

August 2015 PILOTS Topic Alert

Bailey, B. and Z. C. Eisikovits (2015). "Violently reactive women and their relationship with an abusive mother." *Journal of Interpersonal Violence* 30(11): 1905-1928.

This article sheds light on the abuse of mothers toward their daughters and its potential influence on the violent behavior of the latter as adults. It contributes to the scarce knowledge on the effects of abuse of each parent on their children by gender. The article is part of a larger study describing the experience of 30 women in Israel who were abusive or violent toward their male partners. It presents the stories of 14 women from the sample who, when sharing their memories of childhood and family-of-origin, spoke of an abusive relationship with their mothers. The various types of these relationships are presented along a continuum based on the severity of violence and emotional detachment of the mothers toward the interviewees, ranging from physical and emotional distancing, through chronic expressions of bitterness and criticism, and ending with severe physical violence. The findings are analyzed through the prism of social construction, relating to the interviewees' use of the psychodynamic discourse when accounting for their past and present abusive relationships. Some limitations and clinical implementations of the study, and needs for further research, are addressed. [Author Abstract] **KEY WORDS:** women offenders; domestic violence; child abuse; intergenerational transmission of trauma; children exposed to domestic violence; domestic violence

Bicanic, I. A. E., L. M. Hehenkamp, et al. (2015). "Predictors of delayed disclosure of rape in female adolescents and young adults." *European Journal of Psychotraumatology* 6.

BACKGROUND: Delayed disclosure of rape has been associated with impaired mental health; it is, therefore, important to understand which factors are associated with disclosure latency. The purpose of this study was to compare various demographics, post-rape characteristics, and psychological functioning of early and delayed disclosers (i.e., more than 1-week post-rape) among rape victims, and to determine predictors for delayed disclosure. **METHODS:** Data were collected using a structured interview and validated questionnaires in a sample of 323 help-seeking female adolescents and young adults (12–25 years), who were victimized by rape, but had no reported prior chronic child sexual abuse. **RESULTS:** In 59% of the cases, disclosure occurred within 1 week. Delayed disclosers were less likely to use medical services and to report to the police than early disclosers. No significant differences were found between delayed and early disclosers in psychological functioning and time to seek professional help. The combination of age category 12–17 years [odds ratio (OR) 2.05, confidence intervals (CI) 1.13–3.73], penetration (OR 2.36, CI 1.25–4.46), and closeness to assailant (OR 2.64, CI 1.52–4.60) contributed significantly to the prediction of delayed disclosure. **CONCLUSION:** The results point to the need of targeted interventions that specifically encourage rape victims to disclose early, thereby increasing options for access to health

and police services.¹ [Author Abstract] KEY WORDS: adolescents; young adults; rape; sexual assault; disclosure; latency to disorder; PTSD

Cohen, L. J. and D. L. Brody (2015). "Frontotemporal dementia-like syndrome following recall of childhood sexual abuse." *Journal of Traumatic Stress* 28(3): 240-246.

Numerous psychopathological syndromes have been attributed to posttraumatic stress, both at the time of the trauma and many years later. To date, however, there is little literature on pseudodementia as a delayed traumatic stress response. The authors present a case history of a 50-year-old woman who developed severe cognitive impairment following retrieval of previously forgotten memories of childhood sexual abuse. Her cognitive condition deteriorated rapidly and dramatically. Neuropsychological assessment and clinical presentation led to a diagnosis of frontotemporal dementia (vs. corticobasal degeneration). Detailed neurologic and medical evaluations could not identify any underlying physical cause. Her condition progressively worsened over 9 months, at which point memantine, an N-methyl-D-aspartate receptor antagonist, was begun. The patient regained full functioning over the next year. Although an organic cause could not be ruled out, it was likely that recovery of traumatic memories was contributory to the patient's condition, as ongoing psychotherapy had begun 1 year into the course. If additional cases with similar presentations are reported, such cases would corroborate the notion that persistent, severe, and reversible cognitive impairment constitutes a previously unrecognized and atypical posttraumatic response. [Author Abstract]

Coles, J., A. Lee, et al. (2015). "Childhood sexual abuse and its association with adult physical and mental health: results from a national cohort of young Australian women." *Journal of Interpersonal Violence* 30(11): 1929-1944.

Childhood sexual abuse (CSA) occurs across the world, with a prevalence of 20% internationally. Our aim was to investigate the associations between CSA, CSA plus adult violence experiences, and selected self-reported physical and mental health in a community sample of women. Data from 7,700 women aged 28-33 years from the 1973-1978 cohort who completed Survey 4 of the Australian Longitudinal Study on Women's Health (ALSWH) were analyzed. Questions about prior abuse experience such as child sexual abuse, IPV, adult physical and sexual assaults, and physical and mental health. Women who experienced CSA were 1.4 times more likely to experience bodily pain (adjusted odds ratio [AOR] = 1.37, confidence interval [CI] = [1.19, 1.58]), 1.3 times more likely to have poorer general health (AOR = 1.33, CI = [1.15, 1.54]), and 1.4 times more likely to be depressed in the past 3 years (AOR = 1.44, CI = [1.22, 1.71]) compared with those without abuse.. Women who experienced both CSA and adult violence were 2.4 to 3.1 times more likely to experience poor general (AOR = 2.35, CI = [1.76, 3.14]) and mental health (AOR = 2.69, CI = [1.98, 3.64]), and suffer from depression (AOR = 2.84, CI = [2.13, 3.78]) and anxiety (AOR = 3.10, CI = [2.12, 4.53]) compared with women with no abuse. This study demonstrates the importance of CSA in pain and poorer long-term mental and physical health.. It emphasizes how prior CSA may amplify pain and poorer long-term mental and physical health among women who are again exposed

to violence in adulthood. [Author Abstract] KEY WORDS: childhood sexual abuse; violence; pain; mental health; physical health

Contractor, A. A., M. A. Claycomb, et al. (2015). "Hispanic ethnicity and Caucasian race: relations with posttraumatic stress disorder's factor structure in clinic-referred youth." *Psychological Trauma: Theory, Research, Practice, and Policy*.

The severity of posttraumatic stress disorder (PTSD) symptoms is linked to race and ethnicity, albeit with contradictory findings (reviewed in Alcántara, Casement, & Lewis-Fernández, 2013; Pole, Gone, & Kulkarni, 2008). We systematically examined Caucasian ($n = 3,767$) versus non-Caucasian race ($n = 2,824$) and Hispanic ($n = 2,395$) versus non-Hispanic ethnicity ($n = 3,853$) as candidate moderators of PTSD's 5-factor model structural parameters (Elhai et al., 2013). The sample was drawn from the National Child Traumatic Stress Network's Core Data Set, currently the largest national data set of clinic-referred children and adolescents exposed to potentially traumatic events. Using confirmatory factor analysis, we tested the invariance of PTSD symptom structural parameters by race and ethnicity. Chi-square difference tests and goodness-of-fit values showed statistical equivalence across racial and ethnic groups in the factor structure of PTSD and in mean item-level indicators of PTSD symptom severity. Results support the structural invariance of PTSD's 5-factor model across the compared racial and ethnic groups. Furthermore, results indicated equivalent item-level severity across racial and ethnic groups; this supports the use of item-level comparisons across these groups. [Author Abstract] KEY WORDS: PTSD; children/adolescents; race; ethnicity; invariance testing

Duncan, A. E., C. E. Sartor, et al. (2015). "Associations between body mass index, post-traumatic stress disorder, and child maltreatment in young women." *Child Abuse and Neglect* 45: 154-162.

The objective of this study was to examine interrelationships between child maltreatment, post-traumatic stress disorder (PTSD) and body mass index (BMI) in young women. We used multinomial logistic regression models to explore the possibility that PTSD statistically mediates or moderates the association between BMI category and self-reported childhood sexual abuse (CSA), physical abuse (CPA), or neglect among 3,699 young women participating in the population-based Missouri Adolescent Female Twin Study. Obese women had the highest prevalence of CSA, CPA, neglect, and PTSD ($p < .001$ for all). Although all three forms of child maltreatment were significantly, positively associated with overweight and obesity in unadjusted models, only CSA was significantly associated with obesity after adjusting for other forms of maltreatment and covariates (OR=2.21, 95% CI: 1.63, 3.00). CSA and neglect, but not CPA, were associated with underweight in unadjusted models; however, after adjusting for other forms of maltreatment and covariates, the associations were no longer statistically significant (OR=1.43, 95% CI: 0.90-2.28 and OR=2.16, 95% CI: 0.90-5.16 for CSA and neglect, respectively). Further adjustment for PTSD generally resulted in modest attenuation of effects across associations of child maltreatment forms with BMI categories, suggesting that PTSD may, at most, be only a weak partial mediator of these associations. Future longitudinal studies are needed to elucidate the mechanisms linking CSA and obesity and to further

evaluate the role of PTSD in associations between child maltreatment and obesity. [Author Abstract]
KEY WORDS: BMI; child maltreatment; obesity; PTSD

Ford, J. D. (2015). "Complex PTSD: research directions for nosology/assessment, treatment, and public health." *European Journal of Psychotraumatology* 6.

Complex posttraumatic stress disorder (CPTSD) in children and adolescents extends beyond the core PTSD symptoms to dysregulation in three psychobiological domains: (1) emotion processing, (2) self-organization (including bodily integrity), and (3) relational functioning. CPTSD research directions for the next decade and beyond are identified in three areas: (1) diagnostic classification (establishing the empirical integrity of CPTSD as a distinct form of psychopathology) and psychometric assessment [validation and refinement of measures of childhood polyvictimization and developmental trauma disorder (DTD)], (2) rigorous evaluation and refinement of interventions (and algorithms for their delivery) developed or adapted for CPTSD and DTD, and (3) the epidemiology of CPTSD and DTD, and their public health and safety impact, across the lifespan and intergenerationally, for populations, nations, and cultures. [Author Abstract] KEY WORDS: PTSD; self-regulation; children; adolescence; assessment; treatment; public health

Francis, M. M., V. Nikulina, et al. (2015). "A prospective examination of the mechanisms linking childhood physical abuse to body mass index in adulthood." *Child Maltreatment* 20(3): 203-213.

Previous research has reported associations between childhood physical abuse and body mass index (BMI) in adulthood. This article examined the role of four potential mediators (anxiety, depression, posttraumatic stress, and coping) hypothesized to explain this relationship. Using data from a prospective cohort design, court-substantiated cases of childhood physical abuse (N = 78) and nonmaltreated comparisons (N = 349) were followed up and assessed in adulthood at three time points (1989–1995, 2000–2002, and 2003–2005) when participants were of age 29.2, 39.5, and 41.2, respectively. At age 41, average BMI of the current sample was 29.97, falling between overweight and obese categories. Mediation analyses were conducted, controlling for age, sex, race, smoking, and self-reported weight. Childhood physical abuse was positively associated with subsequent generalized anxiety, major depression, and post-traumatic stress disorder symptoms at age 29.2 and higher levels of depression and posttraumatic stress predicted higher BMI at age 41.2. In contrast, higher levels of anxiety predicted lower BMI. Coping did not mediate between physical abuse and BMI. Anxiety symptoms mediated the relationship between physical abuse and BMI for women, but not for men. These findings illustrate the complexity of studying the consequences of physical abuse, particularly the relationship between psychiatric symptoms and adult health outcomes. [Author Abstract] KEY WORDS: child maltreatment; physical abuse; longitudinal research

Grasso, D. J., J. W. Felton, et al. (2015). "The Structured Trauma-Related Experiences and Symptoms Screener (STRESS): development and preliminary psychometrics." *Child Maltreatment* 20(3): 214-220.

The Structured Trauma-Related Experiences and Symptoms Screener (STRESS) is a self-report instrument for youth of age 7–18 that inventories 25 adverse childhood experiences and

potentially traumatic events and assesses symptoms of post-traumatic stress disorder using the revised criteria published in the Diagnostic and Statistical Manual for Mental Disorders, fifth edition (DSM-5). The STRESS can be administered by computer such that questions are read aloud and automatic scoring and feedback are provided. Data were collected on a sample of 229 children and adolescents of age 7–17 undergoing a forensic child abuse and neglect evaluation. The purpose of the current study was to examine preliminary psychometric characteristics of the computer-administered STRESS as well as its underlying factor structure in relation to the four-factor DSM-5 model. Results provide initial support for the use of the STRESS in assessing adverse and potentially traumatic experiences and traumatic stress in children and adolescents. [Author Abstract] KEY WORDS: assessment; child PTSD/trauma; child welfare

Hagan, M. J., A. C. Hulette, et al. (2015). "Symptoms of dissociation in a high-risk sample of young children exposed to interpersonal trauma: prevalence, correlates, and contributors." *Journal of Traumatic Stress* 28(3): 258-261.

Children who have experienced interpersonal trauma are at an increased risk of developing dissociation; however, little is known about the prevalence or correlates of dissociation in young children. The current study examined symptoms of dissociation in 140 children (mean age = 51.17 months, range = 36–72 months, SD = 10.31 months; 50.0% male; 45.7% Hispanic) who experienced trauma (e.g., witnessing domestic violence, experiencing abuse). Child dissociation and exposure to traumatic events were assessed using a clinician-administered interview with the biological mother (mean age = 32.02 years, SD = 6.13; 49.3% Hispanic; 25.5% married or cohabitating). Mothers completed measures of maternal dissociation, depression/anxiety, and child behavior problems. At least subclinical dissociation was present for 24.3% of children. Robust regression with least trimmed squares estimation showed that greater maternal dissociation was related to greater child dissociation, adjusting for child internalizing symptoms, number of traumas, and maternal depression/anxiety, $B = 0.09$, $\chi^2 = 10.47$, $p < .001$, $R^2\Delta = .04$. Children who experienced direct victimization did not exhibit a significantly higher level of dissociation compared to children who experienced other traumas, $F(1, 138) = 3.76$, $p = .054$, $\eta^2 = .03$. These findings highlight the need to assess dissociation in traumatized young children. [Author Abstract]

Herlihy, J. and S. Turner (2015). "Untested assumptions: psychological research and credibility assessment in legal decision-making." *European Journal of Psychotraumatology* 6.

BACKGROUND: Trauma survivors often have to negotiate legal systems such as refugee status determination or the criminal justice system. **METHODS & RESULTS:** We outline and discuss the contribution which research on trauma and related psychological processes can make to two particular areas of law where complex and difficult legal decisions must be made: in claims for refugee and humanitarian protection, and in reporting and prosecuting sexual assault in the criminal justice system. **CONCLUSION:** There is a breadth of psychological knowledge that, if correctly applied, would limit the inappropriate reliance on assumptions and myth in legal decision-making in these settings. Specific recommendations are made for further study. [Author Abstract] **KEY WORDS:** PTSD; refugee; asylum; sexual violence; decision-making

Holmes, M. R., L. A. Voith, et al. (2015). "Lasting effect of intimate partner violence exposure during preschool on aggressive behavior and prosocial skills." *Journal of Interpersonal Violence* 30(10): 1651-1670.

Intimate partner violence (IPV) exposure can negatively affect children's social behavior. However, it is unknown if the negative effects of IPV exposure during the preschool years are sustained through the early school years, if maladaptive behavior in one domain (e.g., aggressive behavior) is linked to subsequent maladaptive behavior in a different developmental domain (e.g., prosocial skill deficits), and if these relations differ by gender. This study addresses these gaps by using data from a sample of 1,125 children aged 3 to 4 at Time 1 and aged 5 to 7 at Time 2 from the National Survey of Child and Adolescent Well-Being. A series of nested longitudinal structural equation models were tested. Aggressive behavior and prosocial skills were stable across time. Time 1 IPV was associated with increased aggressive behavior at Time 1, which in turn was related to increased Time 2 aggressive behavior. Gender differences emerged; Time 2 IPV was associated with prosocial skills deficits for girls but not boys. A cross-domain relation existed between Time 1 aggressive behavior and Time 2 prosocial skills deficits for boys but not girls. These findings support that behavioral problems demonstrated later in childhood may emerge from earlier adverse developmental experiences and that difficulties in one domain may spill over into other developmental domains. Gender-specific interventions to promote competence in children may contribute to diverting children from maladaptive developmental outcomes. [Author Abstract] **KEY WORDS:** intimate partner violence exposure; aggressive behavior; prosocial skills; gender differences

Kalaf, J., L. M. P. Vilete, et al. (2015). "Peritraumatic tonic immobility in a large representative sample of the general population: association with posttraumatic stress disorder and female gender." *Comprehensive Psychiatry* 60: 68-72.

BACKGROUND: Tonic immobility is an involuntary response to inescapable life-threatening events. Peritraumatic tonic immobility has been reported in convenience samples of female victims of sexual assault and in mixed-gender victims of different types of trauma. This study evaluated peritraumatic tonic immobility in a representative general population sample and its association with posttraumatic stress disorder (PTSD) and gender. **METHODS:** 3231 victims of traumatic events aged 15-75 years responded to the Tonic Immobility Scale. PTSD and traumatic events were assessed using the Composite International Diagnostic Interview (CIDI 2.1). We calculated the means and the standard deviations of Tonic Immobility Scale scores stratified by PTSD and gender. The association between tonic immobility scores and gender was explored controlling for potential confounders through a multiple linear regression model. **RESULTS:** Tonic immobility scores were more than double in those who met criteria for PTSD and were almost four points higher in women. Gender differences remained statistically significant even after adjustment for confounding variables. **LIMITATIONS:** The cross-sectional and retrospective design may have given rise to recall bias. Results presented here may not apply to small and medium rural areas and the CIDI 2.1 can lead to a certain degree of misclassification. **CONCLUSIONS:** We have expanded the scope of previous investigations on peritraumatic tonic immobility which were based on convenience samples only,

showing its occurrence in victims of traumatic events using a large representative sample of the general population. Furthermore, we confirmed in an unbiased sample the association between peritraumatic tonic immobility and PTSD and female gender. [Author Abstract]

Khalifeh, H., S. Oram, et al. (2015). "Recent intimate partner violence among people with chronic mental illness: findings from a national cross-sectional survey." *British Journal of Psychiatry*.

BACKGROUND: People with mental illness are at increased risk of intimate partner violence (IPV) victimisation, but little is known about their risk for different forms of IPV, related health impact and help-seeking. **AIMS:** To estimate the odds for past-year IPV, related impact and disclosure among people with and without pre-existing chronic mental illness (CMI). **METHOD:** We analysed data from 23 222 adult participants in the 2010/2011 British Crime Survey using multivariate logistic regression. **RESULTS:** Past-year IPV was reported by 21% and 10% of women and men with CMI, respectively. The adjusted relative odds for emotional, physical and sexual IPV among women with versus without CMI were 2.8 (CI = 1.9-4.0), 2.6 (CI = 1.6-4.3) and 5.4 (CI = 2.4-11.9), respectively. People with CMI were more likely to attempt suicide as result of IPV (aOR = 5.4, CI = 2.3-12.9), less likely to seek help from informal networks (aOR = 0.5, CI = 0.3-0.8) and more likely to seek help exclusively from health professionals (aOR = 6.9, CI = 2.6-18.3) **CONCLUSIONS:** People with CMI are not only at increased risk of all forms of IPV, but they are more likely to suffer subsequent ill health and to disclose exclusively to health professionals. Therefore, health professionals play a key role in addressing IPV in this population. [Author Abstract]

LeBouthillier, D. M., K. A. McMillan, et al. (2015). "Types and number of traumas associated with suicidal ideation and suicide attempts in PTSD: findings from a U.S. nationally representative sample." *Journal of Traumatic Stress* 28(3): 183-190.

Posttraumatic stress disorder (PTSD) is associated with suicidal ideation and suicide attempt; however, research has largely focused on specific samples and a limited range of traumas. We examined suicidal ideation and suicide attempt relating to 27 traumas within a nationally representative U.S. sample of individuals with PTSD. Data were from the National Epidemiologic Survey of Alcohol and Related Conditions (N = 34,653). Participants were assessed for lifetime PTSD and trauma history, suicidal ideation, and suicide attempt. We calculated the proportion of individuals reporting suicidal ideation or suicide attempt for each trauma and for the number of unique traumas experienced. Most traumas were associated with greater suicidal ideation and suicide attempt in individuals with PTSD compared to individuals with no lifetime trauma or with lifetime trauma but no PTSD. Childhood maltreatment, assaultive violence, and peacekeeping traumas had the highest rates of suicidal ideation (49.1% to 51.9%) and suicide attempt (22.8% to 36.9%). There was substantial variation in rates of suicidal ideation and suicide attempt for war and terrorism-related traumas. Multiple traumas increased suicidality, such that each additional trauma was associated with an increase of 20.1% in rate of suicidal ideation and 38.9% in rate of suicide attempts. Rates of suicidal ideation and suicide attempts varied markedly by trauma type and number of traumas, and these factors may be important in assessing and managing suicidality in individuals with PTSD. [Author Abstract]

Masters, N. T., C. A. Stappenbeck, et al. (2015). "A person-centered approach to examining heterogeneity and subgroups among survivors of sexual assault." *Journal of Abnormal Psychology*.

This study identified subgroups of female sexual assault survivors based on characteristics of their victimization experiences, validated the subgroup structure in a second cohort of women recruited identically to the first, and examined subgroups' differential associations with sexual risk/safety behavior, heavy episodic drinking (HED), psychological distress symptomatology, incarceration, transactional sex, and experiences with controlling and violent partners. The community sample consisted of 667 female survivors of adolescent or adult sexual assault who were 21 to 30 years old ($M = 24.78$, $SD = 2.66$). Eligibility criteria included having unprotected sex within the past year, other HIV/STI risk factors, and some experience with HED, but without alcohol problems or dependence. Latent class analyses (LCA) were used to identify subgroups of women with similar victimization experiences. Three groups were identified and validated across 2 cohorts of women using multiple-group LCA: contact or attempted assault (17% of the sample), incapacitated assault (52%), and forceful severe assault (31%). Groups did not differ in their sexual risk/safety behavior. Women in the forceful severe category had higher levels of anxiety, depression, and trauma symptoms; higher proportions of incarceration and transactional sex; and more experiences with controlling and violent partners than did women in the other 2 groups. Women in the forceful severe category also reported a higher frequency of HED than women in the incapacitated category. Different types of assault experiences appear to be differentially associated with negative outcomes. Understanding heterogeneity and subgroups among sexual assault survivors has implications for improving clinical care and contributing to recovery. [Author Abstract] KEY WORDS: sexual assault; person-centered classification; subgroups; revictimization

McGregor, L. S., G. A. Melvin, et al. (2015). "Familial separations, coping styles, and PTSD symptomatology in resettled refugee youth." *Journal of Nervous and Mental Disease* 203(6): 431-438.

Youth from refugee backgrounds have been found to experience high rates of posttraumatic stress disorder (PTSD), even after years of resettlement. The present study sought to investigate how familial separations and coping styles act as correlates of PTSD symptoms in resettled refugee youth ($N = 50$). Participants ($M[\text{subscript}]_{\text{age}} = 16.63$; range: 12-21) completed self-report questionnaires assessing PTSD symptoms and their use of coping styles, and engaged in a semi-structured interview designed by the authors to investigate their resettlement and adaptational experiences in Australia. Youth who were separated from immediate family members demonstrated significantly more PTSD symptoms than their counterparts, and there was a relationship between avoidant coping and PTSD, although this diminished once the confound between scales was controlled for. This study found evidence for the integrity of the family unit as a correlate of PTSD in refugee youth, but no evidence of a relationship between coping style and family separations. [Author Abstract] KEY WORDS: refugees; adolescence; PTSD symptomatology; family separations

Melinder, A., E.-M. Augusti, et al. (2015). "Associations between executive functions and long-term stress reactions after extreme trauma: a two-year follow-up of the Utøya survivors." *Psychological Trauma: Theory, Research, Practice, and Policy*.

Terror attacks cause variation in everyday functioning across several domains. This paper focuses on the individual long-term costs in terms of clinical symptoms and cognitive (e.g., shifting, inhibition, and spatial working memory) difficulties associated with these symptoms in 24 survivors of a terror attack in Norway. Another 24 controls were included for comparison purposes. Participants were administered a battery of clinical and neurocognitive tests. Results showed that all clinical variables differed as a function of group, $p \leq .001$, $\eta^2 \geq .64$, but no significant differences were revealed for the neurocognitive measures. In the survivor group, shifting capacity and its interaction with gender predicted intrusion symptoms, $p = .045$, $\eta^2 = .338$, and symptoms of avoidance, $p = .008$, $\eta^2 = .453$. We discuss the findings in relation to theoretical models and therapeutic interventions. [Author Abstract] **KEY WORDS:** trauma; executive functions; stress reactions; follow-up

Ng, L. C., C. M. Kirk, et al. (2015). "Risk and protective factors of suicidal ideation and behaviour in Rwandan children." *British Journal of Psychiatry*.

BACKGROUND: Suicide is a leading cause of death for young people. Children living in sub-Saharan Africa, where HIV rates are disproportionately high, may be at increased risk. **AIMS:** To identify predictors, including HIV status, of suicidal ideation and behaviour in Rwandan children aged 10-17. **METHOD:** Matched case-control study of 683 HIV-positive, HIV-affected (seronegative children with an HIV-positive caregiver), and unaffected children and their caregivers. **RESULTS:** Over 20% of HIV-positive and affected children engaged in suicidal behaviour in the previous 6 months, compared with 13% of unaffected children. Children were at increased risk if they met criteria for depression, were at high-risk for conduct disorder, reported poor parenting or had caregivers with mental health problems. **CONCLUSIONS:** Policies and programmes that address mental health concerns and support positive parenting may prevent suicidal ideation and behaviour in children at increased risk related to HIV. [Author Abstract]

Paul, L. A., J. W. Felton, et al. (2015). "Mental health among adolescents exposed to a tornado: the influence of social support and its interactions with sociodemographic characteristics and disaster exposure." *Journal of Traumatic Stress* 28(3): 232-239.

Approximately 25% of youths experience a natural disaster and many experience disaster-related distress, including symptoms of posttraumatic stress disorder (PTSD) and depression. This study contributes to the literature by examining PTSD and depressive symptoms among 2,000 adolescents (50.9% female, 70.5% White) assessed after exposure to tornadoes in 2011. The authors hypothesized that greater tornado exposure, female sex, and younger age would be associated with distress, and that social support would interact with these associations. Analyses showed that PTSD symptoms were associated with lower levels of social support ($\beta = -.28$, $p < .001$), greater tornado exposure ($\beta = .14$, $p < .001$), lower household income ($\beta = -.06$, $p = .013$), female sex ($\beta = -.10$, $p < .001$), and older age ($\beta = .07$, $p = .002$), with a 3-way interaction between

tornado exposure, sex, and social support ($\beta = -.06$, $p = .017$). For boys, the influence of tornado exposure on PTSD symptoms increased as social support decreased. Regardless of level of tornado exposure, low social support was related to PTSD symptoms for girls; depressive symptom results were similar. These findings were generally consistent with the literature and provide guidance for intervention development focused on strengthening social support at the individual, family, and community levels. [Author Abstract]

Peterson, B. S., V. A. Rauh, et al. (2015). "Effects of prenatal exposure to air pollutants (polycyclic aromatic hydrocarbons) on the development of brain white matter, cognition, and behavior in later childhood." *JAMA Psychiatry* 72(6): 531-540.

IMPORTANCE: Polycyclic aromatic hydrocarbons (PAHs) are ubiquitous and neurotoxic environmental contaminants. Prenatal PAH exposure is associated with subsequent cognitive and behavioral disturbances in childhood. **OBJECTIVES:** To identify the effects of prenatal PAH exposure on brain structure and to assess the cognitive and behavioral correlates of those abnormalities in school-age children. **DESIGN, SETTING, AND PARTICIPANTS:** Cross-sectional imaging study in a representative community-based cohort followed up prospectively from the fetal period to ages 7 to 9 years. The setting was urban community residences and an academic imaging center. Participants included a sample of 40 minority urban youth born to Latina (Dominican) or African American women. They were recruited between February 2, 1998, and March 17, 2006. **MAIN OUTCOMES AND MEASURES:** Morphological measures that index local volumes of the surface of the brain and of the white matter surface after cortical gray matter was removed. **RESULTS:** We detected a dose-response relationship between increased prenatal PAH exposure (measured in the third trimester but thought to index exposure for all of gestation) and reductions of the white matter surface in later childhood that were confined almost exclusively to the left hemisphere of the brain and that involved almost its entire surface. Reduced left hemisphere white matter was associated with slower information processing speed during intelligence testing and with more severe externalizing behavioral problems, including attention-deficit/hyperactivity disorder symptoms and conduct disorder problems. The magnitude of left hemisphere white matter disturbances mediated the significant association of PAH exposure with slower processing speed. In addition, measures of postnatal PAH exposure correlated with white matter surface measures in dorsal prefrontal regions bilaterally when controlling for prenatal PAH. **CONCLUSIONS AND RELEVANCE:** Our findings suggest that prenatal exposure to PAH air pollutants contributes to slower processing speed, attention-deficit/hyperactivity disorder symptoms, and externalizing problems in urban youth by disrupting the development of left hemisphere white matter, whereas postnatal PAH exposure contributes to additional disturbances in the development of white matter in dorsal prefrontal regions. [Author Abstract]

Plant, D. T., C. M. Pariante, et al. (2015). "Maternal depression during pregnancy and offspring depression in adulthood: role of child maltreatment." *British Journal of Psychiatry*.

BACKGROUND: Studies have shown that maternal depression during pregnancy predicts offspring depression in adolescence. Child maltreatment is also a risk factor for depression. **AIMS:** To

investigate (a) whether there is an association between offspring exposure to maternal depression in pregnancy and depression in early adulthood, and (b) whether offspring child maltreatment mediates this association. **METHOD:** Prospectively collected data on maternal clinical depression in pregnancy, offspring child maltreatment and offspring adulthood (18-25 years) DSM-IV depression were analysed in 103 mother-offspring dyads of the South London Child Development Study. **RESULTS:** Adult offspring exposed to maternal depression in pregnancy were 3.4 times more likely to have a DSM-IV depressive disorder, and 2.4 times more likely to have experienced child maltreatment, compared with non-exposed offspring. Path analysis revealed that offspring experience of child maltreatment mediated the association between exposure to maternal depression in pregnancy and depression in adulthood. **CONCLUSIONS:** Maternal depression in pregnancy is a key vulnerability factor for offspring depression in early adulthood. [Author Abstract]

Rosner, R. (2015). "Prolonged grief: setting the research agenda." *European Journal of Psychotraumatology* 6.

BACKGROUND: Prolonged grief disorder is proposed for the International Classification of Diseases (ICD-11), though it was rejected as a diagnosis for DSM-5. **OBJECTIVE:** This review outlines findings and defines important areas for future research viewed from a lifespan perspective. **RESULTS:** The development and psychometric evaluation of measures for the new diagnosis is paramount, specifically for children and adolescents. Treatments need to be adapted for specific subgroups and research findings have to be disseminated into various professional settings. [Author Abstract] **KEYWORDS:** bereavement; prolonged grief; complicated grief; treatment; dissemination

Simon, V. A., E. Smith, et al. (2015). "Positive and negative posttraumatic change following childhood sexual abuse are associated with youths' adjustment." *Child Maltreatment*.

Meanings made of childhood sexual abuse (CSA) experiences are important to psychosocial adjustment. The current study examined adolescents' and young adults' perceptions of posttraumatic change (PTC) in the self, relationships, sexuality, and worldviews attributed to prior CSA experiences. We sought to document the prevalence of positive and negative PTC and examine their unique and joint associations with psychosocial adjustment. Participants included 160 youth with confirmed cases of CSA (73% female; 8–14 years at abuse discovery) who were part of a longitudinal study of the long-term effects of CSA. Six years after discovery, youth were interviewed about their abuse experiences. Interviews were coded for the valence and strength of PTC. The majority of youth reported PTC, and negative changes were more frequent and stronger than positive changes. Controlling for age, gender, abuse severity, and negative PTC, positive PTC was associated with lower abuse stigmatization for all youth. Controlling for age, gender, abuse severity, and positive PTC, negative PTC was associated with greater abuse stigmatization, post-traumatic stress disorder, sexual problems, and dating aggression for all youth. Relations of positive PTC with depression and support from friends and romantic partner were moderated by negative PTC, such that positive PTC was associated with better adjustment for youth with low versus high levels of negative PTC. Results highlight the importance of both negative and positive PTC for understanding meanings made of CSA experiences and their implications for psychosocial adjustment and intervention. [Author Abstract]

KEY WORDS: sexual abuse; meaning making; posttraumatic growth; abuse stigmatization; PTSD; depression; sexual problems

Stiles, W. B., M. Barkham, et al. (2015). "Effect of duration of psychological therapy on recovery and improvement rates: evidence from UK routine practice." *British Journal of Psychiatry*.

BACKGROUND: Previous studies have reported similar recovery and improvement rates regardless of treatment duration among patients receiving National Health Service (NHS) primary care mental health psychological therapy. **AIMS:** To investigate whether this pattern would replicate and extend to other service sectors, including secondary care, university counselling, voluntary sector and workplace counselling. **METHOD:** We compared treatment duration with degree of improvement measured by the Clinical Outcomes in Routine Evaluation - Outcome Measure (CORE-OM) for 26 430 adult patients who scored above the clinical cut-off point at the start of treatment, attended 40 or fewer sessions and had planned endings. **RESULTS:** Mean CORE-OM scores improved substantially (pre-post effect size 1.89); 60% of patients achieved reliable and clinically significant improvement (RCSI). Rates of RCSI and reliable improvement and mean pre- and post-treatment changes were similar at all tested treatment durations. Patients seen in different service sectors showed modest variations around this pattern. **CONCLUSIONS:** Results were consistent with the responsive regulation model, which suggests that in routine care participants tend to end therapy when gains reach a good-enough level. [Author Abstract]

Stotz, S. J., T. Elbert, et al. (2015). "The relationship between trauma, shame, and guilt: findings from a community-based study of refugee minors in Germany." *European Journal of Psychotraumatology* 6.

BACKGROUND: The relationships between traumatic stress and self-conscious emotions, such as shame and guilt, remain to be fully explored, especially in refugees, who frequently are exposed to a multitude of stressors. **OBJECTIVE:** The aim of the present study was to investigate shame and guilt in refugee minors and to assess to what extent a greater cumulative exposure to traumatic stressors would result not only in more severe posttraumatic stress disorder (PTSD) symptoms but also in higher levels of shame and guilt. **METHODS:** Thirty-two male refugee minors, who were all below the age of 18 when they sought asylum in Germany, agreed to participate. At the time of the assessment, the age ranged from 11 to 20 years. Eighteen refugees had arrived without relatives in their host country ("unaccompanied minors"). In structured diagnostic interviews, a PTSD diagnosis was established using the UCLA PTSD Index. Posttraumatic guilt was assessed by means of the Trauma-related Guilt Inventory, and the Shame Variability Questionnaire was used to record the intensity, duration, and frequency of shame episodes. **RESULTS:** Feelings of guilt and shame as well as trauma symptoms were all associated with the number of traumatic event types subjects had experienced. Posttraumatic guilt and shame were both correlated with PTSD symptom severity. **CONCLUSIONS:** The findings indicate that cumulative stress such as exposure to multiple traumatic events poses a risk factor for the mental health including greater suffering and functional impairment due to shame and guilt. [Author Abstract] **KEY WORDS:** shame; guilt; trauma exposure; PTSD; refugee minors

Thompson, A. R., S. T. Lereya, et al. (2015). "Childhood sleep disturbance and risk of psychotic experiences at 18: UK birth cohort." *British Journal of Psychiatry* 207(1): 23-29.

BACKGROUND: Sleep disturbances are commonly reported in the psychosis prodrome, but rarely explored in relation to psychotic experiences. **AIMS:** To investigate the relationship between specific parasomnias (nightmares, night terrors and sleepwalking) in childhood and later adolescent psychotic experiences. **METHOD:** The sample comprised 4720 individuals from a UK birth cohort (Avon Longitudinal Study of Parents and Children). Mothers reported on children's experience of regular nightmares at several time points between 2 and 9 years. Experience of nightmares, night terrors and sleepwalking was assessed using a semi-structured interview at age 12. Psychotic experiences were assessed at ages 12 and 18 using a semi-structured clinical interview. **RESULTS:** There was a significant association between the presence of nightmares at 12 and psychotic experiences at 18 when adjusted for possible confounders and psychotic experiences at 12 (OR = 1.62, 95% CI 1.19-2.20). The odds ratios were larger for those who reported persistent psychotic experiences. **CONCLUSIONS:** The presence of nightmares might be an early risk indicator for psychosis. [Author Abstract]