
The present study examines the impact of the parasympathetic nervous system (PNS), as measured by respiratory sinus arrhythmia (RSA), on the link between family aggression experienced during adolescence and posttraumatic stress symptoms during young adulthood. Participants completed retrospective self-report measures of interparental aggression and harsh parenting exposure during adolescence and measures of current posttraumatic stress symptoms. RSA indexed PNS activity. Among females, the three-way interaction between harsh parenting, interparental aggression, and resting RSA was significant in accounting for young adulthood PTSD symptoms. At higher values of resting RSA and higher levels of interparental aggression exposure, harsh parenting experienced during adolescence was positively associated with adulthood PTSD symptoms. Among males, adolescent aggression exposure and resting RSA did not significantly account for variation in adulthood PTSD symptoms. Thus, this study suggests that resting PNS activity may play an important role in the relationship between stressors during adolescence and later PTSD in females.


This paper addresses the question of gendered receptivity to Secondary Traumatic Syndrome (STS) in the family. Unlike other manifestations of distress in the family, where gender comparisons are a matter of course, very few such comparisons are made in studies of STS. Review of the findings of 12 studies, the only studies, to date, that provide data enabling the comparison of STS in males and females, shows that females in the family, whether daughters, wives, or mothers, are consistently more likely than the males, whether sons, husbands, or fathers, to experience the Posttraumatic Stress Disorder (PTSD) symptoms of a traumatized family member without having experienced the traumatic event itself. This pattern pertains to whether the event that precipitated the primary trauma was a collective or individual trauma and whether the STS sufferer was a child or adult or living or not living with the PTSD casualty. The Discussion points out that gender is an important factor in the development of STS, whether in interaction with role, beyond role, or both.


Although secondary traumatization has been extensively studied, gender difference in susceptibility has received limited attention. This study addressed the issue by a meta-analysis of published findings on male and female persons in close, extended relationships with trauma victims.
namely, their spouses, parents, children, and therapists. The analysis included peer-reviewed studies, written in English and published between 1990 and January 2012. Twelve studies reporting 17 findings on 1,623 subjects were identified. All the studies showed females' higher susceptibility to secondary traumatization, with a mean effect size of 0.48 (95% CI [0.35, 0.60]). Moderator analysis revealed that studies conducted in the United States reported lower gender discrepancies than studies conducted elsewhere. The consistent finding that females are considerably more susceptible to secondary traumatization than males means that professionals must be made aware of the special vulnerability of girls and women and help them adopt ways of caring for the traumatized family member or clients while maintaining their own psychological boundaries.

This study investigates the contribution of posttraumatic stress symptoms to the prediction of suicidality among female adolescent survivors of sexual abuse. A one-year prospective study of 52 female survivors aged 12 to 18 years was conducted. A negative binomial regression analysis revealed that depressive symptoms as well as posttraumatic stress symptoms associated with the sexual trauma were significant predictors of suicidal ideations a year later. Posttraumatic stress symptoms remained a significant predictor of suicidal ideations even when controlling for depressive symptomatology and the presence of a past suicide attempt, thus emphasizing the relevance of posttraumatic stress symptoms in regard to suicidality in sexually abused youths. Results are discussed within the context of therapeutic modalities for survivors of a sexual trauma.

The purpose of the present study was to develop a Korean version of the trauma symptom checklist for children (TSCC) and to examine its reliability and validity for screening posttraumatic stress symptoms. A normative group of 405 children and adolescents aged 8 to 16 yr participated in the study. A test-retest procedure was conducted with 76 participants from the normative group after 4 weeks. In the traumatized group, 73 children and adolescents of the same age from the Child Sexual Abuse Treatment Center were included. Good internal consistency (Cronbach's alpha) for the total scale (0.95, ranging 0.79-0.85 on the clinical scales) and test-retest reliability for the total scale (r=0.91, ranging 0.71-0.87 on the clinical scales) were found. Confirmatory 6-factor analysis explained 51.1% of the variance. Other measures such as concurrent or discriminative validity were also shown to be satisfactory. In conclusion, the Korean version of TSCC has been shown to be a screening instrument with satisfactory psychometric qualities that is capable of identifying trauma symptoms among children and adolescents who have self-reported experiencing trauma or for whom clinicians have identified traumatic experiences.

Child abuse is the most potent experiential risk factor for developing a mood disorder later in life. The effects of child abuse are also more severe in girls and women than in men. In this review, we explore the origins of this epidemiological sex difference. We begin by offering the hypothesis that a sex-specific risk factor that influences how social cues are perceived and remembered makes girls more susceptible to the effects of child abuse. We then discuss the neural systems that mediate emotion and stress, and, how child abuse and/or mood disorders like anxiety and depression affect them. Drawing upon human and animal research, several candidates for such a risk factor are discussed. They include glucocorticoid receptor trafficking and corticotropin releasing factor receptor binding and signaling. Our own research shows that the morphometry of the prepubertal amygdala is sexually dimorphic, and could contribute to a sex difference in stimulus appraisal. We have also found that the brain of juvenile female rats is less selective than males' for threatening social stimuli. Thus, one way that women may be more vulnerable to the effects of child abuse is that they are more likely to perceive objectively benign stimuli as threatening. This bias in perception could compound with the genuinely traumatic memories caused by child abuse; the burden of traumatic memories and the increasingly reactive stress response systems could then dispose more women than men to develop depression and/or anxiety.


BACKGROUND: Overgeneral autobiographical memory has repeatedly been identified as a risk factor for adolescent and adult psychopathology but the factors that cause such over-generality remain unclear. This study examined the association between childhood exposure to traumatic events and early adolescent overgeneral autobiographical memory in a large population sample.

METHODS: Thirteen-year-olds, n = 5,792, participating in an ongoing longitudinal cohort study (ALSPAC) completed a written version of the Autobiographical Memory Test. Performance on this task was examined in relation to experience of traumatic events, using data recorded by caregivers close to the time of exposure.

RESULTS: Results indicated that experiencing a severe event in middle childhood increased the likelihood of an adolescent falling into the lowest quartile for autobiographical memory specificity (retrieving 0 or 1 specific memory) at age 13 by approximately 60%. The association persisted after controlling for a range of potential socio-demographic confounders.

LIMITATIONS: Data on the traumatic event exposures was limited by the relatively restricted range of traumas examined, and the lack of contextual details surrounding both the traumatic event exposures themselves and the severity of children's post-traumatic stress reactions.

CONCLUSIONS: This is the largest study to date of the association between childhood trauma exposure and overgeneral autobiographical memory in adolescence. Findings suggest a modest association between exposure to traumatic events and later overgeneral autobiographical memory, a psychological variable that has been linked to vulnerability to clinical depression.

OBJECTIVE: Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT) is a conjoint parent-child treatment developed by Cohen, Mannarino, and Deblinger that uses cognitive-behavioral principles and exposure techniques to prevent and treat posttraumatic stress, depression, and behavioral problems. This review defined TF-CBT, differentiated it from other models, and assessed the evidence base. METHODS: Authors reviewed meta-analyses, reviews, and individual studies (1995 to 2013). Databases surveyed were PubMed, PsycINFO, Applied Social Sciences Index and Abstracts, Sociological Abstracts, Social Services Abstracts, PILOTS, the ERIC, and the CINAHL. They chose from three levels of research evidence (high, moderate, and low) on the basis of benchmarks for number of studies and quality of their methodology. They also described the evidence of effectiveness.

RESULTS: The level of evidence for TF-CBT was rated as high on the basis of ten RCTs, three of which were conducted independently (not by TF-CBT developers). TF-CBT has demonstrated positive outcomes in reducing symptoms of posttraumatic stress disorder, although it is less clear whether TF-CBT is effective in reducing behavior problems or symptoms of depression. Limitations of the studies include concerns about investigator bias and exclusion of vulnerable populations.

CONCLUSIONS: TF-CBT is a viable treatment for reducing trauma-related symptoms among some children who have experienced trauma and their nonoffending caregivers. Based on this evidence, TF-CBT should be available as a covered service in health plans. Ongoing research is needed to further identify best practices for TF-CBT in various settings and with individuals from various racial and ethnic backgrounds and with varied trauma histories, symptoms, and stages of intellectual, social, and emotional development.


OBJECTIVE: To compare adolescents with d-transposition of the great arteries (d-TGA) with healthy adolescents with respect to prevalence of psychiatric disorders and global psychosocial functioning. STUDY DESIGN: Subjects, consisting of 139 adolescents with d-TGA (16.1 +/- 0.5 years) and 61 healthy adolescents (15.3 +/- 1.1 years) without known risk factors for brain disorders, underwent a battery of assessments, including semistructured psychiatric interviews; self-report measures of depressive, anxiety, and disruptive behavior symptoms; and brain magnetic resonance imaging. Previous cognitive functioning and parental stress assessments at age 8 as well as parental post-traumatic stress at age 16 years were explored as potential risk factors predictive of overall psychiatric functioning. RESULTS: Compared with healthy adolescents, adolescents with d-TGA had higher lifetime prevalence of structured interview-derived attention-deficit/hyperactivity disorder (19% vs 7%, P = .03), along with reduced global psychosocial functioning (80.6 +/- 11.2 vs 87.2 +/- 7.1, P < .001) as well as significant increases in self-reported depressive (P = .01), anxiety (P = .02), and disruptive behavior symptoms (parent P < .001 and adolescent P = .03). Nevertheless, these youth scored in the nonclinical range on all self-report measures. Level of global psychosocial functioning was positively related to cognitive functioning (P < .001) and negatively related to parental stress (P = .008). CONCLUSIONS: Although adolescents with d-TGA demonstrate significant resilience to known neuropsychological and academic deficits, they show increased rates of attention-deficit/hyperactivity disorder and reduced psychosocial functioning. Impaired cognitive
functioning and parental stress at younger age emerged as significant risk factors for psychiatric impairment.


In this article, we posit the hypothesis that the January 2010 earthquake in Port-au-Prince reawakened a number of traumas linked to the natural disasters that struck Gonaïves in 2004 and 2008. The study set out to evaluate the PTSD and social support in the affected areas in Gonaïves seven years after the disasters. The study covered a sample of 917 participants, of whom 534 (58.23%) were females, aged between 10 and 23 with an average age of 16.03 (SD = 2.65). A variety of scales were used: the Clinician Administered PTSD Scale (CAPS-1); the Traumatic Exposure Severity Scale (TESS); the PTSD Check-List Civilian version (PCL-C); the Impact of Event Scale Revised (IES-R) and the Social Support Questionnaire (SSQ). The results reveal a higher rate of PTSD among the oldest participants, a similarly higher rate of social support among Catholics than among Protestants, a more severe rate of PTSD among school going children and a positive correlation between social support and PTSD.


Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, has removed criterion A2 from the diagnosis of posttraumatic stress disorder. The current study aimed to assess the claim that criterion A2 has low use in predicting distress, while addressing the shortcomings of previous research looking at criteria A1 and A2. Data from a longitudinal, prospective study was used, with 933 women having been assessed at four time points both prebirth and postbirth. In our sample of women, model comparisons suggest that criterion A2 should be reintroduced into the diagnostic criteria as it provides a better indicator of who goes on to have problems after giving birth than criterion A1 on its own. There is also evidence that this subjective reaction to event confrontation (A2) should include anger, shame, and guilt.


A significant percentage of disaster survivors experience negative psychological, physical, and social outcomes after a disaster. The current study advances the literature concerning the Deepwater Horizon Oil Spill (the Gulf Oil Spill) while addressing weaknesses of previous research. The current study includes a clinical sample of 1,119 adults receiving mental health services in the coastal counties of Mississippi after the Gulf Oil Spill. The levels of clinical symptoms reported on the Depression Anxiety Stress Scales (DASS-21) and PTSD Checklist (PCL-S) were examined in relation to other domains of functioning potentially affected by the spill (finances, social relationships, and physical health). Participants reported substantial worsening of their functioning across each life domain. Furthermore, chronic problems in living related to the Gulf Oil Spill were significantly
associated with higher levels of psychological distress, although the pattern differed somewhat for persons living above and below the poverty line, with lower income individuals reporting a higher level of overall distress. These data support the perspective that the experience of the Gulf Oil Spill is strongly associated with a deleterious effect on mental health symptoms.


Previous studies have found childhood trauma to be associated with functional and structural abnormalities in corticostriatal-limbic brain regions, which may explain associations between trauma and negative mental and physical health outcomes. However, functional neuroimaging of maltreatment-related trauma has been limited by largely using generic and predominantly aversive stimuli. Personalized stress, favorite-food and neutral/relaxing cues during fMRI were used to probe the neural correlates of emotional/motivational states in adolescents with varying exposure to maltreatment-related trauma. Sixty-four adolescents were stratified into high- or low-trauma-exposed groups. Cue-related measures of subjective anxiety and craving were collected. Relative to the low-trauma-exposed group, high-trauma-exposed adolescents displayed increased activation of insula, anterior cingulate and prefrontal cortex in response to stress cues. Activation in subcortical structures, including the hippocampus, was inversely correlated with subjective anxiety in the high- but not the low-trauma-exposed group. The high-trauma-exposed group displayed hypoactivity of cerebellar regions in response to neutral/relaxing cues. No group differences were observed in response to favorite-food cues. The relationship between trauma exposure and altered cortico-limbic circuitry may in part explain the association between childhood trauma and heightened vulnerability to emotional disturbances and risky behaviour. This may be particularly pertinent during adolescence when such difficulties often emerge. Further work is needed to elucidate the mechanism linking trauma to obesity. Neuropsychopharmacology accepted article preview online, 08 January 2015. doi:10.1038/npp.2015.6.


Although positive personal change after adverse events (posttraumatic growth [PTG]) is repeatedly shown to occur after a range of traumatic or distressing events, there is still a debate on the validity of the concept. Using the objective measurement of cognitive functions, we attempted to show that PTG is a scientifically valid construct in a group of earthquake survivors. This is the first study to associate PTG with cognitive functioning. We found that growth was predicted by executive functions and not by memory or processing speed, showing that the correlation between cognitive functions and growth is a specific one. In addition, a specific form of PTG, namely personal growth, was related to cognitive functions, whereas relational growth was not. Our findings provide support for the validity of the PTG concept.

The present study examined the roles of anxiety sensitivity (AS; the tendency to misinterpret physical internal sensations of harmful) and distress tolerance (the capacity to tolerate aversive stimuli) in terms of the expression of posttraumatic stress disorder (PTSD) symptoms among a sample of trauma-exposed, treatment-seeking tobacco smokers (n = 137; Mage = 37.7 years, 48.2% female). It was hypothesized that higher AS and lower physical distress tolerance would interact to predict greater PTSD avoidance and hyperarousal symptoms. Results were partially consistent with this prediction. Specifically, there was a significant interactive effect of AS by physical distress tolerance in terms of PTSD hyperarousal symptom cluster severity. The form of the interaction was in the expected direction, with the highest levels of PTSD hyperarousal symptoms reported among smokers with higher levels of AS and a lower capacity to tolerate physical distress. Findings underscore the importance of considering AS and physical distress tolerance in terms of better understanding mechanisms underlying the expression of PTSD symptoms among trauma-exposed smokers.


This paper will systematically analyze the concept of resilience using an integrated review of literature. The historical perspective, attributes, antecedents, and consequences of resilience will be reviewed. A theoretical and operational definition will be provided. The Walker and Avant method will be used to describe the cases. Finally, the use of concept map will capture the relationships among the attributes, antecedents, consequences, and empirical indicators through clustering and chaining.


OBJECTIVES: We surveyed young men on their experiences of police encounters and subsequent mental health. METHODS: Between September 2012 and March 2013, we conducted a population-based telephone survey of 1261 young men aged 18 to 26 years in New York City. Respondents reported how many times they were approached by New York Police Department officers, what these encounters entailed, any trauma they attributed to the stops, and their overall anxiety. We analyzed data using cross-sectional regressions. RESULTS: Participants who reported more police contact also reported more trauma and anxiety symptoms, associations tied to how many stops they reported, the intrusiveness of the encounters, and their perceptions of police fairness. CONCLUSIONS: The intensity of respondent experiences and their associated health risks raise serious concerns, suggesting a need to reevaluate officer interactions with the public. Less invasive tactics are needed for suspects who may display mental health symptoms and to reduce any psychological harms to individuals stopped.

Stress is considered a risk factor for the irritable bowel syndrome (IBS). One of the main stress sources is represented by the negative life events and trauma suffered in childhood. Several papers have endorsed the hypothesis that youth submitted to stress are prone to develop IBS. We have undertaken a review of the literature, searching all Pubmed papers pertinent to child abuse and IBS. The data suggest that indeed, children submitted to physical, psychological and sexual abuse are at risk to develop IBS as adults. However, cultural differences exist.


Existing research indicates that there is very little agreement between youth and their parents on youth trauma exposure and subsequent treatment. Few studies, however, have attempted to examine factors that may contribute to this lack of agreement. This study addressed this gap by examining youth and maternal-reported youth traumatic event exposure using a sample of 100 urban, African American adolescent-maternal dyads. Cumulative report of youth potentially traumatic event exposure (57%) was higher than youth (41%) and maternal (27%) reports. Findings indicate that there was agreement for sexual assault, being shot or stabbed, and auto accidents. Maternal depression was the only factor that was associated with both youth and maternal report of youth qualifying event. Other factors that distinguished youth reports included maternal event exposure, substance use disorder, antisocial personality behaviors, and youth reports of arguments with the mother and running away from home. Implications for reconciling reports of trauma exposure among youth and their mothers are discussed.

Karos, K., N. Niederstrasser, et al. (2014). "Factor structure, reliability, and known groups validity of the German version of the Childhood Trauma Questionnaire (Short-form) in Swiss patients and nonpatients." J Child Sex Abus 23(4): 418-430.

The Childhood Trauma Questionnaire-Short Form is the most widely used instrument to assess childhood trauma and has been translated into 10 languages. However, research into validity and reliability of these translated versions is scarce. The present study aimed to investigate the factor structure, internal consistency, reliability, and known-groups validity of the German Childhood Trauma Questionnaire-Short Form (Bernstein & Fink, 1998). Six-hundred and sixty-one clinical and nonclinical participants completed the German Childhood Trauma Questionnaire-Short Form. A confirmatory factor analysis was conducted to assess the 5-factor structure of the original Childhood Trauma Questionnaire-Short Form. To investigate known-groups validity, the confirmatory factor analysis latent factor levels between clinical and nonclinical participants were compared. The original 5-factor structure was confirmed, with only the Physical Neglect scale showing rather poor fit. As a conclusion, the results support the validity and reliability of the German Childhood Trauma Questionnaire-Short Form. It is recommended to use the German Childhood Trauma Questionnaire-Short Form to assess experiences of childhood trauma.

This study examines patterns of lifetime victimization within the family, community violence exposure, and stigma as contributors to posttraumatic stress disorder (PTSD) symptoms within a sample of 198 high-risk young women who are pregnant or parenting. We used cluster analysis to identify 5 profiles of cumulative victimization, based on participants' levels of witnessing intimate partner violence (IPV), physical abuse by an adult caregiver, and sexual victimization, all beginning by age 12. Hierarchical regression was used to examine these 5 clusters (ranging from a High All Victimization cluster characterized by high levels of all 3 forms of violence, to a Low All Victimization cluster characterized by low levels of all 3 forms), along with community violence exposure and stigma, as predictors of PTSD symptoms. We found that 3 of the cumulative victimization clusters, in comparison with Low All Victimization, were significant predictors of PTSD symptoms, as was stigma, while community violence exposure was not a significant predictor.


This study assessed the prevalence and interrelationships of posttraumatic stress disorder (PTSD), antecedent trauma, and psychosocial risk factors among pregnant women served at three urban Federally Qualified Health Care Centers. This analysis was part of a validation study of the prenatal risk overview, a structured psychosocial risk screening interview. The study sample included 745 prenatal patients at three clinics who also were administered the major depression, PTSD, alcohol, and drug use modules of the Structured Clinical Interview for DSM-IV (SCID). Most participants were women of color (89.1%), under the age of 25 years (67.8%), and unmarried (86.2%). The rate for a current PTSD diagnosis was 6.6% and for subthreshold PTSD 4.2%. More than half (54%) of participants reported a trauma that met PTSD criteria; 21% reported being a victim of or witness to violence or abuse, including 78% of women with PTSD. Compared to those without PTSD, those with PTSD were 4 times more likely to be at risk for housing instability (AOR 4.15; 95% CI 1.76, 9.80) and depression (AOR3.91; 95% CI 2.05, 7.47) and 2 times as likely to be at risk for a drug use disorder (AOR 1.96, 95% CI 1.04, 3.71) and involvement with child protective services (AOR 2.27; 95% CI 1.06, 4.89). Women age 25 or older were twice as likely to meet PTSD diagnostic criteria as younger women (AOR2.27; 95%CI 1.21, 4.28). Trauma exposure and pervasive PTSD were common in this population. Systematic psychosocial risk screening may identify the population with PTSD even without questions specific to this disorder.


OBJECTIVE: To evaluate the prevalence of military sexual trauma (MST) among US veterans, identify sociodemographic and military characteristics of MST, and examine the relationships between MST and psychiatric comorbidities, functioning/quality of life, and mental health treatment
utilization. METHOD: Data were analyzed from the National Health and Resilience in Veterans Study, a contemporary, nationally representative survey of 1,484 US veterans conducted September-October 2013. Poststratification weights were applied to analyses to permit generalizability of results to the US veteran population. Outcomes measured include history of MST, trauma histories, lifetime and current DSM-IV mental disorders, functioning and quality of life, and utilization of mental health treatment. RESULTS: The overall prevalence of MST was 7.6% and was higher among female than male veterans (32.4% vs 4.8%) and younger than older veterans (22.8% among veterans aged 18-29 years vs 4.5% among veterans aged 60+ years). After adjustment for sociodemographic and military characteristics, MST was associated with elevated rates of current major depressive disorder, posttraumatic stress disorder, and generalized anxiety disorder (adjusted odds ratio [aOR] range, 2.19-3.12); past history of suicide attempt (aOR = 2.78) and current suicidal ideation (aOR = 2.19); and decreased mental and cognitive functioning and quality of life (Cohen d, 0.23-0.38). MST was also associated with increased current utilization of psychotropic medication (aOR = 3.70) and psychotherapy or counseling (aOR = 2.41), independent of psychiatric morbidities. CONCLUSIONS: 7.6% of US veterans screen positive for MST, with substantially higher rates among female and younger veterans. MST is associated with elevated rates of several psychiatric morbidities and suicidality, reduced functioning and quality of life, and increased mental health treatment utilization, independent of other sociodemographic, military, and mental health factors. These results suggest that MST is prevalent among US veterans and associated with elevated health burden. Findings can help inform efforts to identify at-risk veterans and characterize the concomitant health burden and needs associated with MST in this population.


Stigma due to sexual violence includes family rejection, a complex outcome including economic, behavioral, and physical components. We explored the relationship among conflict-related trauma, family rejection, and mental health in adult women living in rural eastern Democratic Republic of the Congo, who participate in a livestock-based microfinance program, Pigs for Peace. Exposure to multiple and different types of conflict-related trauma, including sexual assault, was associated with increased likelihood of family rejection, which in turn was associated with poorer mental health outcomes. Design of appropriate and effective interventions will require understanding family relationships and exposure to different types of trauma in postconflict environments.


BACKGROUND AND OBJECTIVES: Eye movements (EM) during recall of an aversive memory is a treatment element unique to Eye Movement Desensitization and Reprocessing (EMDR). Experimental studies have shown that EM reduce memory vividness and/or emotionality shortly after the intervention. However, it is unclear whether the immediate effects of the intervention reflect
actual changes in memory. The aim of this study was to test whether immediate reductions in memory vividness and emotionality persist at a 24 h follow up and whether the magnitude of these effects is related to the duration of the intervention. METHODS: Seventy-three undergraduates recalled two negative autobiographical memories, one with EM ("recall with EM") and one without ("recall only"). Half of participants recalled each memory for four periods of 24 s, the other half for eight periods of 24 s. Memory vividness/emotionality were self-rated at a pre-test, an immediate post-test, and a 24 h follow-up test. RESULTS: In both duration groups, recall with EM, but not recall only, caused an immediate decrease in memory vividness. There were no immediate reductions in memory emotionality. Furthermore, only the 'eight periods' group showed that recall with EM, but not recall only, caused a decrease in both memory emotionality and memory vividness from the pre-test to the follow-up. LIMITATIONS: Only self-report measures were used. CONCLUSIONS: The findings suggest that recall with EM causes 24-h changes in memory vividness/emotionality, which may explain part of the EMDR treatment effect, and these effects are related to intervention duration.


OBJECTIVES: This multisite study aimed to answer the following research questions about women in urban and rural jails. First, what is the current and lifetime prevalence of serious mental illness (major depressive disorder, bipolar disorder, and psychotic spectrum disorders) of women in jail? Second, what level of impairment is associated with their serious mental illness? Third, what is the proportion of incarcerated women with serious mental illness who also have posttraumatic stress disorder (PTSD), a substance use disorder, or both? METHODS: Participants were 491 women randomly sampled in jails in Colorado, Idaho, South Carolina, and the metropolitan area of Washington, D.C. Structured interviews assessed lifetime and 12-month prevalence of disorders and level of impairment. RESULTS: Forty-three percent of participants met lifetime criteria for a serious mental illness, and 32% met 12-month criteria; among the latter, 45% endorsed severe functional impairment. Fifty-three percent met criteria for ever having PTSD. Almost one in three (29%) met criteria for a serious mental illness and PTSD, 38% for a serious mental illness and a co-occurring substance use disorder, and about one in four (26%) for all three in their lifetime. CONCLUSIONS: The prevalence of serious mental illness and its co-occurrence with substance use disorders and PTSD in this multisite sample suggest the critical need for comprehensive assessment of mental health at the point of women's entry into the criminal justice system and the necessity for more programs that offer alternatives to incarceration and that can address the complexity of female offenders' treatment needs.


Exposure-based therapies for posttraumatic stress disorder are thought to reduce intrusive memories through extinction processes. Methods that enhance extinction may translate to improved treatment. Rat research suggests retrieving a memory via a conditioned stimulus (CS) cue, and then modifying the retrieved memory within a specific reconsolidation window may enhance extinction. In
humans, studies (e.g., Kindt & Soeter, 2013; Schiller et al., 2010) using basic learning paradigms show discrepant findings. Using a distressing film paradigm, participants (N = 148) completed fear acquisition and extinction. At extinction, they were randomized to 1 of 3 groups: CS cue within reconsolidation window, CS cue outside window, or non-CS cue within window. Intrusions were assessed 24 hr after extinction. Participants receiving the CS cue and completing extinction within the reconsolidation window had more intrusions (M = 2.40, SD = 2.54) than those cued outside (M = 1.65, SD = 1.70) or those receiving a non-CS cue (M = 1.24, SD = 1.26), F(2, 145) = 4.52, p = .01, d = 0.55. Consistent with the reconsolidation hypothesis, presenting a CS cue does appear to activate a specific period of time during which a memory can be updated. However, the CS cue caused increased, rather than decreased, frequency of intrusions. Understanding parameters of preextinction cueing may help us better understand reconsolidation as a potential memory updating mechanism.


INTRODUCTION: Despite burns being common in children, research into the psychological experience and trauma remains limited. Improvements in the professional understanding of children's experiences will assist in improving holistic care. PURPOSE: This study uses phenomenology, a qualitative methodology to explore the psychological experiences following a burn injury in children. METHODS: In-depth interviews were conducted six months after burn with 12 (six girls and six boys) children who underwent surgery for a burn. The children were aged eight to 15 years. The interview examined the overall experience of children and included probing questions exploring participants' perceptions, thoughts and feelings. Transcripts were analysed according to the seven-step Coliauzzi method. Relationships between themes were explored to identify core concepts. RESULTS: The findings demonstrated that trauma was central to the burn experience and comprised two phases: the burn trauma and the recovery trauma. Six themes emerged as a result of this experience: ongoing recurrent trauma; returning to normal activities; behavioural changes; scarring—the permanent reminder; family and adaptation. CONCLUSION: This research has clinical implications as its findings can be used to inform clinical care at all stages of the burn journey. These research conclusions could be used to develop comprehensive information and support management plans for children. This would complement and support the surgical and medical treatment plan, providing direction for comprehensive service delivery and improved psychosocial outcomes in children.


The purpose of this study was to describe behavioural and emotional symptoms and to examine the effect of abuse-related factors, family responses to disclosure, and child self-blame on these symptoms in children presenting for medical evaluations after disclosure of sexual abuse. A retrospective review was conducted of 501 children ages 8-17. Trauma symptoms were determined by two sets of qualitative measures. Abstracted data included gender, ethnicity, and age; severity of
abuse and abuser relationship to child; child responses regarding difficulty with sleep, school, appetite/weight, sadness, or self-harm, parent belief in abuse disclosure, and abuse-specific self-blame; responses to the Trauma Symptom Checklist in Children-Alternate; and the parent's degree of belief in the child's sexual abuse disclosure. Overall, 83% of the children had at least one trauma symptom; 60% had difficulty sleeping and one-third had thoughts of self-harm. Child age and abuse severity were associated with 3 of 12 trauma symptoms, and abuse-specific self-blame was associated with 10 trauma symptoms, after controlling for other variables. The children of parents who did not completely believe the initial disclosure of abuse were twice as likely to endorse self-blame as children of parents who completely believed the initial disclosure. Screening for behavioural and emotional problems during the medical assessment of suspected sexual abuse should include assessment of self-blame and family responses to the child's disclosures. In addition, parents should be informed of the importance of believing their child during the initial disclosure of abuse and of the impact this has on the child's emotional response to the abuse.


Children and teenagers may face trauma that threatens their life, but also their psychological integrity. These injuries can lead to posttraumatic stress disorder (PTSD), which is the most common psychopathological consequence after a trauma. Age is not a protective factor and this disorder can be severe and may last over a long-term period. Effective therapies on PTSD are scarce and research on this topic is rare in children. We report a case of a 12-year-old girl affected by PTSD after a carousel accident at the age of 4 years. A therapy based on hypnosis and psychological support was rapidly effective. This psychotherapeutic option was chosen on the basis of common features shared by hypnosis and the posttraumatic symptoms. Clinical manifestations of PTSD disappeared after 4 weeks of therapy and the patient remained symptom-free during a 1-year follow-up. Our report suggests that hypnosis could be an effective therapy for children with PTSD. Prospective studies on a larger number of patients are needed to validate this hypothesis.


High family risk was tested as an impediment to recovery in children exposed to interparental violence (IPV) participating in community-based intervention. Characteristics of IPV were also explored as moderators for the effect of an IPV-focused intervention over a common factors intervention. Baseline, posttest and follow-up measurements of 155 parents and children (aged 6 to 12 years; 55.5% boys) were fitted in a multilevel model. Outcomes were clinical classifications of internalizing and externalizing problems, and posttraumatic stress symptoms. Tested moderators were child maltreatment, symptoms of disordered attachment, parental psychopathology, parenting stress, poverty, and IPV characteristics. Children without symptoms of disinhibited social engagement disorder, children of parents with high levels of psychopathology, and children of parents with high levels of parenting stress showed strongest recovery. Participation in an IPV-
focused intervention was not more effective than in a common factors intervention, irrespective of the nature of the IPV. Based on rate of recovery, participation in community-based group interventions does not need to be contraindicated for children facing high family risk after being exposed to IPV, except for children with symptoms of disinhibited social engagement disorder.


OBJECTIVES: Transmission of parental post-traumatic stress disorder (PTSD) to offspring might be explained by transmission of epigenetic processes such as methylation status of the glucocorticoid receptor (GR) gene (NR3C1). METHODS: We investigated PTSD and depression severity, plasma cortisol, GR and mineralocorticoid receptor (MR) levels, and methylation status of NR3C1 and NR3C2 promoter regions in 25 women exposed to the Tutsi genocide during pregnancy and their children, and 25 women from the same ethnicity, pregnant during the same period but not exposed to the genocide, and their children. RESULTS: Transmission of PTSD to the offspring was associated with transmission of biological alterations of the HPA axis. Mothers exposed to the genocide as well as their children had lower cortisol and GR levels and higher MR levels than non-exposed mothers and their children. Moreover, exposed mothers and their children had higher methylation of the NR3C1 exon 1F than non-exposed groups. Finally, exposed mothers showed higher methylation of CpGs located within the NR3C2 coding sequence than non-exposed mothers. CONCLUSIONS: PTSD was associated with NR3C1 epigenetic modifications that were similarly found in the mothers and their offspring, modifications that may underlie the possible transmission of biological alterations of the HPA axis.


This study sought to determine the prevalence of experiences of possession and paranormal phenomena (PNP) in the general population and their possible relations to each other and to traumatic stress and dissociation. The study was conducted on a representative female sample recruited from a town in central eastern Turkey. The Dissociative Disorders Interview Schedule, the posttraumatic stress disorder (PTSD) and borderline personality disorder sections of the Structured Clinical Interviews for DSM-IV Axis-I and Personality Disorders, and the Childhood Abuse and Neglect Questionnaire were administered to 628 women. Of these, 127 (20.2%) women reported at least 1 type of PNP and 13 (2.1%) women reported possession. Women with a dissociative disorder reported all types of possession and PNP (except telepathy) more frequently than those without. Whereas women with a trauma history in childhood and adulthood or PTSD reported possession more frequently than those without, PNP were associated with childhood trauma only. Factor analysis yielded 4 dimensions: possession by and/or contact with nonhuman entities, extrasensory
communications, possession by a human entity, and precognition. These factors correlated with number of secondary features of dissociative identity disorder and Schneiderian symptoms. Latent class analysis identified 3 groups. The most traumatized group, with predominantly dissociative and trauma-related disorders, had the highest scores on all factors. Notwithstanding their presence in healthy individuals, possession and PNP were associated with trauma and dissociation in a subgroup of affected participants. Both types of experience seem to be normal human capacities of experiencing that may be involved in response to traumatic stress. Given the small numbers, this study should be considered preliminary.


Due to the HIV/AIDS pandemic which has left 12 million children orphaned in Sub-Saharan Africa, children are at increased risk for mental health problems. Currently, no validity data exist for any screening measure of emotional-behavior disorders in pre-adolescent children in Sub-Saharan Africa. The aims of the current study were to evaluate the construct validity of the caregiver-, teacher-, and self-report versions of the one-page Strengths and Difficulties Questionnaire (SDQ) in 466 orphans in South Africa between the ages of 7 and 11 (M age = 9.23 years, SD = 1.33, 51.93 % female) and to provide, for the first time, clinical cut-offs for this population. Findings demonstrated support for the caregiver SDQ, but not the teacher and self-report versions. We provide clinical cut-offs, but caution their use before further research is conducted. There remains a critical need for further psychometric studies of the SDQ in the developing world.


Abdominal injury in nonaccidental trauma (NAT) is an increasingly recognized cause of hospitalization in abused children. Abdominal injuries in NAT are often severe and have high rates of surgical intervention. Certain imaging findings in the pediatric abdomen, notably bowel perforation and pancreatic injury, should alert the radiologist to possible abuse and incite close interrogation concerning the reported mechanism of injury. Close inspection of the imaging study is warranted to detect additional injury sites because these injuries rarely occur in isolation. When abdominal injury is suspected in known or speculated NAT, computed tomography (CT) of the abdomen and pelvis with intravenous contrast material is recommended for diagnostic and forensic evaluation. Although the rate of bowel injury is disproportionately high in NAT, solid organs, including the liver, pancreas, and spleen, are most often injured. Adrenal and renal trauma is less frequent in NAT and is generally seen with multiple other injuries. Hypoperfusion complex is a constellation of abdominal CT findings that indicates current or impending decompensated shock and is most often due to severe neurologic impairment in NAT. Although abdominal injuries in NAT are relatively uncommon, knowledge of injury patterns and their imaging appearances is important for patient care and protection.

This study prospectively examined the relationships among cognitive factors and severity of Posttraumatic stress disorder (PTSD) symptoms in female victims of sexual violence. Thirty-eight victims of sexual violence recruited from Center for Women Victims of Sexual and Domestic Violence at Ajou University Hospital. Cognitive factors and PTSD symptom were assessed within 4 months of sexual violence and 25 victims were followed-up 1 month after initial assessment. Repeated-measured ANOVA revealed that PTSD incidence and severity decreased over the month (F [1, 21]=6.61). Particularly, avoidant symptoms might decrease earlier than other PTSD symptoms (F [1, 21]=5.92). This study also showed the significant relationship between early negative trauma-related thoughts and subsequent PTSD severity. Shame and guilt proneness had significant cross-sectional correlations with PTSD severity, but did not show associations when depression severity is controlled. Our results suggest that avoidant symptoms might decrease earlier than other PTSD symptoms during the acute phase and that cognitive appraisals concerning the dangerousness of the world seem to play an important role in the maintenance of PTSD (r=0.499, P<0.05).


Since many former child soldiers are aging and having children of their own, this study aimed to understand how the effects of trauma are passed to the next generation. In this qualitative study, semistructured interviews, focus groups, and observations were conducted with 25 former child soldiers and 15 matched civilian parents. Analysis used a grounded-theory approach. Trauma may be transmitted from former child soldiers to their offspring via (a) the effect on indero (how to raise a child); (b) severe parental emotional distress; and (c) community effects. Incorporating themes of indero values on how to raise children, the effects of parental posttraumatic stress and depressive symptoms on offspring, and the stigma associated with the families of former child soldiers may provide key areas of intervention in mental healing.


OBJECTIVES: Despite the U.S. Department of Veterans Affairs' (VA) expansion of mental health services to treat VA service users with posttraumatic stress disorder (PTSD), many with PTSD do not engage in treatment. Numerous studies suggest that beliefs about treatment and social network factors, such as encouragement to seek treatment by others, affect engagement; however, prospective studies examining these factors are largely absent in this population. This study sought to understand social and attitudinal factors influencing treatment initiation, which may help to inform outreach interventions for VA service users with PTSD. METHODS: A prospective, national cohort study of mental health care use among veterans recently diagnosed as having PTSD (N=7,645) was undertaken. Data from self-administered surveys and administrative databases were analyzed to assess contributions of treatment-related beliefs and social network encouragement to subsequent
mental health care use, after facility, demographic, need, and access factors were controlled.

RESULTS: After the analysis controlled for treatment need and accessibility, the odds of initiating mental health care were greater for veterans who believed that they needed help for PTSD or other emotional problems and those who were encouraged to seek help by friends and family. Beliefs about the effectiveness of PTSD treatments were associated with the type of treatment received. Negative illness identity was not a barrier to treatment initiation. CONCLUSIONS: VA service users' social networks, veterans' perceptions of their need for mental health care, and their beliefs about PTSD treatment effectiveness may be fruitful targets for future treatment engagement interventions.


The primary aims of this study were to: (a) examine child perceptions of overprotection; and (b) explore how these perceptions relate to child health and adjustment. Children with a prior diagnosis of cancer (n = 205) and children without a history of serious illness (n = 76) reported on parental overprotective and caring behaviors. Children with cancer were recruited from one of four strata based on the elapsed time since their cancer diagnosis (1-6 months; 6-24 months; 2-5 years; >5 years) Children also reported on symptoms of depression, anxiety, and posttraumatic stress. Children with cancer did not differ from healthy children in their perceptions of parental care or overprotection. Child distress was more strongly related to perceptions of care and overprotection than child's health status. Children with cancer do not report their parents approach to care and protection differently than children without a cancer history. These findings mirror prior research examining parental perceptions of overprotection and suggest that, despite the challenges of parenting a child with serious illness, parental protection is not significantly altered.


BACKGROUND: On March 11, 2011, Japan was struck by a massive earthquake and tsunami. The tsunami caused tremendous damage and traumatized a number of people, including children. This study aimed to compare traumatic symptoms and daily life activity among children 20 months after the 2011 Great East Japan Earthquake and Tsunami with those observed after 8 months. METHODS: The study comprised two groups. The first comprised 12,524 kindergarten, elementary school, and junior high school children in Ishinomaki City, Miyagi Prefecture, Japan, who were evaluated 8 months after the disaster. The second comprised 10,597 children from the same place who were evaluated 20 months after the disaster. The Post Traumatic Stress Symptoms for Children 15 items (PTSSC-15), a self-completion questionnaire on traumatic symptoms, and a questionnaire on children's daily life were distributed to the children. An effective response was obtained from 11,639 (92.9%, 8 months after) and 10,597 (86.9%, 20 months after) children. RESULTS: The PTSSC-15 score was significantly higher in junior high school girls than in boys. The PTSSC-15 score was significantly higher in 4th-6th grade girls than in boys after 8 months. Elementary and junior high school children evaluated after 20 months had a significantly lower
PTSSC-15 score than those evaluated after 8 months. The number of children having breakfast was significantly higher after 8 months than that after 20 months. In both the groups, children of all grades who had breakfast had a significantly lower PTSSC-15 score than those who did not have breakfast. CONCLUSIONS: We conclude that traumatic symptoms and daily life activity of children who survived the earthquake and tsunami improved over time.


BACKGROUND: Exposure to 9/11 may have considerable long-term impact on health behaviors, including increased alcohol consumption. We examined the association between frequent binge drinking, posttraumatic stress disorder (PTSD), and number of 9/11-specific experiences among World Trade Center Health Registry (Registry) enrollees five-to-six years after 9/11.

METHODS: Participants included 41,284 lower Manhattan residents, workers, passers-by, and rescue/recovery workers aged 18 or older without a pre-9/11 PTSD diagnosis who completed Wave 1 (2003-2004) and Wave 2 (2006-2007) interviews. Frequent binge drinking was defined as consuming five or more drinks on five or more occasions in the prior 30 days at Wave 2. Probable PTSD was defined as scoring 44 or greater on the PTSD Checklist. 9/11 exposure was measured as the sum of 12 experiences and grouped as none/low (0-1), medium (2-3), high (4-5) and very high (6+). RESULTS: Frequent binge drinking was significantly associated with increasing 9/11 exposure and PTSD. Those with very high and high exposures had a higher prevalence of frequent binge drinking (13.7% and 9.8%, respectively) than those with medium and low exposures (7.5% and 4.4%, respectively). Upon stratification, very high and high exposures were associated with frequent binge drinking in both the PTSD and no PTSD subgroups. CONCLUSIONS: Our findings suggest that 9/11 exposure had an impact on frequent binge drinking five-to-six years later among Registry enrollees. Understanding the effects of traumatic exposure on alcohol use is important to identify risk factors for post-disaster alcohol misuse, inform policy, and improve post-disaster psychological and alcohol screening and counseling.


Anger is a common problem among veterans and has been associated with posttraumatic stress disorder (PTSD). This study aimed to improve understanding of how anger and PTSD co-occur by examining gender differences and differences by whether the triggering traumatic event is deployment-related vs. civilian-related in current service members. A representative cohort of Reserve and National Guard service personnel (n = 1293) were interviewed to assess for deployment- or civilian-related traumas, PTSD, and anger. The prevalence of self-reported anger problems was estimated among male (n = 1036) and female (n = 257) service members. Log Poisson regression models with robust standard errors were used to estimate the associations of problems with anger with PTSD and PTSD symptom severity for men and women. Self-reported anger problems were common among male (53.0%) and female (51.3%) service members. Adjusted prevalence ratios (PR) showed associations between anger and PTSD connected to both civilian- and
deployment-related traumas (PR were 1.77 (95% CI 1.52-2.05) and 1.85 (95% CI 1.62-2.12), respectively). PTSD symptom severity was also associated with anger. This study was cross-sectional and so a causal relationship between PTSD and anger cannot be established. Problems with anger are common among male and female current Guard and Reserve members. These findings suggest that anger treatment should be made available to current service members and that clinicians should assess anger problems irrespective of gender. Future research should examine the effectiveness of anger treatment protocols by gender.


PURPOSE: To examine the associations between trauma severity, trait resilience, and posttraumatic stress disorder (PTSD) and depressive symptoms among adolescent survivors of the Wenchuan earthquake, China. METHODS: 788 participants were randomly selected from secondary schools in the counties of Wenchuan and Maoxian, the two areas most severely affected by the earthquake. Participants completed four main questionnaires including the Child PTSD Symptom Scale, the Center for Epidemiologic Studies Depression Scale for Children, the Connor and Davidson's Resilience Scale, and the Severity of Exposure to Earthquake Scale. RESULTS: After adjusting for the effect of age and gender, four aspects of trauma severity (i.e., direct exposure, indirect exposure, worry about others, and house damage) were positively associated with the severity of PTSD and depressive symptoms, whereas trait resilience was negatively associated with PTSD and depressive symptoms and moderated the relationship between subjective experience (i.e., worry about others) and PTSD and depressive symptoms. CONCLUSIONS: Several aspects (i.e., direct exposure, indirect exposure, worry about others, and house damage) of earthquake experiences may be important risk factors for the development and maintenance of PTSD and depression. Additionally, trait resilience exhibits the beneficial impact on PTSD and depressive symptoms and buffers the effect of subjective experience (i.e., worry about others) on PTSD and depressive symptoms.


INTRODUCTION: Posttraumatic stress disorder (PTSD) is a risk factor for tobacco addiction. The majority of research on PTSD and smoking has been conducted with men, particularly combat veterans, and little is known about the association among women. In a clinical sample of women civilian smokers with serious mental illness (SMI), we examined the prevalence of PTSD symptomatology and associations with physical and mental health functioning, co-occurring substance use, nicotine dependence, and readiness to quit smoking. METHODS: 376 adult women smokers aged 18-73 were recruited from 7 acute inpatient psychiatry units and screened by diagnostic interview for current PTSD symptomatology (PTSD(+)). In multiple regressions, we examined the associations of screening PTSD(+) with physical and mental health functioning; past-month drug use; past-year substance use disorders; nicotine dependence and readiness to quit.
smoking. RESULTS: Nearly half the sample (43%) screened PTSD(+), which was significantly associated with the use of stimulants (OR=1.26) and opiates (OR=1.98), drug use disorders (OR=2.01), and poorer mental health (B=-2.78) but not physical health functioning. PTSD(+) status was unrelated to nicotine dependence, but predicted greater desire to quit smoking (B=2.13) and intention to stop smoking in the next month (OR=2.21). In multivariate models that adjusted for substance use disorders, physical and mental health functioning, and nicotine dependence, screening PTSD(+) remained predictive of greater desire and intention to quit smoking.

CONCLUSION: PTSD symptomatology was common in our sample of women smokers with SMI and associated with not only worse substance use and mental health, but also greater readiness to quit smoking, suggesting the need for and potential interest in integrative PTSD-addiction treatment among women.