

## April 2015 PILOTS Topic Alert

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Abel, R. M. and H. A. Friedman (2009). "Israeli school and community response to war trauma a review of selected literature." *School Psychology International* 30(3): 265-281.

This article presents a review of literature focusing on mental health clinicians who have responded to war trauma in their work with children in Israeli schools. The review provides a brief introduction to the country's war history and inception of school psychological and counselling services. Within this framework, results of empirical research, methods of assessment and multisystemic interventions are reviewed. Research results acknowledge the school as a major source of social support and facilitator of recovery. Family cohesion and parent symptomatology are also significant predictors of stress and anxiety, especially in early childhood. Recommendations for clinical and school use are included. [Author Abstract] KEY WORDS: children; community centres; Israel; schools; terrorism; trauma; war

Barker, V., A. I. Gumley, et al. (2015). "An integrated biopsychosocial model of childhood maltreatment and psychosis." *British Journal of Psychiatry* 206(3): 177-180.

There is now a well-established link between childhood maltreatment and psychosis. It is, however, unclear what the mechanisms are by which this occurs. Here, we propose a pathway linking the experience of childhood maltreatment with biological changes in the brain and suggest a psychological intervention to ameliorate its effects. [Author Abstract]

Bedi, R., R. T. Muller, et al. (2014). "Cumulative risk for deliberate self-harm among treatment-seeking women with histories of childhood abuse." *Psychological Trauma: Theory, Research, Practice, and Policy* 6(6): 600-609.

This study examined internal risk factors associated with deliberate self-harm (DSH) in a sample of treatment-seeking women who were self-referred to the Women Recovering from Abuse Program (WRAP) with histories of childhood abuse, using a cumulative risk approach. Sixty-seven women with histories of DSH were compared with a group of one-hundred women with no history of DSH on measures of adult attachment, emotion regulation, alexithymia, dissociation, self-soothing abilities, and frequency of previous suicide attempts. Bivariate analyses revealed that women in the DSH group presented with significantly higher levels of emotion dysregulation, alexithymia, dissociation, and a higher frequency of previous suicide attempts than woman in the non-DSH group. Logistic regression analyses revealed that a cumulative risk index (CRI) comprised of these six internal risk factors reliably distinguished between women with and without a history of DSH. Risk for DSH was found to increase with each risk factor that was added to the CRI model. Women endorsing five or more risk factors were 37 times more likely to be in the DSH group. Clinical implications of the

findings are discussed. [Author Abstract] KEY WORDS: deliberate self-harm; childhood abuse; cumulative risk

Cantón-Cortés, D., M. R. Cortés, et al. (2015). "Child sexual abuse, attachment style, and depression: the role of the characteristics of abuse." *Journal of Interpersonal Violence* 30(3): 420-436.

The aim of the current study was to examine the effects of secure, avoidant, and anxious attachment styles on depressive symptomatology in child sexual abuse (CSA) among young female adult victims. The role of attachment style was studied by considering possible interactive effects with the type of abuse, the relationship with the perpetrator, and the continuity of abuse. Participants were 168 female victims of CSA. Information about the abuse was obtained from a self-reported questionnaire. Attachment style was assessed with the Attachment Style Measure (ASM), and the Beck Depression Inventory (BDI) was used to assess depressive symptomatology. Secure and anxious attachment styles were correlated with low and high depression scores respectively. The effects of attachment style were stronger in cases where the abuse consisted of oral sex/penetration, a non-family member as perpetrator, and in isolated, compared with continued, abuse. These results confirm that characteristics of CSA (type of abuse, relationship with the perpetrator, and continuity of abuse) can affect the impact of attachment style on depressive symptomatology. [Author Abstract] KEY WORDS: child sexual abuse; attachment; abuse characteristics; depression

Carmassi, C., C. A. Bertelloni, et al. (2015). "Impact of DSM-5 PTSD and gender on impaired eating behaviors in 512 Italian earthquake survivors." *Psychiatry Research* 225(1-2): 64-69.

Considerable comorbidity rates between Post-traumatic Stress Disorder (PTSD) and eating disorders have been recently reported, as well as increased obesity and underweight conditions. The aim of the present study was to investigate the possible associations between DSM-5 PTSD, gender and impaired eating habits in a sample of 512 Italian earthquake survivors evaluated by the Trauma and Loss Spectrum-Self Report (TALS-SR) and the Mood Spectrum-Self Report (MOODS-SR). Alterations in eating behaviors were assessed by means of four MOODS-SR items: n=150 (...there was no food that appealed to you or tasted good to you?), n=151 (...you constantly craved sweets or carbohydrates?), n=152 (...your appetite or weight decreased?), n=153 (...your appetite or weight increased?). In a Decision Tree procedure subjects with PTSD with respect to those without and, in the No-PTSD subgroup, females with respect to males, had a significantly higher ratio of at least one MOODS-SR eating behavior item (MOODS-SR EB). In the No-PTSD subgroup only, subjects with at least one MOODS-SR EB presented a significantly higher mean TALS-SR symptomatological domains total score with respect to those without MOODS-SR EB. In conclusion, alterations in eating behaviors were associated with PTSD after the L'Aquila earthquake; among survivors without PTSD significant a correlation emerged between MOODS-SR EB and PTSD symptoms. [Author Abstract] KEY WORDS: obesity; eating behaviors; gender; trauma; PTSD

Dimitry, L. (2012). "A systematic review on the mental health of children armed conflict in the Middle East." *Child: Care, Health and Development* 38(2): 153-161.

For many decades, the Middle East has been troubled armed conflicts and wars. Children and adolescents its consequences. Exposure to traumatic events can and emotional problems in children and adolescents. paper that aims to systematically review the children and adolescents living in areas of armed specifically Israel, Palestine, Lebanon and Iraq. It mediate between exposure to armed conflict and problems and places them in a cultural context. were identified using specific inclusion criteria. were included. The main findings are that children these conflict zones are exposed to high levels of of conflict-related traumatic experiences correlates of mental, behavioural and emotional problems. stress disorder in children and adolescents is 23-70% in Palestine and 10-30% in Iraq (insufficient determining factors identified were level and type socio-economic adversity, social support and light the pressing need to provide children and areas with help. They are useful in designing new child and adolescent resilience in areas of conflict recommendations are included. [Author Abstract] KEY WORDS: adolescent psychiatry; child psychiatry; Middle East; PTSD; systematic review; war

Dursun, O. B., M. T. Sener, et al. (2014). "Does working with child abuse cases affect professionals' parenting and the psychological well-being of their children?" *Journal of Trauma and Dissociation* 15(5): 557-571.

Work in the field of sexual abuse is extremely stressful and may arouse negative personal reactions. Although these secondary trauma effects are well described on a personal level, there is not enough evidence to understand whether these professionals carry these effects to their homes, families, and offspring. This study aims to identify the effects of working with child abuse cases on the anxiety level and parenting styles of childhood trauma workers and on their children's well-being. A total of 43 health and legal system workers who worked with abused children in any step of their process and who had children constituted the study group, and 50 control cases, each working in the same institution and having the same occupation as 1 of the participants from the study group and having children but not working directly with children and child abuse cases, were included in the study. Participants were asked to fill out a sociodemographic form, the Parental Attitude Research Instrument, the trait portion of the State-Trait Anxiety Inventory, and an age-appropriate form of the Child Behavior Checklist for each child they had. Professionals in the study working with child abuse cases demonstrated significantly higher democratic parenting attitudes. Law enforcement workers working with child abuse cases demonstrated stricter and more authoritarian parenting strategies, as well as more democratic attitudes, than their colleagues. There was not a statistically significant relationship between child abuse workers' anxiety level and their children's well-being among control subjects. [Author Abstract] KEY WORDS: child abuse; vicarious trauma; parenting; offspring

Feinson, M. C. and A. Meir (2015). "Exploring mental health consequences of childhood abuse and the relevance of religiosity." *Journal of Interpersonal Violence* 30(3): 499-521.

Although childhood abuse is an established risk factor for mental health problems in adulthood, there is relatively little empirical evidence concerning intervening factors that may mitigate the risk. One potentially protective factor is religiosity. A unique opportunity to explore religiosity's relevance exists with a community-based sample of adult Jewish women that includes

sizable subsamples of both rigorously devout ultra-Orthodox (Haredi) and nonreligious Secular Jews. A global measure of any childhood abuse (ACA) includes sexual, physical, and/or emotional abuse. Mental health is assessed with the Brief Symptom Inventory (BSI distress) and a single item reflecting unresolved anger about the past. Predictors of distress severity are examined with separate hierarchical regressions for each religious observance (RO) group. Despite being located at opposite ends of the religiosity spectrum, several surprising similarities emerge including no significant RO group differences in distress among abuse survivors. Moreover, ACA emerges as the strongest predictor of BSI distress within both groups and regressions explain similar amounts of variance. In contrast, two important differences emerge regarding unresolved anger and any recent abuse (ARA). Anger makes a strong contribution to explaining Haredi distress severity, less so for Secular respondents (6.1% vs. 2.9% respectively) while ARA is significant only for Haredi respondents. These initial findings suggest that abusive traumas in childhood may seriously compromise religiosity's potentially protective role. Broadening the research agenda to focus on resilient survivors would expand our understanding of healing resources—both within and outside of a religious framework. Moreover, a better understanding of unresolved anger would likely enhance interventions with greater potential for mitigating the suffering of those abused in childhood. [Author Abstract] **KEY WORDS:** childhood abuse; psychological distress; anger; religiosity; community study; ultra-Orthodox and secular; adult Jewish women

Forbes, D., E. Lockwood, et al. (2015). "Latent structure of the proposed ICD-11 post-traumatic stress disorder symptoms: implications for the diagnostic algorithm." *British Journal of Psychiatry* 206(3): 245-251.

**BACKGROUND:** The latent structure of the proposed ICD-11 post-traumatic stress disorder (PTSD) symptoms has not been explored. **AIMS:** To investigate the latent structure of the proposed ICD-11 PTSD symptoms. **METHOD:** Confirmatory factor analyses using data from structured clinical interviews administered to injury patients (n = 613) 6 years post-trauma. Measures of disability and psychological quality of life (QoL) were also administered. **RESULTS:** Although the three-factor model implied by the ICD-11 diagnostic criteria fit the data well, a two-factor model provided equivalent, if not superior, fit. Whereas diagnostic criteria based on this two-factor model resulted in an increase in PTSD point prevalence (5.1% v. 3.4%;  $z = 2.32$ ,  $P < 0.05$ ), they identified individuals with similar levels of disability ( $P = 0.933$ ) and QoL ( $P = 0.591$ ) to those identified by the ICD-11 criteria. **CONCLUSIONS:** Consistent with theorised reciprocal relationships between re-experiencing and avoidance in PTSD, these findings support an alternative diagnostic algorithm requiring at least two of any of the four re-experiencing/avoidance symptoms and at least one of the two hyperarousal symptoms. [Author Abstract]

Fossion, P., C. Leys, et al. (2015). "Beware of multiple traumas in PTSD assessment: the role of reactivation mechanism in intrusive and hyper-arousal symptoms." *Aging and Mental Health* 19(3): 258-263.

**OBJECTIVES:** Post-traumatic stress disorder (PTSD) is a major public health problem defined by three symptom clusters: intrusion thoughts, avoidance mechanisms and hyper-arousal. Several

authors have emphasized, that some or all of these symptoms related to a past traumatic experience could be reactivated, even after long asymptomatic periods. This study investigates the role of an additional trauma in the reactivation of a childhood trauma among a group of former hidden children (n = 65), the Jewish youths who spent World War II in various hideaway shelters in Nazi-occupied Europe. They were compared with a control group. **METHOD:** The presence or absence of an additional trauma in adulthood was assessed and PTSD symptoms were measured by using the Impact of Event Scale-Revised. **RESULTS:** An additional trauma reactivates PTSD symptoms of intrusion thoughts and, marginally, symptoms of hyper-arousal. At the opposite, symptoms of avoidance were not reactivated. **CONCLUSION:** Our results confirm the role of an additional trauma in the reactivation of traumatic memories, related to an earlier trauma, in later life. Clinical and theoretical implications are discussed and perspectives are proposed. [Author Abstract] **KEY WORDS:** retraumatization; trauma reactivation; Impact of Event Scale-Revised

Friedman, M. J., T. M. Keane, et al. (2014). *Handbook of PTSD: science and practice* (2nd ed.), Guilford Press.

Gómez, J. M., L. A. Kaehler, et al. (2014). "Are hallucinations related to betrayal trauma exposure? A three-study exploration." *Psychological Trauma: Theory, Research, Practice, and Policy* 6(6): 675-682.

Betrayal trauma theory proposes that one response to betrayal may be to keep knowledge of the trauma out of conscious awareness. Although this betrayal blindness may be beneficial for survival while the abuse is ongoing because it helps maintain crucial relationships, this distortion of reality can lead to subsequent psychological and behavioral problems. The current article presents three exploratory studies that examine the associations among exposure to betrayal trauma, dissociation, and hallucinations. The first study (N = 397) examined the associations between exposure to medium and high betrayal trauma and dissociation. The second study (N = 199) examined the associations between exposure to low, medium, and high betrayal trauma and hallucinations. The third study (N = 566) examined the associations between medium and high betrayal child and adolescent/adult sexual abuse and hallucinations. Our results suggest that exposure to betrayal trauma increases the likelihood of both dissociation and hallucinations. These findings provide further evidence that the toxic nature of betrayal in traumas has lasting effects on both cognitive and perceptual processes—dissociation and hallucinations—having implications for therapeutic treatment for individuals who have experienced betrayal traumas and related outcomes. [Author Abstract] **KEY WORDS:** betrayal trauma; abuse; hallucinations; dissociation

Hammond, F. M., A. K. Bickett, et al. (2014). "Effectiveness of amantadine hydrochloride in the reduction of chronic traumatic brain injury irritability and aggression." *Journal of Head Trauma Rehabilitation* 29(5): 391-399.

**BACKGROUND:** Following traumatic brain injury (TBI), individuals may experience chronic problems with irritability or aggression, which may need treatment to minimize the negative impact on their relationships, home life, social interactions, community participation, and employment.

**OBJECTIVE:** To test the a priori hypothesis that amantadine reduces irritability (primary hypothesis) and aggression (secondary hypothesis) among individuals greater than 6 months post-TBI.

**METHODS:** A total of 76 individuals greater than 6 months post-TBI referred for irritability management were enrolled in a parallel-group, randomized, double-blind, placebo-controlled trial of amantadine (n = 38) versus placebo (n = 38). Study participants were randomly assigned to receive amantadine hydrochloride 100 mg twice daily versus equivalent placebo for 28 days. Symptoms of irritability and aggression were measured before and after treatment using the Neuropsychiatric Inventory Irritability (NPI-I) and Aggression (NPI-A) domains, as well as the NPI-Distress for these domains.

**RESULTS:** In the amantadine group, 80.56% improved at least 3 points on the NPI-I, compared with 44.44% in the group that received placebo (P = .0016). Mean change in NPI-I was -4.3 in the amantadine group and -2.6 in the placebo group (P = .0085). When excluding individuals with minimal to no baseline aggression, mean change in NPI-A was -4.56 in the amantadine group and -2.46 in the placebo group (P = .046). Mean changes in NPI-I and NPI-A Distress were not statistically significant between the amantadine and placebo groups. Adverse event occurrence did not differ between the 2 groups.

**CONCLUSIONS:** Amantadine 100 mg every morning and at noon appears an effective and safe means of reducing frequency and severity of irritability and aggression among individuals with TBI and sufficient creatinine clearance. [Author Abstract]

**KEY WORDS:** aggression; agitation; amantadine; brain injuries; dopamine; irritability

Harner, H. M., M. Budescu, et al. (2015). "Posttraumatic stress disorder in incarcerated women: a call for evidence-based treatment." *Psychological Trauma: Theory, Research, Practice, and Policy* 7(1): 58-66.

The majority of women who enter the criminal justice system, most of whom are poor and women of color, have suffered from significant lifetime trauma exposure that can lead to posttraumatic stress disorder (PTSD). It is essential to identify the prevalence of PTSD among this population in order to identify treatment needs. Most studies on PTSD among incarcerated women have focused on PTSD in jailed populations, including women awaiting trial. Using a cross-sectional study design, we estimated the prevalence of PTSD and comorbid physical and mental health conditions in 387 incarcerated women sentenced to a maximum-security prison in the United States. Almost half (44%) of our sample met the diagnostic criteria for PTSD. Women with moderate to severe PTSD symptoms were more likely to report several comorbid physical and mental health conditions than were women without PTSD. Women with the most severe symptoms were most likely to report receiving mental health treatment in prison; women with moderate to severe symptoms were less likely to report receiving similar mental health care. Our findings add support to the link between PTSD and comorbid physical and mental health conditions and suggest that many women with PTSD are not receiving mental health treatment that is likely to benefit them. Because prison has become the mental health safety net for some of the nation's most vulnerable women, it is imperative that prisons provide evidence-based PTSD treatment during incarceration. [Author Abstract]

**KEY WORDS:** PTSD; trauma; prisons; women's health

Hedges, D. W. and F. L. Woon (2011). "Early-life stress and cognitive outcome." *Psychopharmacology* 214(1): 121-130.

**RATIONALE:** Early-life stress is associated with later neuropsychiatric illness. While the association between early-life stress and brain development is well recognized, relatively few studies have examined the association between exposure to early-life stress and cognitive outcome.

**OBJECTIVES:** The objective of this paper is to examine the association between early-life stress and cognitive outcome in animal models and humans. **METHODS:** In this article, we review alterations in cognitive function associated with early-life stress in animals and then discuss the association of early-life stress and cognitive function in humans. **RESULTS:** Findings suggest that early-life stress is associated with abnormal cognitive function in animals and humans. Furthermore, cognitive deficits associated with exposure to early-life stress in humans may persist into at least early adulthood, although animal models of enriched environments and studies of children adopted from institutionalized care into foster families suggest that certain social factors may at least partially reverse cognitive deficits following exposure to early-life stress. **CONCLUSIONS:** Exposure to stress in early life may be associated with later deficits in cognitive function. [Author Abstract] **KEY WORDS:** early-life stress; cognition; cognitive function; memory; childhood abuse; neglect; PTSD; hippocampus; neuropsychology

Hirshfeld-Becker, D. R., J. A. Micco, et al. (2011). "Applying cognitive-behavioral therapy for anxiety to the younger child." *Child and Adolescent Psychiatric Clinics of North America* 20(2): 349-368.

In the past 5 years, a burgeoning number of researchers have begun testing CBT programs for younger children with anxiety. In the sections that follow, the authors discuss the developmental modifications for conducting CBT with younger children and review the studies conducted to date. The article concludes with a discussion of future directions needed in this area of research. [Adapted from Text] **KEY WORDS:** cognitive-behavioral therapy; anxiety; preschool-age; young children

Howe, M. L., S. L. Toth, et al. (2011). "Can maltreated children inhibit true and false memories for emotional information?" *Child Development* 82(3): 967-981.

The authors examined 284 maltreated and nonmaltreated children's (6- to 12-year-olds) ability to inhibit true and false memories for neutral and emotional information using the Deese/Roediger-McDermott (DRM) paradigm. Children studied either emotional or neutral DRM lists in a control condition or were given directed-remembering or directed-forgetting instructions. The findings indicated that children, regardless of age and maltreatment status, could inhibit the output of true and false emotional information, although they did so less effectively than when they were inhibiting the output of neutral material. Verbal IQ was related to memory, but dissociative symptoms were not related to children's recollective ability. These findings add to the growing literature that shows more similarities among, than differences between, maltreated and nonmaltreated children's basic memory processes. [Author Abstract]

Insetta, E. R., A. Y. Akers, et al. (2015). "Intimate partner violence victims as mothers: their messages and strategies for communicating with children to break the cycle of violence." *Journal of Interpersonal Violence* 30(4): 703-724.

Children whose mothers are victims of intimate partner violence (IPV) are at increased risk of adverse health and psychosocial consequences, including becoming victims or perpetrators of violence in their own relationships. This study aimed to understand the role mothers may play in preventing the perpetuation of violence in their children's lives. We performed semistructured interviews with 18 IPV victims who are mothers and were living at the Women's Center & Shelter of Greater Pittsburgh from July through November 2011. We sought to understand how they communicate with their children about IPV and relationships. These mothers described a desire to explain their IPV experience and offer advice about avoiding violence in relationships. As foundations for these discussions, they emphasized the importance of close relationships and open communication with their children. Although mothers are interested in talking about IPV and relationships and identify communication strategies for doing so, many have never discussed these topics with their children. These mothers need and want an intervention to help them learn how to communicate with their children to promote healthy relationships. Development of a program to facilitate communication between IPV victims and their children could create an important tool to empower mothers to break the cross-generational cycle of domestic violence. [Author Abstract] KEY WORDS: intimate partner violence; domestic violence; teen dating violence; parent-child communication

Ivany, C. G., C. W. Hoge, et al. (2015). "Adverse childhood experiences and military service [letter]." *JAMA Psychiatry* 72(3): 296-297.

Ivany and Hoge do not agree that individuals who serve in the U.S. military are more likely to come from disadvantaged backgrounds. Blossnich defends the original study and state that enlistment in the U.S. military is a potential form of escape from previous childhood adversities. [MML]

Jepsen, E. K. K., W. Langeland, et al. (2014). "Early traumatized inpatients high in psychoform and somatoform dissociation: characteristics and treatment response." *Journal of Trauma and Dissociation* 15(5): 572-587.

This study examined the clinical relevance of differences in psychoform and somatoform dissociative symptoms in 55 early traumatized inpatients. The high psychoform and somatoform dissociative group (n = 18), somatoform dissociative group (n = 22), and nondissociative group (n = 15) did not differ on abuse severity, depressive symptoms, interpersonal problems, Axis I or II comorbidity, or deterioration rates. Compared to the other 2 groups, the highly dissociative group was characterized by younger age, living alone, higher levels of posttraumatic and general distress, more frequent reports of suicidality, self-mutilation, eating problems, and less favorable treatment response. The results highlight the clinical relevance of using dissociation measures for identifying subgroups of patients with severe psychopathology who may be more treatment resistant. [Author

Abstract] KEY WORDS: early trauma; dissociation; comorbidity; personality disorders; treatment response

King, A. (2014). "Violent Experiences Questionnaire predictors of low base-rate aggressive acts." *Journal of Aggression, Maltreatment and Trauma* 23(8): 804-822.

This study found elevations in low base-rate aggressive acts among college students (n = 171) who reported (via the Violent Experiences Questionnaire-Revised) exposure to extreme forms of maltreatment (i.e., parental physical abuse, domestic violence, sibling abuse, peer bullying, relational aggression) or corporal punishment during their upbringing. Low base-rate aggressive acts were identified through a separate customized questionnaire. Parental physical abuse was associated with an increased risk (three- to nine-fold) of past physical fighting, violence-related trouble, inflicting violent injury, and making a threat to kill someone. Corporal punishment was associated with elevated risk (two- to four-fold) of physical fighting or inflicting violent injury to another. Past threat(s) to kill were linked to histories of corporal punishment, sibling abuse, or domestic violence. These results illustrate that the adverse effects of childhood maltreatment extend broadly to both clinical and nonclinical samples. [Author Abstract] KEY WORDS: aggression; domestic violence; emotional abuse; exposure to domestic violence; maltreatment; physical abuse; school violence; trauma; victim

Kisiel, C. L., T. Fehrenbach, et al. (2014). "Constellations of interpersonal trauma and symptoms in child welfare: implications for a developmental trauma framework." *Journal of Family Violence* 29(1): 1-14.

Patterns of trauma exposure and symptoms were examined in a sample of 16,212 children in Illinois child welfare. Data were collected on trauma histories, child and caregiver needs and strengths, and analyzed in light of the proposed Developmental Trauma Disorder diagnostic criteria. Youth exposed to both interpersonal violence and attachment-based ("non-violent") traumas within the caregiving system had significantly higher levels of affective/physiological, attentional/behavioral, and self/relational dysregulation in addition to posttraumatic stress symptoms compared to youth with either type of trauma alone or in relation to other trauma experiences. These complexly traumatized children exhibited higher levels of functional impairment and were more likely to have placement disruptions and psychiatric hospitalizations. Findings suggest a developmental trauma framework can more adequately capture the spectrum of needs of these multiply traumatized youth than existing diagnostic formulations. Utilizing this framework for assessment, treatment planning, and intervention can lead to more targeted and effective services for these children. [Author Abstract] KEY WORDS: complex trauma; developmental trauma disorder; posttraumatic stress; child; youth; caregiver

Kisiel, C. L., T. Fehrenbach, et al. (2014). "Erratum to: Constellations of interpersonal trauma and symptoms in child welfare: implications for a developmental trauma framework." *Journal of Family Violence* 29(5): 579.

Lange, A. and J. Ruwaard (2010). "Ethical dilemmas in online research and treatment of sexually abused adolescents." *Journal of Medical Internet Research* 12(5).

**BACKGROUND:** In a recent uncontrolled trial of a new therapist-assisted Web-based treatment of adolescent victims of sexual abuse, the treatment effects were found to be promising. However, the study suffered a large pretreatment withdrawal rate that appeared to emanate from reluctance among the participants to disclose their identity and obtain their parents' consent.

**OBJECTIVE:** Our objectives were to confirm the effects of the online treatment in a controlled trial and to evaluate measures to reduce pretreatment withdrawal in vulnerable populations including young victims of sexual abuse.

**METHODS:** The study was designed as a within-subject baseline-controlled trial. Effects of an 8-week attention-placebo intervention were contrasted with the effects of an 8-week treatment episode. Several measures were taken to reduce pretreatment dropout.

**RESULTS:** Pretreatment withdrawal was reduced but remained high (82/106, 77%). On the other hand, treatment dropout was low (4 out of 24 participants), and improvement during treatment showed significantly higher effects than during the attention placebo control period (net effect sizes between 0.5 and 1.6). **CONCLUSIONS:** In treatment of vulnerable young populations, caregivers and researchers will have to come to terms with high pretreatment withdrawal rates. Possible measures may reduce pretreatment withdrawal to some degree. Providing full anonymity is not a viable option since it is incompatible with the professional responsibility of the caregiver and restricts research possibilities. [Author Abstract] **KEY WORDS:** childhood abuse; adolescence; sexual abuse; codes of ethics; consent; anonymity; PTSD; cognitive behavior therapy; cognitive behavior therapy methods; internet; exposure; social sharing

Lejonclou, A., D. K. Nilsson, et al. (2014). "Variants of potentially traumatizing life events in eating disorder patients." *Psychological Trauma: Theory, Research, Practice, and Policy* 6(6): 661-667.

Although many studies have found associations between trauma and eating disorders, it is important to study associations between the whole spectrum of potentially traumatic experiences and eating disorders. This study examined to what extent noninterpersonal traumas, interpersonal traumas, and adverse childhood circumstances were reported in a sample of patients with eating disorders, comparing this with ratings in a nonclinical group. Differences in trauma experiences between the different eating disorder diagnosis groups were assessed, and associations between trauma experiences and the reported severity of eating disturbance were analyzed. Fifty patients with eating disorders and a group of adolescent girls and young women (N = 245) without known psychological problems completed a self-report trauma-history questionnaire: the Linköping Youth Life Experience Scale. The eating disorder group also answered the Eating Disorder Examination Questionnaire. For several specific traumas, the eating disorder group had experienced a significantly larger number of potentially traumatizing events. With regard to the number of different traumas, the results were more equivocal; more experiences of adverse childhood circumstances and repeated traumas were reported in the eating disorder group, but more noninterpersonal traumas were reported in the nonclinical group. The number of adverse childhood experiences and repeated traumas was associated with the presence of eating disorders in outpatient adolescents and young women. The frequency and type of potentially traumatizing events need to be clearly

assessed for these patients, placing particular focus on repeated traumas. Treatment may be improved through a focus on traumatic experiences in order to resolve the eating problems. [Author Abstract] KEY WORDS: potentially traumatizing life events; eating disorders; noninterpersonal trauma; interpersonal trauma; adverse childhood circumstances

Lilly, M. M., M. J. London, et al. (2014). "Using SEM to examine emotion regulation and revictimization in predicting PTSD symptoms among childhood abuse survivors." *Psychological Trauma: Theory, Research, Practice, and Policy* 6(6): 644-651.

Exposure to abuse in childhood has been associated with elevated posttraumatic stress symptoms (PTSS), as well as intimate partner (re)victimization in adulthood. Although research has examined these relationships separately, less is known about the underlying mechanisms, such as disruptions to emotion regulatory processes, which may link childhood maltreatment with adult victimization and PTSS. Using an ethnically diverse, high-risk community sample of 99 female survivors of childhood abuse and adulthood intimate partner violence (IPV), the current study used structural equation modeling to examine the direct effects of childhood maltreatment, adult IPV victimization, and emotion regulation difficulties on PTSS. The indirect effect of childhood maltreatment on PTSS symptoms through adult victimization and emotion regulation difficulties was also considered. Results supported the anticipated direct effects of childhood abuse on adult IPV victimization and emotion regulation difficulties. A significant direct effect of emotion regulation difficulties on PTSS was also observed. Whereas significant direct effects of childhood abuse on PTSS in adulthood were not observed, childhood maltreatment indirectly affected PTSS in adulthood through emotion regulation difficulties, as well as through IPV victimization in adulthood. These findings suggest dual pathways through which childhood maltreatment may contribute to PTSS in adulthood. Implications for future research and clinical practice are discussed. [Author Abstract] KEY WORDS: emotion regulation; PTSD; abuse; IPV; childhood maltreatment

Lysaker, P. H., S. D. Outcalt, et al. (2010). "Clinical and psychosocial significance of trauma history in schizophrenia spectrum disorders." *Expert Review of Neurotherapeutics* 10(7): 1143-1151.

Interest has arisen in the role stressors play in the development and outcome of schizophrenia. This article examines one such stressor - trauma experienced prior to the onset of illness. We discuss research on the incidence, types and correlates of trauma in schizophrenia, and review work suggesting trauma may increase risk for schizophrenia. Studies are further detailed that have examined links between trauma and heightened levels of positive symptoms and anxiety, and poorer social, vocational and treatment outcomes. Here, literature on approaches to addressing trauma among persons with schizophrenia is presented, along with a commentary that points to the need for research on how trauma might increase the risk for the development of schizophrenia and worsen the symptoms and treatment outcome of individuals in recovery from this illness. [Author Abstract] KEY WORDS: anxiety; positive symptoms; psychosocial function; psychotherapy; recovery; schizophrenia; trauma

MacDonald, K., M. L. Thomas, et al. (2015). "A perfect childhood? Clinical correlates of minimization and denial on the Childhood Trauma Questionnaire." *Journal of Interpersonal Violence* 30(6): 988-1009.

Childhood trauma has pervasive and enduring effects on myriad health outcomes, and the Childhood Trauma Questionnaire (CTQ) is a widely used screening tool. To assess recall and reporting biases, the CTQ includes a Minimization/Denial (MD) Scale, although this scale is typically omitted or not reported on. As this practice is not supported by empirical data, we sought to examine the clinical correlates of the CTQ MD Scale, as well as its function as a response bias index (i.e., its moderation effects). We examined correlations between the MD Scale and attachment style, temperament, personality, depression, and clinical diagnoses in a group of 200 adult psychiatric outpatients. Regression analyses were performed to assess the impact of MD on the relationships between the CTQ and clinical variables. Twenty percent of our sample met MD criteria. When patients were grouped as MD-positive versus MD-negative, significant between-group differences were found on several clinical measures. MD status, however, did not significantly moderate the relationships between the CTQ and clinical variables. This is one of the first clinically focused examinations of the CTQ's MD Scale. Although the MD Scale was associated with several clinical variables, it did not significantly moderate the relationship between the CTQ and clinical variables. These findings, therefore, call into question the value of the MD Scale as a response bias index, although they should be replicated in larger studies before the currently ubiquitous practice of ignoring it can be considered evidence-based. [Author Abstract] KEY WORDS: Childhood Trauma Questionnaire; CTQ; minimization; denial; repression; temperament; attachment style; personality disorders

Miller, L. (2014). "Juvenile crime and juvenile justice: patterns, models, and implications for clinical and legal practice." *Aggression and Violent Behavior* 19(2): 122-137.

While rates of juvenile crime have declined over the past decade, public preoccupation with youth violence remains high, periodically fueling judicial and legislative "get-tough" policies and social movements. For most young people, criminal activity, if any, is mild, infrequent, peer-driven, and peaks in late adolescence and early adulthood, declining steadily thereafter. A small subset of persistently antisocial youths begin their criminal careers earlier, commit more frequent and more serious offenses, continue their offending throughout the life-course, and are characterized by a number of neurocognitive, personality, and diagnostic features. Individual, familial, and social forces all combine to influence juvenile criminal behavior, but another small subset of youths, with a characteristic cognitive and temperamental profile, appear to be staunchly resilient to the criminogenic influences around them. The success of intervention and treatment modalities for childhood antisocial behavior depends both on the type of subjects to which they are applied and the consistency and comprehensiveness with which they are implemented and carried out. [Author Abstract] KEY WORDS: child crime; conduct disorder; delinquency; developmental criminology; juvenile justice

Minschew, R. and W. D'Andrea (2015). "Implicit and explicit memory in survivors of chronic interpersonal violence." *Psychological Trauma: Theory, Research, Practice, and Policy* 7(1): 67-75.

We investigated the relationship of implicit and explicit memory to a range of symptoms in a sample of 27 women with exposure to chronic interpersonal violence (IPV). Participants viewed the first 3 letters ("stems") of trauma-related, general threat, and neutral words; valenced words were matched with neutral words with the same stem. Free recall and a word-stem completion task were used to test explicit and implicit memory, respectively. Participants exhibited increased implicit memory for trauma-related words as compared with both general threat words and neutral "match" words. They also showed increased explicit memory for both general threat and trauma-related words. Finally, although neither implicit nor explicit memory was correlated with PTSD symptoms, implicit memory for trauma-related words was significantly correlated with symptoms associated with ongoing IPV. Interpersonal sensitivity, hostility, and alexithymia were significantly correlated with implicit, but not explicit, memory for trauma words. Somatization, dissociation, and alexithymia were negatively correlated with explicit, but not implicit, memory for general-threat words. These findings suggest that memory processes in survivors of IPV are closely related to the symptom profile associated with complex trauma. Exploring memory processes in survivors of IPV may lend unique insight into the development and maintenance of the symptom profile associated with IPV. [Author Abstract] KEY WORDS: complex trauma; implicit memory; interpersonal violence

Miron, L. R., H. K. Orcutt, et al. (2014). "Differential predictors of transient stress versus posttraumatic stress disorder: evaluating risk following targeted mass violence." *Behavior Therapy* 45(6): 791-805.

Schools have become a common incident site for targeted mass violence, including mass shootings. Although exposure to mass violence can result in significant distress, most individuals are able to fully recover over time, while a minority develop more pervasive pathology, such as PTSD. The present study investigated how several pre- and posttrauma factors predict posttraumatic stress symptoms (PTSS) in both the acute and distal aftermath of a campus mass shooting using a sample with known levels of pretrauma functioning (N=573). Although the largest proportion of participants evidenced resilience following exposure to the event (46.1%), many reported high rates of PTSS shortly after the shooting (42.1%) and a smaller proportion (11.9%) met criteria for probable PTSD both in the acute and more distal aftermath of the event. While several preshooting factors predicted heightened PTSS after the shooting, prior trauma exposure was the only preshooting variable shown to significantly differentiate between those who experienced transient versus prolonged distress. Among postshooting predictors, individuals reporting greater emotion dysregulation and peritraumatic dissociative experiences were over four times more likely to have elevated PTSS 8 months postshooting compared with those reporting less dysregulation and dissociative experiences. Individuals with less exposure to the shooting, fewer prior traumatic experiences, and greater satisfaction with social support were more likely to recover from acute distress. Overall, results suggest that, while pretrauma factors may differentiate between those who are resilient in the aftermath of a mass shooting and those who experience heightened distress, several event-level and posttrauma coping factors help distinguish between those who eventually recover and those

whose PTSD symptoms persist over time. [Author Abstract] KEY WORDS: school violence; posttraumatic stress; acute stress; trauma; logistic regression

Murray, J. S. (2010). "Responding to the psychosocial needs of children and families in disasters." *Critical Care Nursing Clinics of North America* 22(4): 481-491.

Disasters underscore the continued need for comprehensive resources addressing the psychosocial needs of children and families. Recent literature suggests that most health care professionals feel ill prepared to address the mental health concerns of children during disaster and to recognize the importance of bringing into focus the distinct needs of children during disaster response. [Adapted from Preface] KEY WORDS: children; disasters; psychosocial needs; nursing

Myhra, L. L. and E. Wieling (2014). "Psychological trauma among American Indian families: a two-generation study." *Journal of Loss and Trauma* 19(4): 289-313.

The findings presented in this article come from a two-generation study exploring the psychological impact of trauma among American Indian/Alaskan Native (AI/AN) families and its perceived relationship to substance abuse across generations. Psychological traumas and stressors found to be pervasive across generations included physical and sexual abuse as well as persistent discrimination and racism, such as fear of having children removed from the home. A noteworthy finding was a decrease in reports of childhood traumas across the two generations within this sample. Implications and recommendations for clinicians and researchers working with AI populations are discussed in light of the findings. [Author Abstract] KEY WORDS: American Indian; family; intergenerational transmission; psychological trauma; substance abuse

Pairojkul, S., P. Siripul, et al. (2010). "Psychosocial first aid: support for the child survivors of the Asian Tsunami." *Journal of Developmental and Behavioral Pediatrics* 31(9): 723-727.

Describes the implementation of a psychosocial first-aid program for tsunami-affected children in Southern Thailand. The objectives of the program were to (1) help the children cope with trauma; (2) foster resilience; and (3) identify children at greatest risk for serious long-term sequelae. [Adapted from Text] KEY WORDS: tsunami; child survivors; Thailand

Paivio, S. C., J. L. Jarry, et al. (2010). "Efficacy of two versions of emotion-focused therapy for resolving child abuse trauma." *Psychotherapy Research* 20(3): 353-366.

This study evaluated and compared emotion-focused therapy for trauma (EFTT) with imaginal confrontation (IC) of perpetrators (n=20) and EFTT with empathic exploration (EE) of trauma material (n=25). Clients were women and men with histories of different types of childhood maltreatment (emotional, physical, and sexual abuse; emotional neglect). Clients were randomly assigned to treatment condition. Outcome measures assessed symptom distress, self and interpersonal problems, and abuse resolution. Results indicated statistically and clinically significant improvements on eight measures at posttest, maintenance of gains at follow-up, and no statistically significant differences between conditions. There were higher rates of clinically significant change in IC and a lower attrition rate for EE (7% vs. 20%). More severe personality pathology negatively

influenced some dimensions of outcome, particularly in EE. [Author Abstract] KEY WORDS: complex PTSD; childhood maltreatment; emotion-focused therapy; reexperiencing procedures

Perepletchikova, F. and J. Kaufman (2010). "Emotional and behavioral sequelae of childhood maltreatment." *Current Opinion in Pediatrics* 22(5): 610-615.

**PURPOSE OF REVIEW:** To summarize research on the emotional and behavioral consequences of childhood maltreatment published between January 2009 and April 2010. **RECENT FINDINGS:** Many studies published during this time frame replicated prior research studies that have shown that childhood maltreatment is a nonspecific risk factor for a range of different emotional and behavioral problems. Two research groups highlighted the high revictimization rate among abused girls, with more than one in five abused girls found to have subsequent experiences of rape by young adulthood. The association between physical and sexual abuse and subsequent perpetration of violence toward self and other was also demonstrated, with one study noting the particular vulnerability of sexually abused boys to these negative outcomes. In this study, sexually abused boys had a 15-fold increased risk of making a suicide attempt, and a 45-fold increased risk of perpetrating domestic violence. A three-generation longitudinal study of the intergenerational transmission of abuse is also highlighted in the review, together with emerging findings on genetic and environmental risk and protective factors associated with variability in child outcomes. **SUMMARY:** Maltreated children are at-risk for a host of negative outcomes. Although marked gains have been made in treating trauma-related psychopathology, these recent studies highlight the need to examine long-term outcomes of youths who have received state-of-the-art evidence-based interventions, and determine if there is a need for more comprehensive and sustained intervention approaches. [Author Abstract] KEY WORDS: child abuse; childhood maltreatment; emotional and behavioral problems; sequelae

Pragst, F., M. Hastedt, et al. (2014). "Haaranalyse zur Klärung von Drogen- und Alkoholmissbrauch in Haushalten mit minderjährigen Kindern (Teil 2) = Use of hair analysis for clarification of drug and alcohol abuse in families with underage children (Part 2)." *Trauma: Zeitschrift für Psychotraumatologie und ihre Anwendungen* 12(4): 76-87.

Analysis of hair samples from children and their caregivers proved to be an appropriate way of testing substance abuse in families with engendered child's welfare or with suspected inability of one or both parents to educate because of drug addiction. It is shown in an example that it can be used as the main diagnostic means in a comprehensive social supporting system for families with parents on opiate maintenance treatment or addicted to drugs. However, it must be cautioned against the uncritical and schematic interpretation of hair results. Decisions in favor of the child must always be based on an individual and comprehensive evaluation of the whole case. [Author Abstract] KEY WORDS: alcohol markers in hair; parents addicted to drugs; drugs in childrens' hair; hair analysis; substance abuse in pregnancy

Pulverman, C. S., T. A. Lorenz, et al. (2015). "Linguistic changes in expressive writing predict psychological outcomes in women with history of childhood sexual abuse and adult sexual dysfunction." *Psychological Trauma: Theory, Research, Practice, and Policy* 7(1): 50-57.

An expressive writing treatment was recently reported to reduce depressive symptoms and improve sexual function and satisfaction in a sample of female survivors of childhood sexual abuse (Meston, Lorenz, & Stephenson, 2013). We conducted a linguistic analysis of this data to determine whether pre- to posttreatment changes in participants' language use were associated with the improvements in sexuality and depression. Linguistic Inquiry and Word Count (LIWC), a program that counts the use of word categories within a text, was used to evaluate the impact of several word categories, previously associated with changes in mental health (Frattaroli, 2006), and shown to differ between childhood sexual abuse survivors and nonabused women (Lorenz & Meston, 2012), on treatment outcomes. A reduction in the use of the word "I" and an increase in positive emotion words were associated with decreased depression symptoms. A reduction in the use of "I" and negative emotion words were associated with improvement in sexual function and sexual satisfaction. The findings suggest that, because language may serve as an implicit measure of depression and sexual health, monitoring language changes during treatment may provide a reliable indicator of treatment response free of the biases of traditional self-report assessments. [Author Abstract] KEY WORDS: childhood sexual abuse; expressive writing; sexual function

Rubens, S. L., E. D. Felix, et al. (2014). "The role of peers in the relation between hurricane exposure and ataques de nervios among Puerto Rican adolescents." *Psychological Trauma: Theory, Research, Practice, and Policy* 6(6): 716-723.

Although a relation between disaster exposure and ataques de nervios, or "attack of the nerves" (hereafter referred to as ataques), has been established in adult samples, little is known about this among youth, including factors that may moderate this relation. This study examined the role of the peer context in the relation between exposure to Hurricane Georges and experiencing a past-year and lifetime ataques among a representative community sample of 905 youth (N = 476 boys, 429 girls; ages 11 to 18 years) residing in Puerto Rico. Data were gathered from 1999 to 2000 in Puerto Rico, 12 to 27 months following Hurricane Georges. Logistic regression analyses found that peer violence significantly predicted experiencing an ataque in the past year. Hurricane exposure and peer violence were both significant predictors of a lifetime experience of an ataque. An interaction was found between hurricane exposure and peer violence, indicating that hurricane exposure was significantly related to a lifetime experience of an ataque among adolescents who do not report associating with violent peers. For participants reporting high levels of peer violence, hurricane exposure did not add additional risk for a lifetime experience of an ataque. Understanding the influence of peers in the relation between hurricane exposure and experiencing an ataque may assist in planning developmentally and culturally sensitive response plans. [Author Abstract] KEY WORDS: hurrican exposure; ataques de nervios; peer deviance; social support

Saigh, P. A., A. E. Yasik, et al. (2015). "The parent ratings of traumatized children with or without PTSD." *Psychological Trauma: Theory, Research, Practice, and Policy* 7(1): 85-91.

Two clinical and 2 structured clinical interviews were used to identify children with posttraumatic stress disorder (PTSD), traumatized children without PTSD, and nontraumatized controls. Parents evaluated child conduct by marking the Conners' Parent Rating Scale-48 (CPRS-48; Conners, 1989). Data analysis indicated that the CPRS-48 Total scores and the Anxiety and Psychosomatic subscales scores of the PTSD group significantly exceeded the scores of the comparison groups. Children with PTSD and traumatized children without PTSD did not significantly differ on the Hyperactivity Index. The Hyperactivity Index scores of traumatized children without PTSD and nontraumatized controls were not significantly different. Nonsignificant differences were observed between groups on the CPRS-48 Impulsivity-Hyperactivity, Conduct Problems, and Learning subscales. Overall, PTSD was marked by higher internalizing scores and trauma exposure without PTSD was not associated with increased psychological morbidity. [Author Abstract] KEY WORDS: assessment; Conners' CPRS-48; parents; trauma

Turcotte-Benedict, F. (2015). "Mental health and bullying in the United States among children aged 6 to 17 years." *Journal of Interpersonal Violence* 30(5): 782-795.

This article examines the association between mental health disorders and being identified as a bully among children between the ages of 6 and 17 years. Data from the 2007 National Survey of Children's Health were examined. A total of 63,997 children had data for both parental reported mental health and bullying status. Bivariate analysis and logistic regression was performed to assess the association between mental health status and being identified as a bully with an age-stratified analysis and sub-analysis by type of mental health disorder. In 2007, 15.2% of U.S. children ages 6 to 17 years were identified as bullies by their parent or guardian. Children with a diagnosis of depression, anxiety, or depression had a threefold increased odds of being a bully. The diagnosis of depression is associated with a 3.31 increased odds (95% CI = [2.7, 4.07]) of being identified as a bully. Children with anxiety and attention deficit and hyperactivity disorder (ADHD) had similar odds. The diagnosis of a mental health disorder is strongly associated with being identified as a bully. In particular, depression, anxiety, and ADHD are strongly associated with being identified as a bully. These findings emphasize the importance of providing psychological support to not only victims of bullying but bullies as well. Understanding the risk profile of childhood bullies is essential in gaining a better grasp of this public health problem and in creating useful and appropriate resources and interventions to decrease bullying. [Author Abstract] KEY WORDS: bullying; mental health and violence; youth violence

Unterhitzberger, J. and R. Rosner (2014). "Lessons from writing sessions: a school-based randomized trial with adolescent orphans in Rwanda." *European Journal of Psychotraumatology* 5.

BACKGROUND: Treatments for adolescents affected by long-term loss in low- and middle-income countries are lacking. As school-based interventions are cost-efficient and easy to disseminate, an evaluation of this treatment setting for adolescents is worthwhile. OBJECTIVE: Examining the effect of a school-based unstructured emotional writing intervention (sensu Pennebaker, group 1) about the loss of a parent to reduce adaptation problems to loss, compared to writing about a hobby (group 2), and non-writing (group 3). METHOD: We randomly assigned 14–18-

year-old Rwandan orphans to one of the three conditions (n=23 per condition). Before and after the intervention, subjects completed the Prolonged Grief Questionnaire for Adolescents and the Mini International Neuropsychiatric Interview for Children and Adolescents, Part A, on depression as self-report measures of long-term effects of early parental loss. **RESULTS:** Repeated measures analyses of variance showed no differential effect for any of the three conditions but revealed a significant effect of time at posttest regarding grief severity. Reduction of grief symptoms was significantly higher in subjects with elevated grief. Depressive symptoms showed no significant change from pre- to posttest in the emotional writing condition, whereas they significantly decreased in the control condition. **CONCLUSIONS:** Results imply that unstructured, brief emotional writing might not be indicated in adolescents affected by early parental loss who show severe and long-term distress; a more structured approach seems recommendable. [Author Abstract] **KEY WORDS:** bereavement; prolonged grief; adolescents; orphans; school-based; disclosure; writing

Vervliet, M., J. Lammertyn, et al. (2014). "Longitudinal follow-up of the mental health of unaccompanied refugee minors." *European Child and Adolescent Psychiatry* 23(5): 337-346.

Despite growing numbers of unaccompanied refugee minors (UMs) in Europe, and evidence that this group is at risk of developing mental health problems, there still remain important knowledge gaps regarding the development of UMs' mental health during their trajectories in the host country and, in particular, the possible influencing role of traumatic experiences and daily stressors therein. This study therefore followed 103 UMs from the moment they arrived in Belgium until 18 months later. Traumatic experiences (SLE), mental health symptoms (HSCL-37A, RATS) and daily stressors (DSSYR) were measured at arrival in Belgium, after 6 and 18 months. UMs reported generally high scores on anxiety, depression and post-traumatic stress disorder (PTSD). Linear mixed model analysis showed no significant differences in mental health scores over time, pointing towards the possible long-term persistence of mental health problems in this population. The number of traumatic experiences and the number of daily stressors led to a significant higher symptom level of depression (daily stressors), anxiety and PTSD (traumatic experiences and daily stressors). European migration policies need to reduce the impact of daily stressors on UMs' mental health by ameliorating the reception and care facilities for this group. Moreover, regular mental health screenings are needed, in combination with, if needed, adapted psychosocial and therapeutic care. [Author Abstract] **KEY WORDS:** unaccompanied refugee minors; mental health; daily stressors; traumatic experiences; longitudinal study