidemiological and Clinical Research; Montpellier University & ABC des Psychotraumas, France. Abstract no.: 57 [S10.3]; 167.

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Garcia, R.; University of Nice-Sophia Antipolis, France. Abstract no.: 167; 239 [S11.4]; 241 [S11].

Garoff, Ferdinand; University of Helsinki, Finland. Abstract no.: 39; 90 [S45].

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Gervinskaite-Paulaitiene, L.; Vilnius University, Lithuania. Abstract no.: 295 [S58].

Gerwinn, F.; Alexianer Krefeld GmbH/ University of Cologne, Center of Psychotraumatology, Germany. Abstract no.: 397 [S39.4].


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Gindt, Morgane; SUPEA - Chu Lenval & ABC des Psychotraumas, France. Abstract no.: 388; 389 [S76]; 390 [S69].

Ginzburg, Karni; Tel Aviv University, Israel. Abstract no.: 174 [S59].


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Grundmann, J.; University of Hamburg, Department of Psychiatry and Psychotherapy, Hamburg, Germany. Abstract no.: 245 [S12.3].

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Hiller, P.; University of Hamburg, Department of Psychiatry and Psychotherapy, Hamburg, Germany. Abstract no.: 245 [12.3].
Hiller, Rachel.; University of Bath, UK. Abstract no.: 23 [S19.3]; 76 [S03]; 77 [S63]; 78 [S03.3].

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Höllmer, H.; German Armed Forces Hospital, Germany. Abstract no.: 81 [S78].

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Hovey, Joseph David; University of Texas Rio Grande Valley, Department of Psychological Science, Edinburg, Texas, USA. Abstract no.: 217.

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Hout, M. van den; Altrecht GGZ, Academic Anxiety Centrum & Clinical Psychology & Utrecht University, The Netherlands. Abstract no.: 100 [S79].

Huntjens, RJC.; University of Groningen, Groningen, The Netherlands. Abstract no.: 251.
Hudson, Anna, Ghent University, Department of Experimental Clinical and Health Psychology, Ghent, Belgium. Abstract no.: 199; 289.

Husebø, G.; Norwegian Centre for Violence and Traumatic Stress Studies (NKVTS), Norway. Abstract no.: 187 [S77].

Hussain, A.; University of Oslo, Norway. Abstract no.: 281 [S55].

Hyland, P.; National College of Ireland, Ireland. Abstract no.: 67; 68; 128 [S51]; 141 [S26.1], 192 [S64]; 196; 257 [S26]; 260 [S26.3]; 261 [S26.3]; 352 [S01.1].

Høgh, A.; University of Copenhagen, Denmark. Abstract no.: 160 [S21.3].

Høybye, M. Terp; Forskningsenheden, Center for Planlagt Kirurgi, Denmark. Abstract no.: 67.

Idås, T.; The Norwegian Union of Journalists, Norway; Abstract no.: 300 [S30.2]; 301 [S30.3].

Ijzendoorn, M. Van; University of Leiden, The Netherlands. Abstract no.: 326 [S33.1].

Inagaki, T.; Nagasaki University, Japan. Abstract no.: 168.

Ingemann-Hansen, O.; University of Aarhus & Aarhus University Hospital, Denmark. Abstract no.: 35.

Ingleby-cook, Germaine; University of Auckland, New Zealand. Abstract no.: 11.

Isik, Esra; Kocaeli University, Institute of Health Sciences, Centre for Psychological Trauma and Disaster Studies, Turkey. Abstract no.: 381 [S47]; 382; 384.


Jagsch, R.; University of Vienna, Austria. Abstract no.: 29 [S63].

Javakhishvili, Darejan-Jana; Ilia State University, Georgia. Abstract no.: 305 [S31]; 307 [S31.3]; 316 [S31.1]; 317 [S31.4]; 387 [S38].

Jensen, T.; University of Oklahoma Health Sciences Center, USA. Abstract no.: 104 [S76].
Jensen, T.; University of Oslo, Department of Psychology, Oslo, Norway. 220 [S80]; 231 [S18.1].

Jeught, K. van der; Ghent University, Belgium. Abstract no.: 289.

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Jones, P.B.; University of Cambridge, UK. Abstract no.: 396 [S74].

Jong, J. De; University of Amsterdam, The Netherlands. Abstract no.: 91 [S74]; 251.


Jongh, A. De.; ACTA & VU, The Netherlands. Abstract no.: 100 [S79].

Joo, Hyesun; Ewha Womans University, South Korea. Abstract no.: 20; 103.

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Karabatsiakis, A.; Ulm University, Germany. Abstract no.: 155 [S34.4].

Karatzias, Thanos; Edinburgh Napier University & Rivers Centre, UK. Abstract no.: 14 [S01]; 15 [S01.2]; 319 [S34.3].

Karlsson, Marie; Murray State University, USA. Abstract no.: 97 [S80], 209 [S80].

Karsberg, Sidsel; University of Southern Denmark, National Centre for Psychotraumatology, Denmark. Abstract no.: 45 [S52]; 234.

Karstoft, K.-I.; Veteran Centret, Denmark. Abstract no.: 67; 219 [S72].

Kassam-Adams, Nancy; Perelman School of Medicine at the University of Pennsylvania & Children's Hospital of Philadelphia, USA. Abstract no.: 62 [S03.2]; 76 [S03]; 86 [S08]; 88 [S08.4]; 262 [S28.2].

Katzenstein, David; New York University, USA. Abstract no.: 5 [S61].

Kazlauskas, Evaldas; Vilnius University, Lithuania. Abstract no.: 14 [S01]; 193 [24]; 194 [S52]; 198; 200 [S23.3]; 201 [S24], 202 [S24.4], 205, 207; 283 [S01.4].

Keane, T. M.; Abstract no.: 805 [S81].

Keeley, J.; Virginia Commonwealth University, USA. Abstract no.: 48 [S05.1].

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L.

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Lee, D J.; Abstract no.: 805 [S81].

Legrand, Marc; Abstract no.: 109 [S11].

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Madsen, Lis Toft; The National Board of Social Services, Denmark. Abstract no.: 802 [S71].

Maercker, Andreas; University of Zurich, Switzerland. Abstract no.: 14 [S01]; 30 [S02]; 31 [S02.2]; 33 [S02.4]; 38; 48 [S05.1]; 54 [S02.3]; 114 [S07.1]; 120; 130 [S24.2]; 193 [S24.1]; 201 [S24]; 354 [S01.3]; 433 [S77].

Maeyens, L.; Ghent University, Department of Experimental Clinical and Health Psychology, Ghent, Belgium. Abstract no.: 199.

Mahat-Shamir, Michal; School of Social Work, Ariel University, Ariel, 40700, Israel. Abstract no.: 814 [S76].
Maia, Ângela da Costa; University of Minho, Portugal. Abstract no.: 189 [S51]; 288; 304; 407 [S49]; 408 [S49]; 409 [S43]; 430 [S52].

Manier, David; City University of New York, Department of Psychology, USA. Abstract no.: 394.

Makhashvili, N.; ILia State University, Mental Health Resource Center, Georgia. Abstract no.: 316 [S31.1]; 317 [S31.4]; 332 [S31.2].

Manuel, G.; University of Coimbra, Trauma Centre of Centre for Social Studies (CES), Portugal. Abstract no.: 410; 411; 413; 440 [S67].

Marin; H.; Centro Nacional de Investigación para la Gestión Integrada de Desastres Naturales, Chile. Abstract no.: 304.

Marlborough, M.; Western University, Canada. Abstract no.: 28 [S72].

Marsac, M.L.; University of Kentucky & Kentucky Children's Hospital, USA. Abstract no.: 62 [S03.2]; 88 [S08.4]; 262 [S28.2].

Marx, B P.; Abstract no.: 805 [S81].


Matthijssen, Suzy; Altrecht GGZ, Academic Anxiety Centrum & Clinical Psychology & Utrecht University, The Netherlands. Abstract no.: 100 [S79].

Mazulyte, Egle; Vilnius University, Lithuania. Abstract no.: 170 [S79]; 172.

Mcanee, Grainne; Ulster University, UK. Abstract no.: 60 [S60].

McClure, R.; Harvard Injury Control Research Center, Harvard School of Public Health, USA. Abstract no.: 64 [S04.2]; 118 [S03.1].

McCutcheon, H.; University of Queensland, Australia. Abstract no.: 92 [S08.3].

McDermott, Brett; James Cook University, Australia. Abstract no.: 42 [S03.4]; 398 [S53].

McDonagh, Tracey; CONTEXT, University of Southern Denmark. Abstract no.: 826.

McElroy, E.; Ulster University, UK. Abstract no.: 141 [S26.1]; 233 [S26.2]; 257 [S26]; 261 [S26.3].

Mc Gee, Shauna; University of Zürich, Switzerland. Abstract no.: 54 [S02.3].

McKechnie, A.; The Anchor, Greater Glasgow and Clyde Psychological Trauma Service, UK. Abstract no.: 406.
McLafferty; Margaret; Ulster University, School of Psychology, UK. Abstract no.: 378 [S62].

Meer, C. van der; Academic Medical Centre, The Netherlands. Abstract no.: 171 [S23.1]; 311 [S29.2].

Mehl, M.; Department of Psychology, University of Arizona, USA. Abstract no.: 64 [S04.2]; 118 [S03.1].

Meili, Iara; University of Zürich, Switzerland. Abstract no.: 38; 120.

Meiser-Stedman, R.; University of East Anglia, UK. Abstract no.: 23 [S19.3]; 78 [S03.3].

Mendes, D.; Centro Hospitalar do Tâmega e Sousa, Portugal. Abstract no.: 275 [S06.8]

Mendes J.M.; University of Coimbra, Centre for Social Studies, Portugal. Abstract no.: 409 [S43].

Mesquita, C. Santos; Universidade do Minho, Departamento de Psicologia Aplicada (DPA), Portugal. Abstract no.: 393 [S66]; 407 [S49]; 408 [S49].

Mestçioğlu, Ö.; Esenyurt University, Turkey. Abstract no.: 7 [S43].

Meyer, S. Lund; Clinic for traumatized refugees, Denmark. Abstract no.: 800 [S45].

Michael, T.; Saarland University, Germany. Abstract no.: 56 [S02.1].

Milani, L.; Catholic University of the Sacred Heart, Italy. Abstract no.: 144

Milde; A.M.; Regional Resource Center for Violence, Traumatic Stress and Suicide Prevention (RVTS), Norway. Abstract no.: 153 [S17.1].

Mink-Nijdam, M.; Academic Medical Center, University of Amsterdam, The Netherlands. Abstract no.:116 [S09.1]; 177 [S23.2]; 253 [S23].

Minnen, A. van; Radboud University and Pro Persona, The Netherlands. Abstract no.: 291 [S29.4].

Mira, A.; Universitat Jaume I, Castellon, Spain. Abstract no.: 203 [S24.3].

Modrowski, C.A.; The University of Utah, USA. Abstract no.:120.

Moghaddam, Saba; Private institute, Iran. Abstract no.: 444 [S54].

Mogil, Catherine; University of California at Los Angeles, USA. Abstract no.: 364 [S70].

Mohnke, S.; Charité Universitätsmedizin Berlin, Germany. Abstract no.: 279.
Mohr, Katrin; University of Southern Denmark, National Centre of Psychotraumatology, Denmark. Abstract no.: 439 [S49].

Mondelli, V.; King’s College London, institute of Psychiatry, Psychology and Neuroscience, London, UK. Abstract no.: 225 [S22.3].

Monson, Candice; Ryerson University, Ontario, Canada. Abstract no.: 351 [S13.4].

Montgomery, E.; Danish Institute against Torture, Rehabilitation Clinic DIGNITY, Denmark. Abstract no.: 399 [S46].

Moon, H Jeong.; Ewha Womans University, South Korea. Abstract no.: 20; 103.

Mooren, Trudy; Stichting Centrum Arq, Oegstgeest & Utrecht University, Utrecht, The Netherland. Abstract no.: 251, 308 [S32]; 312 [S32.4]; 320 [S33.4].

Mor, S.; Universitat Jaume I, Castellon, Spain. Abstract no.: 203 [S24.3].

Moreland, A; Medical University of South Carolina, Department of Psychiatry and Behavioral Sciences, USA. Abstract no.: 415 [S77].

Morina, Naser; University Hospital Zürich, Switzerland. Abstract no.: 186 [S20.2].

Morgan, C.; King’s College London, institute of Psychiatry, Psychology and Neuroscience, London, UK. Abstract no.: 225 [S22.3].

Morrison, S.; NHS Lanarkshire, Kirklands Hospital, UK. Abstract no.: 406.

Moss, K.; University of Queensland, Australia. Abstract no.: 92 [S08.3].


Mouthaan, Joanne; Leiden University, Department of Clinical Psychology, Leiden, The Netherlands. Abstract no.: 264 [S28.1]; 265 [S29.1]; 267 [S28]; 269 [S29]; 310 [S28.3].

Mueller, SC.; Ghent University, Department of Experimental Clinical and Health Psychology, Ghent, Belgium. Abstract no.: 199; 289.

Mugisha, H.; Psychologues sans Frontières, Burundi. Abstract no.: 436 [S74].

Muhoza, J-A.; Psychologues sans Frontières, Burundi. Abstract no.: 436 [S74].

Mukba, Gamze; Yüzüncü Yil University, Department of Educational Sciences, Van, Turkey. Abstract
no.: 230 [S69]; 235 [S69]; 424 [S71].

Mukba, M.; Private Hospital, Van, Turkey. Abstract no.: 230 [S69]; 235 [S69].

Müller-Bamouh, V.; University of Konstanz, Department of Clinical Psychology, Konstanz, Germany. Abstract no.: 258 [S45].

Müller-Pfeiffer, C.; University of Zürich Hospital, Department of Psychiatry and Psychotherapy, Switzerland. Abstract no.: 374; 412 [S51].

Münzer, Annika; University Hospital Ulm,, Ulm, Germany. Abstract no.: 166 [S19.1].

Murphy, Dominic; Combat Stress, Reasearch Team & King's College London, UK. Abstract no.: 2 [S72]; 3 [S73]; 128 [S51]; 141 [S26.1]; 141 [S26.1]; 146 [S73].

Murphy, J.; Ulster University, Institute of Psychology, Derry, Northern Ireland, UK. Abstract no.: 257 [S26]; 260 [S26.3]; 261 [S26.3].

Murphy, S.; University of Southern Denmark, National Centre for Psychotraumatology, Institute of Psychology, Odense, Denmark. Abstract no.: 257 [S26]; 260 [S26.3].

Murray, L.; University of Reading, UK. Abstract no.: 78 [S03.3].

Murray, R.; King’s College London, institute of Psychiatry, Psychology and Neuroscience, London, UK. Abstract no.: 225 [S22.3].

Myers, S.; Perelman School of Medicine at the University of Pennsylvania & Children's Hospital of Philadelphia, USA. Abstract no.: 88 [S08.4]; 233 [S26.2].

Mørkved, N.; Mosjøen District Psychiatric Centre, Helgeland Hospital & University of Tromsø, Norway. Abstract no.: 156 [S17.3].

N.

Nachon, Ophelie; SUPEA - Chu Lenval & ABC des Psychotraumas, France. Abstract no.: 388; 389 [S76]; 390 [S69].

Ndayikengurukiye, T.; Psychologues sans Frontières, Burundi. Abstract no.: 436 [S74].

Ndayisaba, H; Transcultural Psychosocial Organisation, Burundi. Abstract no.: 91 [S74].

Neukel, Corinne; University of Heidelberg, Germany. Abstract no.: 327 [S33.3].

Newcombe, P.; University of Queensland, Australia. Abstract no.: 92 [S08.3].
Newman, E.; University of Tulsa, Dart Center for Journalism and Trauma, USA. Abstract no.: 302 [S30.1].

Nickerson, A.; University of New South Wales, Australia. Abstract no.: 186 [S20.2].

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Nielsen, M.W.; Treatment Center of Sexually Abused (Center for Seksuelt Misbrugte, Midt Nord), Denmark. Abstract no.: 414.


Nilsson; Doris; Linköping University & Institute for Clinical and Experiemntal Medicine/Baranfrid, Sweden. Abstract no.: 375.

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Nitanga, L.; Psychologues sans Frontières, Burundi. Abstract no.: 436 [S74].

Njardvik, U.; University of Iceland, Department of Psychology, Iceland. Abstract no.: 443 [S53].

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Nordås, E.; Linköping University, Sweden. Abstract no.: 375.

Norlén, Anna; The Erica Foundation, Department of Child & Adolescent Psychiatry & University of Karlstad, Sweden. Abstract no.: 172 [S17].

Norris, D.; Mount Saint Vincent University, Canada. Abstract no.: 378 [S73].

Nygaard, E.; University of Oslo, Norway. Abstract no.: 281 [S55].

Nystrøm, P.; The National Board of Social Services, Denmark. Abstract no.: 802 [S71].
O.

O'Connor, Maja; Aarhus University & Aarhus University Hospital, Denmark. Abstract no.: 58 [S06]; 70 [S06.4]; 105 [S06.1]; 117 [S06.3]; 162 [S06.6]; 355 [S06.2].

Olff, M.; Academic Medical Centre, The Netherlands. Abstract no.: 171 [S23.1]; 177 [S23.2]; 264 [S28.1]; 291 [S29.4]; 310 [S28.3]; 311 [S29.2]; 379 [S37]; 437 [S54].

O'Neill, S.; Ulster University, School of Psychology, UK. Abstract no.: 378 [S62].

Ong, B.; Ministry of Social and Family Development, Clinical and Forensic Psychology Service, Singapore. Abstract no.: 373 [S70].

Ong, X.; University of New South Wales, Australia. Abstract no.: 279.


O'Reilly, N.; University of New South Wales (UNSW) & Neuroscience Research Australia, Australia. Abstract no.: 185 [S66].


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Ortiz, Mirjam Straub; Gemeinschaftspraxis Quellen & Europäische Akademie für Biopsychosoziale Gesundheit und Kreativitätsförderung - EAG, Hückeswagen, Germany. Abstract no.: 349.

Oura, Shinichi; Konan University, Japan. Abstract no.: 168.

Ovuga, E.; Gulu University, Uganda. Abstract no.: 396 [S74].

P.

Pacheco, A.R.; Centro de Reabilitação do Norte – Dr. Ferreira Alves, Portugal. Abstract no.: 274.

Palacio, Christly; Universite Paris Descartes, Institute de Psychologie, Paris, France. Abstract no.: 266.

Paley, B.; University of California at Los Angeles, USA. Abstract no.: 364 [S70].


Pariante, C.; King's College London, Institute of Psychiatry, Psychology and Neuroscience, London, UK. Abstract no.: 225 [S22.3].

Park, E-S.; Kim Keun-tae Memorial Healing Center, South Korea. Abstract no.: 43

Park, S.H.; Yonsei University, South Korea. Abstract no.: 53; 151; 152.

Park, Sungwon; Yonsei University, South Korea. Abstract no.: 152.

Parker, K.; University of Tulsa, Dart Center for Journalism and Trauma, USA. Abstract no.: 302 [S30.1].

Paschall, E.; Eastern Michigan University, Department of Psychology, Ypsilanti, Michigan, USA. Abstract no.: 238 [S63]; 314 [S60].

Passardi, S.; University of Zürich Hospital, Department of Psychiatry and Psychotherapy, Switzerland. Abstract no.: 374; 412 [S51].

Pedersen, Ida Haahr; CONTEXT, Trinity College Dublin. Abstract no.: 824.

Pedersen, S R.; Abstract no.: 805 [S81].

Pedersen, T. P.; The National Center for Bereavement, Research Center, Copenhagen. Abstract no.: 197 [S06a].

Pellissier, S.; University of Savoie Mont Blanc, Department of Psychology, Chambery, France. Abstract no.: 221; 222 [S55].

Pelosi, A.C.; Federal University of Ceará, Brazil. Abstract no.: 38.

Perera, Camila; CONTEXT, Trinity College Dublin. Abstract no.: 815.

Pereira, S. Santos; University of Coimbra, Trauma Centre of Centre for Social Studies (CES), Portugal. Abstract no.: 410; 411; 413; 440 [S67].

Peri, Tuvia; Bar Ilan University, Israel. Abstract no.: 346 [S13.2].

Perkonigg, A.; University of Zürich, Switzerland. Abstract no.: 130 [S24.2].

Pernebo, Karin; University of Linneaus, Sweden. Abstract no.: 17 [S65].

Perrin, S.; Danish Institute against Torture, Rehabilitation Clinic DIGNITY, Denmark. Abstract no.: 298 [S46].
Peterhänsel, C.; University of Leipzig, Germany. Abstract no.: 340 [S78].

Petermann, F.; University of Bremen, Germany. Abstract no.: 115 [S4.1].

Petersen, Tóra; University of Southern Denmark, National Centre of Psychotraumatology, Denmark & Centre of Health Sciences, Faroe Islands. Abstract no.: 438 [S53]; 439 [S49].

Petretic, P.; University of Arkansas, USA. Abstract no.: 333; 334; 335.

Petursdottir, G.; Faculty of Nursing, University of Iceland & Institute for Sustainability Studies, University of Iceland, Iceland. Abstract no.: 442; 443 [S53].

Pfaltz, Monique; University Hospital Zürich, Switzerland. Abstract no.: 186 [S20.2]; 374; 386; 412 [S51].

Pfeiffer, E.; University of Ulm, Clinic for Child and Adolescent Psychiatry/Psychotherapy, Germany. Abstract no.: 110 [S12.4], 119 [S18,2].

Pfoh, G.; University Eichstætt-ingolstadt, Germany. Abstract no.: 154 [S07.2].

Phillips, D.; Eastern Michigan University, USA. Abstract no.: 294 [S75]; 314 [S60].

Pihl-Thingvad, Jesper; Odense University Hospital, University of Southern Denmark, National Center of Psychotraumatology &University of Southern Denmark, Open - Odense Patient Explorative Network, Denmark. Abstract no.: 160 [S21.3].

Pilauri, K.; Ilia State University, Georgia. Abstract no.: 332 [S31.2].

Pinheiro, M.; Centro Hospitalar do Tâmega e Sousa, Portugal. Abstract no.: 275 [S06.8]

Pirard, Philippe; Direction Alerte et Crise, Agence National de Santé Publique, Paris, France. Abstract no.: 140 [S16.2].


Pitcho-Prenalentzos, Shani; School of Social Work, Ariel University, Ariel, 40700, Israel. Abstract no.: 814 [S76].


Plichta, M.; University of Zürich Hospital, Department of Psychiatry and Psychotherapy, Switzerland. Abstract no.: 412 [S51].

Poehacker, S.; Eastern Michigan University, USA. Abstract no.: 294 [S75]; 314 [S60].
Poole, B.; Brigham Young University, USA. Abstract no.: 393 [S66].

Pot-Kolder, R.; Parnassia Psychiatric Institute, The Netherlands. Abstract no.: 169 [S50].

Poulsen, Maria; Sfi - The Danish National Centre for Social Research, Denmark. Abstract no.: 184.


Prins, Laura; Psychotherapy Private Practice, UK. Abstract no.: 362.

Profaca, B.; Cener for Child Protection, Zagreb, Croatia. Abstract no.: 204 [S67].

Protic, Sonja; International Psychoanalytic University, Germany. Abstract no.: 405.

Provencal, Nadine; Abstract no.: 360 [S22].

Puckute, M.; Vilnius University, Lithuania. Abstract no.: 172

Puhovski, S.; Cener for Child Protection, Zagreb, Croatia. Abstract no.: 204 [S67].

Putte, E. van de; University Medical Centre Utrecht, Wilhelmina Children’s Hospital, Utrecht, The Netherlands. Abstract no.: 113 [S67].

Q.

Quero, Soledad; Universitat Jaume I, Castellon, Spain. Abstract no.: 203 [S24.3].

Quidé, Yann.; University of New South Wales, Schizophrenia Research Institute & Neuroscience Research Australia, Australia. Abstract no.: 80 [S10.4]; 163 [S22]; 185 [S66]; 279.

R.


Rachyla, I.; Universitat Jaume I, Castellon, Spain. Abstract no.: 203 [S24.3].

Rajter, Miroslav; University of Zagreb, Croatia. Abstract no.: 83 [S62].

Rama, T.; Hospital Divino Espírito Santo, Portugal. Abstract no.: 392 [S43].

Ramsden, Pam.; University of Bradford, Department of Psychiatry, UK. Abstract no.: 376.

Ravn, S.L.; Unit of Medical Psychology, University of Southern Denmark, Denmark. Abstract no.: 36.

Raum H.; Psychotrauma Center of German Armed Forces, Berlin. Abstract no.: 237 [S27.3].

Rechsteiner; Karin: University of Zürich, Switzerland. Abstract no.: 120.

Rees, Gavin; Dart Centre for Journalism and Trauma, UK. Abstract no.: 299 [S30]; 303 [S30.4], 417 [S40]; 422 [S40.4].

Reis, R.; University of Amsterdam, Amsterdam Institute for Social Science Research, The Netherlands. Abstract no.: 91 [S74].

Reitsma, JB.; Julius Centre for Health Sciences and Primary Care, University Medical Centre & Academic Medical Center, Amsterdam, The Netherlands. Abstract no.: 264 [S28.1].


Renneberg, B.; University Eichstaett-ingolstadt, Germany. Abstract no.: 72 [S12.2].

Rettenbacher, M.; Medical University Innsbruck, Austria. Abstract no.: 156 [S17.3].

Rezo, I.; University of Zagreb, Croatia. Abstract no.: 83 [S62]

Ribeiro, J. Sousa; University of Coimbra, Trauma Centre of Centre for Social Studies (CES), Portugal. Abstract no.: 410; 413.

Richter, L.; Alexianer Krefeld Gmbh/ University of Cologne, Center of Psychotraumatology, Germany. Abstract no.: 397 [S39.4].

Rie, Simone De La; Foundation Centrum 45, the Netherlands. Abstract no.: 98 [S35.4].

Riedel, P., University of Southern Denmark & Central Denmark Region, Denmark. Abstract no.: 338.

Rimane, E.; University Eichstaett-ingolstadt, Germany. Abstract no.: 72 [S12.2].


Roberts, Bayard; London School of Hygiene and Tropical Medicine, UK. Abstract no.: 158 [S20.1]; 316 [S31.1].
Roberts, Neil; Barts Centre for Trauma Science, Blizard Institute, Queen Mary, University of London, UK. Abstract no.: 352 [S01.1].

Rocha, C.; CPTL, Centro de Psicologia do Trama e do Luto, Portugal. Abstract no.: 306.

Rocha, Jose Carlos; Porto University & CESPU, IINFACTS, Psychology and Health Research Group, Portugal. Abstract no.: 58 [S06]; 273 [S54]; 274; 275 [S06.8]; 306.

Rockstroh, B.; University of Konstanz, Department of Psychology, Clinical Psychology Unit, Konstanz, Germany. Abstract no.: 240 [S34.2].

Rodrigues, V.; CPTL, Centro de Psicologia do Trama e do Luto, Portugal. Abstract no.: 274.

Roley-Roberts, M.; The Ohio State University Wexner Medical Center, USA. Abstract no.: 41

Ronan, K.; Central Queensland University, Australia. Abstract no.: 134 [S15.3].

Rooze, Magda; Arq Psychotrauma Expert Group, The Netherlands. Abstract no.: 828 [S42].

Rosa, Daniel Wildt; Faculties of Arts & Humanities and of Economics, University of Coimbra, Portugal – University of Siegen, Germany. Abstract no.: 829.

Rosen, R C.; Abstract no.: 805 [S81].

Rosner, Rita; University Eichstaett-ingolstadt, Germany. Abstract no.: 71 [S12]; 72 [S12.2]; 104 [S67]; 154 [S07.2].

Ross, J.; Ulster University, UK. Abstract no.: 69.

Roullet, Pascal; Université Paul Sabatier, France. Abstract no.: 112 [S11.2].

Rousseau, P-F.; INT, CNRS UMR7289, France. Abstract no.: 108 [S11.1].

Rufer, M.; University of Zürich Hospital, Department of Psychiatry and Psychotherapy, Switzerland. Abstract no.: 374; 412 [S51].

Ruf-Leuschner, M.; University of Konstanz, Department of Clinical Psychology, Konstanz, Germany. Abstract no.: 258 [S45].

Ruggiero, Ken; Medical University of South Carolina, USA. Abstract no.: 24.

Rushoza, A.A.; Psychologues sans Frontières, Burundi. Abstract no.: 436 [S74].

Rutka, R.; LIPPC²S, Université de Savoie Mont-blanc, France. Abstract no.: 129.
Sachs, Cedric; University of Ulm, Germany. Abstract no.: 104 [S67]; 110 [S12.4].

Sahin, Soykan; Kocaeli University, Institute of Health Sciences, Centre for Psychological Trauma and Disaster Studies, Turkey. Abstract no.: 381 [S47]; 382; 384; 385 [S76].

Sakiroglu, M.; Adnan Menderes University, Aydin, Turkey. Abstract no.: 255; 256 [S47].

Sales, L.; University of Coimbra, Trauma Centre of Centre for Social Studies (CES), Portugal. Abstract no.: 410; 413; 440 [S67].

Sanders, M.; University of Queensland, Australia. Abstract no.: 42 [S03.4].

Sanna, A.; Cellule d’Intervention IDF, Agence National de Santé Publique, France. Abstract no.: 140 [S16.2].

Saunders, Benjamin.; Medical University of South Carolina, USA. Abstract no.: 24; 148 [S18]; 415 [S77].

Scali, J.; INSERM U1061, Department of Neuropsychiatry, Epidemiological and Clinical Research; Montpellier University & ABC des Psychotraumas, France. Abstract no.: 57 [S10.3].

Schäfer, Ingo; University Medical Center Hamburg-Eppendorf, Hamburg, Germany. Abstract no.: 237 [S27.3]; 245 [S12.3]; 250 [S27.2]; 379 [S37]; 387 [S38].

Schäfer, Sarah; Saarland University, Germany. Abstract no.: 56 [S02.1].

Schalinski, I.; University of Konstanz, Department of Psychology, Clinical Psychology Unit, Konstanz, Germany. Abstract no.: 240 [S34.2].

Schauer, M.; University of Konstanz, Germany. Abstract no.: 21 [S47]; 258 [S45].

Schedlich, Claudia; Federal Office of Civil Protection and Disaster Assistance, Psychosocial Crisis Management, Germany. Abstract no.: 402 [S39.1]; 434 [S42.1].

Scheepstra, K.; Academical Medical Center Amsterdam, Department of Obstetrics and Gynecology, The Netherlands. Abstract no.: 437 [S54].

Scheider, B.; LVR-Klinik Cologne, Department of Addictive Disorders, Cologne, Germany. Abstract no.: 245 [S12.3].

Schellong, Julia; University Medical Center Carl Gustav Carus, Dresden, Germany. Abstract no.: 237 [S27.3]; 250 [S27.2]; 371 [S72]; 379 [S37].
Scherbaum, N.; University Duisburg-Essen, Department of Psychiatry and Psychotherapy, Essen, Germany. Abstract no.: 245 [12.3].

Schick, M.; University Hospital Zürich, Switzerland. Abstract no.: 186 [S20.2].

Schilpzand, Elizabeth; The University of Melbourne & Murdoch Childrens Research Institute, Australia. Abstract no.: 27 [S19.2].

Schlander, C.; Center for Cognitive Therapy Aarhus, Denmark. Abstract no.: 58 [S06]; 162 [S06.6]; 356 [S06.7].

Schmidtova, Jana; Institute of Psychology, Academy of Sciences, Academy of Sciences, Czech Republic. Abstract no.: 431 [S61].

Schnell, K.; University of Heidelberg, Germany. Abstract no.: 279.

Schnepp, W.; University of Witten Herdecke, Germany. Abstract no.: 433 [S77].

Schneidyner, U.; University Hospital Zürich, Switzerland. Abstract no.: 186 [S20.2]; 374; 379 [S37]; 386; 412 [S51].


Schouten, Karin Alice, Stichting Centrum '45, Diemen, The Netherlands. Abstract no.: 252 [S50].

Schrieken, B.; Interapy, The Netherlands, Abstract no.: 311 [S29.2].

Schury, K.; Ulm University, Germany. Abstract no.: 155 [S34.4]; ]; 319 [S34.3].

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Seligman, L.; University of Texas Rio Grande Valley, Department of Psychological Science, Edinburg, Texas, USA. Abstract no.: 217.

Şen, H.; SWPS University of Social Sciences and Humanities, Poland. Abstract no.: 147.

Senol-Durak, E.; Abant Izzet Baysal University, Department of Psychology, Bolu, Turkey. Abstract no.: 255; 256 [S47].
Seo, J.H.; Yonsei University, South Korea. Abstract no.: 151.

Seok, J.H.; Yonsei University, South Korea. Abstract no.: 151

Sherwood, Larissa; CONTEXT, Trinity College Dublin. Abstract no.: 822.

Shevlin, M.; Ulster University, UK. Abstract no.: 60 [S60]; 128 [S51]; 141 [S26.1] 233 [S26.2]; Abstract no.: 257 [S26]; 260 [S26.3]; 261 [S26.3]; 352 [S01.1].

Shima, Y.; Kagoshima University, Japan Abstract no.: 168.

Shnaider, P.; McMaster University, Canada. Abstract no.: 28 [S72].

Sijbrandij, M.; Vrije Universiteit, Department of Clinical Psychology & EMGO Institute for Health and Care Research, The Netherlands. Abstract no.: 136 [S15.4]; 249 [S20]; 264 [S28.1].

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Simpson, JA.; University of Minnesota, Minneapolis, Minnesota, USA. Abstract no.: 224 [S51].

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Snetselaar, H.; University Medical Centre Utrecht, Psychotrauma Centre Wilhelmina Children’s Hospital, The Netherlands. Abstract no.: 113 [S67].

Soberon, C.; Complutense University, Department of Clinical Psychology, Madrid, Spain. Abstract no.: 211; 212; 213; 214.

Soehn, J.; Alexianer Krefeld Gmbh/ University of Cologne, Center of Psychotraumatology, Germany. Abstract no.: 397 [S39.4].
Sohn, C.; Kim Keun-tae Memorial Healing Center, South Korea. Abstract no.: 43

Soir, Erik de; Royal Military Academy, Belgium. Abstract no.: 357 [S09.3].

Spencer, R.; University of Talca, Chile. Abstract no.: 189 [S51].

Spoormans, H.; Ghent University, Belgium. Abstract no.: 289.

Spuij, M.; Utrecht University, The Netherlands. Abstract no.: 74 [S07.3]

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Stammel, Nadine; Freie Universität, Department of Educational Sciences and Psychology, Berlin, Germany & Center Überleben (Formerly Center for Torture Victims Berlin), Berlin, Germany. Abstract no.: 242 [S27.1].

Steijn, Minouk van; Academical Medical Center Amsterdam, Department of Obstetrics and Gynecology, The Netherlands. Abstract no.: 437 [S54].

Steil, Regina.; University Eichstaett-ingolstadt, Germany. Abstract no.: 72 [S12.2]; 282 [S12.1].

Stein, J.; Freie University Berlin, Department of Clinical Psychological Intervention, Berlin, Germany. Abstract no.: 244 [S20.4].

Steine, Iris M.; University College Berkeley, USA & University of Bergen, Norway. Abstract no.: 153 [S17.1].

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Stigaard, MT.; The National Center for Bereavement, Research Center, Copenhagen. Abstract no.: 197 [S06a].

Street, Amy; Department of Psychiatry at Boston University School of Medicine. Abstract no.: 804 [S81].
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Sugiyama, K.; Warwick University, UK. Abstract no.: 37.

Suliman, S.; Department of Psychiatry, Faculty of Medicine and Health Sciences, Stellenbosch University, South Africa. Abstract no.: 809 [S82].

Suzuki, Yumi; Meiji Gakuin University, Japan. Abstract no.: 93.


Swartout, Kevin; Georgia State University, USA. Abstract no.: 347 [S55].

Szczepaniak, Maria; University of Social Sciences and Humanities, Warsaw, Poland. Abstract no.: 246.

Szepsenwol, O.; Hebrew University, School of Social Work, Jerusalem, Israel. Abstract no.: 224 [S51].

Takahashi, M.; Warwick University, UK. Abstract no.: 37.

Talmon, Anat; Tel Aviv University, Israel. Abstract no.: 40 [S59].

Tam-Seto, L.; Queen’s University, Canadian Institute for Military & Veteran Health Research (CIMVHR), Canada. Abstract no.: 358 [S73].

Tan, Li-Jen; Ministry of Social and Family Development, Clinical and Forensic Psychology Service, Singapore. Abstract no.: 373 [S70].

Tanhan, F.; Yüzüncü Yil University. Abstract no.: 230 [S69]; 235 [S69]; 287 [S62].

Tamrakar, Trina; CONTEXT, University of Southern Denmark. Abstract no.: 820.

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Tehrani, Noreen; Noreen Tehrani Associates Ltd, UK. Abstract no.: 94 [S43].

Teicher, MH.; Harvard Medical School, Department of Psychiatry, Boston, Massachusetts, USA & McLean Hospital, Developmental Biopsychiatry Research Program, Boston, Massachusetts, USA. Abstract no.: 240 [S34.2].

Thimm, J.C.; University of Tromsø, Norway. Abstract no.: 156 [S17.3].

Thoma, Myriam Verena; University of Zürich, Switzerland. Abstract no.: 33 [S02.4]; 54 [S02.3].

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Thomsen, Dorthe.; Aarhus University, Denmark. Abstract no.: 58 [S06]; 117 [S06.3].

Thompson, A.; Canadian Forces Health Services Group, Canada. Abstract no.: 28 [S72].

Thompson, C.; NHS Education for Scotland, UK. Abstract no.: 178 [S57].

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Thummler, S.; SUPEA - Chu Lenval & CoBteK - UNS, France. Abstract no.: 388; 389 [S76]; 390 [S69].

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Tsomaia, Tina; Georgian Institute of Public Affairs, Georgia. Abstract no.: 329 [S52].

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Tutus, D.; University of Ulm, Clinic for Child and Adolescent Psychiatry/Psychotherapy, Germany. Abstract no.: 110 [S12.4].

Tuval-Mashiach, Rivka; Bar Ilan University, Israel. Abstract no.: 343 [S13]; 344 [S13.3].

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Ulrich, Anita; Center for Psykiatrisk Sygepleje og Sundhedsforskning ved Psykiatrien i Region Syddanmark, Denmark. Abstract no.: 124.

Umlauft, M.; Ulm University, Germany Abstract no.: 155 [S34.4].

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Valdimarsdottir, U.A.; University of Iceland, Department of Epidemiology, Harvard School of Public Health, USA & Department of Medical Epidemiology and Biostatistics, Karolinska Institutet, Sweden. Abstract no.: 442.

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Vang, Maria Louison; CONTEXT, Ulster University. Abstract no.: 821.

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Veling, W.; UMCG, The Netherlands. Abstract no.: 169 [S50].
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Vivanco, C.; University of Talca, Chile. Abstract no.: 189 [S51].

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Waage, L.; Haukeland University Hospital, Centre for research and Education in Forensic Psychiatry & Correctional Service, Region West, Bergen, Norway. Abstract no.: 247 [S17.2].

Wadhwa, Pathik D.; Abstract no.: 360 [S22].

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Waller, C.; Ulm University Hospital, Germany. Abstract no.: 319 [S34.3].

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Wekerle, C.; McMaster University, Canada. Abstract no.: 61 [S59].
Watson, L.; Aarhus University, Denmark. Abstract no.: 58 [S06].

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Weindl, D.; University of Vienna, Austria. Abstract no.: 29 [S63]; 32.


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Widom, Cathy Spatz; Abstract no.: 803 [S81].

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Willebrand, M.; Uppsala University, Sweden. Abstract no.: 277; 278 [S49]; 370 [S28.4].

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Winje, Dagfinn; University of Bergen, Norway. Abstract no.: 135 [S17]; 153 [S17.1]; 156 [S17.3]; 247 [S17.2].

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Wolt, K Klein; Consumer and Safety Institute, The Netherlands Abstract no.: 310 [S28.3].

Y.

Yildiz, Ebru; Esenyurt University, Turkey. Abstract no.: 7 [S43].

Yilmaz, T.; Middle East Technical University NCC, Turkish Republic of Northern Cyprus. Abstract no.: 385 [S76].

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Zachariae, R.; Aarhus University Hospital & Aarhus University, Denmark. Abstract no.: 70 [S06.4]; 105 [S06.1].

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