

4. ORAL PRESENTATIONS AND SPECIFIC TOPICS

4.1. ORAL PRESENTATIONS

Adel abu Samhadana:

War Trauma and Violence Among School Aged Children in Gaza Strip 70

Inger Agger:

Culturally Adapted Approaches to Healing of Trauma for Torture Survivors in Cambodia 70

Marina Ajdukovic, Jelena Brkic Smigoc, Miroslav Rajter, NIka Susac:

Protection of Children's Rights to Participate in Child Abuse and Neglect Researches: Methodological and Validity Implications. 70

Nurdan Akiner:

The Phenomenon of Stone-Throwing Children: The Explosion of Anger in Mersin's Suburbs. 71

Eva Alisic, Marian Jongmans, Rolf Kleber:

Psychological Trauma: Zooming in on Children's World 71

Kjerstin Almqvist:

Support for Children Who Have Experienced Violence Against Their Mother-Preliminary Results from a National Evaluation Study in Sweden. 71

Cherie Armour, Jon Elhai, Tracey Biehn, Christopher Frueh, Patrick Palmieri:

Evidence for a Unique PTSD Construct Represented by PTSD's D1-D3 Symptoms 72

Cherie Armour, Mark Shevlin:

PTSD's Latent Structure: Is Dysphoria Illustrative of Depression? 72

Filip Arnberg, Kerstin Bergh-Johannesson, Lennart Melin:

Is Social Support Equally Important for Both Directly and Indirectly Affected Disaster Victims? 72

Filip Arnberg, Christina Hultman, Per-Anders Rydelius, Tom Lundin:

Prospective Longitudinal Long-Term Studies 14–20 Years after Three Disasters 72

Nozomu Asukai, Sugiyama, Hiromi; Kato, Hiroshi; Nakajima, Midori; Saeki, Toshinari:

Contributing Factors to Psychological Consequences in Hiroshima A-Bomb Survivors – 63 Years after . . . 73

Sarah Ayoughi, Inge Missmahl, Roland Weierstall, Thomas Elbert:

Provision of Mental Health Services in Resource-Poor Settings: A Randomized Trial Comparing Counseling with Medical Treatment in North Afghanistan (Mazare-Sharif) 73

Virgínia Barbosa, José Carlos Rocha:

The Effectiveness of a Cognitive Narrative Intervention in Complicated Grief on Widowers 73

Kerstin Bergh Johannesson, Tom Lundin, Thomas Fröjd, Christina Hultman, Per-Olof Michel:

Trajectories and Rates of Recovery in Swedish Survivors of the 2004 Tsunami 74

Barbara Blanckmeister:

European Project on Psychosocial Support for Civil Protection Forces 74

Olga Bogolyubova, Liubov Smykalo; Roman Skochilov, Galina Hrabrova:

Childhood Victimization, Dissociation and Health Behaviors among University Students in Four Russian Cities. 74

Maya Böhm, Gregor Weißflog:

Transgenerational Communication about Political Imprisonment in the Former GDR – An Explorative Study on Transgenerational Traumatization 75

Maria Böttche:

Impact of Locus of Control on Posttraumatic Stress Disorder in Older Patients: A Quantitative and Content Analytic Perspective 75

Rosa Maria Bramble Weed:

Trauma and Political Asylum Seekers Living with HIV: A Socio-Therapeutic Approach 75

Rikke Holm Bramsen, Mathias Lasgaard, Mary P. Koss, Ask Elklit:

Adolescent Sexual Victimization: A Prospective Study on Risk Factors for First Time Sexual Assault . . . 76

Rikke Holm Bramsen, Mathias Lasgaard, Mary P. Koss, Mark Shevlin, Ask Elklit:

Testing a Multiple Mediator Model of the Effect of Childhood Sexual Abuse on Adolescent Sexual Victimization 76

Karl Heinz Brisch, Christine Kern, Christine Schott, Ingrid Erhardt:

Attachment, Trauma and Stress in Pregnant Women Before Childbirth 77

62 This is an Open Access publication distributed under the terms of the Creative Commons Attribution-Noncommercial 3.0 Unported License (<http://creativecommons.org/licenses/by-nc/3.0/>), permitting all non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited.

- Gordana Bujisic:**
Is the Deficiency of the State' Care for Suicidal PTSD Patients Violation of their Human Rights? 77
- Brigitta Busch:**
When One Does Not Have a Language: Language Choice in Therapeutic Settings and Asylum Procedures. 77
- Willi Butollo, Karl, Regina:**
Dialogic Exposure in a Gestalt Oriented Trauma Therapy – First RCT Results. 78
- Filiz Celik:**
Intergenerational Transmission of Trauma: Case of Dersim Massacren 1937–38 78
- Ruby Charak, Meenakshi Singh:**
Factors Predicting PTSD: A Study of Indian Villagers Residing along Line of Control 78
- Doungmani Chongruksa, Chanya Pansomboon, Penprapa Prinyapol, Sayan Sawatsri:**
Efficacy of Eclectic Group Counseling in Addressing Stress among Thailand Police Officers in Terrorist Situations 79
- Roman Cieslak:**
Differences in Mediating Effects of Social Support and Self-Efficacy: A Longitudinal Study on Secondary Traumatic Distress among Workers Exposed to Secondary Trauma 79
- Lejla Cisic:**
Impact of War on the Long-Term Trauma Symptoms and Psychological Adjustment in Bosnian and Herzegovinian Refugee Young People Living in Australia: Investigation of Incidents, War Experience Predictors and Moderators 79
- Dinka Corkalo Biruski, Dean Ajdukovic:**
When the World Collapses: Changed Worldview and Social Reconstruction in a Traumatized Community. 80
- Joop de Jong, Mario Tintinago Franco, Talat Yacub, Mark Van der Gaag, Willem Van der Does:**
Posttraumatic Stress Disorder, Dissociative Disorder, Psychosis and Sleep 80
- Stefania di Biasi, Levi Gabriel:**
Post-Traumatic Stress Disorder in Children and Adolescents 80
- Marwan Diab, Samir Qouta, Esa Palosaari, Eyad El Sarraj, Raija-Leena Punamaki:**
The Role of Children's Social Relations in War Trauma: Can Psychosocial Intervention Improve them and Can Improved Relations Contribute to Mental Health? 81
- Ruth Dölemeyer, Kristin Kroker, Katja Baust, Birgit Wagner, Anette Kersting:**
Internet-Based Therapy after Loss during Pregnancy – A Randomized Controlled Trial. 81
- Michel Dückers, Ruud Ganzevoort, Maarten Hoejenbos, Josée Netten, Magda Rooze, Hessel Zondag:**
Disaster Spiritual Care and Counselling in the Dutch Crisis Organisation: Development of a Practical Tool to Stimulate Optimal Coordination and Resource Utilisation 81
- Kari Dyregrov:**
The Important Role of the School Following Suicide 82
- Kari Dyregrov:**
The Value of Research Participation for Suicide Bereaved 82
- Angela Ebert:**
Values as Buffer and Risk Factor for Traumatised Refugees 82
- Ozgun Erdur Baker, A. Tamer Aker, Idil Aksoz:**
Traumatic Grief Reactions of Two Turkish Mothers after Loss of their Children: A Case Study 83
- Mok Escueta:**
Collective Recovery and Reconstruction from Continuing Complex Traumatic Stress: A Collaborative Psychoeducation Approach 83
- Silvia Exenberger, Barbara Juen:**
Four Years Post-Tsunami: Predictors of Children's Posttraumatic Stress Symptoms 83
- Maj Kevin J Forbes, Susan Klein,:**
The Identification of Factors which Conduce to and Prevent Rehabilitation and Adjustment in Military Personnel Following Combat-Related Injury: A Pragmatic Evaluation of Patients and Their Partners . . 84
- Ulla Forinder, Annika Lindahl Norberg:**
PTSS and Growth Among Parents Whose Child Have Had a Life Threatening Illness and Treatment. . . 84

Danute Gailiene: Viennese Professor in Vilnius: The Earliest Case Descriptions in Traumatology?	84	Maj Hansen: Predicting PTSD Following Bank Robbery	88
Abdul Gania: Posttraumatic Stress Disorder and Substance Dependence: Dual Diagnosis	85	David Haslam: Post Traumatic Treatment for Military Veteran's in Primary Care: An Innovative Systems-Level Stepped Collaborative Model.	88
Margit Ganster-Breidler: Human Rights Violation and Trauma in Papua New Guinea – The implementation of Innovative Therapies for Survivors of Violence.	85	Marit Hauschildt, Maarten Peters, Lena Jelinek, Steffen Moritz: Veridical and False Memory for Non-Autobiographical Scenic Material in Posttraumatic Stress Disorder.	89
Massimo Germani, Flavia Calò, Anna Dessi: The Utility of a Brief Therapy Focused on the Treatment of Hyperarousal in Asylum Seekers Who Have Survived Torture or Extreme Trauma	85	Ruth Heidinger: Working with Asylum Seekers in the Interface of Asylum Laws and Social Challenges: Trauma Focused Treatment at the Residential Home “Verein Projekt Integrationshaus” in Vienna	89
Massimo Germani, Lorenzo Mosca, Monica Luci, Carlo Lai: Specificity of Dissociative Disorders in Survivors of Torture and Extreme Trauma: Identification of Some Specific “Clusters” in the Dissociative Experience Scale	86	Unni Marie Heltne, Hanne Cecilie Braarud: Clinical and Ethical Challenges in Treatment Research Involving Children Traumatized by Exposure to Violence in their Families.	89
Siti Raudzah Ghazali, Khatijah Yaman, Mariah Ahmad: Symptoms of PTSD, Gender and Coping Skills among Adolescents Exposed to Tsunami Disaster in Northern Peninsular Malaysia: Four Years after Natural Disaster.	86	Leonie Hoijtink, Hans te Brake, Michel Dückers: Development of a Measuring Instrument – The Resilience Monitor	90
Ilgın Gökler Danisman, Banu Yılmaz, Tamer Aker: Reflection of Childhood Experiences of Trauma on Adult's Psychological Well-Being: The Predictive Role of World Assumptions	86	Gordana Hol: Utilising EMDR as an Integrative Approach for the Treatment of Torture and Trauma Survivors	90
Juul Gouweloos, Annelieke Drogendijk, Rolf Kleber: Preliminary Study of the Association between Work, Trauma and Psychopathology. An Inventory of Literature and Implications for Further Research.	87	Jacqueline Hovens: Impact of Childhood Life Events and Childhood Trauma on the Two-Year Course of Depressive and Anxiety Disorders	90
Neil Greenberg: Post Deployment Battlemind Training in the UK Armed Forces	87	Silje Hukkelberg: Dimensionality of Posttraumatic Stress Symptoms and the Relation to Depression in Children and Adolescents	91
Karin Griese: We Were Full of Hope for a Better Future. Providing Trauma Sensitive Psychosocial Support for Women and Girls in Afghanistan	87	Satoshi Ikeno, Kayoko Nakao: The Survivor Guilt among Japanese American Hiroshima/Nagasaki A-Bomb Survivors	91
James Halpern, Karla Vermeulen: Assisting Disaster Survivors: Are Practitioners Using Evidence-Informed Practices?	88	Saad Jaber, Nigel Hunt, Abdulgaffar Alqaysi, Rachel Sabin-Farrell: Developing a Self-Help Guide for Traumatized People in Iraq.	91
		Saad Jaber, Nigel Hunt, Rachel Sabin-Farrell, Abdulgaffar Alqaysi: Traumatic Events and Trauma-Related Symptoms in Iraqi University Students in Baghdad.	92

Elsbeth Jacobs: The Bodily Perspective in the Treatment of Traumatized Persons	92	Neil Kitchiner, Jonathan Bisson, Paul Bennett: Developing an Optimal Bio-Psychosocial Care Pathway for Veterans in the UK	96
Mariam Jishkariani, Teimuraz Bokuchava, Liana Kintsurashvili: Outcomes of Traumatic Stress Among Women – Victims of Ethnic Cleansing in Georgia	92	Fionna Klasen, Jana Schrage, Monica Blotevogel: Guiltless Guilty – Trauma-Related Guilt and Posttraumatic Stress Disorder in Former Ugandan Child Soldiers	96
Venke A. Johansen, Weisaeth, Lars: Prevalence of Post-Traumatic Stress Disorder (PTSD) and Anxiety and Depression in Physical Assault Victims of Violence: An 8-Year Follow Up Study	93	Fionna Klasen, Monica Blotevogel, Hubertus Adam: Trauma and Reconciliation in Refugee Children in Hamburg, Germany	96
Nuray Karanci, Ilgin Gokler Danisman, Banu Yilmaz, Tamer Aker: Identifying the Pathways to Provide Psychosocial Support for Disaster Survivors: Preliminary Findings of a Comprehensive Study	93	Simone Kowitz, Richard A Bryant, Mark Creamer, Alexander C. McFarlane, Glenn Melvin, Meaghan O'Donnell, Derrick M. Silove: Pathways to PTSD: Support for an Avoidant Response in Adults with a History of Childhood Trauma	97
Evaldas Kazlauskas, Danute Gailiene, Ieva Starinskaite, Vilmante Pakalniskiene, Vėjune Domanskaite Gota: Intergenerational Effects of Political Trauma in Lithuanian Survivors	93	Didier N Kramer, Markus A Landolt: Early Psychological Interventions after a Traumatic Event in Children and Adolescents: A Systematic Review	97
Susan Kelley, Deborah Whitley: Behavior Problems in Maltreated Children Raised by Grandmothers	94	Alexandra Liedl, Julia Müller, Naser Morina, Anke Karl, Claudia Denke, Christine Knaevelsrud: Physical Activity in a CBT-Biofeedback Intervention to Treat Chronic Pain in Traumatized Refugees and Torture Survivors: Results of a Randomised Controlled Trial	97
Christine Kern, Brigitte Forstner, Verena Menken, Karl Heinz Brisch: SAFE® (Safe Attachment Formation for Educators) in Infant Day Care	94	Maja Lis-Turlejska, Szymon Szumial, Angelika Kleszczewska-Albinska: War Trauma, Cognitive Appraisal and Posttraumatic Stress Symptoms Amongst Polish Child Survivors of World War II, 62 Years After the War	98
Christine Kern, Nevena Vuksanovic und Karl Heinz Brisch: Early Trauma and Insecure Attachment in Boys with ADHD Symptoms	94	Shu Tsen Liu, Sue-Huei Chen: The Association Between Posttraumatic Growth and Posttraumatic Distress and Emotional/Behavioral Problems among Taiwanese Community Youths	98
Christine Kern, Karl Heinz Brisch, Nevena Vuksanovic: The Unresolved Trauma State in Former Preterm Infants and Their Parents	95	Angela Ioanna Loulopoulou: Positive Psychology and the Refugee Experience: Shifting Perceptions and Attitudes Towards Refugees and Victims of Trauma	99
Akash Khan, Abdul Gania, Mushtaq Margoob, Yasir Arfat: Posttraumatic Stress Disorder in Children and Adolescents in Kashmir	95	Mirjana Lulic, Goran Arbanas: Twenty Years of Treatment of Traumatized People after a Combat Exposure	99
Ryan Kilmer, Virginia Gil-Rivas, Brook McClintic: Facilitating Posttraumatic Growth in Children and Youth: Applications of the Developing Research Base	95	Tom Lundin: The Psycho-Bio-Social Effects of Extreme Trauma Exposure During the 2004 Tsunami Disaster	99

Yuliya Lyamzina:

Prevention of Health Damage as a Result of Terrorism, Political Violence and its Impact on Civil Population, with Special Focus on Women.100

Angela Maia, Marisa Regada, Ana Mesquita, Ricardo Pinto:

Brain Activational Patterns During Emotional Processing in Adolescents with Documented History of Childhood Maltreatment.100

Angela Maia, Rita Começanha:

PTSD and Physical Health in Veterans 35 Years after the End of War100

Angela Maia, Carla Coelho, Marlene Matos:

PTSD and Physical Health in Women Victims of Intimate Partner Violence101

Lynne McCormack, Stephen Joseph:

Modern Global Conflicts and the Humanitarian Aid Worker: Making Sense of Moral Doubt, Guilt and Shame Following Exposure to War, Genocide and International Crises101

Jose Manuel Mendes, Luisa Sales, Pedro Araujo, Aida Dias, Rafaela Lopes:

Victims, Trauma and Institutional Processes: Beyond the Victims' Ethics101

Per-Olof Michel, Susanne Rosendal, Weisaeth Lars, Trond Heir:

Why Are There Differences in Societal Support Among Countries in the Aftermath of Disasters?102

João Monteiro-Ferreira, Susan Santo, Cristina Miguel, Cláudia Arriaga, António Reis Marques:

Trauma Exposure and PTSD in Bipolar Disorder102

Tina Mouritsen:

Towards an Interdisciplinary Approach: Family Therapy and Community Empowerment through Processual Network Meetings in Cases of Refugee Parents Suffering from Complex PTSD102

Nadine Müller, Julie Krans, Gérard Näring, Mike Rinck: "Don't Worry": A Psychoeducative and Cognitive Training for Dealing with Intrusions103

Julia Müller, Martina Schmidt, Thomas Maier:

Mental Health of Failed Asylum Seekers as Compared to Pending and Temporarily Accepted Asylum Seekers.103

Arthur Murphy, Eric Jones:

Trauma and Grief in Hermosillo, Sonora, Mexico: The ABC Day Care Fire103

Morina Naser, Thomas Maier, Lutz Wittmann, Michael Rufer, Ulrich Schnyder, Julia Müller:

An Intervention Study on the Efficacy of Combined CBT-Biofeedback and Narrative Exposure Therapy in Treating Chronic Pain and PTSD in Migrants104

Josée Netten:

Together We are Smarter and Stronger. A Guidebook for Self-Help Organisations for People Affected by Disasters104

Dag Nordanger, Espen R. Johansson, Inge Nordhaug, Reidun Dybsland, Venke A. Johansen:

Preventing and Disclosing Complex Trauma in Children: Experiences from the New "Consultation Team Model" of Western Norway104

Francisco Orengo-Garcia:

The Experience of Reparation Laws in Traumatized Countries.105

Geoffrey Orme:

Stressors Reported by Australian Military Personnel Deployed on a UN Mission105

Silje Ormhaug, Tine K.Jensen:

The Good News About Trauma Treatment; Working Alliance Formation With Children and Youth Exposed to Trauma105

Carlos Osório, Ângela Maia:

Prevalence of Post-Traumatic Stress Disorder Symptoms, Physical Health Problems and Substance Abuse Among Portuguese Military Returning from Deployment in Afghanistan.106

Gwynyth Overland:

Promoting the Resilience of Post-Conflict Survivors. Findings from a Study of Resilient Cambodians.106

Sabina Palic, Ask Elklit:

Disorders of Extreme Stress Not Otherwise Specified (DESNOS)? What do we Know so far, and what Needs to be Addressed? A Systematic Review of the Empirical Literature.106

- Sabina Palic**, Ask Elklit:
The Utility of SIDES for Assessing Complex PTSD/DESNOS in Bosnian Refugees in Danish Treatment Centres107
- Esa Palosaari**, Raija-Leena Punamäki, Samir Qouta, Marwan Diab, Eyad El Sarraj:
Trauma-Related Cognitions and Post-Traumatic Stress Reactions among War-Traumatized Children107
- Jadwiga Piatek**, Joanna Baran:
Frequency of Traumatic Events and Burn-Out Syndrome among Midwives107
- Ricardo Pinto**, Angela Maia:
What is the Best Predictor of Current Psychopathology in Victims of Maltreatment Identified in Childhood: Official Records or Self-Reports?108
- Sanela Piralic Spitzl**, Julia Sonnleitner, Martin Aigner:
Transcultural and Socioeconomic Aspects of Posttraumatic Stress Disorder and Somatoform Pain Disorder108
- Tânia Pires**, Ângela Maia:
PTSD 12 Months after a Motor Vehicle Accident: A Longitudinal Study.108
- Lara Pivodic**, Thomas Ehring, Brigitte Lueger-Schuster:
Adult Attachment Security in Survivors of Early-Onset Chronic Interpersonal Trauma.109
- Soili Poijula**:
Long-Term Impact of Media Reporting on Wellness of the Family Members of Homicide Victims109
- Rosaura Polak**, Anke Witteveen, Johannes Reitsma, Miranda Olf:
Executive Functioning in Posttraumatic Stress Disorder (PTSD): A Meta-Analysis109
- Barbara Preitler**:
Sri Lanka and Austria: Two Curricula for Academic Training for Trauma Counselling in Political, Social and Cultural Context110
- Raija-Leena Punamäki**:
Effectiveness of Psychosocial Intervention among War-Traumatized Children: Mental Health and Socio-Emotional Development in: A Cluster Randomized Controlled Study110
- Sara Rassool**, Pieter Nel:
Experiences of Causing an Accidental Death: A Qualitative Study111
- Mette Ratzer**, Ask Elklit:
Posttraumatic Stress in Traumatically Injured Intensive111
- Don Richardson**:
Pharmacological Treatment of Military Related PTSD: Focus on Co-Morbidity111
- Annemiek Richters**:
Healing and Reconciliation in Rwanda after Traumatization – The Contribution of Community-Based Socioterapy112
- Heide Rieder**, Thomas Elbert:
Mental Health and Family Structure after the 1994 Rwandan Genocide: Clinical Symptoms, Children's Relationship to their Parents and Communication about Genocide in Families of Survivors and Perpetrators.112
- José Carlos Rocha**, Flávia Afonso, Flávia Corrêa, Alexandra Leonardo, Maria Correia:
Longitudinal Study 7 Years after Termination of Pregnancy (TOP) on the Context of Prenatal Diagnosis.112
- Susanne Rosendal**, Erik Lykke Mortensen, Andersen Henrik Steen, Trond Heir:
Primary Health Care Service Use before and after a Natural Disaster: A Prospective and Retrospective Cohort Study.113
- Rita Rosner**:
10-Year After: A Follow-Up Study on War-Traumatized Civilians in Bosnia113
- Ebru Salcioglu**, Metin Basoglu:
What Works Best in Cognitive Behavioral Treatment? A Meta-Analysis of Therapeutic Ingredients of Treatment Protocols for PTSD113
- Luisa Sales**, Aida Dias, Rui Mota Cardoso:
How are the Spouses and the Children of the Portuguese War Veterans, 30 Years Later?114

Mehdi Samadzadeh , Moslem Abbasi, Bita Shahbazzadeghan: PTSD Symptom Severity and Co-Morbid Psychiatric Disorders.	114	Geert Smid , Peter van der Velden, Jeroen Knipscheer, Berthold Gersons, Kleber, Rolf Stress Sensitization Following a Disaster: A Prospective Study	118
Claudia San Miguel : Youth Violence.	114	Anne Margrethe Sønneland , Nora Sveaass: Dealing with the Past – On Trials Related to Forced Disappearances	119
Sultan Sarwat , Khalid Saeed: Analyzing Vulnerable Groups and Appropriateness of Therapies for PTSD among Flood Survivors in Pakistan	115	Ginny Sprang , Carlton Craig, Michele Staton-Tindall: Gender Differences in Trauma Treatment at 90 and 180 Days of Treatment: Do Boys and Girls Respond to Evidence-Based Interventions in the Same Way?	119
Claudia Schedlich : Psychosocial Crisis Management in CBRN Incidents.	115	Ieva Starinskaite , Evaldas Kazlauskas, Danute Gailiene, Vejune Domanskaite Gota: Second-Generation of Lithuanian Survivors of Soviet Political Oppression	119
Julia Schellong , Franziska Epple, Peter Joraschky: Helpless Doctors with Helpless Patients. Care for Victims of Domestic Violence by Training Medical Staff	115	Kerstin Stellermann , Pia Lammel, Umesh Bawa, Michael Schulte-Marktwort: Pilot Explorative Study on Exposure to Violence and Psychopathology in a Group of South African Psychology Students	120
Lony Schiltz , Jang Schiltz: Borderline Functioning and Life Trauma	116	Synne Stensland , Grete Dyb, Siri Thoresen, Tore Wentzel-Larsen: Traumatic Experiences and Somatic Complaints in Adolescents: Is this Relationship Mediated by Post-traumatic Stress Reactions or Depression?	120
Paula Schnurr , Carole Lunney: Work-Related Quality of Life in Women with PTSD	116	Charlotte Therup Svedenlöf , Hans Michélsen, Abbe Schulman: Social Support and Long-Term Changes in Mental Health after the 2004 Asian Tsunami: A Longitudinal Study of Stockholm County Survivors	120
Karin Alice Schouten : The Effectiveness of Art Therapy in Trauma Treatment: Research and Practice.	116	Carol Tosone , Jane Parker, Jennifer Bauwens: Shared Trauma in Clinicians: Lessons Learned from 9/11 and Hurricane Katrina	121
Olof Semb , Lotta Strömsten: Posttraumatic Distress after a Single Violent Crime: Interaction between Shame-proneness, Event-related Shame and Symptoms.	117	Mats Uttervall , CM Hultman, H. Ekerwald, Anna Lindam, Tom Lundin: After the Flood: Resilience among Disaster-Afflicted Adolescents	121
Jonathan Shatil : Is Posttraumatic Growth a Psycho-Subjective Phenomenon or is it a Real Micro-Social Change?	117	Hendrica van Beerendonk , Sigiriya Aebischer, José Francisco Duda Macera, Jacqueline Avril: Stress in Expatriates of the International Committee of the Red Cross (ICRC) Upon Return from the Field	121
Emma Short , Carsten Maple: Observation of the Incidence of Trauma and Related Impacts Associated with the Experience of Cyberstalking	117	Martine Verwey : Impact of Refugee Policy on the Living Conditions of Female Asylum Seekers: A Public Health, Human Rights and Mental Health Issue	122
Laila Skogstad : Anxiety and Depression in the Aftermath of a Physical Injury	118		
Laila Skogstad : Posttraumatic Stress in the Aftermath of a Physical Injury	118		

Tracey Vick, Victoria Hampton, Robert Newcombe, Jonathan Bisson:

A Clinical Investigation to Examine the Proportion of PTSD after Discharge from Critical Care122

Lars Wahlström, Hans Michélsen, Abbe Schulman, Magnus Backheden:

Support, Opinion of Support and Psychological Health in Survivors of a Natural Disaster122

Gregor Weissflog, Grit Klinitzke:

Transgenerational Transmission of Trauma after Political Imprisonment in East Germany between 1945 and 1989 – The Situation of the Children123

Lutz Wittmann, Ulrich Schnyder, Stefan Buechi:

PRISM (Pictorial Representation of Illness and Self Measure): A New Visual Method for the Assessment of Suffering Following Trauma123

Jerzy Zadecki:

Diagnosis of PTSD after Three Decades from Combat-Related Trauma123

Elisabeth Zeilinger, Tobias Glück, Brigitte Lueger-Schuster:

Posttraumatic Stress Disorder and Mental Health in Survivors of World War II in Austria124

Vito Zepinic:

Human Rights Violations and Chronic Symptoms of PTSD124

Vito Zepinic:

Persistence of Trauma Survival Skills as a Risk for Suicide124

Lucija Zigrovic:

Representation of Trauma in Contemporary Culture and Rights of Victims – Modes of Empowerment or Uneasy Allies?125

7.2. MEDIA PRESENTATIONS

Ulrich Frommberger (German Track)

Psychopharmakotherapie von Posttraumatischer Belastungsstörung (PTBS) und anderen Traumafolgestörungen125

Hans-Peter Kapfhammer, Michael Bach, Marius Nickel (German Track)

Pharmakotherapie Akuter Posttraumatischer Belastungsstörung125

4.1. ORAL PRESENTATIONS

abu Samhadana Adel, Al Quds University

War Trauma and Violence Among School Aged Children in Gaza Strip

The study aimed to examine the traumatic events and war violence experienced by school-aged children during war crisis in Gaza Strip. The sample consisted of 600 school-aged children in Gaza strip with a representative sample of 250 males and 350 females aged 9–16 years. The major findings were: The most common traumatic event for children was witnessing pictures of martyrs and injured on TV by 96.8%. There were significant differences between trauma levels according to sex in favor of males from the martyrs children. There were significant differences between trauma levels according to age in favor of older children between 14–16 years. Here were significant differences between trauma levels according to caregiver provider in favor of those with their fathers. The significant treatment for trauma and violence among school aged children was practicing the psychological first aid, which provide frequent follow up.

Agger Inger, Rehabilitation and Research Center for Torture Victims

Culturally Adapted Approaches to Healing of Trauma for Torture Survivors in Cambodia

This study explores cultural elements in dignifying activities for torture survivors in Cambodia. Testimony ceremonies represent an example of this approach combining religious ritual with the struggle for justice and human rights. The study is based on an ongoing research project on local approaches to trauma in Cambodia, as well as a series of workshops held 2008–2010 on testimonial therapy in collaboration with mental health and human rights organizations in India, Sri Lanka, Cambodia and the Philippines. During the workshop process different types of ceremonies became integrated in the therapy process. The testimony method developed with Asian NGOs features a few sessions: During the first sessions, community workers assist survivors in the writing of their testimony. In the final session survivors participate in an honorary delivery ceremony in which they receive the testimony document. The ceremonies make use of different forms of expressions, such as singing, dancing, and religious purification rituals in a collective gathering. These forms of “embodied spirituality” seem to facilitate restorative self-awareness and community support. Additional research is needed to determine the applicability of this approach in other socio-political contexts, as well as its role in legal and human rights approaches to justice.

Ajdukovic Marina, University of Zagreb; **Brkic Smigoc, Jelena**, University of Sarajevo; **Rajter, Miroslav**; **Susac, Nika**, University of Zagreb

Protection of Children’s Rights to Participate in Child Abuse and Neglect Researches: Methodological and Validity Implications

A child’s right to participate in a research on child abuse and neglect is a highly sensitive issue which should be addressed through ethical procedures in the study design. Methodological implications will be illustrated using the case of the ongoing BECAN study (www.becan.eu) that addresses child abuse and neglect of 11–16 year old school-bound and dropout children in 9 Balkan countries. About 30.000 children will participate in the study.

Due to the sensitive topic and the age of children, ethical procedures were highly elaborated (e.g. acceptable level of deception, researcher’s duty to report abuse, likelihood of abusive parents to decline consent for child to participate in the study). In some of the participating countries parents are required to provide active consent for the participation of children below the age of 14. Pilot studies in two countries showed that, when the informed consent form with the explanation letter was sent to parents, 46% in Croatia (CRO) and 58% in Bosnia and Herzegovina (B&H) declined to give their consent. When parents were approached during the parents’ meeting, 8% in CRO and 20% in B&H declined to give consent. The challenge of addressing methodological implications will be discussed, as well as the need to balance the parents’ right to decide about their children and the right of children to participate in the trauma related studies.

Akiner Nurdan, University of Mersin

The Phenomenon of Stone-Throwing Children: The Explosion of Anger in Mersin's Suburbs

This paper analyzes the causes of anger and violence among the Kurdish children known as the “stone-throwing children” in Mersin province of Turkey. Actually, traumatic events related to the forced migration have touched the population here during the period between 1992 and 1999. Fieldwork conducted in the suburbs of Mersin with 250 Kurdish children indicates, that the children are the children of forced migration even if some of them were not born at that time. During the period between 1992 and 1999, 3489 rural settlements were evacuated by the Turkish army, leading to the forced displacement of approximately two million people. The children throwing stones at the police are predominantly the children of these migrants. Most of these children have not physically experienced forced migration, but they have inherited the memories from previous generations. The results show that anger characterizes the children's reaction to the state. Both quantitative and qualitative methods were adopted in this research. A question form was designed and used during the in-depth interviews with the children. The respondents were tape-recorded while they completed the standardized questionnaires and were encouraged to discuss their definitions of terms and responses to items in-depth. Furthermore analyses of results were derived from statistical chi-square test.

Alisic Eva; Jongmans, Marian, UMC Utrecht; Kleber, Rolf, Utrecht University

Psychological Trauma: Zooming in on Children's World

Although traumatic exposure is rather common in children and puts both their current mental health and development at risk, research on child trauma suffers from several gaps. For example, PTSD is prominently focused on while other outcome measures are important as well. The purpose of this multi-method-multi-informant dissertation project is to generate a broad overview of children's exposure to and recovery from trauma. It contains 1) a quantitative questionnaire study in 1770 primary school children regarding exposure, quality of life, posttraumatic stress, and posttraumatic growth; 2) a psychometric examination of a measure for posttraumatic stress in children; 3) a systematic review of predictors of posttraumatic stress in children including 40 longitudinal studies; 4) a qualitative interview study in 25 children and 33 parents regarding the process of recovery, including coping styles, social support, and parenting strategies; and 5) a mixed-method study in primary school teachers regarding their views on assisting children after trauma. The main findings of the project will be presented and discussed.

Almqvist Kjerstin, Karlstad University

Support for Children Who Have Experienced Violence Against Their Mother – Preliminary Results from a National Evaluation Study in Sweden

A number of agencies offering interventions to women and children exposed to intimate partner violence (IPV) have been established in Sweden in recent years, as the social services has been given responsibility to offer support through changes to the Social Services Act. The effects of such interventions are so far unknown. In this study preliminary results from a national evaluation are presented. This report describes 200 children who in 2010 had been evaluated pre-, post and one year post intervention in one of the 15 agencies in the study. 119 children had participated in special interventions aimed for children who had experienced violence against their mother, while 32 children had received treatment as usual and 49 children had no intervention. The results indicate that agencies focusing on children exposed to violence constitute a valuable complement to standard interventions for children and families. The children's symptoms were, according their mothers, reduced (measured by Strengths and Difficulties Questionnaire) and their capabilities were strengthened (measured by Social competence Scale and Emotional reactivity and adjustment Scale), compared to the other children in the study. Additional results, indicating needs for improvements, were that routines to ensure protection and safety of the child in general was missing, in spite of that most children regularly visited their abusive father.

Armour Cherie, University of Southern Denmark; Elhai, Jon; Biehn, Tracey, University of Toledo; Frueh, Christopher, University of Hawaii; Palmieri, Patrick, St. Thomas Hospital

Evidence for a Unique PTSD Construct Represented by PTSD's D1-D3 Symptoms

Two models of posttraumatic stress disorder (PTSD) have received the most empirical support in confirmatory factor analytic studies: King, Leskin, King and Weathers' (1998) Emotional Numbing model of reexperiencing, avoidance, emotional numbing and hyperarousal; and Simms, Watson and Doebbeling's (2002) Dysphoria model of reexperiencing, avoidance, dysphoria and hyperarousal. These models only differ in placement of three PTSD symptoms: sleep problems (D1), irritability (D2), and concentration problems (D3). In the present study, we recruited 252 women victims of domestic violence and tested whether there is empirical support to separate these three PTSD symptoms into a fifth factor, while retaining the Emotional Numbing and Dysphoria models' remaining four factors. Confirmatory factor analytic findings demonstrated that separating the three symptoms into a separate factor significantly enhanced model fit for the Emotional Numbing and Dysphoria models. These three symptoms may represent a unique latent construct. Implications are discussed.

Armour Cherie, University of Southern Denmark; Shevlin, Mark, University of Ulster

PTSD's Latent Structure: Is Dysphoria Illustrative of Depression?

The factor structure of Posttraumatic Stress disorder (PTSD) currently employed by the DSM-IV has very limited support. A four factor Dysphoria model is however, widely supported. The Dysphoria factor of this model has been hailed as a non-specific factor of PTSD. The present study investigated the factor structure of PTSD and the robustness of the Dysphoria factor within the Dysphoria model. The sample consisted of 591 individuals who met the diagnostic criteria for PTSD in the National Comorbidity Survey (NCS). PTSD was assessed via the Composite International Diagnostic Interview (CIDI) which also included a depression module. Confirmatory Factor Analysis was employed to assess factor models and regression was employed to statistically control for depression in the PTSD indicators. The Dysphoria model provided the best fit to the data. In addition, there was no significant attenuation in any of the PTSD items. This finding does not fully integrate with those of previous studies, which have suggested that Dysphoria is a non-specific component illustrative of depression. This finding is pertinent given several proposals for the removal of dysphoric items from the diagnostic criteria set of PTSD in the upcoming DSM-5.

Arnberg Filip; Bergh-Johannesson, Kerstin; Melin, Lennart, Uppsala University

Is Social Support Equally Important for Both Directly and Indirectly Affected Disaster Victims?

There has been much research on social support and its association with both general mental and physical health, and social support is an important salutogenic factor after traumatic events. Still, the magnitude of the effect of social support on posttraumatic stress (PTS) is not fully understood. In particular, the importance of social support after disasters may be contingent on exposure severity. In a survey of Swedish tourists 14 months after the tsunami in Southeast Asia (N=4910), in which the survivors were exposed to few post-disaster adversities, detailed information on exposure severity allowed for an examination of the effect of the interaction between social support and exposure severity on PTS. Social support was assessed by the Crisis Support Scale and PTS by the Impact of Event Scale-Revised. Preliminary analyses will be presented, and the size and significance of the effect will be discussed.

Arnberg Filip; Hultman, Christina; Rydelius, Per-Anders; Lundin, Tom, Uppsala University

Prospective Longitudinal Long-Term Studies 14–20 Years after Three Disasters

Although clinical experience and past research have shown that posttraumatic stress (PTS) can last for decades after a disaster, long-term follow-ups are scarce and little is known about predictors of chronic PTS. In this

presentation, long-term consequences of disasters will be described by a summary of the findings from three surveys of man-made/technological disasters with 2–4 assessments during the first 3–4 years and with a long-term assessment of PTSD and general mental health after 14–20 years (N s = 33–57). Similarities and dissimilarities in the course of PTS between the disasters will be presented. The influence of traumatic bereavement, psychological or pharmacological treatment, and additional negative life events on long-term PTS will be discussed, and experiences from conducting long-term studies will be communicated.

Asukai Nozomu, Tokyo Institute of Psychiatry; Hiromi, Sugiyama, Radiation Effects Research Foundation; Kato, Hiroshi, Hyogo Institute for Traumatic Stress; Nakajima, Midori, Hiroshima International University; Toshinari, Saeki, Hiroshima University

Contributing Factors to Psychological Consequences in Hiroshima A-Bomb Survivors – 63 Years after

The atomic bombing in Hiroshima on August 6, 1945, caused an estimated casualty of 140,000 by the end of that year. Survivors faced hideous scenes and many lost family members. Later, in the early 1960s, increased rates of leukemia and other types of cancer were observed among the survivors. These long-term health effects caused serious apprehension to linger. However, only a few studies on psychological consequences among the survivors have been conducted. In 2008, Hiroshima City commissioned our study team to perform a large-scale survey on long-term health effects among the survivors. We delivered a questionnaire by mail to all subjects who were living in Hiroshima City and adjacent towns prior to the release of the A-bomb until the study was implemented. The number of potential subjects was 36,614 and the response rate was 74%. We analyzed a subsample of subjects (n = 14,373) whose age at the event was 8 or above. In the multiple regression analysis, hibakusha (A-bomb victims) and those who were exposed to the Black Rain (fall-out) showed poor mental health compared to the comparison group on SF-8, K6 and IES-R scores even after adjusting for sociodemographic variables. Although traumatic experiences at the event still affected mental health, anxiety for health effects and social stigma showed greater impact. Our findings suggest that even 63 years after the event, apprehension of health effects and social stigma harm mental health in A-bomb survivors.

Ayoughi Sarah; Inge, Missmahl; Weierstall, Roland; Elbert, Thomas, University of Konstanz

Provision of Mental Health Services in Resource-Poor Settings: A Randomized Trial Comparing Counseling with Medical Treatment in North Afghanistan (Mazar-e-Sharif)

More than thirty years of war have left the lives of two generations of Afghans disrupted. Continuous stressors impair the functioning of families and communities. Until recently, mental health facilities were practically nonexistent in the entire country. In an exemplary setting, the present study compares the efficacy of psychosocial counseling with the usual pharmacological treatment in a randomized trial in Mazar-e-Sharif. Help seeking women (N = 61), who were diagnosed with mental health problems by local medical doctors, either received medical treatment or psychosocial counseling following a specifically developed manualized treatment protocol. Primary outcome measures were symptoms of depression and anxiety assessed before treatment and at 3-months follow-up using the HSCL 25 and the M.I.N.I. Secondary outcome measures were psychosocial stressors and coping mechanism. At 3-month follow-up, psychosocial counseling patients showed a significantly higher improvement than medical patients regarding the severity of symptoms of depression and anxiety. Patients receiving psychosocial counseling reported an overall increase in quality of life in terms of reduction of psychosocial stressors and improvement of coping mechanisms. These results indicate that psychosocial counseling can be an effective treatment for mental ill-health even for those living in ongoing unsafe conditions.

Barbosa Virginia, José Carlos Rocha: UnIPSA

The Effectiveness of a Cognitive Narrative Intervention in Complicated Grief on Widowers

The implementation of bereavement interventions is frequently requested and its effectiveness is controversial. Specifically with elderly widowers, the occurrence of depression and post-traumatic stress disorders has had significant advances concerning complicated grief and care.

The objective is to validate the effectiveness of a cognitive narrative intervention for complicated grief, controlling post-traumatic issues. The study is a randomized controlled trial, using Socio Demographic Questionnaire, Inventory of Complicated Grief (ICG), Beck Depression Inventory (BDI) and Impact of Traumatic Events Scale Revised (IES-R).

There are three methodological moments: 1) complicated grief is evaluated on widowed participants (n = 83; age M = 81.45; SD = 8.16; 84.1% women, 15.9% men). Forty of those with values of ICG ≥ 25 are randomly allocated into two groups: the intervention group (IG; n = 20) and control group (n = 20) 2) Participants are evaluated with BDI and IES-R. However, the IG will have informed consent procedures to participate on an intervention with 4 weekly sessions of 60 min: recalling, emotional and cognitive subjectivation, metaphorization and projection 3) Two months after, ICG, BDI and IES-R are repeated.

We use a repeated measure analysis to discriminate time, group and interception effects which are discussed concerning program effectiveness and the future applicability.

Bergh Johannesson Kerstin; Lundin, Tom; Fröjd, Thomas; Department of Neuroscience; Hultman, Christina, Department of Medical Epidemiology and Biostatistics; Michel, Per-Olof, Department of Neuroscience

Trajectories and Rates of Recovery in Swedish Survivors of the 2004 Tsunami

Long-term follow-up after disaster exposure indicate increased rates of psychological distress. However, trajectories and rates of recovery in large samples of disaster-exposed survivors are largely lacking. A group of 3457 Swedish survivors temporarily on vacation in Southeast Asia during the 2004 tsunami were assessed by postal questionnaire at 14 months and three years after the tsunami regarding posttraumatic stress reactions (IES-R) and general mental health (GHQ-12). There was a general pattern of resilience and recovery three years post disaster. Severe exposure and traumatic bereavement was associated with increased posttraumatic stress reactions and heightened risk for impaired mental health. The rate of recovery was lower among respondents exposed to life threat and among bereaved. Severe trauma exposure and bereavement appear to have considerable long-term impact on psychological distress and to slow down the recovery process. Trajectories for resilience, recovery and long-term distress will be discussed.

Blanckmeister Barbara, Technisches Hilfswerk

European Project on Psychosocial Support for Civil Protection Forces

The risk regarding CBRN situations has increased over the last years in almost all EU Member States. Civil protection forces deployed in disaster response operations under CBRN conditions are exposed to additional risks and pressures that may constitute a heavy psychological strain.

Experiences show that the adequate use of insights regarding psychosocial support helps to facilitate crisis management and response in several respects: 1) to enable the responders to cope competently with highly difficult and unfamiliar operations such as CBRN incidents, 2) to avoid long term effects of psychosocial stress, 3) to improve the coordination during the mission, 4) to take care of the basic needs of the affected, 5) to foster the cooperation of the affected, and 6) to facilitate a qualified risk and crisis communication. Nevertheless, in most EU Member States psychosocial crisis management is not yet part of the training program of CBRN specialists.

The project addresses this deficit by developing and testing a training program for operational forces (including volunteers) and hospital staff who have to cope with CBRN incidents. Partners in the project are: THW, BBK, Krankenhaus Maria-Hilf GmbH (Germany), Impact (The Netherlands); CRPR (Italy).

Bogolyubova Olga; Smykalo, Liubov; Skochilov, Roman; Hrabrova, Galina, St-Petersburg State University

Childhood Victimization, Dissociation and Health Behaviors among University Students in Four Russian Cities

Childhood victimization experiences are traumatic events which can severely affect individual's wellbeing and behavior over the course of his/her life. The goal of this study was to assess the prevalence of victimization

experiences in a sample of students and to explore the connections of such experiences with risky health behaviors. The study took place in four Russian cities. The total number of participants was 904; mean age = 20.98. High level of childhood victimization experiences was found: 33% of the sample indicated having ever had experienced physical maltreatment; 4.44% reported having been sexually abused by a known adult and 5.33% indicated sexual harassment/assault by a stranger; 16% reported being sexually victimized by a peer. Apart from that, having ever been in an area of armed conflict was reported by almost 15% of the sample. As for health behaviors, 84% of the sample reported being sexually active. Condom non-use was found to be common. Smoking was reported by 34% of the sample, use of illicit drugs was indicated by 21% of study participants. A number of correlations were found between victimization experiences, psychological variables and health behavior indicators. Dissociation was found to be linked to most of victimization forms and certain types of health risk behaviors. Logistic regression models were used to demonstrate these associations.

Böhm Maya; Weißflog, Gregor, Universität Leipzig

Transgenerational Communication about Political Imprisonment in the Former GDR – An Explorative Study on Transgenerational Traumatization

Communication about parental traumatic experiences has been described as a fundamental aspect of transgenerational transmission of trauma. The present study aimed to examine transgenerational effects of political imprisonment in the former German Democratic Republic (GDR). One part of the study was to look at parent-child communication about the imprisonment. Ten semi-structured retrospective interviews with children of former political prisoners were conducted and then analysed using a form of qualitative content analysis. Quality and quantity of communication about the political imprisonment varied widely. Two of ten cases reported only one single conversation about the imprisonment. The others described a process of reciprocal communication that started in their childhood, happened incidentally, and changed over time. Agents, contents and ways of reported communication and their meaning for the process of transgenerational negotiation of remembering the experience of imprisonment are discussed. Results are linked to the body of research about transgenerational traumatization in other populations. The study is a contribution to research on transgenerational effects of political violence in the former GDR.

Böttche Maria, Berlin Center for the Treatment of Torture Victims

Impact of Locus of Control on Posttraumatic Stress Disorder in Older Patients: A Quantitative and Content Analytic Perspective

Background: Theoretical models and previous studies show the relevance of locus of control in regard to posttraumatic stress disorder (PTSD). In a cognitive-behavioural writing therapy, effects of PTSD treatment concerning a change in the locus of control were examined. Method: The therapy sample consisted of 50 older PTSD patients traumatized as children during the Second World War. Data on the locus of control were collected by the IPC- Scale (Krampen, 1981). PTSD symptoms were measured with the Posttraumatic Stress Diagnostic Scale (Foa, 1995). Therapeutic texts were analysed using the content analytic DOTA-technique (Ertel, 1972) for the assessment of cognitive inference styles (closed cognitive systems). Results: T-Tests (pre to post/follow up) show a significant decrease in external locus of control (loc). Bivariate correlations reveal positive significant relations between external loc and PTSD after the treatment. The content analysis shows a significant positive relation between a cognitive inference style and external loc after the treatment. Conclusion: Results indicate that older PTSD patients with an external locus of control exhibit more severe PTSD symptoms. It could be assumed that closed cognitive systems are related to an external locus of control. With respect to these results, external locus of control and its effects on treatment outcome will be discussed.

Bramble Weed Rosa Maria, Integral Enrichment

Trauma and Political Asylum Seekers Living with HIV: A Socio-Therapeutic Approach

Issue: Political asylum seekers living with HIV suffer from stigma and multiple trauma including early childhood sexual trauma, intimate partner violence, forced immigration due to persecution of sexual orientation, denial of

treatment due to social group and discrimination. A significant number of applicants suffer posttraumatic stress disorder and depression associated with the arduous asylum process. Service providers often lack understanding of trauma related to political asylum and its impact on the client's emotional functioning, medical adherence and social isolation. **Description:** The socio-therapeutic model was developed as a guideline for community providers delivering services to Latino seropositive clients seeking political asylum in New York City. The intensive short term model takes into account the imposed immigration time constraints, evaluates client's health, trauma symptoms, support network and collaboration with medical providers and immigration attorneys. The affidavit, which is often intimidating to write since it triggers symptoms associated with trauma, is transformed into a healing tool to bring about empowerment and social justice. Psycho education groups enhance understanding of symptoms, identify imagery, yoga and coherent breathing as resources for physical and emotional stabilization during the asylum process as well as a safe setting for normalization and validation. **Lessons Learned:** The model was presented to 25 community providers who serve the Latino political asylum seekers in Queens, NY. A pre and post survey was administered evaluating providers understanding of political asylum, trauma, and cultural negotiation. The results indicated the increase of knowledge base and sensitivity to this population as well as integration to existing services. **Recommendations:** Future research exploring the correlation of asylum, trauma and HIV/AIDS vulnerability in an international multicultural context is significant for treatment design and training.

Bramsen Rikke Holm; Lasgaard, Mathias, University of Southern Denmark; Koss, Mary P., University of Arizona; Elklit, Ask, University of Southern Denmark; Banner, Jytte, Aarhus University

Adolescent Sexual Victimization: A Prospective Study on Risk Factors for First Time Sexual Assault

The present study set out to investigate predictors of first time adolescent peer-on-peer sexual victimization among 238 female Grade 9 students from 30 schools in Denmark. **Methods:** A prospective research design was utilized to examine the relationship among five potential predictors as measured at baseline, and first time adolescent peer-on-peer sexual victimization during a 6-month period. Data analysis was binary logistic regression analysis. **Results:** Number of sexual partners and displaying sexual risk behaviors significantly predicted subsequent first time peer-on-peer sexual victimization, whereas a history of child sexual abuse, early sexual onset and failing to signal sexual boundaries did not. **Conclusions:** The present study identifies specific risk factors for first time sexual victimization that are potentially changeable. Thus, the results may inform prevention initiatives targeting initial experiences of adolescent peer-on-peer sexual victimization.

Bramsen Rikke Holm; Lasgaard, Mathias, University of Southern Denmark; Koss, Mary P., University of Arizona; Shevlin, Mark, University of Ulster; Elklit, Ask, University of Southern Denmark

Testing a Multiple Mediator Model of the Effect of Childhood Sexual Abuse on Adolescent Sexual Victimization

The present study modeled the direct relationship between child sexual abuse (CSA) and adolescent peer-to-peer sexual victimization (APSV) and the mediated effect via variables representing the number of sexual partners, sexual risk behavior, and signaling sexual boundaries. **Methods:** A cross-sectional study on the effect of CSA on APSV utilizing a multiple mediator model. Mediated and direct effects in the model were estimated employing Mplus using bootstrapped percentile based confidence intervals to test for significance of mediated effects. The study employed 327 Danish female adolescents with a mean age of 14.9 years ($SD = 0.5$). **Results:** The estimates from the mediational model indicated full mediation of the effect of CSA on APSV via number of sexual partners and sexual risk behavior. **Conclusions:** The current study suggested that the link between CSA and APSV was mediated by sexual behaviors specifically pertaining to situations of social peer interaction, rather than directly on prior experiences of sexual victimization.

Brisch Karl Heinz; Kern, Christine; Schott, Christine; Erhardt, Ingrid, University of Munich

Attachment, Trauma and Stress in Pregnant Women Before Childbirth

Introduction: Attachment, trauma and stress were assessed during a training program SAFE[®] (Safe Attachment Formation for Educators). The program wants to assist becoming mothers and fathers with the transition to parenthood and to improve a secure attachment of their infants. **Methods:** At 36th week of gestation the Adult Attachment Interview (AAI Main, 1982), the Adult Attachment Projective (AAP George et al., 1997) and the Posttraumatic Stress Diagnostic Scale (PDS Foa, 1995) were applied. Cortisol levels were measured in the saliva before and after the AAI and AAP. **Results:** Pregnant women (N=29) who reported at least one traumatic life event had significantly ($p \leq 0.05$) higher stress levels before and after the AAI independently from their attachment representation. In the AAP, those with an unresolved attachment representation had higher stress levels than those with an autonomous attachment representation ($p = n.s.$), but not a PTSD. **Discussion:** Traumatic life events can stress the attachment representation of pregnant women. It is interesting that mothers with unresolved status of attachment in respect to trauma did not show a clinical relevant PTSD. The AAI may be more sensitive for detecting unresolved trauma in mothers and therefore influence the attachment development of the infant.

Bujisic Gordana, University of Applied Sciences Lavoslav Ruzicka

Is the Deficiency of the State's Care for Suicidal PTSD Patients Violation of their Human Rights?

PTSD is defined as a postponed or extended response to an extremely dangerous or catastrophic situation or event. After the war in the Republic of Croatia PTSD is one of the leading diagnoses in the group of mental disorders with prevalence as high as 13%. The Eastern Slavonia and Baranja are geopolitical areas of Croatia unique by high rates of suicide but this region also was the most affected by the war in 1991 and with a great number of PTSD patients, which was the cause for research in this region. The main aim of the research was to investigate relations between suicidal behavior intensity and negative life events in PTSD patients in the region. In the research participated 202 PTSD patients. The basic hypothesis was that intensity of suicidal behavior in patients with PTSD is higher if patients had more negative life events.

The results confirmed the hypothesis that negative life events are related to suicidal behavior. Amongst five groups of studied life events the most influential were factors from the surroundings, such as lack of close interpersonal relationships and long-lasting sense of solitude. The question poses itself: what is the role of the state and could it do more to ease the situation and, at the bottom line, is the lack of efficient social and rehabilitation programs for this population a kind of violation of their human rights?

Busch Brigitta, Institut für Sprachwissenschaften, University of Vienna

When One Does Not Have a Language: Language Choice in Therapeutic Settings and Asylum Procedures

Human rights violations and persecution are often linked to situations in which accent or language serve as a shibboleth, as a marker of belonging to a particular group. Communication with refugees in asylum procedures and in therapeutic settings involves persons with diverse linguistic resources and frames of reference. In these settings language cannot simply be considered as a quasi neutral medium of communication. Language choice has an impact on whether traumatic experiences can be narrated and on how they are narrated. Finding the "right" language in linguistically diverse institutional settings is not simply a matter of choosing one or another code, but rather of finding a way to valorise the entire linguistic repertoire with all available linguistic and communicative resources a person has to overcome speechlessness and to regain agency.

This contribution focuses on connections between traumatic experience, sociopolitical constellations and language choice, an area which has received little academic attention so far. It is based on empirical data collected through a multimodal approach based on the drawing of language portraits. These are visual representations of the linguistic and communicative repertoire that foreground the emotional and bodily dimensions of language (Busch 2010).

Butollo Willi; Karl, Regina, University of Munich

Dialogic Exposure in a Gestalt Oriented Trauma Therapy – First RCT Results

Traumatic experiences do not only lead to ICD posttraumatic symptoms, but also change a person's self and self processes. Among many competing approaches for treatment of trauma-induced disorders the ability for intrapsychic dialogue is often not sufficiently attended to. However, we assume that this ability is a necessary condition to cure lasting decay of relationships and quality of contact caused by trauma.

A process oriented trauma therapy investigated here integrates a Gestalt therapeutic framework with behavioral elements. The concept stresses interaction and dialogue in order to identify and dissolve the disruptions of contact so that continuity in the client's experience becomes possible again: rebuild "self-response-ability". In the form of "dialogic exposure" the dialogic nature of self processes is applied to four phases of the therapy. This facilitates establishing contact with and working in a relationship-oriented way with different (traumatized, non-traumatized, pre-traumatic) parts of the self. A preliminary pre-post comparison shows the efficacy of the therapy with respect to symptoms as well as relationship, conflict, and resource orientation in the treatment of PTSD.

Celik Filiz, Swansea University

Intergenerational Transmission of Trauma: Case of Dersim Massacren 1937–38

Destruction, loss of life and shelter are the consequences of all kinds of disasters. However, human-made disasters seems to leave more indellible marks on the affected societies. This is perhaps because human-made disasters affect not just lives, livelihoods and ways of life; they also impact on human dignity.

Today, acts of collective violence such as genocide, ethnocide and massacres have become hot topics of debates regarding International law and Human Right violations (i.e. Hinton, 2002). Survivors continue to suffer from the consequences of pressure and stereotyping for decades after. Further, there is strong evidence to suggest that trauma can be transmitted to later generations (i.e. Danielli, 1998).

This paper, the first part of a PhD thesis, examines the intergenerational transmission of trauma due to collective violence. Specifically, the Dersim 1937–9 Massacre resulted in not just tens of thousands of deaths and thousands of people internally displaced by government forces, but also in a lost generation of children. Ten semi-structured interviews were conducted with 2nd and 3rd generation survivors of the 1937–38 Dersim massacre living in Tunceli (Dersim). Key themes that have emerged are transmission of trauma to later generations; overexposure to ancestral trauma; a conspiracy of silence.

Charak Ruby; Singh, Meenakshi, University of Jammu

Factors Predicting PTSD: A Study of Indian Villagers Residing along Line of Control

Background: The line of control (LoC) is a de facto border between India and Pakistan, and was carved in 1972. However, the areas along this border are often disturbed by cross border firing and shelling forcing inhabitants to move to safer pastures. One such conflict induced internal displacement took place during the 1999 Kargil war.

Method: The present study aims to gauge the effect of age, gender, somatic complaints, anxiety, depression, social dysfunction and resilience on Post Traumatic Stress Disorder (PTSD) among 113 residents of village Doiyan along the LoC, India. Participants were in the age range of 20–55 years and had returned to their native village after the Kargil war. **Results:** Approximately 26% of the participants were in the diagnosable range for PTSD. While stepwise regression revealed that age, anxiety, depression and social dysfunction significantly predicted PTSD among the participants, however the dimensions of gender, somatic complaints and resilience did not significantly predict PTSD. **Conclusion:** This study provides evidence of presence of PTSD and associated risk factors among inhabitants of village Doiyan along the LoC. Relief, rehabilitation and development programmes need to focus on the psychological distress faced by people of this area for enhancement of individual and social wellbeing.

Chongruksa Doungmani; Pansomboon, Chanya; Prinyapol, Penprapa, Prince of Songkla University; Sawatsri, Sayan, King Mongkut Klao Hospital

Efficacy of Eclectic Group Counseling in Addressing Stress among Thailand Police Officers in Terrorist Situations

The violence due to unrest in the three southernmost provinces of Thailand has caused great stress to all residents, particularly to soldiers and police officers who deployed there. Soldiers and polices are at high risk of developing post traumatic stress disorder. This study aims to develop the eclectic group counseling intervention for Thai police officers to reduce risk of developing symptom of poor mental health while deploying at Yala. We predicted that eclectic group counseling would significantly reduce high scores of anxiety, depression, social dysfunction, physical symptoms, hostility, phobic anxiety, and interpersonal sensitivity in comparison with the control group. Our eclectic group counseling included the interactive model of Cognitive Behavioral Therapy, religious interventions, mandala drawing, and Reality Therapy. The design is an experiment controlled trial with 42 participants (Experiment =20; Control =22; Thai-Buddhists =32; Thai-Muslims =10). Their mean age was 35.64 ± 9.99 ranging from 23 to 54 year olds. They were selected from 416 police officers derived by cluster random sampling based on their highest scores of Beck Depression Inventory Second Edition (BDI-II), the General Health Questionnaire Thai version (Thai GHQ30), and the Symptom Checklist 90(SCL 90). The data were analyzed by two-way MANOVA: repeated measures and Bonferroni procedure. The results supported the hypothesis.

Cieslak Roman, Warsaw School of Social Sciences and Humanities

Differences in Mediating Effects of Social Support and Self-Efficacy: A Longitudinal Study on Secondary Traumatic Distress among Workers Exposed to Secondary Trauma

This longitudinal study aimed at investigating the mediating effects of self-efficacy beliefs and perceived social support in relationship between indirect exposure to trauma and secondary posttraumatic distress. Further, we tested whether the mediating effects of efficacy beliefs and social support are equally strong. Participants were 173 professionals, working with trauma victims on a regular basis (e.g. social workers, first responders, and probation officers). Time 1 measurement included the Secondary Traumatic Stress Scale (Bride et al., 2004), exposure assessment scales, secondary trauma self-efficacy questionnaire (based on trauma self-efficacy measure by Benight et al., 2004) and the Multidimensional Scale of Perceived Social Support (Zimet et al., 1988). Secondary posttraumatic distress was measured again at Time 2, five months later. Analyses with multiple mediators were conducted, applying Preacher and Haynes (2008) procedures. Results indicated that self-efficacy acted as the mediator in the relationship between the secondary exposure and secondary posttraumatic distress at Time 2, even when the baseline secondary posttraumatic distress was controlled for. By contrast, social support did not emerge as a significant mediator. Further, the mediating effect of self-efficacy was significantly stronger than the mediating effect of social support.

Cisic Lejla, SOS Kinderdorf B&H

Impact of War on the Long-Term Trauma Symptoms and Psychological Adjustment in Bosnian and Herzegovinian Refugee Young People Living in Australia: Investigation of Incidents, War Experience Predictors and Moderators

Is the growing up and adulthood of children who survived war still significantly marked by the war events and what impact do these experiences have on their current psychological wellbeing? This research investigated previous questions and identified war experiences that had the strongest impact on long term psychological adjustment including clinical levels of trauma in Bosnian youth following war exposure and immigration to Australia. It also explored whether moderating factors, such as social support and interactions within the community and family, had buffering effects on the current levels of posttraumatic stress symptoms in young people. Results revealed that this cohort of Bosnian young people reported exposure to massive war traumatic events as children. More than 30 percent of them experienced trauma symptoms currently. A number of different war experiences including non violent events that were significantly related to both long term psychological adjustment and clinical levels of trauma symptoms were identified. Moreover, findings indicated that limited resources may be left to the family and

the community to protect children from magnitude of war traumas. This study highlighted that those who were exposed to war traumas including non-violent events in childhood were at a significant risk for development of traumatic symptomatology and long term mental problems in young adulthood.

Corkalo Biruski Dinka; Ajdukovic, Dean, University of Zagreb

When the World Collapses: Changed Worldview and Social Reconstruction in a Traumatized Community

Traumatic experience can affect the individual's basic beliefs about the world as a predictable, safe and coherent place in which the value of an individual is granted. One of the cornerstones in recovery from trauma is the reestablishment of the shattered worldview. This study looked at the role of the changed worldview in the relationship between war-related traumatic experiences and readiness for social reconstruction as defined by three processes: inter-group rapprochement, rebuilding of trust and need for apology. The study included a community sample of 333 adults (18–65), Croats and Serbs living in the city of Vukovar, the community in Croatia that was most devastated during the war (1991–1995). The hypothesis was that the people more affected by traumatization are less ready for social reconstruction, but that this relationship is mediated by the changed worldview. Mediation analyses showed that in both ethnic groups the worldview fully mediated between traumatic experiences (measured by IES-R) and the overall score for readiness for social reconstruction and the inter-group trust. However, the changed worldview was not a decisive mediator between symptoms of traumatization and inter-group rapprochement and need for apology from the other group. The implications of these findings for rebuilding inter-ethnic relations in communities affected by war will be discussed.

de Jong Joop; Tintinago Franco, Mario; Yacub, Talat, ParnassiaBavoGroup; Van der Gaag, Mark, University of Amsterdam; Van der Does, Willem, Leiden University

Posttraumatic Stress Disorder, Dissociative Disorder, Psychosis and Sleep

Background: Many disorders are related to traumatic events, e.g. posttraumatic stress disorder (PTSD), dissociative disorder (DD), sleep disorder (SD) and psychotic disorder (PD). Differential diagnosis may be difficult. Studies in non-clinical populations have shown high intercorrelations among the characteristic symptoms of these disorders. **Objective:** Investigate the prevalence of dissociative symptoms, psychotic symptoms and sleep disturbances in patients with PTSD, DD, SD and PD. **Method:** Patients who attended an OPD for psychotrauma filled in the Harvard Trauma Questionnaire (HTQ), Dissociative Experiences Scale (DES), Iowa Sleep Experiences Survey (ISES) and SLEEP50. If between 18 and 36 year old, they were asked to fill in the Prodromal Questionnaire (PQ) as well. This PQ measures risk of later development of psychosis. **Results:** 99 patients were included, but only 23 of these filled in the PQ. 33% had a score on DES above cut-off, 59% had a score on HTQ of 2.5; 74% score of 2.0 (12% missing); 8 of 23 (35%) had a score on PQ of ≥ 18 on positive items (cut-off). On Sleep50 74% reported disturbing sleeping problems; especially high scores at subscales insomnia and narcolepsy. 30% scored above cut-off on nightmares. All questionnaires were highly correlated. **Conclusion:** This clinical study confirms much overlap between the different questionnaires and more research is needed towards the high correlation of SD, PD, DD and PTSD.

di Biasi Stefania; Gabriel, Levi, University of Rome Sapienza

Post-Traumatic Stress Disorder in Children and Adolescents

Post-Traumatic Stress Disorder (PTSD) is a complex clinical condition that involves the malfunction of various systems. In this work the authors report a review about the developmental influences on PTSD expression in children and adolescents. In considering potential revisions for the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V), describing developmental influences on symptomatic expression is a high priority. The authors report the researches conducted in the past 10 years about the clinical expression of PTSD in preschool and school age children and in adolescents. The authors show that in children and adolescents the PTSD syndrome shows specific features and it is difficult to recognize post-traumatic symptoms that includes all three clusters of symptoms, as for the adult subjects; children have symptoms on only one or two clusters, with a

prevalence of re-experiencing and hyperarousal symptoms and 88% of children had at least one comorbid diagnosis. Finally, the authors show the key points of the guidelines they have developed with other European countries (IPPHEC project for the psychological intervention of children affected by disasters/acute trauma).

Diab Marwan, Gaza Community Mental Health Programme; Qouta, Samir, Islamic University Gaza; Palosaari, Esa, University of Tampere; El Sarraj, Eyad, Gaza Community Mental Health Programme; Punamaki, Raija-Leena, Helsinki Collegium for Advanced Studies

The Role of Children's Social Relations in War Trauma: Can Psychosocial Intervention Improve them and Can Improved Relations Contribute to Mental Health?

Social support is an important protector among adult trauma survivors. Yet, less is known about the age-salient social support among children, and therefore we studied the mental health role of peer and sibling relations among war-exposed Palestinian children. Our questions are: 1) Does psychosocial intervention improve the quality of peer and sibling relations, i.e., increase peer popularity and friendship quality, and warm and intimate sibling relations? 2) Are improved social relations associated with potential decrease in PTSD, depression and psychiatric distress, and with the increase of positive resources among war-exposed children? The participants are 485 Palestinian boys and girls (10–13 years of age, $M = 11.29$, $SD = .68$), who were exposed to trauma and losses in the context of the War on Gaza. Half of them participated in an intervention (based on Training of Recovery Skills, TRS) and the other half served as waiting-list controls. They reported war-related traumatic events, peer relations and sibling relations, as well as PTSD, depression and positive resources at Baseline (T1), post-intervention at three months (T2) and follow-up at nine months (T3). Results support the protective role of both good peer and sibling relations in predicting beneficial mental health. However, no intervention-specific increases in better social relations were found.

Dölemeyer Ruth, Department of Psychosomatic Medicine University of Leipzig; Kroker, Kristin; Baust, Katja, Department of Psychiatry University of Münster; Wagner, Birgit; Kersting, Anette, Department of Psychosomatic Medicine University of Leipzig

Internet-Based Therapy after Loss during Pregnancy – A Randomized Controlled Trial

The loss of a child during pregnancy can be a traumatic event with lasting grieving reactions and relevant psychological impact or even psychological disorders. To date, no empirically evidenced Internet-based programs have been published for this group of patients. Hence, the current study investigates the efficacy of a nationwide provided Internet-based therapy program for parents in this traumatic loss situation. In a randomized controlled trial using a waiting-list-control group, subjects ($n = 97$) were randomly allocated to either 5 weeks of internet-therapy or to a 5-weeks-waiting condition. During the manualized cognitive behavioural treatment participants wrote ten essays on loss-specific topics, covering three modules: 1) self-confrontation with the circumstances of their loss, 2) cognitive reappraisal and 3) sharing and farewell ritual. At pre- and post-treatment and in a three-month follow-up, grief, posttraumatic stress, depression, somatization, anxiety and general mental health were assessed. The participants in the treatment group improved highly significant compared with the participants in the control condition on all measures. Overall, medium between-groups-effect sizes were observed (ranging from $d = .48$ to $d = .93$) and the improvement maintained during the three-month follow-up period. These results indicate that this Internet-based therapy may contribute to improve health care for parents in this traumatic loss situation and is an innovative way to make therapy accessible to a broader group of parents affected by pregnancy loss.

Dückers Michel, Impact; Ganzevoort, Ruard, University of Vrije; Hoejenbos, Maarten; Netten, Josée; Rooze, Magda, Impact; Zondag, Hessel, University of Tilburg

Disaster Spiritual Care and Counselling in the Dutch Crisis Organisation: Development of a Practical Tool to Stimulate Optimal Coordination and Resource Utilisation

Internationally, disasters and crises confront societies with loss and trauma. Disaster spiritual care and counselling (DSCC) – by e.g. imams, ministers, pandits, pastors, rabbis – fulfils a unique role in providing comfort and search

for meaning. Still, its contribution in the aftermath deserves attention. The Dutch Ministry of Safety and Justice funded the development of a broad DSCC-preparation-support tool. The development was based on 1) findings and frameworks from literature on disaster spiritual care, spiritual counselling, psychosocial support, and disaster and crisis management; 2) experiences in the Netherlands, Germany and the United States. Shape and content of the tool were determined in dialogue with an expert group and the Dutch DSCC-network. The process resulted in a DSCC-manual with practical information on relevant topics for DSCC-providers: their roles and tasks, approaches, necessary competencies, available resources, cooperation with partners, coordination of volunteers, rituals in the public domain, characteristics of the Dutch crisis organisation, care for affected victims and helpers, and self-care. The manual includes a preparation-checklist to ease implementation. Optimal coordination and resource utilisation require linkages between the organisation of each DSCC-group (synergy) and the formal crisis organisation (command). Cooperation is vital.

Dyregrov Kari, Norwegian Institute of Public Health

The Important Role of the School Following Suicide

Little knowledge has been documented on the experiences of young suicide survivors, how they are coping with schooling and what kind of support they think they need. Thirty-two adolescents who had lost a close family member or friend by suicide participated in a research project by filling in questionnaires and participating in focus group interviews. The presentation explores the young people's experiences and wishes for help from the school, including teachers and school nurses. The results show that the young people struggle with concentration and learning new material. Although many are satisfied with care and support while at school, the young bereaved do not receive all the assistance they wish for and need. In order to adequately support young suicide survivors to continue schooling, it is worth listening to their opinions about how they may be approached. Some general advices from them will be given.

Dyregrov Kari, Norwegian Institute of Public Health

The Value of Research Participation for Suicide Bereaved

Too often ethical boards delay or stop research projects with vulnerable populations, influenced by presumed rather than empirically documented vulnerability. By using data collected from qualitative psychological autopsy interviews, the current paper aims at investigating how participation is experienced by people bereaved by suicide. In addition, a focus was on how the interviewees' experiences differ depending on their gender, relationship with the deceased, method of suicide, and elapsed time since death. Ninety-seven informants representing 17 deceased participated in extensive narrative/theme guided interviews. The qualitative analyses divided the participants' research experiences into three groups; 1) Overall positive (62%), 2) Unproblematic (10%), and 3) Positive and painful (28%). The overall results confirm previous research that shows research participation to be mainly positive through processes of meaning making, new insight and altruism. Those who experienced the interview as both positive and painful were most often the groups of younger males, spouses or friends of the deceased. However, an empathetic and skilled interviewer could buffer the discomfort some felt during the interviews.

Ebert Angela, Murdoch University

Values as Buffer and Risk Factor for Traumatized Refugees

Seeking to understand the recovery of people traumatized through severe human rights violations benefits from listening to survivors especially regarding factors that enhance or hinder resilience and recovery. A qualitative study investigated the recovery of refugees exposed to multiple and severe trauma who had not received formal assistance at any stage during their recovery process. Their coping and recovery processes were contrasted with post-trauma coping of non-recovered refugees exposed to comparable types and levels of traumatization. Purposive sampling recruited participants suited to inform about recovery mediators or obstacles. The aim was to capture the essence of participants' experiences at depth, which can be achieved with a smaller sample. Sampling was completed when no further substantially new information emerged from additional participants (data saturation). Series of in-depth interviews with six recovered and six non-recovered participants revealed values as a central factor mediating

recovery. Values acting as a resource, frame of reference, behaviour guide and motivation enhanced recovery, whereas damage to most deeply held values indicated a higher risk for frozenness in an adverse post-traumatic state. This state corresponded with higher symptomatology. The findings offer insights that extend clinical knowledge and directions for future research.

Erdur Baker Ozgur, Middle East Technical University; Aker, A. Tamer, Kocaeli University; Aksoz, Idil, Middle East Technical University

Traumatic Grief Reactions of Two Turkish Mothers after Loss of their Children: A Case Study

This qualitative study examined the grief reactions of two Turkish mothers after the loss of their children with respect to their cultural and religious upbringings. Two grieving mothers were selected based on 1) meeting the general criteria of traumatic grief and currently seeking help and 2) the time passed after their loss. The first case was a 59-year-old woman who lost her son six years ago (long term grieving mother) in a fight, and the second case was a 25-year-old woman who lost her daughter nine months ago (short term grieving mother) in a traffic accident. Individual semi-structured interviews were conducted and transcribed verbatim by the researchers. The data were analyzed via content analyses procedure. Five main reaction domains were observed and coded as common physical, behavioral, psychological, relational, and cognitive reactions which were consistent with the existing literature. However, culture appeared to be impacting manifestations and durations of the reactions as some personal reactions were more accepted by the society than others. The responses of the society and the religious orientation of the mothers seem to be fostering or hindering the coping processes. The findings are discussed in light of the existing literature and conclusions are drawn.

Escueta Mok, British Columbia Operational Stress Injury Clinic

Collective Recovery and Reconstruction from Continuing Complex Traumatic Stress: A Collaborative Psychoeducation Approach

Few approaches to trauma treatment, including psychoeducation, use participatory, dialogic and transformative approaches; even fewer address not just individual symptoms of but also systems and structures that facilitate collective (re)traumatization. This participatory action-research project identifies the theoretical, methodological and practical contributions that the use of transformative learning makes to collective recovery and reconstruction efforts by a group of individuals living in contexts of chronic, acute, and continuing trauma. Towards this end, the twelve-week Trauma Recovery and Reconstruction Group (TRRG) was created and conducted. Theoretically, this project advances continuing context and needs assessments, co-intentional learning, and the translation of pedagogy into united action. Methodologically, it identifies collective, visual arts-based, and capacity-building approaches for collective expression of distress and recovery and critical analysis of systemic and structural origins of (re)traumatization. Practically, it contributes to recovery and reconstruction efforts to address systems- and structures-based human rights and social justice issues. The participants used their collective strength to advocate for the continuation of the TRRG to sustain the community of mutual learning and support they created.

Exenberger Silvia; Juen, Barbara, University of Innsbruck

Four Years Post-Tsunami: Predictors of Children's Posttraumatic Stress Symptoms

Six years have passed since the Indian Ocean tsunami. This paper presents one work-package of the project "Post-tsunami" funded by the European Commission, which was implemented in the worst hit part of India, the Southern state Tamil Nadu. It aims to show the contribution of children's prior trauma history, maternal health status, and children's demographic variables to posttraumatic stress symptoms. The answers to the Traumatic Events Screening Inventory were collected orally on an individual basis of 106 mothers (91 biological and 15 SOS mothers) who responded for 221 tsunami-affected children. Additionally, the Impact of Event Scale and the General Health Questionnaire were used to gain information about mothers' trauma symptoms and general health. The children, aged 8 to 17, were single and double orphans either living with their biological parent or in an out-of-home care organisation (SOS Children's Villages). In the final model of a hierarchical multiple regression analysis it was shown that general health of the mothers ($\beta = .46, p > .001$) significantly predicted the amount of

PTSD symptoms in children, as does the context in which the children live ($\beta = -.18, p > .05$). Living in fishing villages was a significant predictor for PTSD symptomatology. The findings confirm that children's mental health depends in large part upon the health status of their mothers and the context they live in.

Forbes Maj Kevin J, Headley Court Trust Research Fellow; Klein, Susan, Aberdeen Centre for Trauma Research

The Identification of Factors which Conduce to and Prevent Rehabilitation and Adjustment in Military Personnel Following Combat-Related Injury: A Pragmatic Evaluation of Patients and Their Partners

While the physical effects of warfare have been well documented through the ages the psychological and psychiatric effects have been less well described. Following the acceptance of Post-Traumatic Stress Disorder (PTSD) into DSM-III by the American Psychiatric Association in 1980, exposure to war and conflict has increasingly been recognised as resulting in identifiable psychopathology (Alexander, 1996).

The reason some individuals develop symptoms of post-traumatic illness when exposed to traumatic events while others do not remains unclear (Klein et. al., 2002). In more recent years there has been a particular interest in causative or predisposing factors and the likelihood of developing PTSD following traumatic injury is approximately eight times higher than in injury-free trauma (Koren et. al., 2005). Further research is necessary to better understand the effects of combat injury on the development of post-traumatic illness and upon adjustment in the longer term.

Relationships are vital supports in times of stress but they may also act as challenges or obstacles to recovery and the effects of the 'ripple effect' of trauma also warrant further examination, particularly in relation to the increased burden of caring for those with a combat injury.

Our current research is therefore based upon the recognition of a significant level of mental health problems and combat-related disorders in UK servicemen; increasingly reported evidence of the importance of post-traumatic conditions (substance abuse and depression in addition to PTSD) and reports of marital, relationship and family problems. Traumatic injuries (both physical and psychological) therefore profoundly affect the rights of those UK servicemen and their partners particularly in respect of health and society post-deployment and following military discharge.

Forinder Ulla, Stockholm University; Lindahl Norberg, Annika, Karolinska Institute

PTSS and Growth Among Parents Whose Child Have Had a Life Threatening Illness and Treatment

The modified and broadened taxonomy of PTSD in DSM 1994 implied the inclusion of "learning that one's child being diagnosed with a life-threatening illness". The aim of the presentation is to explore the appraisal of the event, occurrence of PTSS and PTGI among parents whose child had had a stem cell transplantation (SCT). A research battery including PCL and PTGI was sent out to a cross-sectional multicenter group of parents of children who had had a SCT 6 months or more before the study. The response rate was 66% ($n = 281$). The results confirm that SCT in childhood is an event of extreme adversity for the parents. An indication for PTSS was found among an important minority of the parents up to 8 years after treatment. The occurrence of PTSS was less in the group eight years after treatment. A large proportion of the parents had experienced growth. Moreover data was analyzed in relation to: gender, age, socioeconomic factors, avoidant coping, social support, marital satisfaction and additional traumatic experiences. In the presentation we also discuss cultural implications of the PTGI and problematize the use of a total score in PTGI as well when growth can be indicated according to the instrument.

Gailiene Danute, University of Vilnius

Viennese Professor in Vilnius: The Earliest Case Descriptions in Traumatology?

Medical professors Johan Peter Frank (1745–1821) and Joseph Frank (1771–1842), father and son, were important authorities in European academic medicine in the 18th-19th centuries. In 1804 they left Vienna for Vilnius, invited

by the authorities of the Vilnius University to take up the professorship here. Ten months later the Russian Tzar invited the father, Prof. J.P.Frank, to St Petersburg as the family doctor to the Tzars family and the Rector of the Academy of Medicine. The son, Joseph Frank, continued his work in Vilnius until 1823. In 1813 he observed the victims of Napoleon's war against Russia and wondered "...how come no doctor known to me has never before written ex professo about the illnesses that spread after wars?". He himself did just that in the fourteen volumes of his *Praxeos medicae universale praecepta*. The presentation discusses the main theses and the significance of Dr. Frank's work in the history of psychotraumatology.

Gania Abdul, SKIMS

Posttraumatic Stress Disorder and Substance Dependence: Dual Diagnosis

Kashmir, due to continued disturbed conditions for more than two decades, has observed an alarming increase in the number of Post Traumatic Stress disorder and Substance dependence (SD) patients. Drug use appears to have an important role in etiology and vulnerability to development psychiatric disorders and vice versa. This study was carried with 300 substance dependence patients who were screened for psychiatric disorders by DSM IV based on the MINI Plus interview. The study revealed that 58% (n = 174) had psychiatric comorbidity, with most patients aged between 18–38 years 87.35% (n = 133) and males (n = 166) were involved more than females. Commonly associated psychiatric disorders in these dually diagnosed patients were psychotic disorders (33.90%), mood disorders (32.18%) and post traumatic stress disorders (PTSD) in 11.49%. Among patients with dual diagnosis of PTSD and substance dependence, most of the subjects were in the age group of 15–26 years (39.75%). The majority were males (63.85%) and unmarried (49.39%). Most of the patients belonged to the middle class (78.32%). Educated patients (89.16%) outnumbered illiterates (10.89%). The majority of the patients (63.85%) had witnessed multiple traumatic events. Such high rates of comorbidity suggest functional relation between these two disorders and further discourse is warranted.

Ganster-Breidler Margit, Institute for Innovative Traumatherapy

Human Rights Violation and Trauma in Papua New Guinea – The Implementation of Innovative Therapies for Survivors of Violence

Papua New Guinea (PNG) media report daily occurrences of horrendous forms of violence against women, including killing, burning alive, torturing, gang rape, and other forms of abuse. In the homes, women and their young children are constantly running away to take cover from violent husbands and fathers. Young women and schoolgirls are aborting their education due to shame and disgrace from incidences of incest and gang rape. A cross sectional survey was done at Divine Word University Madang in 2009 to gather current data on the extent of gender-based violence in different areas in Papua New Guinea. Two hundred women between 17 and 60 years of age were interviewed and 65% reported being survivors of physical and sexual violence. Significant associations between physical, sexual violence and mental health problems were found through the chi-square test. In order to increase the services for survivors of trauma in PNG a project for the training of trauma-counsellors was developed. Commencing in June 2009, our project trained 155 Papua New Guinean nationals (98 female, 57 male) from civil society organisations in Basic Innovative Therapies to counsel survivors of trauma.

Germani Massimo; Calò, Flavia; Dessì, Anna, San Giovanni Hospital

The Utility of a Brief Therapy Focused on the Treatment of Hyperarousal in Asylum Seekers Who Have Survived Torture or Extreme Trauma

Extreme traumatic experiences, such as torture, sexual abuse or prolonged and repeated trauma, can lead to various forms of psychopathological disorders. Clinical syndromes that are frequently diagnosed are depressive disorders, dissociative disorders, PTSD, somatoform disorders, DAP, increased/hyperarousal (HA) syndrome, etc. Complex syndromes, where increased arousal and dissociative experiences are preeminent, can orient towards different diagnoses as Complex PTSD or ESD. Many studies show evidence of the central role of post-traumatic dissociative phenomena in extreme trauma survivors, while less attention is paid to the syndrome of increased

arousal. Moreover, aggressive, impulsive and violent behaviors undermine the possibility to efficiently carry on an integration program. In the last 2 years, we have assessed the intensity of arousal symptoms in 174 new patients examined at our Centre for the Treatment of Posttraumatic and Stress Disorders. We found that symptoms of HA were low in 16% of all patients, moderate in 69%, and high in 15%. We believe that treating HA in Asylum Seekers who have survived torture is crucial. A brief focused psychotherapy should be associated to a psychopharmacological treatment, to psychosocial rehabilitation and individual psychotherapy in selected cases. In this paper we are going to describe this brief protocol objectives and its limitations.

Germani Massimo; Mosca, Lorenzo, San Giovanni Hospital; Luci, Monica, Italian Council for Refugees; Lai, Carlo, La Sapienza University

Specificity of Dissociative Disorders in Survivors of Torture and Extreme Trauma: Identification of Some Specific “Clusters” in the Dissociative Experience Scale

In recent years several studies have shown the high incidence of dissociative symptoms in subjects who experienced extreme trauma, such as torture or prolonged physical or psychological abuse. These processes are now considered as a specific and central consequence of repeated interpersonal trauma. Thus, new nosographic categories have been formulated to overcome the concept of PTSD (Complex PTSD, Extreme Stress Disorder). The clinical research we carried on in our Centre explored the psychopathological consequences of extreme trauma. Dissociative experiences were evaluated in a clinical population of 80 asylum seekers who had survived extreme trauma within the 12 months prior to the study. Every patient completed an assessment based on a specifically oriented semi-structured interview and a psychometric evaluation, including the Dissociative Experiences Scale. Previous studies suggested the possibility to identify a specific pattern of dissociative experiences in victims of extreme trauma. The statistic elaboration of our cluster analysis of the DES, compared to a matched control population of asylum seekers with no previous experience of extreme trauma, highlights specific dissociative phenomena in the clinical group. If these results will be confirmed in future more extended studies, they could lead towards a specific scale for post-traumatic dissociative experiences.

Ghazali Siti Raudzah, Universiti Malaysia Sarawak; Yaman, Khatijah; Ahmad, Mariah, University of Malaysia-Sarawak

Symptoms of PTSD, Gender and Coping Skills among Adolescents Exposed to Tsunami Disaster in Northern Peninsular Malaysia: Four Years after Natural Disaster

A cross-sectional study was conducted to study symptoms of posttraumatic stress disorder (PTSD) among adolescents who were exposed to the devastating Southeast Asian tsunami of 2004 in the worst affected area of Northern Peninsular Malaysia. 216 adolescents completed the survey. Results suggested that 8.3% reported having severe symptoms of PTSD, 39.8% with moderate symptoms, 42.1% with mild symptoms, and 9.7% reported having no significant symptoms of PTSD. There is no significant difference in the means of PTSD symptoms between boys and girls. Various coping skills are reported with discussion of the major findings at the end of this paper.

Gokler Danisman Ilgin, Maltepe University; Yilmaz, Banu, Ankara University; Aker, Tamer, Kocaeli University

Reflection of Childhood Experiences of Trauma on Adult’s Psychological Well-Being: The Predictive Role of World Assumptions

Studies on psychological aftermath of traumatic events suggest that people rely on assumptions which include basic beliefs about the world, other people, and themselves. Stressful life events may shatter these assumptions; thereby impose a sense of vulnerability. Childhood experiences of abuse and neglect are among these events. Such experiences in childhood may have major negative impacts on the child’s physical, emotional, cognitive and social development. Besides its effects in childhood, it has been evidenced that such experiences have reflections also in adult life. Numerous studies have demonstrated relationships between childhood traumatic experiences and psychological well-being in adulthood. The aim of this study is to identify the reflection of childhood traumatic

experiences on adult life in terms of world assumptions. Data were collected from a total of 510 university students living in two metropolises of Turkey, by means of a battery comprising standardized measures, namely Childhood Trauma Questionnaire, World Assumptions Scale, and Brief Symptom Inventory. The data analysis is still in process. The findings will be discussed in the light of the related literature.

Gouweloos Juul; Drogendijk, Annelieke; Kleber, Rolf, Institute of Psychotrauma

Preliminary Study of the Association between Work, Trauma and Psychopathology: An Inventory of Literature and Implications for Further Research

The topic work and trauma covers only a small part of the large amount of literature on trauma. The majority of studies conducted in this field are focused on first responders (emergency service and military personnel). These studies reveal a cumulative effect of traumatic incidents: the more events someone is exposed to, the more PTSD symptoms they report (Clancy et al., 2006; Van der Ploeg, 2003). In addition, recent longitudinal studies reveal that organizational stressors may be a more likely source of adverse psychological reactions than the traumatic experience itself (Van der Velden et al., 2010). Remarkably, less is known about factors that foster resilience and reduce the risk of psychopathology following workplace trauma. Organizational factors, such as support from colleagues, as well as individual differences in self-efficacy and hardiness, may moderate the negative effects. Therefore, the present study focuses on the association between resilience, psychopathology and workplace trauma. This will result in an overview of the current knowledge of individual and organizational factors that foster resilience and will elucidate implications for further research in the field of work and trauma. While most research has focused on first responders, special attention will be paid to other professions prone to traumatic incidents (e.g. bank officers or train drivers).

Greenberg Neil, ACDMH

Post Deployment Battlemind Training in the UK Armed Forces

Combat exposure increases the risk of subsequent psychological ill-health in Armed Forces (AF) personnel. US forces have used a psycho-educational intervention, Battlemind, with good effect for mental health in military personnel exposed to high levels of combat. We evaluated the efficacy of post-deployment Battlemind in UK AF personnel.

Battlemind was compared with a standard post-deployment brief in a cluster randomised controlled trial. 2443 UK AF personnel returning from Afghanistan were asked about combat experiences and mental health status before receiving a randomly allocated intervention. 1616 (66%) completed a follow-up questionnaire approximately 6 months later. Primary outcomes were the General Health Questionnaire (GHQ-12) and the post traumatic stress disorder checklist (PCL-C). Secondary outcomes included alcohol misuse, assessed with the AUDIT and binge drinking. The two study arms were compared using mixed-effect models taking account of possible cluster effects. No difference was found in mental health scores between groups but those who received Battlemind were less likely to be classified as binge drinkers than those who received the standard brief (adjusted odds ratio 0.73 (95% confidence interval 0.58 – 0.92)).

An anglicised version of post-deployment Battlemind had a modest impact on the reporting of binge drinking but not upon mental health status per se.

Griese Karin, medica mondiale e.V.

We Were Full of Hope for a Better Future. Providing Trauma Sensitive Psychosocial Support for Women and Girls in Afghanistan

War rape is a serious human rights violation. For a long time, war related sexualised violence was seen as a „side effect“ of war, but recently a series of new studies, articles and publications have highlighted the different forms it can take and explanations of its occurrence are becoming more varied. The complex psycho-social impacts on women and girls themselves-and for partnerships, families and communities-remain under-researched internationally.

medica mondiale is an international non-governmental organization which supports women and girls who have been sexually violated during war and conflict. In the course of our 17 years work in war and conflict zones like Bosnia,

Kosovo, Afghanistan, Liberia and Congo medica mondiale has developed an integral concept to support women in dealing with their traumatic experiences and which encourages active participation of women in social change processes.

Based on an overview of current insights into dynamics and effects of war related sexualised violence the speaker will discuss specific work approaches, challenges and success in providing trauma sensitive support for women and girls in Afghanistan by building up a local women's NGO on the ground – a country “where women are denied their most fundamental rights and risk further violence in the course of seeking justice for crimes perpetrated” (UNAMA).

Halpern James; Vermeulen, Karla, State University of New York

Assisting Disaster Survivors: Are Practitioners Using Evidence-Informed Practices?

Disasters may overwhelm a community's response capacity and generate a need for mental health services that exceeds the number of providers with disaster-specific expertise. As a result, well-intentioned professionals may respond despite a lack of training or experience. Mental health professionals were surveyed about their disaster mental health training, response experiences, intervention practices, and perceived need for new trainings. Results are troubling: Participants expressed a desire for additional training in practices such as Psychological First Aid, Cognitive Behavioral Therapy and Psychoeducation. However, a large percentage had provided disaster mental health services with no training, and many are using interventions that are not considered best practice: A disturbing number have received recent training in Critical Incident Stress Debriefing (41%), have used it in the past two years (35%), or plan to use it in the future (69%), despite evidence that it is not appropriate for most disaster survivors. Results point to a significant gap between the research on evidence-informed practices and what actually is delivered, demonstrating a need for wider dissemination of recommendations by ISTSS, TENTS and Red Cross. Additional disaster-specific training is needed throughout the mental health field in order to improve community response and recovery.

Hansen Maj, University of Southern Denmark

Predicting PTSD Following Bank Robbery

Background: Unfortunately the number of bank robberies is increasing. However, research investigating the psychological sequelae of bank robberies is limited. Furthermore, research has emphasized the importance of investigating and identifying trauma exposed individuals at risk of developing posttraumatic stress disorder (PTSD), this is also pertinent in relation to the experience of a bank robbery. **Objective and design:** We studied the predictive power of the Acute Stress Disorder (ASD) in relation to PTSD in 138 bank employees. We also investigated if ASD severity in combination with other factors such as social support, and gender were predictive of PTSD. **Results:** The ASD rate was 13.8%, and the PTSD rate was 6.5%. The different combinations of the ASD symptom clusters all predicted PTSD with correct PTSD classification varying from 56–89%. The best overall model was obtained using Bryant and Harvey's recommended cutoff scores to predict PTSD from ASD. A regression analysis based on ASD severity and 11 other variables accounted for 50% of PTSD severity variance, while ASD severity alone accounted for 41% of the variance. **Discussion and conclusions:** The results were discussed in relation to existing research. In conclusion this study indicated that ASD may be a better predictor of PTSD following a bank robbery than following other traumas.

Haslam David, Operational Stress Injury Clinic, Parkwood Hospital, St Joseph's Health Care

Post Traumatic Treatment for Military Veteran's in Primary Care: An Innovative Systems-Level Stepped Collaborative Model

Military veterans report high rates of under-treated traumatic stress disorder (TSD-V) following deployment, including involving exposure to violations of human rights. Systems-level interventions show promise as an approach to TSD-V in primary care (PC). Stepped collaborative care (SCC) models can be effective for depression and other anxiety disorder treatment in PC populations. This study's objective is to test the feasibility, safety, acceptability, and clinical improvement of a unique model combining systems-level and SCC for TSD-V in primary care. Key elements involve a “Step-Up” in service intensity phase including screening, brief standardized PC

diagnostic assessment, active treatment, symptom monitoring, and collaborative care, which includes PC visits, a “care facilitator”, follow-up, and more intensive care, through specialty consultation, for complicated or difficult cases. Transition back to PC based service, the “Step Down” phase, include “care facilitator” coordinated decrease intensity of service with an enhanced, collaborative, PC-specialist service interface remaining responsive to further “Step-Up” interventions as indicated. Preliminary findings will be discussed. This model is proposed as a potentially practical and cost effective method for improving care in military veterans with TSD-V, often the result of exposure to violations of human rights.

Hauschildt Marit; Peters, Maarten; Jelinek, Lena; Moritz, Steffen, University Medical Center Hamburg-Eppendorf

Veridical and False Memory for Non-Autobiographical Scenic Material in Posttraumatic Stress Disorder

Memory aberrations are central to the diagnosis, development, and maintenance of posttraumatic stress disorder (PTSD). The question whether mnemonic abnormalities in PTSD also manifest as an increased production of false memories is important for both theoretical and practical reasons but yet unsolved. For the present study, we therefore investigated veridical and false recognition in PTSD with a newly created scenic variant of the Deese-Roediger-McDermott (DRM-) paradigm which was administered to traumatized individuals with ($n = 32$) and without ($n = 30$) PTSD, and nontraumatized controls ($n = 30$). The PTSD group neither produced higher rates of false memories nor expressed more confidence in errors but showed inferior memory performance when veridical and false recognition rates were combined into one score (corrected recognition index). Whereas PTSD and depressive symptoms did not correlate with veridical or false recognition, state dissociation was positively associated with false memories. Thus, our findings speak against an increased suggestibility for visual false memories as a PTSD-specific phenomenon. However, state dissociation may be a critical factor underlying false memory production which should be further investigated in future studies focusing on visual false memory in PTSD.

Heidinger Ruth, Verein Projekt Integrationshaus

Working with Asylum Seekers in the Interface of Asylum Laws and Social Challenges: Trauma Focused Treatment at the Residential Home “Verein Projekt Integrationshaus” in Vienna

This presentation introduces psychological trauma focused treatment of and social services for asylum seekers at the residential home “Verein Projekt Integrationshaus”. It addresses the fact that most factors that are considered important for the positive outcome of trauma treatment do not apply to this group of people. Furthermore, applied methods and group interventions are presented.

Trauma treatment is most successful when several conditions are met, including the stabilization of external circumstances, such as secure residence status, work, social network etc., as well as internal conditions, such as stable personality, physical health etc. Residents of the “Verein Projekt Integrationshaus”, a facility that specializes in the care of mentally and chronically ill asylum seekers, face many social, legal and economic challenges with almost none the above mentioned factors applying to them. Under the given circumstances, psychological stabilization and building resources are considered to be the main goals of trauma focused treatment.

The presentation discusses both individual and group interventions. Individual treatments apply psychodynamic imaginative trauma therapy, EMDR and Relaxation techniques. Group treatments include Women’s group and Relaxation group. The application of these methods and external influences on the treatment process are illustrated by a case study.

Heltne Unni Marie; Braarud, Hanne Cecilie, Center for Crisis Psychology

Clinical and Ethical Challenges in Treatment Research Involving Children Traumatized by Exposure to Violence in their Families

Background: Treatment research in a clinical setting is generally challenging. This abstract will focus on some of the challenges that might affect recruitment and treatment outcome conducting an evaluation study of a manual based

treatment of children traumatized by domestic violence. The study took place in an ordinary clinical setting. **Setting:** A single-case study of a treatment manual designed to treat symptoms of traumatization in children exposed to violence in their family. The manual was developed at the Center for Crisis Psychology, and is based on the principles of cognitive behavioral therapy. The participants are children between the age of 7 and 13, either directly abused themselves or have witnessed abuse towards their mothers. So far 5 children have been treated. **Aim:** The presentation will focus on challenges in recruiting children to the study, the need of a continuous evaluation of the children's safety, how contact or the lack of contact with the violent parent might affect the treatment, and how issues related to how children are involved in investigation and trials can disrupt the treatment and healing process. The presentation will also focus on how these issues might contribute to treatment fidelity of the therapist and the child's response to different measures of treatment outcome.

Hoijsink Leonie; te Brake, Hans; Dückers, Michel, Stichting Impact

Development of a Measuring Instrument – The Resilience Monitor

Background: The goal of this study is to 1) develop a measuring instrument based on relevant associated factors found in scientific literature, and 2) provide a first insight into the mechanisms behind psychosocial resilience by determining the relationship between these factors. **Methods:** For these purposes 1) online research with the questionnaire was conducted among a representative sample of 1361 Dutch respondents and 2) explorative and confirmative analyses were executed, amongst them Structural Equation Modelling. **Results:** General trends of psychosocial resilience within the Dutch population were established, revealing a predominantly positive outlook. Moreover, a model for psychosocial resilience was developed in which (in)direct relationships between factors were clarified. Out of the six factors found in literature, four were confirmed as relevant in the light of psychosocial resilience. **Discussion:** this research included the development of a general measurement instrument for resilience. Using this instrument, mechanisms of psychosocial resilience after disasters and shocking events can be explored. Further research is necessary to assess to what extent estimations predict actual resilient behaviour.

Hol Gordana, STARTTS

Utilising EMDR as an Integrative Approach for the Treatment of Torture and Trauma Survivors

It is well documented that psychological trauma associated with human rights violation severely affects its sufferers. The trauma reduces the person's functioning capacities across all levels, including the intellectual, emotional and behavioural, which significantly impacts on the person's quality of life.

This paper aims to demonstrate the use of the Eye Movement Desensitisation and Reprocessing (EMDR) in treatment of Post Traumatic Stress Disorder (PTSD) in torture and trauma survivors from Sierra Leonean community at the NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS), Sydney, Australia.

The brain of severely affected PTSD patients fails to successfully process traumas. As such, the trauma becomes "locked" within the Central Nervous System (CNS). To "unlock" the trauma related memories and to desensitise emotional distress EMDR treatment was utilised.

The treatment assisted PTSD patients to accept and process past events related to trauma and achieve cognitive resolution. These lead to emotional stability and the reduction of physiological arousal associated with the trauma. In summary, it was identified that EMDR treatment facilitated quicker recovery process of PTSD torture and trauma survivors from Sierra Leone. Their symptoms were reduced significantly and they became more focused on their future.

Hovens Jacqueline, LUMC

Impact of Childhood Life Events and Childhood Trauma on the Two-Year Course of Depressive and Anxiety Disorders

Objective: To investigate the effect of childhood trauma and childhood life events on the course of depressive and anxiety disorders in terms of two-year diagnosis and clinical course trajectory. **Methods:** Longitudinal data are

collected from 1209 participants (18–65 yrs) in the Netherlands Study of Depression and Anxiety (NESDA), with a depressive and/or anxiety disorder at baseline. Childhood life events and childhood trauma at baseline were assessed retrospectively by a Dutch semi-structured interview. **Results:** At baseline, 18.4% reported at least one childhood life event and 57.8% any childhood trauma. Childhood life events were not predictive of any measures of course trajectory. Emotional neglect, psychological abuse and physical abuse, but not sexual abuse, were associated with an increased risk of a depressive and comorbid anxiety and depressive disorder. Emotional neglect and psychological abuse were associated with increased odds ratios of a chronic course. The associations between childhood trauma and an adverse course were mediated mainly through a higher severity of depressive symptoms at baseline. **Conclusions:** Childhood trauma, but not childhood life events, was prospectively associated with an increased risk of comorbidity and chronicity in adults with anxiety and depressive disorders. Baseline clinical characteristics are important factors in mediating the relationship between childhood trauma and the course of the illness.

Hukkelberg Silje, Norwegian Centre for Violence and Traumatic Stress Studies

Dimensionality of Posttraumatic Stress Symptoms and the Relation to Depression in Children and Adolescents

The aims of the study were two-fold: 1) To investigate six different factor structures in posttraumatic stress symptoms (PTSD) using confirmatory factor analyses with polychoric correlations, and 2) To examine to what extent PTSD is different from depression. The study sample consisted of 312 children and adolescents aged 10–18 years, who had experienced different types of traumatic events. Results showed that three out of six models demonstrated good fit, but overall the Dysphoria model provided best fit to the data. Further, results showed that the four factors of the Dysphoria model were highly correlated with depression.

Ikeno Satoshi, Kwansai Gakuin University; Nakao, Kayoko, Mukogawa Women's University

The Survivor Guilt among Japanese American Hiroshima/Nagasaki A-Bomb Survivors

This qualitative study examines the role and mechanism of the guilt feelings as a survivor (“survivor guilt”) in the long-term post-traumatic coping processes among older Japanese American Hiroshima/Nagasaki A-bomb survivors in Southern California. Analyzing 23 intensive life review interviews, we found various types of survivor guilt including the existential self-accusation over the lives of the deceased and feeling failure in taking responsibilities for family lives. The survivor guilt served as the central theme in a range of post-traumatic responses such as meaning attribution to their survival and the internal locus of control to the traumatic event. Their post-traumatic growth appeared to be affected by the distinctive immigration patterns that shaped their fondness for Japan and war experiences that challenged their faith in America, all of which uniquely characterize this group of older Americans. Although the survivor guilt initially lowered their morale and self-esteem, it ultimately provoked their spiritual awareness and facilitated self-actualization processes over the life-course, indicating transformational role of the feeling and its extensive functional parameter from negative to positive. We will discuss typology of the guilt responses found among the interviewees and its clinical implications in working with older Japanese American A-bomb survivors.

Jaber Saad; Hunt, Nigel, University of Nottingham; Alqaysi, Abdulgaffar, Baghdad University; Sabin-Farrell, Rachel, University of Nottingham

Developing a Self-Help Guide for Traumatized People in Iraq

Background: Developing and studying intervention techniques to help people in Iraq to overcome their suffering have not received the attention they deserve. This study aimed to develop a self-help guide (SHG) to help people in Iraq to deal with traumatic events, and to overcome the trauma-related symptoms. **Methods:** the self-help guide was developed and included a number of sections about the different aspects of trauma, related symptoms and coping skills. Self-report scales were used to assess trauma history, trauma symptoms, coping and posttraumatic cognitions. Also, focus group meetings were conducted to assess the strengths and weaknesses in SHG. 146 university students in Baghdad with trauma symptoms were recruited and randomised into two experimental and

control groups. Pre and Post tests were administered. The experimental group used the guide for five to six weeks. **Results:** The results indicated that there was a significant decrease in trauma symptoms and positive changes in the self-cognition. The findings suggest that SHG can be more effective if people use it frequently and for a longer period.

Jaber Saad; Hunt, Nigel; Sabin-Farrell, Rachel, University of Nottingham; Alqaysi, Abdulgaffar, Baghdad University

Traumatic Events and Trauma-Related Symptoms in Iraqi University Students in Baghdad

Background: Iraqi people have experienced many traumatic events on an ongoing basis; wars and various forms of political repression, violence, and terrorism. This study aimed to find prevalence rates of traumatic events and trauma-related symptoms in a sample of general population in Baghdad. **Methods:** 505 university students in Baghdad were recruited. Three self-report scales, Trauma History Screen, brief screen of PTSD, and an Arabic version of HADS were administered. **Results:** It was found that incidents such as roadside bombings, airstrikes, car bombs, the sudden death of a family member, seeing somebody being exposed to killing or kidnapping, watching real video clips about killing attempts, attacks by military force, and shots fired from a gun were frequently reported. In contrast, rape or sexual abuse was rarely reported. 11.30% of the participants reported no PTSD symptoms at all, while the rest reported at least one PTSD symptom. 33.50% of the participants reported symptoms that fully met the criteria. Moreover, those who fully met PTSD criteria showed higher rates of symptoms of depression and anxiety. Therefore, the mental health needs of this population should be addressed and appropriate intervention programmes developed.

Jacobs Elsbeth, RVTS-Sør-Øst

The Bodily Perspective in the Treatment of Traumatized Persons

Aim of the presentation is to introduce the work of the Physioterapist into the field of Trauma. In specific the returning to the body after traumatic events. When you are a person suffering from traumatic experience you might be afraid, unsecure and loose the control over your daily activities. What to do when the side-effects become chronic? How to understand the pain? Try to find your recourses.

Jishkariani Mariam; Bokuchava, Teimuraz; Kintsurashvili, Liana, The Rehabilitation Centre for Victims of Torture “EMPATHY”

Outcomes of Traumatic Stress Among Women – Victims of Ethnic Cleansing in Georgia

Aim: Caused by Russian Military Intervention in Georgia in August 2008, 20% of Georgian territories are occupied. About 150 000 civilians, 1/9 of the population of Georgia became victims of ethnic cleansing. **Objectives:** Main objectives were to identify outcomes of traumatic stress among women; to identify complexity of health problem and relations between trauma experience, physical and mental health condition. **Methods:** Multi-profile medical file was used for examination. The Harvard Trauma Questionnaire (Molica et al, 1992), PTSD (Watson et al 1994), Becks Depression Inventory, Hamilton Depression Rating Scale etc were used, too. **Results:** Total number were 138 women. They were victims of ethnic discrimination and torture. Observation reveals high level of traumatic stress experience in all cases according to the HTQ-Index KI E = 3.78; and average index K2 E = 2,62. According to the PTSD Rating Score, PTSD E = 86; Physical outcomes were diagnosed in 130 cases (more than 94%) of 138. Following diagnosis were observed: PTSD 114 p. (F = 0,82,6); PTSD with other disorders-9 p. (F = 0,06); Adjustment disorders: 2 p (F = 0,01); Psychoses: 2 p. (F = 0,01), in other cases psychological problems were revealed. Among physical disturbances revealed high level of cardio – vascular system problems-74 (57%); also high level of oncology 13 (10%); and gynecology-52 (40%); endocrinology problems- 28 (21%). **Conclusion:** Observation was done among traumatized victims of severe violation of International Humanitarian law. In all cases, life stress events have severe consequences that is revealed in PTSD symptoms. In most of cases of women – torture survivors the mental/psychological problems were followed by the somatic disturbances.

Johansen Venke A., Haukeland University Hospital, RVTS West; Weisaeth, Lars, Ullevål University Hospital

Prevalence of Post-Traumatic Stress Disorder (PTSD) and Anxiety and Depression in Physical Assault Victims of Violence: An 8-Year Follow Up Study

Background: It has been well documented that exposure to severe psychological trauma such as violent assault may cause diverse post-event emotional problems, e.g. PTSD and anxiety and depression. **Aim:** The aims of the study were to examine the prevalence and severity of PTSD and anxiety and depression symptoms in victims of non-domestic violence, 8 years after the exposure. **Methods and material:** The present study has a single-group prospective design with four repeated measures throughout a period of 8 years after exposure to physical assault. Data are collected by using self reported measures from 143 victims at T1, whereas 43 participated at all 4 assessments. Questionnaires: Impact of Event Scale-15 (IES-15) and Hopkins Symptom Check List-25 (HSCL-25). **Results:** Prevalence and severity of PTSD and anxiety and depression were categorized as probable cases, risk-level cases, and no cases, as diagnosed by the IES-15 and HSCL-25. Probable PTSD cases were found to be 36% of participants at T1, 28% at T3 (12 months after exposure) and 21% at T4 (8 years after exposure), while the similar result by HSCL-25 showed 42%, 35% and 26%. **Conclusion:** The results showed a high prevalence and severity of both PTSD and anxiety and depression on all outcomes. The consequences of exposure to physical assault by strangers need to be given more attention as a severe risk of chronic mental health problems.

Karanci Nuray, Middle East Technical University; Gokler Danisman, Ilgin, Maltepe University; Yilmaz, Banu, Ankara University; Aker, Tamer, Kocaeli University

Identifying the Pathways to Provide Psychosocial Support for Disaster Survivors: Preliminary Findings of a Comprehensive Study

In the aftermath of a large-scale disaster, implementation of a comprehensive psychosocial service system is required to meet the multidimensional needs of the affected community. Such a psychosocial service system needs to consider the sociocultural atmosphere and processes that emerge following the disaster, as well as the local needs, strengths and coping strategies. Development of a culturally-tailored model of psychosocial support is crucial in a disaster-prone country like Turkey. Therefore, the present study aims to identify the pathways to provide psychosocial support for disaster survivors in Turkey. The data were collected 11 years after the 1999 Marmara Earthquake in the permanent disaster housing units in two provinces, namely Kocaeli and Kaynaşlı, located in the epicenter. One hundred earthquake survivors were interviewed using a semi-structured interview tapping the issues related to needs and coping resources and strengths, during the first six months following the 1999 earthquake; needs and coping resources and strengths that are likely to emerge after a possible disaster in the future; support seeking behaviors and appraisals of psychosocial services. The results will be discussed in the light of the related literature and suggestions for the psychosocial service planning will be offered.

Kazlauskas Evaldas; Gailiene, Danute; Starinskaite, Ieva; Pakalniskiene, Vilmante; Domanskaite Gota, Vejune, Vilnius University

Intergenerational Effects of Political Trauma in Lithuanian Survivors

Background: About 300,000 Lithuanians experienced persecution, political imprisonment and forced displacement during the Soviet regime in Lithuania. The present study was designed to understand parent-child mental health relationships in the field of traumatic stress and prolonged traumatization due to political oppression. **Methods:** 141 survivor-offspring matched pairs, with at least of one parent exposed to political violence during Soviet regime in Lithuania participated in our study. The average age of survivors was 73 years, of second-generation 45 years. Lithuanian versions of self-report questionnaires (Trauma event list, Trauma symptom Checklist) was used for trauma exposure and symptom assessment. MPlus 5.0 was used for path analysis. **Results:** Path analysis confirmed relationships between survivor and offspring traumatic stress. Our model indicates that there are two main predictors of second-generation trauma symptoms – survivor's trauma symptoms and second-generation traumatic events. Survivor's trauma symptoms are related to their life-time trauma exposure.

Kelley Susan; Whitley, Deborah, Georgia State University

Behavior Problems in Maltreated Children Raised by Grandmothers

An increasing number of maltreated children are being raised by grandparents due to parental abandonment, substance abuse, HIV/AIDS, and incarceration. In addition to being victims of child abuse and neglect, many have witnessed intimate partner violence. The purpose of this study is to examine emotional and behavioral problems in maltreated children being raised by grandmothers.

The sample comprised 230 maltreated children being raised by grandmothers; the mean child age was 8.2 years with a range of 2 to 16. The families were predominantly low income and African American. The mean age of the grandmothers was 56.1 years, with a range of 37 to 80.

Results indicated that 32.6% of child participants scored in the clinically elevated range on externalizing behavior problems, with 21.3% scoring in the clinically elevated range for internalizing behaviors. Multiple regression analyses indicated that grandmother psychological distress, as well as less supportive home environments and fewer children in the home, to a smaller degree, predicted increased behavior problems.

Findings suggest that attributes related to grandmother caregivers are closely related to child well-being, with caregiver distress having the strongest association with child behavior problems. Implications for the therapeutic needs of traumatized children in the care of grandmothers will be discussed.

Kern Christine; Forstner, Brigitte; Menken, Verena; Brisch, Karl Heinz, University of Munich

SAFE[®] (Safe Attachment Formation for Educators) in Infant Day Care

Introduction: The development of infant day care units will expand in Germany within the next years. Since educators will have a huge influence on the development of children's attachment patterns a group training program for educators SAFE[®] (Safe Attachment Formation for Educators) was implemented in 12 day care units in the city of Munich. The training is targeted on the modulation of behavior that leads to a secure partnership between educators and children as well as parents and their children: Children's attachment behavior with mother and educator is measured in Ainsworth's strange situation. Educator's and parent's attachment representation are tested with the Adult Attachment Projective (AAP; George et al., 1997) before and after day care entry. Their traumatic life events are measured in the Posttraumatic Stress Diagnostic Scales (PDS, Foa, E.B.). **Results:** We assessed 39 educators with the AAP. 45.2% displayed the U category and unresolved in the cemetery story dealing with stories about death and loss. Only 20% of the 30 mothers that join our study were unresolved in the AAP. 80% of them showed an organized attachment representation. All of the babies we assessed with the mother in Ainsworth's strange situation were organized attached. **Discussion:** In contrary to our expectation, a high percentage of educators displayed the category for unresolved status of attachment representation. This could have an impact on the attachment quality of the infants in day care.

Kern Christine, Vuksanovic, Nevena; Brisch, Karl Heinz, University of Munich

Early Trauma and Insecure Attachment in Boys with ADHD Symptoms

Introduction: The development of ADHD compasses different etiologies (e.g. Murray, 1992; Lyons-Ruth et al., 1999; Brisch, 2002b), whereas psychosocial parameters have not been examined adequately in this context. The state of the art postulates a connection between desorganized attachment and externalizing behavior problems. Since traumatic life events affect attachment, we hypothesize that early trauma is related to the development of ADHD symptoms. 49 boys with ADHD symptoms and their mothers were assessed longitudinally (boy's mean age 6.7). **Methods:** Boys were assessed at the level of attachment representation with Story Stems (Emde et al., 2003). Their attachment behavior with mother was measured in Ainsworth's strange situation. Mother's attachment representation was tested with the Adult Attachment Projective (AAP; George et al., 1997). Traumatic life events were measured in the Trauma Antecedents Questionnaire (TAQ, van der Kolk, 1997) and Children's Trauma Symptoms Questionnaire (PROPS, Greenwald, 2000). Children's behavior was assessed with the CBCL (Achenbach, 1991). **Results:** We found 21.2% boys with D behavior in the Reunion procedure and 38.5% D representation in the story stem assessment, which correlated significantly. Mother's U category in the AAP (30.8%) correlated significantly with both attachment levels of the child. There was a significant connection

between ADHD symptoms (CBCL), children's traumatic life events and attachment representation. **Discussion:** Consistent with our attachment transmission hypothesis, children's attachment styles were highly correlated with the mother's attachment representation. We can discuss if the modality of unresolved traumatic events could have an impact on the development of ADHD.

Kern Christine; Brisch, Karl Heinz; Vuksanovic, Nevena, University of Munich

The Unresolved Trauma State in Former Preterm Infants and Their Parents

Introduction: Is there a relation between preterm birth and attachment development at age six, moderated by mother's and father's reaction to preterm birth diagnosis and parents' unresolved trauma state. **Methods:** Children's attachment behavior with mother: Ainsworth's strange situation. Attachment representation in children: Story Stems (Emde et al., 2003). Parent's attachment representation: Adult Attachment Projective (AAP; George, 1997). The parent's resolution of the child's diagnosis: Reaction to Diagnosis Interview (Marvin, 1989). Parent's traumatic life events: Posttraumatic Stress Diagnostic Scales (Foa, 1995). **Results:** Children's attachment representation and behavior are significantly connected. Parents unresolved attachment representation was above average. Both parental unresolved category in the AAP and unresolved status in the RDI correlated significantly, as well as mother's PTSD diagnosis and the unresolved RDI state. **Discussion:** Most of the parents remained unresolved concerning stories dealing with death in the AAP and about children's diagnosis in the RDI. Most of the children who remained unresolved about the story stems showed disorganization followed by stories about death or serious illnesses treated in hospital. Results indicate that parents and children need help to overcome the trauma of preterm birth. We thank the DFG and Köhler Foundation for their support!

Khan Akash, Govt Medical College; Gania, Abdul, SKIMS Medical College; Margoob, Mushtaq; Arfat, Yasir, Govt Medical College

Posttraumatic Stress Disorder in Children and Adolescents in Kashmir

Trauma has a lasting impact on behavioral and emotional aspects of personality of children. Due to continued disturbed conditions for more than two decades, Kashmir has observed an alarming increase in the number of stress related disorders especially in children and adolescents. The study was carried out on 56 children diagnosed with Post Traumatic Stress Disorder using DSM IV at Govt. Hospital for Psychiatric Diseases, Srinagar. Age group of the subjects was between 3–16 years. Most common mode of exposure to trauma was by witnessing (75%). Most common form of re-experiencing was through distressing dreams/nightmares (85.71%). Avoidance of people and places related to the event was the major avoidance behavior (85.17%). Most children had acute onset of PTSD (92.85%) but most of the patients were diagnosed in the chronic stage (71.43%), indicating a delay in diagnosis and treatment.

Kilmer Ryan, University of North Carolina; Gil-Rivas, Virginia; McClintic, Brook, Judi's House for Bereaved Children and Families

Facilitating Posttraumatic Growth in Children and Youth: Applications of the Developing Research Base

Posttraumatic growth (PTG), positive change experienced as a result of the struggle with trauma, has received considerable attention in the adult literature. This research base has begun to extend downward, with researchers exploring the degree to which children and adolescents evidence PTG. Over the last several years, youth have been the focus of over two dozen studies, and recent efforts have sought to develop means to better assess the construct, examine its correlates, and understand the factors that contribute to PTG in youth. This presentation draws on findings from multiple studies to extend recent work that has begun to articulate possible clinical applications of PTG research with youth. The paper will focus on constructs that appear to be "active" in contributing to PTG (e.g., deliberate rumination, positive future expectations, caregiver positive reframing coping advice) and frame means by which professionals and other important adults can facilitate growth in children and youth who have experienced trauma, including specific applications used to date with bereaved youth. Underscoring the importance

of youths' ecological contexts in their post-trauma response, the authors will discuss empirically-grounded cultural considerations for PTG research and applied work, salient unanswered questions (relevant to researchers and practitioners alike), and future directions.

Kitchiner Neil, All Wales Veterans Mental Health & Well Being Service; Jonathan, Bisson, Cardiff University; Paul, Bennett, Swansea University

Developing an Optimal Bio-Psychosocial Care Pathway for Veterans in the UK

There is an absence of reliable data on how best to engage with and treat veterans of the armed forces who have mental health problems. This paper will describe the development of a bio-psychosocial care pathway for veterans living in Wales who have mental health problems. A prototype care pathway was developed following a systematic review and meta-analysis of the veteran psychosocial literature. This informed the modelling phase which employed focus groups with both experts and ill veterans and their careers. It was then tested on 10 ill veterans consecutively referred to an out-patient Veterans Community Mental Health Service (VCMHS), and the veteran interviewed after three months. Their feedback was used to refine the pathway for a further phase of testing on another cohort of 10 veterans and the above process was repeated. Results indicate that veterans referred to a dedicated VCMHS within the National Health Service, UK, do attend for a full psychiatric assessment and engage in evidence based treatments for the mental and social problems. They also do respond to civilian based treatments, but may need more sessions to engage them. There is a need to include the family and significant others within any treatment plans to maximise treatment effects and improve the health of family members at the same time.

Klasen Fionna, University Medical Center; Schrage, Jana, University of Hamburg; Blotevogel, Monica, University Medical Center

Guiltless Guilty – Trauma-Related Guilt and Posttraumatic Stress Disorder in Former Ugandan Child Soldiers

Despite international bans, more than 250 000 children and adolescents are exploited as soldiers worldwide, almost half of them in Africa. These children are exposed to a tremendous amount of violence and are often forced to commit atrocities themselves. In the present study, 330 former Ugandan child soldiers (age: 11–17, female: 48.5%) were interviewed regarding traumatic experiences, trauma-related guilt, and posttraumatic stress disorder (PTSD). Affective and cognitive aspects of guilt were assessed with the Trauma-related Guilt Inventory (TRGI) and PTSD with a diagnostic interview (MINI-KID). Children had been abducted at a mean age of 10.75 years and served for an average period of 19.81 months. They were exposed to numerous traumatic experiences during abduction, e.g., 86.4% were exposed to killings, 87.9% were threatened with death, 52.6% were forced to kill another person, and 25.8% were raped. Diagnostic criteria for PTSD were fulfilled by 33% of the children. Higher guilt cognitions were significantly related to posttraumatic stress disorder. The current study has implications for the development of clinical interventions for war-affected children.

Klasen Fionna; Blotevogel, Monica, University Medical Center Hamburg; Adam, Hubertus, Children for Tomorrow

Trauma and Reconciliation in Refugee Children in Hamburg, Germany

The aim of the current study is to determine frequencies and relationships between traumatic experiences, psychopathological variables and openness to reconciliation in refugee children. The sample consisted of 215 refugee children from Afghanistan, Bosnia and Kosovo between the age of 9–20 years (girls = 41.4%), who were currently living in Hamburg, Germany. We applied a self-developed measurement for openness to reconciliation (Openness to Reconciliation Questionnaire, RECQ) consisting of four subscales for revenge, avoidance, benevolence, and future orientation. One-third of the refugee children met diagnostic criteria for depression, 14% for post-traumatic stress disorder, and 11.2% for generalized anxiety disorder. The most important predictors for psychopathological outcome measures were age at flight, number of traumatic experiences, and revenge. Children and adolescents should receive more psychological and psychiatric support in the future as they usually

present more than half of the population in crisis regions and are vital for the reconstruction of post-conflict societies. Implications for future research, intervention, and policy will be discussed.

Kowitz Simone, Monash University; **Bryant, Richard A.**, University of New South Wales; **Creamer, Mark**, University of Melbourne; **McFarlane, Alexander C.**, University of Adelaide; **Melvin, Glenn**, Monash University; **O'Donnell, Meaghan**, University of Melbourne; **Silove, Derrick M.**, University of NSW

Pathways to PTSD: Support for an Avoidant Response in Adults with a History of Childhood Trauma

The aim of this research was to identify whether the pathways to posttraumatic stress disorder (PTSD) are different for adults with and without a history of childhood trauma. Traumatic injury patients (childhood trauma group: n = 314; no childhood trauma group: n = 318) were assessed within 1 week post-injury and at 3 and 12 months. The Clinician Administered PTSD Scale was used to measure symptom severity across 5 clusters of symptoms (arousal, re-experiencing, passive avoidant, active avoidant and dissociative) and 12-months PTSD severity. Structural equation modelling was used to identify pathways between stress responses in the acute setting and at 3 months, and 12-months PTSD. Path analyses revealed that in the childhood trauma group avoidant symptoms (active, passive and dissociative) were of primary importance in the development of 12-month PTSD, and accounted for 43% of the variance in 12-months PTSD symptoms versus 3% in the no childhood trauma group. In those without childhood trauma, arousal and re-experiencing symptoms were more important in the development of 12-month PTSD. These findings suggest the development of chronic PTSD may be through different pathways, with adults with a history of childhood trauma utilising an avoidant response while those without childhood trauma utilising an arousal and re-experiencing response.

Kramer Didier N.; Landolt, Markus A, Children's Hospital Zurich

Early Psychological Interventions after a Traumatic Event in Children and Adolescents: A Systematic Review

Background: Single traumatic events lead to a considerable rate of psychological disorders in children and adolescents. To date, it remains unclear whether early psychological interventions can reduce longer term psychological maladjustment. **Objectives:** A systematic review to assess whether early psychological interventions in children and adolescents after a single traumatic event reduce psychological long term morbidity. Systematic searches were conducted on relevant bibliographic databases. Studies on any early psychological intervention were included. Two independent observers checked the inclusion and exclusion criteria and rated the study quality. Effect sizes and confidence intervals were calculated. **Results:** Eight studies (including 4 RCT's) met the inclusion criteria. Depending on the specific outcome variable (i.e. PTSD, depression, anxiety), the results showed small to medium positive effect sizes. The methodological quality varies considerably between the studies. Also, the tested interventions were very heterogeneous (i.e. web-based information provision, psychological debriefings, multiple session CBT). **Conclusions:** To date, the research on effectivity of early interventions in children is scarce. However, promising results were found showing that early interventions may be helpful.

Liedl Alexandra, Treatment Center for Torture Victims; **Müller, Julia**; **Morina, Naser**; University Hospital Zurich; **Karl, Anke**, University of Exeter; **Denke, Claudia**, Department of Anaesthesiology and Critical Care Medicine; **Knaevelsrud, Christine**, Free University of Berlin

Physical Activity in a CBT-Biofeedback Intervention to Treat Chronic Pain in Traumatized Refugees and Torture Survivors: Results of a Randomised Controlled Trial

Background: Chronic pain and PTSD are frequently seen in traumatized refugees and torture survivors. A very promising approach is a biofeedback-based CBT (CBT-BF) for pain management (Muller et al., 2009). Based on

the Fear Avoidance Theory and the Perpetual Avoidance Model we examined in this study the additional effects of physical activity in the CBT-BF approach. **Method:** 30 patients (n = 10 in each group: CBT-BF, CBT-BF + active group and waiting list control group) were assessed before and after the intervention and at a 3 month follow up concerning participants' coping strategies, pain and mental health status. Treatment effects were analyzed using repeated measures ANCOVAs and RCI. **Results:** CBT-BF and CBT-BF + active showed improvements in all outcome measures relative to the WL. The effect sizes for the main outcome measures were higher in CBT-BF + active than in CBT-BF. Repeated measures ANCOVAs showed significant group effects for coping strategies with CBT-BF + active showing more favorable outcomes than CBT-BF. Moreover, 60% of participants in CBT-BF + active showed clinically reliable intraindividual change in at least one subscale of the pain coping strategies questionnaire, compared with just 30% of participants in CBT-BF. **Conclusion:** Findings suggest that physical activity adds value to pain management interventions. Given the small sample size, however, these preliminary results need replication in a larger trial.

Lis-Turlejska Maja, Warsaw School of Social Sciences and Humanities; Szumial, Szymon, Community Sel-help Home; Kleszczewska-Albinska, Angelika, Warsaw School of Social Sciences and Humanities

War Trauma, Cognitive Appraisal and Posttraumatic Stress Symptoms Amongst Polish Child Survivors of World War II, 62 Years After the War

The statement by British historian Juliet Gardiner that “the forgotten victims of World War II are children” seems very true. Research upon non-Jewish persons who were children during WW II, while still scarce, is growing in number. The aim of the study was to estimate the prevalence of PTSD and the levels of symptoms more broadly considered as posttraumatic (e.g. depression) amongst Polish child survivors of World War II. Data was collected from 218 individuals aged 63–78. The measures employed consisted of: a questionnaire regarding exposure to war-related traumas; a scale to estimate the appraisal of negative influence of war on the course of the subjects' entire lives; PDS; BDI; GHQ and NHP. The prevalence of current PTSD was 29.4%. The mean values, both of the number and the severity of the B and C symptoms of PTSD, were significantly higher for respondents having experienced at least one war-related trauma. Path analysis revealed an influence of the experiencing of war trauma, and also of negative appraisal of influence of the war upon PTSD symptoms in particular. The prevalence of PTSD in the group studied seems very high. An examination of the factors contributing to such a result presents researchers with a considerable challenge.

Liu Shu Tsen, National Taiwan University; Chen, Sue-Huei, Department of Psychology

The Association Between Posttraumatic Growth and Posttraumatic Distress and Emotional/Behavioral Problems among Taiwanese Community Youths

Background: Posttraumatic growth has received less attention among youths. Only one research investigated the positive growth measured by the PTGI-C-R with the items of spiritual change deleted among Chinese adolescents after the Sichuan Earthquake. Beyond PTSS, the association between posttraumatic psychopathology and posttraumatic growth received little investigation. The present study aimed to investigate the psychometric properties of the complete Chinese version of PTGI-C-R (C_PTGI-C-R) and to examine the association between posttraumatic growth and posttraumatic psychopathology. **Methods:** 285 child participants (aged 9–17, mean = 13.4 years, SD = 2.7 years, 161 [56.5%] female) completed the C_PTGI-C-R in relation to the most disturbing event specified in the UCLA PTSD reaction index for DSM IV. They reported PTSS, and symptoms of depression and anxiety on the CDI and the Beck Anxiety Inventory for Youth. Their parents reported on the CBCL. **Results:** Via CFA, the proposed 5-factor model had satisfactory data fit: CFI = .983, IFI = .984, and RMSEA = .046. The Cronbach's alpha coefficient was .87. The C_PTGI-C-R had good 6-week test-retest reliability ($r = .80, p > .01$). There was a significant positive correlation between the scores of C_PTGI-C-R and PTSS, anxiety symptoms ($r = .22, .43, p > .01$). No correlates with parent-reported internalizing/externalizing symptoms were shown. **Conclusion:** The C_PTGI-C-R was demonstrated to be reliable and validated. The crucial relationship between negative posttraumatic growth and posttraumatic distress (i.e., PTSS, anxiety) was highlighted.

Loulopoulou Angela Ioanna, University of Essex

Positive Psychology and the Refugee Experience: Shifting Perceptions and Attitudes Towards Refugees and Victims of Trauma

The present study attempts to relate the characteristics of and developments in Positive Psychology (PP) with the overall Refugee Experience (RE). More specifically, it endeavours to develop the key characteristics of PP in the context of its theory and practice and through comparative methodology link them to the essential ingredients of the RE both from the refugees' perspectives as well as from those who work with them. What emerges is that the key characteristics of PP are based around the claim that all individuals possess identifiable strengths and virtues and engaging in activities that utilise these strengths and virtues creates enhanced self-value that can lead to the experience of a fulfilling life. Employing such findings the study develops a critique of the dominant paradigm in mental health according to which refugees are seen in an almost exclusively pathological light and, based on the premises of the 'Trauma Grid', appreciates the wide spectrum of responses to the traumatising events that refugees experience, i.e. that in addition to the traumatisation, the refugees may also experience resilience and 'Adversity-Activated Development'. Moreover, it is emphasised that this study provides a basis for further research in shifting to a new paradigm in the interpretation and use of 'trauma' within political, legal, social and health-related frameworks.

Lulic Mirjana; Arbanas, Goran, General Hospital Karlovac

Twenty Years of Treatment of Traumatized People after a Combat Exposure

Introduction: Karlovac is a town of 60 000 and during the War 1991–1995 it was on the first line of battlefield. Both civilians and military personal were traumatized. Often, as a result of a trauma, people develop PTSD and depression. **Subjects and methods:** Patients treated in a day care unit in 1997 and in 2010 were compared, regarding their diagnoses and reasons to seek help. Also, staff members were compared in those two periods. **Results:** During the war, there were no day care facilities for mental health in Karlovac. The day hospital started in 1995. In 1997 there were 142 patients treated in this setting. 50.7% of them were treated for PTSD and related conditions. In 2010, 270 patients were treated in the day hospital, and 68.9% of them for PTSD and related conditions. There were only nine patients treated for non-combat, war related traumas; the rest were treated for combat traumas. The main reasons for seeking help changed in these fifteen years: from the relief of PTSD symptoms in 1997 to adjustments problems due to existential problems and lack of support from family members and the society. **Conclusions:** Treatment of psychological consequences of traumatization has become the daily bread of day care centre staff members, while before 1995 this kind of conditions were rare. Due to the fact that traumatized people need a multidisciplinary approach, closer co-operations between different professionals (e.g. psychologists, psychiatrists, social workers) developed. The need for organized and systematic services in cases of catastrophes was acknowledged.

Lundin Tom, Uppsala University

The Psycho-Bio-Social Effects of Extreme Trauma Exposure During the 2004 Tsunami Disaster

Survivors of a major disaster have often been both traumatically bereaved and exposed to an overwhelming life threat. It is a well known fact that sudden and unexpected loss very often will cause psychological problems and sometimes psychiatric disorders. Very little is known about the threat as a single factor.

In order to identify the impact of extreme traumatization a special group of survivors from the tsunami-disaster was defined from our cohort, 4932 survivors. Among these we identified those who were most exposed to the waves, reported a high level of stress symptoms three years post-disaster, and non-bereaved. Forty individuals, living in both urban and rural areas in the middle part of Sweden, were identified. A representative sample of twenty survivors have been interviewed. In this study preliminary results will be presented from this in-depth interview investigation.

Lyamzina Yuliya, Masaryk University

Prevention of Health Damage as a Result of Terrorism, Political Violence and its Impact on the Civil Population, with Special Focus on Women

Aims: This pilot study aimed to identify countries where women are affected by the permanent state of conflict or violence, to highlight the status of mental health of the civil population and to measure the level of anxiety, depression and Post-traumatic stress disorder. Another aim was to reflect on the social coherence of women and to formulate recommendations related to prevention for NGOs, local governments, international organizations, medical personnel, etc, based on the results. **Method:** The mental health status of 146 civil women in seven post-conflict, low-income countries was assessed using the self-created Questionnaire 1, Hopkins Symptom Checklist-25, Beck Depression Inventory and Post-traumatic Stress Diagnostic Scale. **Results:** The survey results from community populations in Azerbaijan, Dagestan, Chechnya, Colombia, Palestine, South Sudan-Ethiopia. 74% of women have experienced military combat or war zone, 34% have experienced life threat to the entire family and 23% have seen their husbands or sons killed in the conflict. According to the PDS results, the current rate of PTSD was 16,7% and the lifetime 83,3%, 18% of women have a severe levels of depression according to the BDI.

Maia Angela; Regada, Marisa; Mesquita, Ana; Pinto, Ricardo, University of Minho

Brain Activational Patterns During Emotional Processing in Adolescents with Documented History of Childhood Maltreatment

The study of the neurobiological impact of childhood maltreatment has been the target of several studies. Abusive experiences, neglect and other negative home experiences have shown to induce physiological stress and be responsible for the disruption of normal maturing and functioning of brain circuits specially related with emotional processing.

In our previous work with adolescents and young adults that were identified as maltreated during childhood, we found that some subjects didn't report the adverse experiences they had, while increased psychological and physical symptomatology were observed in subjects that reported the documented maltreatment experiences, suggesting that the ones that don't report negative experiences can also be omitting the psychopathology. In this study we intended to understand the neurobiological patterns of these young adults during emotional processing tasks, comparing the ones that reported with the ones that don't report the documented adverse experiences. Twenty participants were evaluated during emotional processing tasks using functional Magnetic Resonance (fMRI). In this work we will present the diverse brain activational patterns that emerged with this technique and discuss the potential meaning of the neural mechanisms in maltreatment victims.

Maia Angela; Começanha, Rita, University of Minho

PTSD and Physical Health in Veterans 35 Years after the End of War

Exposure to traumatic experiences like war, especially when PTSD symptoms were developed, is a variable that is related to health complaints, reported illnesses and high health services use.

The aim of this study was to describe the PTSD symptoms, reported illnesses and medical services use in veterans of Portuguese colonial war, when compared to a group of non-veterans.

Fifty participants (25 veterans, mean age 60) were compared with an equal number of same age non-veterans. All participants were selected from a data base of a public health service. Results showed that 80% of veterans report enough symptoms to have the PTSD diagnostic, and report significantly more PTSD symptoms, chronic illnesses and medical services use than non-veterans. The results of this study show that the effects of the participation in colonial wars, that ended 35 years ago, are still present in the life of the veterans. One of the reasons for these results was the failure in the recognition of the participation in war as a potential cause of mental and physical health problems, and the inexistence of any organized form of support for the veterans that fought in Africa.

Maia Angela; Coelho, Carla; Matos, Marlene, University of Minho

PTSD and Physical Health in Female Victims of Intimate Partner Violence

Intimate partner violence is a chronic adverse life condition that threatens the stress system and is related to mental health problems. In recent years the impact of victimization on physical health has also become a research issue. The goal of this study was to compare victims and non-victims on physical health complaints and health services utilization, global psychopathology, PTSD and life satisfaction.

The participants were 32 female victims and 32 female non-victims who filled out questionnaires on victimization experience, global psychopathology, physical symptoms, medical services utilization and PTSD symptoms.

Results showed that victims report very high levels of physical complaints and psychopathology symptoms, and 75% report symptoms compatible with PTSD diagnostic. Victims have more physical and mental symptoms, and use more medical services, have more suicide attempts and self-mutilation behaviors, and less life satisfaction. These results show that the impact of victimization is broader than the mental health. The impact of violence in women's physical health is a serious problem, with costs that compromise quality of life but is also an economic burden, due to very high services utilization. Interventions to prevent violence and to minimize its effects when it occurs should take into account all these aspects.

McCormack Lynne, University of Canberra; Joseph, Stephen, University of Nottingham

Modern Global Conflicts and the Humanitarian Aid Worker: Making Sense of Moral Doubt, Guilt and Shame Following Exposure to War, Genocide and International Crises

There is a paucity of research into the experiences of humanitarian aid workers exposed to modern global conflicts. However, many are exposed to horrific events that place them at risk of long term primary and vicarious traumatic responses. This idiographic investigation explored the phenomenological experiences of two humanitarian workers who experienced multiple international crises including genocide. Using Interpretative Phenomenological Analysis (IPA), one overarching theme emerged: 'Humanitarian growth through reparation with the self, which embodied both negative and positive changes postmission. Humanitarian trauma has the potential to keep individuals disconnected from their former lives, isolated in grief, shame, negative ruminations and prone to high risk behaviours. However, for these participants, despite postmission rejection and alienation on homecoming, psychological growth was possible through solitary journeys of self exploration that led to renewed empathy and self acceptance following the shame of perceived failure. Results suggest that postmission reintegration processes are important determinants of psychological wellbeing. Recruiting organisations' role in providing reintegration protocols for returnees, to reduce long term social and psychological disruption, is highlighted.

Mendes Jose Manuel; Sales, Luisa; Araujo, Pedro; Dias, Aida; Lopes, Rafaela, University of Coimbra

Victims, Trauma and Institutional Processes: Beyond the Victims' Ethics

This paper proposes a sociology of trauma that, beyond the culturalist approach, focuses on the intersection of discourses, dispositives, materialities and subjectivation forms that are built on the victimisation paradigm and on its legitimisation and consecration forms.

The main hypothesis is that specific traumatic events possess different rhythms and temporalities, that can originate three logics of relationship between trauma communities and support associations: 1) intersection – in which both trauma communities and support associations do find some common points of convergence; 2) overlapping – in which trauma communities and support associations fuse themselves, with the prevalence and hegemony of one of them; and, finally, 3) separation – trauma communities and support associations maintaining themselves discursively and practically separated.

The role of the state and of the international agencies is crucial in this legitimisation process, as they take as privileged interlocutors victims and their representatives that are anchored on a normalized victim ethics.

Michel Per-Olof, Uppsala University; Rosendal, Susanne, University of Copenhagen; Lars, Weisaeth; Heir, Trond, Oslo University Hospital

Why Are there Differences in Societal Support Among Countries in the Aftermath of Disasters?

About 80% of a given population will experience at least one traumatic event during their lifetime. Hence, countries should make available evidence-based interventions in order to promote early recovery from such events. One such initiative, on an international level, is the The European Network for Traumatic Stress (TENTS project), funded by the European Union (EU) 2007–2009.

It is not hard to grasp that there would be differences in the way populations would be supported after disasters among so many countries that make up the EU. There are apparent historical, economical, cultural and other differences that could explain these differences and that will be hard to investigate. But, are there also major differences in countries from the same region, and who probably have some historical, economical and cultural similarities and if so, can we learn something from that?

One of the aims of this study was to investigate differences in formal support following a natural disaster that affected populations in three Scandinavian countries. The sample comprised of almost 7000 Scandinavian responders who returned home after the 2004 tsunami in Southeast Asia. We found differences between the countries with regard to formal societal support, e.g. utilisation of support from general practitioners, psychiatry and crisis support teams. Possible background and implications will be discussed.

Monteiro-Ferreira João; Santo, Susan; Miguel, Cristina; Arriaga, Cláudia; Reis Marques, António, University of Coimbra Hospital

Trauma Exposure and PTSD in Bipolar Disorder

Background: Studies of bipolar patients have documented elevated rates of PTSD. There is growing evidence suggesting that persons with severe mental illness (SMI) are at sharply elevated risk for trauma exposure and for the development of PTSD. However, little is known about the relationship of traumatic life-events to clinical and functional outcome in adult patients with bipolar disorder, particularly in relation to the presence of past childhood or adult forms of abuse, and its impact on the course of illness. **Objective:** The study examines the lifetime prevalence of trauma exposure and posttraumatic stress disorder (PTSD) and their demographic, diagnostic, and trauma-related correlates in a clinical cohort of 100 patients with a first psychiatric admission for bipolar disorder. **Conclusions:** Our findings supported the salient role of trauma history as a risk factor for poor course in severe bipolar disorder. Patients with both conditions have a more severe illness course than those with bipolar disorder alone. Given the high prevalence of such exposure, clinical awareness in first-admission psychotic bipolar patients is critical.

Mouritsen Tina, RCT

Towards an Interdisciplinary Approach: Family Therapy and Community Empowerment through Processual Network Meetings in Cases of Refugee Parents Suffering from Complex PTSD

Through the years, when working with tortured and traumatised refugee families in family therapy sessions, we have discovered that the parents often lack information and communication with professionals or authorities about their children's lives outside home. Professionals have expressed their frustration about being incapable of communicating with the parents and that it is difficult to cooperate in matters regarding their children.

This presentation will describe a simple, however, effective method to establish a dialogue and an understanding between traumatised families and their professional network with the aim of creating less stress for the families. The results in a pilot study in 2005/6 (Johansen, Mouritsen, Montgomery; Towards a concerted effort, 2006) showed that 1) in general, the wellbeing of the family increases when the parents trust the professionals and understand the children's life outside the home, 2) a decrease in hostile attitudes from refugee families towards authorities and from professionals towards refugee families has a positive effect on the children's behaviour. The

presentation will focus on challenges, dilemmas and possibilities from experiences at processual network meetings with traumatised families, who were referred to family therapy at RCT, together with experiences from a project which is currently implementing the method in 6 counties in Denmark.

Müller Nadine; Krans, Julie; Näring, Gérard; Rinck, Mike, Radboud University

“Don’t Worry”: A Psychoeducative and Cognitive Training for Dealing with Intrusions

This study investigated the effects of psycho education on the development of intrusions and on the distress they cause after witnessing horrifying film clips. Inspired by the cognitive model of PTSD by Ehlers and Clark (2000), we developed two prevention trainings. Both trainings tried to induce a normalization bias for initial intrusions: one through general psycho education about PTSD, the other through additional discussion of PTSD-specific dysfunctional thoughts. Healthy participants were randomly assigned to one of the prevention-trainings or a control-training. They then experienced a trauma-analogue event by watching the footage of the aftermath of car accidents. Results revealed that both prevention trainings successfully alleviated overall distress from intrusions. General psycho education also resulted in overall fewer image-, and thought-intrusions, whereas the more cognitive focused prevention training showed only thought-related effects. Results are in line with recent cognitive models that predict that negative appraisals of initial symptoms are a risk factor for PTSD. Findings are promising with regard to the need for PTSD-prevention in high-risk groups.

Müller Julia; Schmidt, Martina, University Hospital Zurich; Maier, Thomas, St. Gallische Kantonale Psychiatrische Dienste

Mental Health of Failed Asylum Seekers as Compared to Pending and Temporarily Accepted Asylum Seekers

Background: Asylum seekers and refugees often suffer from severe psychopathology in the form of posttraumatic stress disorder (PTSD). As PTSD impacts memory functions, and as asylum applications rely on personal accounts, AS with PTSD are at more risk of being rejected than refugees. **Methods:** We studied the mental health of failed asylum seekers (FAS, N=40) and a matched sample of asylum seekers (AS, N=40). Participants were administered structured interviews on sociodemographics, flight, exile, and standardised questionnaires on PTSD, anxiety, depression and pain. **Results:** Both samples were severely affected; over 80% exhibited at least one clinically significant condition. **Conclusion:** Given the great vulnerability of these individuals, long and unsettling asylum processes as practised in western host countries seem problematic, as does the withdrawal of health and social welfare benefits. Finally, high rates of psychopathology amongst FAS indicate that refugee and humanitarian decision-making procedures may be failing to identify those most in need of protection.

Murphy Arthur; Jones, Eric, University of North Carolina-Greensboro

Trauma and Grief in Hermosillo, Sonora, Mexico: the ABC Day Care Fire

On June 5, 2009 a fire swept through a licensed day care facility in the city of Hermosillo, Sonora, Mexico. The resulting conflagration killed 49 children, severely injured another 16 and left the parents of the remaining 55 children wondering what the long term health implications of the fire would be. This paper presents the results of interviews with 224 parents and guardians of children. We compare measures of trauma, stress and grief in parents of the three categories at 8 and 20 months. Comparisons made between groups of parents and caretakers and a baseline sample from Hermosillo and with victims from extreme events in other parts of Mexico shows that level of PTSD is similar to other events, perceived social support is lower than the Hermosillo control, and that grief was primarily indicated by longing, problems functioning, resentment and difficulty accepting the loss. Social network analysis showed that distinct groups quickly formed around bereavement vs. having children who were injured but survived.

Naser Morina, Department of Psychiatry and Psychotherapy; Maier, Thomas, Psychiatric Services of the Canton St. Gallen-North; Wittmann, Lutz; Rufer, Michael; Schnyder, Ulrich; Müller, Julia, Department of Psychiatry and Psychotherapy

An Intervention Study on the Efficacy of Combined CBT-Biofeedback and Narrative Exposure Therapy in Treating Chronic Pain and PTSD in Migrants

Chronic pain (CP) and PTSD are frequently seen in non-western migrants, particularly refugees. To date, no specific guidelines exist for the simultaneous treatment of both conditions. Research evidence suggests that pain-focused treatment with biofeedback (CBT-BF) is effective in treating chronic pain in this population. Therefore, we combined ten sessions of CBT-BF with ten sessions of Narrative Exposure Therapy (NET), which is an established exposure-based CBT-procedure for the treatment of refugees with PTSD. The objective of this study was to assess the efficacy of the combination of CBT-BF and NET and to assess the additional effect of CBT-BF on motivation for a subsequent trauma focused therapy.

15 migrants (mean age 43.1; 9 males) suffering from CP and PTSD were treated. They were assessed before, after and 3-months after the combined intervention with structured interviews and standardized questionnaires.

The results of this uncontrolled trial indicate a reduction in both PTSD symptoms and pain after the combined intervention. In addition, quality of life improved following treatment. CBT-Biofeedback appears to have a positive impact on the motivation for subsequent trauma focused therapy. Implications and further possibilities in the treatment of extremely traumatized migrants will be discussed.

Netten Josée, Foundation Impact

Together We are Smarter and Stronger: A Guidebook for Self-Help Organisations for People Affected by Disasters

When disaster strikes it is clear that those affected have to deal with numerous problems, such as dealing with loss, medical and psychosocial problems and compensation. The complexity also causes major problems for them. All too often people are shunted from pillar to post and they get bogged down in lengthy, opaque procedures. Those affected often end up with the feeling that their interests are not being properly looked after.

They often start a support group with fellow sufferers after a disaster. These self-help organisations are often regarded as being helpful to them in the process of recovery, empowering them. However, the process of establishing, running or winding down such a selfhelp-organisation by people affected, is not an easy thing to do. Firstly, the people affected are in a more vulnerable situation. Secondly, they do not necessarily have skills and knowledge necessary for running such an organisation, where many emotions may run high and where so many, sometimes conflicting, interests are at stake.

Therefore an inventory among these self-help-organisations in the Netherlands and experts of various (umbrella-) organisations of the recovery phase was executed. Lessons learned, pitfalls and good practices were identified resulting in a guidebook for existing and future selfhelp-organisations after disasters. So reinventing the wheel may not be necessary and energy can be channelled towards the healing process.

Nordanger Dag, UNI Research; Johansson, Espen R.; Nordhaug, Inge, RVTS West; Dybsland, Reidun, RVTS-West; Johansen, Venke A., Haukeland University Hospital

Preventing and Disclosing Complex Trauma in Children: Experiences from the New “Consultation Team Model” of Western Norway

Complex trauma in childhood often remains hidden because adults at children’s arenas are unsure what to do with their suspicions, are worried about the crisis they create by reporting it, and are afraid of being alone with this responsibility. Therefore, Consultation Teams (CTs) – a unique structure internationally – was established in 30 local authorities of Western Norway. Local professionals with concerns regarding possible child abuse can consult their CT anonymously to get advice on how to proceed. The CTs are multidisciplinary comprised of key professionals from local child welfare/mental health services, specifically trained for the task. In the course of one year, CTs registered their cases using a proforma covering demographics, service presenting the concern, traumas

the child was suspected of being exposed to (e.g. violence or sexual abuse), and the kind of advice provided by the CT (e.g. to talk again with the child or report the case to the police). Preliminary data show that services were most commonly advised to have a disclosure conversation with the child. This indicates the need for specific competence on this issue, but also that the existence of CTs gives professionals confidence to take action at early signals from the child. Also, data on variations between services concerning signals detected and how they were handled by the CTs will be presented.

Orengo-García Francisco, SEPET

The Experience of Reparation Laws in Traumatized Countries

The Spanish “ley de la memoria histórica” (historic memory law) from 2004, is an intend, 65 years after the end of the civil war, of reparation and recognition of the victims of this conflict. Despite its initial intention, the law seems to have reopened some old wounds that were not yet cicatrized. The panel and this presentation will show via different examples how the process of creation, development and realization of the law was done as well as the different difficulties faced. A special reflection will be dedicated to the type of psychotraumatological issues that should be dealt with in such cases. Bipolarization and maniqueistic attitudes inside societies as well as reactivation of old chronic PTSD pictures will be discussed.

Orme Geoffrey, Australian Defence Force

Stressors Reported by Australian Military Personnel Deployed on a UN Mission

Military personnel on operations face stressors ranging from traumatic incidents to low-level demands from the operational environment, separation from home, and the military organisation itself. The impact of trauma on military personnel is increasingly well understood, yet less is known about chronic, low-level stress that occurs in many operations, including peace-keeping, disaster relief, and humanitarian support. This paper describes a natural experiment in which an operation contained background stress but without traumatic events. Two groups of Australian soldiers-full-timers and reservists-deployed for 7 months on a UN mission in East Timor. They were surveyed twice over a six-month period following the operation. Very few personnel exceeded thresholds for psychological trauma (PCL-C >40,2%) and psychological distress (K10 >30,4%). An inventory of major operational stressors developed by the Australian Defence Force (ADF) revealed that the personnel experienced stress from the operational environment and separation from home at similar rates to those reported for other ADF operations. Reservists however consistently reported greater stress arising from organisational factors than full-timers. Implications for preparing personnel and their organisations, including civilian emergency services and NGOs, for roles containing the full range of stressors are discussed.

Ormhaug Silje; Jensen, Tine K., Norwegian Centre for Violence and Traumatic Stress Studies

The Good News About Trauma Treatment: Working Alliance Formation With Children and Youth Exposed to Trauma

Background: There is rich clinical literature describing difficulties that can arise in the therapeutic relationship with traumatized children and youth, in particular with those exposed to interpersonal trauma from their caregivers. It is hypothesized that they bring along feelings of distrust and betrayal into the therapy room, and that these negative expectations impede on the formation and maintenance of a good working alliance. This presentation will look at whether traumatized youth seem to have difficulties forming a good working alliance, and see if type of trauma or severity of PTS-symptoms influence the alliance. **Method:** Children and youth aged 10–18 suffering from severe PTS-symptoms are included in an ongoing treatment study in Norway. Their traumatic experiences range from single events outside the family context, to repeated exposure to domestic violence or abuse. Therapeutic alliance is assessed with the Therapeutic Alliance Scale for Children (TASC) after sessions 1 and 6. So far more than 100 participants have been recruited. **Results:** Findings show that overall alliance scores are high. Further, neither type of trauma or severity of symptoms seems to influence the alliance formation. Clinical implications will be discussed.

Osório Carlos; Maia, Ângela, University of Minho

Prevalence of Post-Traumatic Stress Disorder Symptoms, Physical Health Problems and Substance Abuse Among Portuguese Military Returning from Deployment in Afghanistan

Researches with military veterans returning from Afghanistan have suggested the existence of PTSD, a worse physical health status and substance abuse. To date, no research has addressed mental and physical health problems among Portuguese military returning from Afghanistan. The current research evaluates the presence of PTSD symptoms, physical health problems and substance abuse. In addition, the extent to which PTSD symptoms could predict physical health problems was studied. In total, 64 veterans (all male, 21–36 years; $M = 26.84$; $S.D. = 3.33$) were evaluated. Most participants reported potentially traumatic experiences, but results revealed an absence of symptoms consistent with PTSD diagnosis. However, some participants have enough symptoms of Partial PTSD (4.7%). Regarding physical health problems, results suggested intense symptoms such as fatigue (4.7%), back pain (4.7%) and difficulty sleeping (3.1%). As for substance abuse, participants reported the abuse of alcohol (9.4%) and tobacco (14.1%) to relieve distress. Symptoms of PTSD are a significant predictor of physical health symptoms, explaining 25% of variance. Apparently PTSD is not a problematic issue, but physical health symptoms have a higher prevalence. Portuguese military should be screened for mental and physical health problems after deployment, and attention to PTSD symptoms seems important.

Overland Gwynyth, RVTS Sør

Promoting the Resilience of Post-Conflict Survivors. Findings from a Study of Resilient Cambodians

Survivors of war and human rights abuses seem rarely to be fully rehabilitated. The experience of earlier refugee groups is a largely untapped resource in this work. This PhD-project (Trauma and resilience: a refugee perspective. Funded by Helse Sorost) sought to discover, understand, and explain mechanisms that successful survivors of the Khmer Rouge found instrumental for their physical and mental survival, to contribute to the knowledge of resilience and psychosocial rehabilitation of survivors.

Three samples of resilient Cambodians were selected on an eight criteria scale. Embedded in quantitative studies of traumatisation in the same cohort, a multi-strategy approach generated theory from biographical narratives and observation, using microanalysis, abduction, and participant validation. Experts in post-conflict trauma were interviewed to triangulate the findings before trials with health workers.

Their resilience built on self-reliance, a strong work ethic, and social integration founded in an endemic cultural worldview. The DSM-IV provides a tool for accessing patients' explanatory models in its "Outline for cultural formulation"; yet accessing the cultural/religious resources of survivors in the interests of building personal and group resilience is often neglected.

A new Cultural Resilience Interview provides a simple instrument for resilience-building.

Palic Sabina; Elklit, Ask, University of Southern Denmark

Disorders of Extreme Stress Not Otherwise Specified (DESNOS)? What do we Know so far, and what Needs to be Addressed? A Systematic Review of the Empirical Literature

A systematic review of empirical studies of DESNOS was conducted to evaluate the status of the current knowledge about 1) the factors influencing DESNOS symptomatology, 2) comorbidity with other disorders, and 3) measurement of the construct itself. Only studies which assessed DESNOS with standardized measures were included.

The search yielded 31 relevant studies. The results indicated that the DESNOS syndrome can be found in different groups with prolonged and repeated traumatization, however it is particularly connected to interpersonal traumatisation with an early onset. The effects of the influencing factors seem to be best understood in terms of interaction or the complexity of the trauma.

The only assessment instrument for DESNOS is the clinical interview SIDES, which also has a self report alternative (SIDES-SR). There are no published studies on the validity of the SIDES-SR, other than one study based on a specially developed German version. There are few studies of the factor structure of the SIDES, and

those that exist, point towards a syndrome constellation with fewer symptoms and fewer symptom clusters. Future research needs to focus on isolating the core symptoms of complex PTSD/ DESNOS, in addition to further establishing the connection between DESNOS and populations without early interpersonal traumatization.

Palic Sabina; Elklit, Ask, University of Southern Denmark

The Utility of SIDES for Assessing Complex PTSD/DESNOS in Bosnian Refugees in Danish Treatment Centres

The study explores whether the concept of complex Posttraumatic Stress Disorder (PTSD) referred to as Disorders of Extreme Stress Not Otherwise Specified (DESNOS) is applicable to Bosnian refugees in Danish treatment centers.

Bosnian refugees (N = 60) from six Danish treatment centers were assessed for the presence of DESNOS in three different ways: 1) by using a Bosnian translation of the original SIDES-SR; 2) by a number of other standardized questionnaires which assessed DESNOS' six symptom domains, and 3) by administering a refugee-adapted version of the SIDES interview. The refugee-adapted version of the interview asked about all the symptoms included in the definition of DESNOS, however the specific behavioral-descriptors of symptoms were amended to the experiences of refugees.

The refugees were also assessed for the presence of PTSD, depression, anxiety, personality disorders, exposure to traumatic events during the war, and exposure to interpersonal traumatization in childhood.

The triangulation of different approaches to assessing DESNOS in this group will improve our understanding of whether the original SIDES interview is too specifically formulated for populations with early interpersonal traumatization, or if in fact, it can be used to describe other groups with prolonged and repeated traumatization. Preliminary results will be presented at the conference.

Palosaari Esa, University of Tampere; Punamäki, Raija-Leena, Helsinki Collegium for Advanced Studies; Qouta, Samir, Islamic University; Diab, Marwan; El Sarraj, Eyad, Gaza Community Mental Health Programme

Trauma-Related Cognitions and Post-Traumatic Stress Reactions among War-Traumatized Children

We tested whether negative trauma-related cognitions predict post-traumatic stress reactions (PTSR) and whether changes in cognitions mediate the effectiveness of a cognitive-behavioural group intervention in reducing PTSR among war-traumatized children. The intervention was based on the Teaching Recovery Techniques manual. The sample consisted of 482 children aged 10–13 years living in Gaza, Palestine. They were randomly assigned either to an intervention group or to a waiting-list group about two months after the Gaza War 2008–2009. Children reported negative trauma-related cognitions and PTSR at baseline (T1), after the intervention (T2) and at a nine month follow-up (T3). We rejected the hypothesis that changes in cognitions during the intervention would explain intervention effectiveness in alleviating PTSR during the follow-up period. Using latent difference scores we found that changes in cognitions between baseline and post-intervention measurements predicted changes in PTSR during the follow-up period for both the intervention and the waiting-list group, whereas changes in PTSR during the intervention period did not predict changes in cognitions during the follow-up.

Piatek Jadwiga; Baran, Joanna, Health Psychology Department Jagiellonian University

Frequency of Traumatic Events and Burn-out Syndrome among Midwives

Numerous research projects address the burdens related to the occupation of a midwife. Explanatory concepts include notions such as stress, coping, burnout, and compassion fatigue. Attempts are made to tie these phenomena to personality factors such as empathy, and situational factors. Recently, attention has been directed to another issue involved in the field of work of medical personnel: namely, the confrontation with traumatic events that occur in connection with the treatment and medical care processes. The nature of midwives work is that it offers assistance in natural developmental processes. However, the work is not free from stressful events with negative outcomes. While the stereotypical image of the work of a midwife may only include activities related to

healthy pregnancy and delivery, in reality it encompasses situations such as: delivery of a terminally ill infant, miscarriage, still birth.

This paper presents results of research on the frequency of occurrence of traumatic events among professionally active midwives, along with data on intensity of Burn-out Syndrome.

Pinto Ricardo; Maia, Angela, University of Minho

What is the Best Predictor of Current Psychopathology in Victims of Maltreatment Identified in Childhood: Official Records or Self-Reports?

Background: One of the greatest methodological problems in the study of childhood maltreatment is the discrepancy in methods by which cases are identified, and the relationship with subsequent development of psychopathology. This study compared the predictive power of childhood maltreatment obtained by two different sources of information (official records vs. self-reports) to explain global psychopathology symptoms in late adolescents and youth that were identified as maltreated in childhood. **Method:** Participants included 131 youths (68 males, 63 females, Mage = 17 years, age range: 14–23 years) who had been confirmed as victims of inadequate care prior to age 13 by Child Protective Services (CPS). Self-reports were obtained in adolescence, at least four years after the identification. **Results:** Regression analyses were run to test the relation between the amount of childhood adversity and psychopathology comparing the two sources of information: official records and self-reports. The model was significant for self-reports, explaining 22% of variance, but the official records did not predict psychopathology.

These results raise important methodological issues. Our findings show that the self-report of maltreatment is a better predictor of psychopathological symptoms than the official records of maltreatment identification. A number of substantive explanations are discussed.

Piralic Spitzl Sanela; Sonnleitner, Julia; Aigner, Martin, Medical University of Vienna

Transcultural and Socioeconomic Aspects of Posttraumatic Stress Disorder and Somatoform Pain Disorder

Introduction: Within the psychiatric setting culture specific decoding, education and socio-economic status are of great importance. This study aims to examine these factors in patients from former Yugoslavia and to assess the outcome of a culture specific training regarding coping strategies against chronic pain. **Method:** The Transcultural Outpatient Clinic, Dep. of Psychiatry and Psychotherapy, Med. Univ. of Vienna, treated 350 patients from Ex-Yugoslavia suffering from somatoform pain disorder and PTSD within the scope of a culture specific training regarding coping strategies against chronic pain. Patients were assessed in their mother tongue (Bosn./Croat./Serb.) and psychosocial factors were examined. The program was evaluated by the use of a psychodiagnostic inventory and psychometric scales. **Results:** Diagnostics (DSM-IV SCID I&II, mother tongue) revealed affective disorders (98%), PTSD (46%), somatoform pain disorders (99%) and depressive personality disorders (69%). 74% stated a monthly salary less than 800Eur. 58% reported high pain intensity (VAS 8.9). The ambulant pain coping training produced a decline in pain intensity in all areas of life. **Discussion:** Patients from Ex-Yugoslavia suffer from a poor socioeconomic situation and high psychiatric comorbidities. Low educational level, unemployment and poor activities are of additional negative effect. The culture specific pain coping program achieved improvement in these aspects.

Pires Tânia; Maia, Ângela, University of Minho

PTSD 12 Months after a Motor Vehicle Accident: a Longitudinal Study

Background: Victims of motor vehicle accidents (MVA), one potentially traumatic experience, can develop psychological problems like PTSD. This study intended to describe risk factors and evolution of symptoms, one of the main research challenges in this area. **Methods:** 101 MVA victims with serious health problems (76% male) were evaluated 5 days (T1), 4 months (T2) and 12 months (T3) after the accident. Peritraumatic dissociation and acute stress reaction were evaluated in T1, a PTSD in T2 and T3, coping and health problems in T1, T2, and T3. **Findings:** 67% of the participants had ASD (T1), 58% had PTSD at T2 and 47% had PTSD at T3. Victims that

report more PD also report more PTSD symptoms (T2 $r=.420$, $p<.001$; T3 $r=.352$, $p<.001$). Multiple regression analyses showed that peritraumatic dissociation predicted ASD, and was the best predictor of PTSD symptoms at T2, while general coping (T3) and health status (T3) are the best predictors of PTSD 12 months after the accident. **Discussion:** Peritraumatic dissociative experiences are very important to predict acute stress responses and PTSD symptoms. The individual functioning 12 months after the accidents are very important on PTSD (T3) symptoms. Health services and professionals should pay attention to the early responses and the health status and coping strategies that victims use to deal with the accident and stress symptoms.

Pivodic Lara, University of Vienna; Ehring, Thomas, University of Amsterdam; Lueger-Schuster, Brigitte, University of Vienna

Adult Attachment Security in Survivors of Early-Onset Chronic Interpersonal Trauma

Earlier research has shown that the experience of early chronic interpersonal trauma (ECIT) is related to insecure attachment to romantic partners in adulthood. However, it has not been tested to date whether this is specific for early-onset trauma and what the exact relationship is between trauma type, adult attachment and PTSD. The aims of this study were 1) to compare adult attachment in an ECIT group to that in individuals who experienced a late-onset, an early single or a non-interpersonal trauma, and 2) to test whether adult attachment mediates the relationship between interpersonal trauma and PTSD symptom severity.

Two hundred and sixty English-speaking internet-users, recruited through trauma- or health-related websites, completed a set of online questionnaires. Attachment avoidance and anxiety were assessed with the Experiences in Close Relationships Revised scale (Fraley et al., 2000). The early interpersonal trauma groups reported significantly more attachment avoidance and anxiety than the late interpersonal and non-interpersonal trauma groups. No difference was found between early short- and long-term traumas. Adult attachment partially mediated the association between trauma type and PTSD symptom severity.

The results suggest that attachment avoidance and anxiety in adulthood may be a consistent sequel of early interpersonal trauma and a risk factor for PTSD.

Pojjula Soili, Oy Synolon Ltd

Long-term Impact of Media Reporting on Wellness of the Family Members of Homicide Victims

In Finland 125 people a year die as victims of homicide. Each victim leaves behind approx. 4–6 bereaved family members. A sample was drawn from 576 homicide victims recorded in the police results data system in the years 1999, 2004–2007. The postal enquiry was sent to 295 family members. 131 (44%) family members answered enquiry. 98% of the homicides were reported in the media (newspapers, TV, radio, Internet). 41% of the family members followed actively media reporting, 23% somewhat, 21% a little and 11% not at all. Negative impact on wellness was reported by 64% of the family members, no impact by 36%. Those who reported negative impact on wellbeing suffered more from sleep disorder (67,7%, $p=0.010$), depression (60,5%, $p=0.049$) and prolonged grief disorder (23,7%, $p=0.003$) but PTSD symptoms were not elevated.

The negative impact of media reporting on the wellness of the family members of the homicide victims lasts long. A more ethically oriented policy and practice in media reporting as a mean of preventing unnecessary suffering is recommended.

Polak Rosaura; Witteveen, Anke; Reitsma, Johannes; Olf, Miranda, Academic Medical Center

Executive Functioning in Posttraumatic Stress Disorder (PTSD): A Meta-Analysis

Posttraumatic stress disorder (PTSD) is accompanied with symptoms such as re-experiencing, avoiding and hyperarousal (DSM-IV; American Psychiatric Association 1994). The traumatic memory in PTSD patients is thought to be distorted and chaotic. But also processing of neutral stimuli is affected in patients with PTSD. Several neuropsychological studies and a meta-analysis showed impairment in verbal memory in patients with PTSD. A dysfunction in executive functioning and working memory was, however, inconsistently found. Therefore, the current study aimed for a review and meta-analysis of executive functioning in adult PTSD patients. A

systematic search of databases like Pubmed yielded 19 articles representing data on executive functioning in adult PTSD patients. Only articles providing data on the following neuropsychological tests, i.e. Trail Making Test (TMT), Wisconsin Card Sorting Test (WCST), Stroop and Digit Span (DS), were included. Articles focusing on patients with comorbid disorders other than depression or on Traumatic Brain Injury (TBI) were excluded. Analyses were performed on controls versus PTSD patients and healthy controls versus exposed controls. Further subgroup analyses were done on trauma type, gender, age, education and severity of comorbid depression.

Preitler Barbara, HEMAYAT

Sri Lanka and Austria: Two Curricula for Academic Training for Trauma Counselling in a Political, Social and Cultural Context

In the middle of 2004 we started with local colleagues the planning process for a trauma counselling program for Eastern Sri Lanka. The situation was dominated by war traumatization and a lack of any kind of psychiatric/psychological treatment. Our planning phase had to come to practical attitudes when the Tsunami hit this region on Dec. 26 th 2004. Out of this emergency situation we created a 3 years course – run in the second half as an academic course for Trauma Counselling at the University of Klagenfurt, Austria. With this course we were able not only to answer the first emergency needs of the victims of the natural disaster but also to train our counsellors for three years, establish them as part of the health system in the district and offer beside short term intervention also long term counselling especially for victims of Tsunami and /or civil war. In this presentation we will discuss the need of problem analysis, the direct answer to the situation but also the critical points about introducing a western program to an Asian country.

A program for trauma counselling started also in Vienna in 2010. We focus on manmade disasters that lead to traumatic suffering like structural violence, war, human right violations, forced migration and forms of individual counselling and community based interventions. In Sri Lanka all our students have finished their A-level exams but nobody had done any program in psychology, counselling or social work. Our program had to include basic knowledge in psychology and counselling. The participants in Austria are by profession psychologists, psychotherapists, teacher and social workers. This allows the program to concentrate more on trauma-specific topics even with less practical experience of trauma related work.

Punamäki Raija-Leena, Department of Psychology

Effectiveness of Psychosocial Intervention among War-Traumatized Children: Mental Health and Socio-Emotional Development in: A Cluster Randomized Controlled Study

War trauma forms severe risks for child well-being and development. Fortunately, there are a number of interventions to help war-traumatized children that involve both therapeutic and resilience-enhancing elements. Less is known about their effectiveness. This randomized prospective study analyses whether a psychosocial intervention in school context can enhance mental health and socio-emotional development among children exposed to war in a context of general adversity. The questions concerning effectiveness are: 1) Do children in the intervention group show less PTSD and externalizing and internalizing symptoms than the waiting-list control group? 2) Do children in the intervention group enjoy better peer- and sibling relations and show more optimal emotion regulation than the waiting-list control group? Method: Participants are 485 Palestinian boys and girls (10–13 years) exposed to trauma and losses in the context of the War on Gaza 2009. A half participated in an intervention based on Teaching Recovery Techniques (TRT) and the other half served as waiting-list controls. They reported PTSD and Strengths and difficulties (SDQ) and Peer and Sibling relations and Emotion regulation at baseline (T1), after the intervention (T2) and nine months follow-up (T3). The results support the hypothesis of the effectiveness of psychosocial intervention to improve child mental health, but less so socio-emotional development.

Rassool Sara, SEPT NHS Foundation Trust; Nel, Pieter, University of Hertfordshire

Experiences of Causing an Accidental Death: A Qualitative Study

Accidentally killing or feeling responsible for another person's death constitutes an event that is different from many typical traumatic stressors where the responsibility for causing the trauma is located in another person or persons, rather than in the person themselves. Research exploring the perspective of those who have accidentally caused a death is extremely sparse. This study aimed to gain an insight into the lived experiences of people who have caused an accidental death. Five participants were recruited through an online advertisement; all were drivers directly involved in a road traffic accident that occurred unexpectedly, without intention and resulted in a person's death. An interpretive phenomenological approach (IPA) was used to analyse data collected through semi-structured interviews. Three main themes emerged from the participants' accounts: trying to make sense of a life changing moment; struggling to cope with the trauma of causing a death; and a changed sense of self. These findings highlight the considerable and enduring trauma associated with causing an accidental death, and emphasise the need to develop appropriate interventions to help alleviate this psychological distress.

Ratzer Mette; Elklit, Ask, University of Southern Denmark

Posttraumatic Stress in Traumatically Injured Intensive

Posttraumatic stress disorder (PTSD) has been identified in a significant proportion of intensive care unit (ICU) survivors as well as survivors of traumatic injury. This study aimed to estimate the prevalence of severe PTSD symptoms and to identify factors associated with PTSD symptomatology in survivors of ICU treatment following traumatic injury.

Fifty-two patients who were admitted to an ICU through the emergency ward following traumatic injury were prospectively followed. Information on injury severity and ICU treatment were obtained through medical records. Demographic information and measures of acute stress symptoms, experienced social support, coping style, sense of coherence and locus of control were assessed within one month post accident (T1). At the 6 month follow-up (T2) assessment of PTSD symptomatology was assessed with the Harvard Trauma Questionnaire (HTQ).

In the 6 months follow-up, 10 respondents (19.2%) had HTQ total scores reaching a level suggestive of PTSD (N = 52). In addition, 11 respondents (21%) had symptom levels indicating subclinical PTSD. Female gender, lower Glasgow coma scale, longer length of mechanical ventilation, longer length of sedation, longer length of administered benzodiazepine, longer length of administered pain relieving medication, symptoms of acute stress (T1), fear of death and/or feeling complete helpless and powerless in relation to the accident and/or ICU (T1), sense of coherence (T1) and more external locus of control (T1) correlated significantly with PTSD symptoms at T2. In the linear regression analysis, female gender, length of sedation, dissociation (T1), hypervigilance (T1) and more external locus of control predicted 58% of the variation of PTSD symptomatology.

Richardson Don, Parkwood Hospital

Pharmacological Treatment of Military Related PTSD: Focus on Co-Morbidity

Posttraumatic stress disorder (PTSD) is a common psychiatric condition in the veteran population and usually appears with significant comorbidities such as major depression, substance abuse and other anxiety disorders. Despite extensive research in the field of PTSD and treatment guidelines from Canada, the United States, the United Kingdom and Australia, the Institute of Medicine (IOM) concluded that the evidence is "inadequate to address the specific treatments that are applicable in the Veteran population". Treatment guidelines focus primarily on PTSD and not on comorbidity making it difficult to apply current guidelines in clinical practice. This paper reviews current pharmacological guidelines for the treatment of PTSD and how to incorporate current knowledge on common comorbid psychiatric illnesses such as depression and other anxiety disorders to treat military related PTSD.

Richters Annemiek, Leiden University Medical Center

Healing and Reconciliation in Rwanda after Traumatization – The Contribution of Community-Based Socioterapy

In post-genocide Rwanda a large variety of interventions aimed at healing of psychological problems and reconciliation between victims and perpetrators of the previous political violence have been implemented. This paper presents the practice of community-based socioterapy and its impact compared to that of other interventions. Socioterapy groups of 10–12 people living in the same neighborhood meet once a week for 2–3 hours for a period of 15 weeks. Participants are guided through the phases of safety, trust, care, respect, rules, and memories. In the process it becomes apparent that the most significant problem people suffer of as a result of the past political violence is the destruction of social relations. It is in the phase of care that a change in people's behavior and interaction with others, including former enemies, takes place. This change results in a rerouting of people's personal, family and community life, which is experienced as a release of people's hearts. While many of the interventions specifically aimed at reconciliation – such as community-based justice-result at most in 'thin' reconciliation, socioterapy results in many cases in 'thick' reconciliation. Our qualitative impact research points out that in order to achieve healing from the wounds of a violent past and reconciliation along ethnic lines, justice and care should complement each other.

Rieder Heide; Elbert, Thomas, Department of Psychology, University of Konstanz

Mental Health and Family Structure after the 1994 Rwandan Genocide: Clinical Symptoms, Children's Relationship to their Parents and Communication about Genocide in Families of Survivors and Perpetrators

Introduction: The devastating power of massive violence on mental health and on family structures has been of strong interest in the last decades. Nevertheless, effects on families of those, who participated in acts of violence are often neglected in this research. Therefore, we wanted to examine the prevalence of mental health problems in families of victims as well as perpetrators of the 1994 Rwandan Genocide. Besides, we were interested in how both groups of descendants perceive and judge the present relationship with their parents. **Methods:** 126 parent-child pairs in Rwanda's Southern Province (Muhanga District) were randomly selected for the survey. PTSD symptoms were established by means of the Posttraumatic Stress Diagnostic Scale (PDS) and symptoms of anxiety and depression by the Hopkins Symptom Checklist (HSCL- 25). The degree of communication and relationship between children and their parents was rated on a Likert Scale. **Results:** The prevalence of PTSD was estimated 24% (parent) and 22% (child) in families of survivors and 21% and 2% in families of perpetrators. Anxiety Disorder showed to be more frequent (18–39%) than Major Depression (7–27%) in all four groups. Children of genocide survivors reported more talking to their parents ($r = -.22, p < .05$) on what happened in 1994 and expressed more concern on their parents' well-being than children of genocide perpetrators ($r = -.22, p < .05$). **Discussion:** The high prevalence of mental health problems shows the long lasting consequences of massive violence more than 15 years after the genocide still. Talking about what happened in 1994 and caring plays a bigger role in families of survivors, pointing to special family patterns that are to be discussed.

Rocha José Carlos; Afonso, Flávia; Corrêa, Flávia, UnIPSA; Leonardo, Alexandra, Hospital Santa Maria; Correia, Maria, Maternidade Dr. Alfredo da Costa

Longitudinal Study 7 Years after Termination of Pregnancy (TOP) on the Context of Prenatal Diagnosis

TOP when a fetal problem is diagnosed, frequently generates considerable emotional problems; however the lack of research concerning long-term consequences is evident. Our goal is focused on obtaining information about the long-term responses of perinatal grief; traumatic stress and depression, after TOP on the context of an adverse prenatal diagnosis.

On the present evaluation, we used a semi-structured interview, Coping Responses Inventory (CRI), Impact of Event-Revised Scale (IES-R), Perinatal Grief Scale (PGS) and Beck Depression Inventory (BDI). Our sample

consists of 35 women with history of TOP seven years ago, which consented to participate and have been evaluated also on previous moments, 15 days (BDI, CRI) and six months after (BDI and PGS).

On the evaluation seven years after TOP we observe 22.9% of women with depression (BDI > 12) and 40% with high levels of traumatic stress (IES-R > 35). Regression model for traumatic stress ($p < .001$) shows the importance of early coping processes of acceptance and resignation. Attrition rates were analyzed and the longitudinal bias controlled.

The results show a high degree of traumatic symptoms, even seven years after TOP, emphasizing the importance of a meaningful support and regular monitoring. Understanding of these symptoms should be considered a key element in future approaches on the peculiar context of the TOP.

Rosendal Susanne, Psychiatric Centre; Mortensen, Erik Lykke, University of Copenhagen; Andersen, Henrik Steen, Psychiatric Centre; Heir, Trond, Norwegian Centre for Violence and Traumatic Stress Studies

Primary Health Care Service Use before and after a Natural Disaster: A Prospective and Retrospective Cohort Study

Objective: We examined whether Danish survivors of the 2004 Southeast Asian tsunami with PTSD or partial PTSD differed from survivors without PTSD in primary health care service (HCS) utilization before and after the tsunami. **Design:** Cross-sectional 10-month post-disaster questionnaire of PTSD symptoms combined with longitudinal Danish national register data of primary HCS utilization. **Participants:** Danish tourists ($n = 635$) who were directly exposed to the tsunami and met the DSM-IV PTSD stressor criterion (A1). **Outcome measures:** We assessed PTSD 10-months post-disaster with the PTSD checklist (PCL). We also used pre-disaster (2002–2004) and post-disaster (2005–2007) data from the Danish National Health Service Register to measure primary HCS utilization (the annual number of contacts). **Results:** Survivors with PTSD or with partial PTSD used HCS more often than survivors without PTSD before and after the tsunami. PCL symptom levels were positively and significantly correlated with post-disaster HCS utilization. However, when adjusted for pre-disaster HCS utilization, this association was not significant. **Conclusion:** Tsunami survivors with PTSD or partial PTSD frequently use HCS, more so than survivors without PTSD. This finding may be accounted for by frequent HCS utilization prior to the tsunami. Thus, associations between posttraumatic stress and subsequent physical and mental health problems must be interpreted with caution.

Rosner Rita, University of Munich

10-Year after: A Follow-Up Study on War-Traumatized Civilians in Bosnia

This paper will present the results of a ten-year follow-up of a random sample of civilians (house-to-house survey) which was conducted in Sarajevo in 1998–99. A total of exactly 100 of originally 299 persons were re-identified. The prevalence of PTSD established on the basis of the PDS questionnaire fell substantially, from 13% in the original sample to just 1% in the 2010 sample. The level of general psychological symptoms as measured by the BSI, which was high in the original sample, has not fallen in the intervening ten years, with an increase amongst returnees from abroad and a decrease amongst people who did not leave the country. The surprising recovery of nearly all those who appeared to have PTSD in 1998-9 is explained by a drop in the A2 criterion, while on the other hand there is an increase in the F criterion.

Salcioglu Ebru; Basoglu, Metin, Trauma Studies, King's College London & Istanbul Centre for Behaviour Research and Therapy

What Works Best in Cognitive Behavioral Treatment? A Meta-Analysis of Therapeutic Ingredients of Treatment Protocols for PTSD

Research in the last decades has demonstrated the efficacy of cognitive-behavioral treatment (CBT) protocols in PTSD, which often involve a combination of interventions, such as imaginal exposure (IE), live exposure (LE), cognitive restructuring (CR), and anxiety management, skills training, and problem solving techniques. It is not yet

clear which of these treatment components are responsible for clinical improvement. To examine the contribution of each treatment component to outcome we conducted a meta-analysis of 41 randomized controlled trials of CBT of PTSD. A total of 59 active treatment conditions in 41 trials achieved clinically significant effects. IE and CR alone and CBT not involving any form of exposure were relatively less effective (Cohen's d 0.99, 1.41, and 1.44, respectively). IE+CR had a slightly higher treatment efficacy ($d = 1.69$), while treatments involving LE were substantially more effective ($d = 1.94$). LE alone, on the other hand, achieved the largest effect size ($d = 2.15$). The difference between effect sizes of treatments with ($n = 26$) and without ($n = 33$) LE was statistically significant ($p = 0.014$). These findings suggest that LE is the critical therapeutic ingredient in CBT and sufficient for successful treatment. These findings have important implications for brief, effective, and cost-effective treatment of large numbers of mass trauma survivors.

Sales Luisa, Centro de Trauma; **Dias, Aida**, Utrecht University, FSS; **Mota Cardoso, Rui**, IPATIMUP

How are the Spouses and the Children of the Portuguese War Veterans, 30 Years later?

Portugal was involved in a colonial war between 1961 and 1975 in the African continent. Around one million of Portuguese soldiers fought in Angola, Mozambique and Guinea-Bissau during thirteen years. Like in the Vietnam War, many spouses and children of Portuguese soldiers lived in a different country and continent, away from the war scenario. In this way, probable consequences on families have higher probability to be due to the secondary traumatization. This work will present the results of the psychological assessment of 130 families whose father have different levels of contact with the Portuguese Colonial War: non exposed fathers, exposed fathers, and exposed fathers that developed PTSD symptoms. Data on psychological symptoms, attachment, childhood trauma and post traumatic stress, from 435 subjects will be analysed, trying to understand the possible effects that war brings to the spouses and to the adult children of the Portuguese war veterans.

Samadzadeh Mehdi, University of Medical Sciences; **Abbasi, Moslem**, University of Mohaghegh Ardabili; **Shahbazzadegan, Bit**, University of Medical Sciences

PTSD Symptom Severity and Co-Morbid Psychiatric Disorders

Aim: This study aimed to examine the associations between PTSD symptom severity and psychiatric disorders in persons diagnosed with PTSD. **Method:** A purposive sample of 30 PTSD male patients was studied. Data was collected using The Mississippi PTSD scale, the MMPI and a semi-structured schedule. Pearson correlations and chi-square analyses were used to analyze the data. **Results:** High comorbidity has been found between PTSD and other psychiatric disorders; particularly depressive disorders (77%), anxiety disorders(60%), somatization (46.6%), psycasthenia (36.6%) and substance use(13.3%). PTSD symptoms were found to be more severe in patients who had other psychiatric symptoms and comorbid major depression. Aggressive tendencies and impulsivity were found in a majority of the patients. Patients with moderate PTSD symptoms reported more anxiety while those with more severe symptoms reported more depression. The comorbidity between PTSD and depression may be due to the overlapping symptoms shared by the two disorders. **Conclusion:** Distinguishing between cause and effect in this connection may be difficult, as psychiatric illnesses may predispose people to being exposed to traumatic events, and traumatic events may in turn increase psychiatric symptoms.

San Miguel Claudia, Texas A&M International University

Youth Violence

In the United States and most other industrialized nations, violence crimes among youth and adults have reached the lowest point in decades. With the exception of school culling, arrests of youths for serious crimes have been on a steady decline since the early 1990s. Despite this trend, youth violence can have a significant negative impact on perpetrators and victims, including negative influence on perceptions of school, behavior problems, school work, grades, and social activities. This study examines the predictive nature of multiple risk factors in youth violence and aggression with a sample of youth ($n = 603$) from a Hispanic majority city in the South of the United States. In particular, delinquent peer influences, antisocial personality traits, depression, and parents/guardians who use

psychological abuse in intimate relationships are analyzed for their predictive effect on youth violence and aggression. Prevention strategies, based on the findings, will also be explored.

Sarwat Sultan, Department of Applied Psychology; Saeed, Khalid, Bahauddin Zakariya University

Analyzing Vulnerable Groups and Appropriateness of Therapies for PTSD among Flood Survivors in Pakistan

In the aftermath of the flood in Pakistan in July 2010, there is potentially a large traumatized population in need of psychosocial support, but determining which individuals require intervention may be the key to positive long-term outcomes. Using nationally representative data from 480 adults, this study examined 1) which is the most vulnerable group at risk for posttraumatic stress disorder (PTSD) and 2) which therapy is appropriate for torture survivors of flood. To assess PTSD and co-morbidity, anxiety and depression, Trauma Symptom Inventory and Hospital Anxiety and Depression Scale were used respectively. Findings indicated that the flood resulted in a higher vulnerability for the diagnosis of PTSD in adults in rural compared to urban areas, in females compared to males, in sexually abused compared to people abused in other forms. Finally, appropriate treatment interventions which incorporate systematic desensitization, a technique of behavior therapy, and image technique of eidetic therapy, offer the best therapeutic options for the treatment of PTSD and associated co-morbid conditions such as depression and anxiety. However, eidetic therapy was more effective in sexually abused women. It is recommended that psychologists and social workers be trained in the administration of eidetic therapy to effectively control the symptoms of PTSD.

Schedlich Claudia, Federal Office of Civil Protection and Disaster Assistance

Psychosocial Crisis Management in CBRN Incidents

The risk of chemical, biological and radiological incidents has increased over the last years. Hazard prevention organisations react to this challenge by providing extensive training to uniformed services and management staff. Recently, findings from psychology and sociology have been increasingly included in the development of specific crisis management concepts. The starting point is the fact that CBRN missions can put high psychological pressure on all those who are directly or indirectly involved. During and after CBRN incidents, the number of people who are mentally affected can be considerably higher than the amount of injured persons. Recent exercises have shown that psychosocial knowledge and actions can reduce the fear of the affected and thus change their behaviour. Furthermore-by taking psychosocial findings into consideration-the skills and abilities as well as the confidence of the uniformed services are strengthened, when they deal with the people on site. As has been proved, the stress of the mission is thus reduced and the long-term impact of mental pressure can be prevented. For three years, the German Federal Office of Civil Protection and Disaster Assistance has provided training for uniformed services and management staff in CBRN-specific issues of psychosocial crisis management. The contribution presents the training concept (incl. evaluation results) as well as national and European initiatives in developing specific concepts.

Schellong Julia, Medical University of Dresden; Epple, Franziska, TU Dresden; Joraschky, Peter, Medical University of Dresden

Helpless Doctors with Helpless Patients. Care for Victims of Domestic Violence by Training Medical Staff

Background: As the majority of victims of domestic violence suffer from somatic, psychosomatic and posttraumatic symptoms, medical staff plays a key role in detection and treatment of victims. Caregivers are often unaware of their important role. To qualify medical staff in that topic a pilot project was established. **Methods:** Before implementing a training program, a questionnaire was sent to 4,886 doctors, nursing staff, midwives, and psychotherapists in in- and outpatient clinical settings in Dresden and in a comparable city without training program. Reassessment took place 1.5 years later. **Results:** The 1,107 (23%) participants who returned the 1st questionnaire reported themselves seldom confronted with the consequences of domestic violence in their clinical practice. 90% did not know the main advisory centre for victims. The majority was unsatisfied with the level of

support they were able to offer and expressed a high demand for further training. 913 health professionals attended training programs. In reassessment 858 of 4,812 professionals (18%) answered. Training participants reported a significantly higher contact with victims, they were significantly better informed about care facilities and felt better prepared to deal with victims. **Conclusion:** Unawareness among medical staff about domestic violence is highly noticeable. Special training programs, adapted to the realities of medicine, are useful and necessary and improve the appropriate care of victims.

Schiltz Lony, Fondation François-Elisabeth; Schiltz, Jang, University of Luxembourg

Borderline Functioning and Life Trauma

We present a meta-analysis of two independent studies, an exploratory study with N = 206 and a confirmatory study with N = 195 people suffering from marginalisation and exclusion. The general aim of the research project was the exploration of the links between traumatising biographic events and the current functioning of personality. Both studies were based on an integrated quantitative and qualitative methodology combining semi-structured biographic interviews, psychometric scales (HADS, Index of Well-Being) and a projective test (Rotters' Incomplete Sentences Blank). We developed original rating scales allowing passing from qualitative analysis to the use of inferential and multidimensional statistics. With the help of non parametric statistical procedures we could draw out two types of personality functioning based on prevalent defense mechanisms and coping strategies, either linked to a succession of traumatic events or to recent catastrophes. The discussion is about the pertinence of the results in the context of the current assimilation of borderline personality functioning with complex post-traumatic disorders comprising a strong dissociative component and also of the revision, currently taking place, of categories of the DSM IV related to different post-traumatic syndromes.

Schnurr Paula; Lunney, Carole, National Center for PTSD

Work-Related Quality of Life in Women with PTSD

As knowledge about the treatment of PTSD grows we must ask not how we can reduce symptoms, but how we can help people recover. The recovery model guiding mental health care around the world emphasizes human rights, which include factors that facilitate recovery. Work is an essential component of recovery. But if we focus on work, we need greater understanding about how PTSD affects work outcomes and how treatment improves outcomes. We addressed these issues using data from 208 female veterans and soldiers who took part in a RCT of psychotherapy for PTSD. Women were randomized to receive 10 weekly sessions of Prolonged Exposure or Present-Centered Therapy. They had extensive trauma histories; 90% reported sexual abuse.

Work impairment, but not satisfaction, improved in PE and PCT. Although PE was more effective than PCT for PTSD symptoms, the treatments did not differ on any work outcome. 45% of women were working before treatment. Work status moderated the treatment effect on satisfaction, which improved more in PE only in women who were working. 60 women no longer had PTSD after treatment. Loss of diagnosis was related to improved impairment and satisfaction. Work status did not moderate the effect of loss of diagnosis on any outcome.

Discussion will focus on generalizability to civilians and men and how to address work-related quality of life in treatment.

Schouten Karin Alice, Stichting Centrum '45

The Effectiveness of Art Therapy in Trauma Treatment: Research and Practice

At Centre '45, the national Dutch expert centre for the treatment of traumatized victims of war and violence, Art Therapy is part of the integrative treatment of refugees. In clinical practice

Art Therapy shows good results and several experts describe the benefits. Art therapy is described as very useful when no words are available, when it is too anxious to speak. It offers a safe way to access and express feelings and memories about traumatic experiences. And especially with traumatized refugees from several cultures, it provides an intercultural language: the language of art.

Next to evidence based treatments like CBT and EMDR, Art Therapy is often part of trauma treatment, but there is little known how art therapy works. Research on Art Therapy is necessary to increase comprehension of the

nature and characteristics and to improve the empirical knowledge of Art Therapy in trauma treatment. This will contribute in optimizing the quality of trauma treatment.

What is the effectiveness of art therapy in trauma treatment? What can Art Therapy contribute in reducing trauma symptoms?

The findings of this research and the systematic review on the effectiveness of Art Therapy in trauma treatment will be presented and illustrated with examples from clinical practice with traumatized refugees.

Semb Olof; Strömsten, Lotta, Umeå University

Posttraumatic Distress after a Single Violent Crime: Interaction between Shame-Proneness, Event-Related Shame and Symptoms

This study investigated the relationships between shame- and guilt-proneness, event-related shame and guilt, and post-victimization symptoms among 35 victims (17 females and 18 males; mean age 31.7 years) of a single severe violent crime. Shame- and guilt-proneness (Test of Self-Conscious Affect) and event-related shame and guilt (Visual Analog Scale) were related to post-victimization symptoms (Harvard Trauma Questionnaire and Symptom Checklist-90). Correlations showed that shame-proneness and event-related shame were highly inter-correlated and that, in addition, each uniquely contributed to higher symptom levels. The guilt measures were unrelated to each other as well as to symptoms. Structural equation modeling analyses revealed significant indirect effects supporting the role of event-related shame as mediator between shame proneness and post-victimization symptoms. In conclusion, requiring attention in clinical settings, both shame proneness and event-related shame seem to be potent risk factors for distress after victimization.

A review of the literature on the subject along with results from cross-sectional research will be presented to illustrate the relationships between self-conscious emotions and mental health in crime victims.

Shatil Jonathan, Tel-Hai Academic College

Is Posttraumatic Growth a Psycho-Subjective Phenomenon or is it a Real Micro-Social Change?

Numerous recent studies have lent support to the seemingly paradoxical contention that a traumatic experience may sometimes generate growth (PTG). Individuals who have undergone a traumatic experience, in some cases, report also of having a sense of positive psychological changes, such as: improvement in social relations, new possibilities for one's life, greater appreciation for life, a greater sense of personal strength and spiritual development.

However, as people generally exist within a network of practical and social reality (career, family, friends, co-workers, etc.), it may be assumed that the psycho-subjective indications of growth takes also place in their real life. The present study sought to test this assumption by identifying actual indications of posttraumatic growth in real terms, beyond the subjective report of a sense of empowerment. The sample consisted of 40 adults who had experienced a severe trauma in recent years and who, in preliminary interviews, reported of clear PTG identifications. For each of the participants, independent interviews were conducted with two of the very close persons (spouse, child, friend), who were asked to describe the participant's coping with the trauma.

Analysis of the interviews support the assumption that PTG has also a realistic dimension: a functioning and communicative improvement in the real micro-social fabric.

Short Emma; Maple, Carsten, University of Bedfordshire

Observation of the Incidence of Trauma and Related Impacts Associated with the Experience of Cyberstalking

Evidence of the traumatic nature of sustained harassment by others is abundant, however the understanding of cyberharassment is less well documented. This paper aims to communicate the diversity of cyber stalking and the particular trauma related thoughts and beliefs that victims have reported. Initial results from an international study of cyberstalking will be presented. The ECHO project (Electronic Communication Harassment Observation) www.nss.org/ECHO was launched in 2010 in collaboration with The Network for Surviving Stalking. The project was designed with the aim of gaining a clearer view of the nature and impact of cyberstalking. In addition the

survey aims to identify and understand the vectors, methodologies and weaknesses of cyber-infrastructure used in cyberstalking with a view to informing policy for intervention. The incidence of PTSD will be reported using the PTSD Checklist (Civilian version) – Weathers, Litz, Huska, & Keane (1994). Initial results indicate the presence of trauma in those reporting cyberstalking as well as evidence of possible changes in trauma related thoughts and beliefs (PCTI: Foa, et al. (1999)). Early indications suggest differences in impact by gender and age and in response to different forms of online harassment across the population.

Skogstad Laila, Oslo University Hospital

Anxiety and Depression in the Aftermath of a Physical Injury

Acute physical injury may lead to anxiety and depression. The Casualty Chain Inventory (CCI) focusing on peritraumatic responses was associated with posttraumatic stress symptoms and now the relationship between CCI-scores and anxiety/depression is explored. 181 patients (18–64 years) admitted after acute physical injury completed questionnaires at baseline, three and 12 months. The Casualty Chain Inventory, Life Orientation Test-revised, Hospital Anxiety and Depression Scale (HADS), Injury Severity Scale and demographic and stressor characteristics were assessed. **Results:** Mean HADS-anxiety at baseline was 5.4 (95% CI 4.7–6.1) and 4.8 (4.1–5.5) at 12 months ($p < 0.05$). The corresponding figures for HADS depression were 3.7 (95% CI 3.1–4.3) and 2.8 (2.2–3.4), $p < 0.05$. Thirty percent had anxiety symptoms at case level (HADS ≥ 8) at baseline and 27.5% at 12 months. The corresponding figures for depression were 17.8% at baseline and 15.9% at 12 months, respectively. Independent predictors of anxiety and depression were dissociation and injury severity, whereas optimism was protective. Previous psychiatric problems predicted anxiety whereas high educational level was a protective factor for depression. **Conclusion:** Dissociation, injury severity and pessimism were independent predictors of anxiety and depression. It seems important to assess peritraumatic responses.

Skogstad Laila, Oslo University Hospital

Posttraumatic Stress in the aftermath of a Physical Injury

Acute physical injury may lead to posttraumatic stress symptoms (PTS). How conscious patients respond to perceived threat at place of injury and in hospital is not fully understood. **Aim:** To explore level and predictors of PTS. 181 conscious patients (18–64 years) admitted after acute physical injury completed questionnaires at baseline, three and 12 months. The Casualty Chain Inventory (CCI) focusing on peritraumatic responses, the Impact of Event Scale (IES), The Injury Severity Scale and demographic characteristics were assessed. **Results:** Mean IES score was 21.5 (95% CI 19.0–24.0) at baseline and 15.8 (13.5–18.1) at 12 months ($p < 0.001$). A subgroup (12%) had an increasing IES score. After a year 13.8% had symptoms at PTSD level (IES > 35). The CCI revealed two factors, dissociation and perception. Independent predictors of posttraumatic stress: dissociation (OR: 2.06, 1.3–3.1, $p = 0.01$ and perception (OR: 1.9, 1.3–2.9, $p < 0.05$). Being in work before the injury (OR: 0.10, 0.25–0.37, $p = 0.001$) and higher educational level (OR: 0.29, 0.12–0.67, $p = 0.004$) were protective factors. **Conclusion:** One third of the patients had significant symptoms and a subgroup had increasing stress symptoms one year post trauma. Dissociation and perception were independent predictors. Being in work before the injury and higher educational level were protective factors.

Smid Geert, Foundation Centrum '45; van der Velden, Peter, Institute for Psychotrauma; Knipscheer, Jeroen, Utrecht University; Gersons, Berthold, Centrum 45; Kleber, Rolf, Utrecht University

Stress Sensitization Following a Disaster: A Prospective Study

Background: According to the stress sensitization hypothesis, previous exposure to extreme stressors may lead to increased responsiveness to subsequent stressors. It is unclear whether disaster exposure may be associated with stress sensitization and if so, whether this effect may be lasting or temporary. This study aimed at investigating the occurrence and duration of stress sensitization prospectively following a major disaster. **Methods:** Residents affected by a fireworks disaster ($N = 1083$) participated in surveys 2–3 weeks (T1), 18 months (T2) and almost 4 years (T3) after the disaster. Participants reported disaster exposure, including injury and damage to their home at T1, as well as stressful life events (SLE) at T2 and T3. Feelings of anxiety and depression, concentration difficulty,

hostility, sleep disturbance, and intrusion and avoidance of disaster-related memories were used as indicators of distress. **Results:** Individuals whose home was completely destroyed responded with more distress to SLE reported 18 months following the disaster than others. There were no differences in stress responsiveness 4 years following the disaster. **Conclusions:** During the first years after a disaster, stress sensitization may occur in disaster survivors who experienced extreme disaster exposure. Stress sensitization may explain persistence of distress following extreme stressor exposure.

Sønneland Anne Margrethe, Diakonhjemmet University College; Sveaass, Nora, University of Oslo

Dealing with the Past – On Trials Related to Forced Disappearances

Over the past decades there has been a growing emphasis on the right to justice, and NGOs as well as organizations of victims and relatives have fought a long battle to obtain this aim. Court trials related to forced disappearances can be a challenging and protracted processes for relatives of the victims. During the trial itself family members and survivors may be present, unless they present testimony in court. They may have to endure a number of extremely upsetting events, such as facing the perpetrators in court and reliving severe trauma, and will also have to cope with the outcome of the trial. This paper is based on interviews with relatives and observations of trials in Peru in 2010, as part of the project 'Dealing with the past: victims' experiences with transitional justice in Argentina and Peru'. It will be argued that psychologists and other professionals should not limit their involvement to supporting victims and relatives at the time of giving testimony in court, but should be present and supportive throughout the whole process, in particular in the closing of the trial. It will be argued that professionals should continue to yield support even after the verdict and when relatives have to face decisions related to possible appeals.

Sprang Ginny, University of Kentucky; Craig, Carlton; Staton-Tindall, Michele, UK Center for the Study of Violence Against Children

Gender Differences in Trauma Treatment at 90 and 180 Days of Treatment: Do Boys and Girls Respond to Evidence-Based Interventions in the Same Way?

This study examines the effectiveness of evidence-based practices (EBP) on traumatic-stress symptoms in a sample of children 7-19 assessed at baseline and 3 (n = 70) and 6 (n = 47) months into treatment using the UCLA PTSD subscale and total scores. A power analysis suggested the sample size was adequate with power above .80. There were significant decreases in the combined sample on re-experiencing, avoidance, hyperarousal, and total PTSD scale at 3 months. However, significant decreases were not found for avoidance at 6 months. Scores significantly decreased through 3 months of treatment for females and males, however, at 6 months, male scores remained static. Of interest is that females had significantly higher PTSD at baseline and 3 months than males but not at 6 months. Females had a higher baseline score on re-experiencing, but not on avoidance and hyperarousal. At 3 months, males had significantly less re-experiencing than females but no significant differences were noted between avoidance and hyperarousal. At 6 months, no significant differences were found between males and females for re-experiencing, avoidance, and hyperarousal. Overall, EBPs significantly reduce PTSD symptoms, however, male and female children may respond to EBPs in a differential manner. These results suggest a need for special attention to gender differences throughout the course of treatment.

Starinskaite Ieva; Kazlauskas, Evaldas; Gailiene, Danute; Domanskaite Gota, Vejune, Vilnius University

Second-Generation of Lithuanian Survivors of Soviet Political Oppression

Background: Political persecution including political imprisonment, forced displacement and other forms of political violence lasted for almost five decades during the Soviet occupation in Lithuania. Studies have shown effects of these atrocities to survivors, but effects of political violence of the Soviet regime on second-generation are still unknown. **Methods:** A group comparison study with a sample of second generation of survivors (N = 61, mean age 44 years) matched with demographic characteristics comparison group (N = 80) was selected in order to assess transgenerational effects of Soviet political violence in Lithuania. All second-generation participants were grown-up offspring of survivors of political oppression, officially acknowledged as victims of Oppressive Regime and

Genocide Crimes by Lithuanian law. An inclusion criterion was exposure to at least one life-time traumatic event (PTSD criteria A1 by DSM-IV). **Results:** Second-generation of survivors is more vulnerable to traumatic experiences, as compared with the control group. They reported significantly higher score on intrusions, hyperarousal and total posttraumatic stress reactions, even controlling for life-time traumatic experiences.

Stellermann Kerstin; Lammel, Pia, University Medical Centre of Hamburg-Eppendorf; Bawa, Umesh, University of Western Cape; Schulte-Markwort, Michael, University Medical Centre of Hamburg-Eppendorf

Pilot Explorative Study on Exposure to Violence and Psychopathology in a Group of South African Psychology Students

In 2002, the WHO published the world report on violence which identified domestic violence being one of the biggest health challenges world wide. Several studies have shown that there is a connection between psychological symptoms found in adults and stressful childhood events. Family/household based conflicts are proven to be the highest risk factor for children developing psychological symptoms. Recent research has shown that Ugandan child soldiers identified domestic violence as one of the most significant traumatic experiences in their life even against severe exposure to violence while being part of an armed group. In the Western Cape of South Africa many young adults were and are direct and indirect victims to severe violence. At the end of 2009 an explorative study was conducted on a group of psychology students at the University of Western Cape. Data collected included sociodemographic data, life event scale, rating of domestic violence, drug abuse and psychopathology focusing on PTSD and MDE. First findings of this study will be presented focusing on forms of violence, rating of domestic violence and psychopathology.

Stensland Synne, Norwegian Centre for Violence and Traumatic Stress Studies; Dyb, Grete; Thoresen, Siri; Wentzel-Larsen, Tore, Norwegian Centre for Violence and Traumatic Stress Studies

Traumatic Experiences and Somatic Complaints in Adolescents: Is this Relationship Mediated by Posttraumatic Stress Reactions or Depression?

Objectives: Evidence is emerging that mental health symptoms of depression and PTSD mediate the relationship between trauma exposure and adverse somatic health outcomes in adults. The aim of this study is to evaluate this relationship in adolescents. **Methods:** A population-based study was conducted from 2006–2008. All adolescents aged 13-19 in Nord-Trøndelag county, Norway, were invited and 8200 (78%) participated in a self-report questionnaire study. 8092 met for an additional clinical interview. The questionnaires included items on trauma exposure, psychological symptoms, and somatic health complaints. In the interview study participants were screened on headache complaints. **Results:** Experiences of traumatic events in relation to somatic health problems will be presented. This relationship will further be evaluated in relation to current psychological problems. **Conclusions:** Results from this large scale, epidemiological study will contribute to current knowledge of the etiologies of trauma-related somatic health problems in adolescents. A more comprehensive, knowledge based understanding of these relationships is crucial for future planning of preventive interventions and health services.

Therup Svedenlöf Charlotte; Michélsen, Hans; Schulman, Abbe, NVS, Karolinska Institute

Social Support and Long-Term Changes in Mental Health after the 2004 Asian Tsunami: A Longitudinal Study of Stockholm County Survivors

We set out to analyze effects of social support and long-term changes in mental health after the 2004 Asian Tsunami. 1101 survivors in Stockholm County, Sweden, responded to a survey on background, exposure type, mental health (GHQ-12), and social support (the Crisis Support Scale) 14 months and again 3 years post-disaster. Changes in mental health were analyzed using logistic regression with GHQ-12 dichotomized and with change defined as ≥ 3 GHQ-12 points.

Three years post-disaster, 25% still reported symptoms. We found a significant association between exposure type and change in GHQ-12 (dichotomized). Social support was significantly associated with mental health at 14

months. Low social support at 14 months predicted higher odds of symptoms at 3 years. Over time, mental health improved in some and deteriorated in others. Group analyses of ≥ 3 points positive GHQ-12 change showed odds of improvement were greater in women than men and in older than younger survivors. Analysis of negative change showed greater odds of deterioration in younger than older survivors. Low social support was associated with deterioration. Exposure type was not significantly associated with positive or negative change.

Mental ill-health can persist over time, and low social support predicts symptoms. It is important to follow up survivors' long-term mental health and ensure social support.

Tosone Carol, New York University; Parker, Jane, Tulane University School of Social Work; Bauwens, Jennifer, New York University

Shared Trauma in Clinicians: Lessons Learned from 9/11 and Hurricane Katrina

Increasingly, more clinicians find themselves exposed to and practicing in environments that could be characterized as traumatological. Terms such as compassion fatigue, vicarious traumatization, and secondary trauma do not adequately convey the profound impact that collective catastrophic events, such as the 9/11 terrorist attacks and Hurricane Katrina, can have on clinicians' lives. Shared trauma describes the lasting, transformative changes to one's self-concept when the clinician and client experience the same disastrous event. The clinician functions in a dual capacity, as professional and fellow victim, potentially leading to a blurring of professional boundaries. This presentation describes the results of two studies, the Post 9/11 Quality of Professional Practice Survey and the Post Katrina Quality of Professional Practice Survey, both of which examined potential predictors of, and protective factors for, shared trauma in the post 9/11 and post Katrina practice environments. Contributing factors include insecure attachment styles, clinician life events and disaster-related experiences; potential protective factors include resiliency, compassion satisfaction, and practice and training variables. Clinician narrative accounts of their experiences will also be presented, as well as implications for technique, supervision, and education.

Uttervall Mats, Karolinska Institute; Hultman, CM; Ekerwald, H. Uppsala University; Lindam, Anna, Karolinska Institutet, Sweden; Lundin, Tom, Department of Neuroscience

After the Flood: Resilience among Disaster-Afflicted Adolescents

Objective: To investigate what distinguishes adolescents experiencing traumatic exposure during a disaster. **Design:** Ten men and ten women between the ages of 16 and 19 who, as tourists, had experienced the 2004 tsunami, were interviewed about their reactions, their life afterwards and their families. The study combines face-to-face and semi-structured interviews with quantitative data on 293 adolescents based on a questionnaire sent out 19 months previously. **Results:** The study indicates that adolescents' resilience and coping might be different from that of adults, both during and after a traumatic exposure. **Conclusions:** Adolescents appear to cope differently both during and after a traumatic event; young men seem to have more resilience than young women, and adolescents as a whole seem to have more resilience than both younger and older persons of both sexes. An increased awareness of altruism and human good seems to be common among adolescents after a disaster.

van Beerendonk Hendrica; Aebischer, Sigiriya; Duda Macera, José Francisco; Avril, Jacqueline, I.C.R.C.

Stress in Expatriates of the International Committee of the Red Cross (ICRC) Upon Return from the Field

Background: Expatriates are systematically debriefed upon return from missions at Geneva Head Quarters. **Objectives:** To determine the rate of expatriates having stress, the type of stress according to the ICRC classification (basic related to expatriation, cumulative due to humanitarian work and traumatic) and by geographical location to identify areas for stress management. **Methods:** Four interviewers debriefed face-to-face the expatriates (Jan-Dec 2010). They systematically searched for stress-related symptoms. **Results:** A total of 1'107 debriefings were carried out (626 men). 245 (22%) persons experienced stress. The percentage of expatriates with stress by geographic location was 21% (82/338) for Africa, 19% (64/336) Asia, 30% (61/204) Europe and America, and 21% (38/179) Middle East. More women than men presented stress (27% vs 18%). Most frequent stress was basic (58%), then cumulative (35%), traumatic (6%) and post-traumatic (1%). Main factors for basic stress were difficult relationships

with hierarchy (39%), professional environment (26%) and relations with colleagues (11%). **Conclusions:** Basic stress was 1.7 times higher than the cumulative. Aid workers are vulnerable to experience stress both by internal and external factors. Stress prevention and management at the field level is essential to address these problems.

Verwey Martine, SoFraG

Impact of Refugee Policy on the Living Conditions of Female Asylum Seekers: A Public Health, Human Rights and Mental Health Issue

Humanitarian field staff in conflict and post-conflict societies link sexual violence against refugees, returnees and internally displaced persons to human rights, with emphasis on community action. We know little however about sexual and gender-based violence within the refugee context in Europe. While several publications concern human rights violations, refugees and health consequences, almost none have focused on whether the orientation of the refugee policy reduces or exacerbates female asylum seekers' vulnerability to violence. Is there a link between health and human rights in relation to the impact of asylum policy and its limitations in regard to prevention as means of dealing with the living conditions of the target group? Conceptual frameworks from both public health and traumatic stress perspectives and findings of an explorative study in the Netherlands serve as a base to answer this question.

First, I will present a Public Health conceptual framework to clarify the reciprocal impact of health and human rights. Then a three-dimensional model of vulnerability from Public Health will be discussed. Third, I will deal with concepts of traumatization and stress in asylum seekers and refugees. Following this, an exploratory study on female asylum seekers in the Netherlands and their experiences of insecurity and violence will be presented. Finally, I will address the correlation between human rights and the limitations of asylum policy in regard to preventing violence, which directly impacts women refugees' mental and physical health.

Vick Tracey; Hampton, Victoria; Newcombe, Robert, Cardiff University; Bisson, Jonathan, Cardiff University

A Clinical Investigation to Examine the Proportion of PTSD after Discharge from Critical Care

Admission to a critical care unit is known to impact upon patients' psychological wellbeing after discharge but the proportion of PTSD experienced by survivors has been mostly identified through the use of self report questionnaires. As a result, a diverse range of prevalence is reported and only limited studies demonstrate the symptom trajectory. Predictors of vulnerability for later PTSD in this population is lacking. This paper will describe a longitudinal study of a broad case mix of 90 survivors of critical illness admission assessed at 4 time points by the gold standard Clinician Administered PTSD Scale (CAPS) (Blake et al 1995) over a 6 month follow-up. A sample care pathway is proposed in order to detect and manage early PTSD symptoms.

Results show that the proportion of survivors of critical care treatment who develop PTSD, according to a structured clinical interview, after discharge is modest and lower than that reported previously in most critical care studies. Although PTSD reduced significantly over time from 10% at two weeks to 6.5% at six-months this still represents a significant minority who could potentially benefit from detection and treatment. Severity of PTSD within the initial month after critical care treatment was the strongest and most consistent predictor of the CAPS total score, at all follow up time points.

Wahlström Lars; Michélsen, Hans; Schulman, Abbe; Backheden, Magnus, Karolinska Institutet

Support, Opinion of Support and Psychological Health in Survivors of a Natural Disaster

Although formal intervention after disasters is recommended the evidence base for this is weak. Satisfaction with support after disasters is seldom investigated and the relation to psychological symptoms is unknown. This study aimed to investigate whether dissatisfaction with social and formalised support are associated with post-disaster psychological symptoms. 1505 Swedish survivors of the 2004 Indian Ocean tsunami responded to a questionnaire 14 months after the disaster, including General Health Questionnaire-12, Impact of Events Scale-Revised, Crisis Support Scale, and questions concerning the reception and appraisal of social and formalised support from health care, psychological services and insurance agencies. Disaster exposure and background factors were controlled for

in the analyses. Reception of formalised support, but not social support, was associated with both psychological distress and posttraumatic stress. Dissatisfaction with both social and formalised support was associated with psychological distress, but not posttraumatic stress. Social support and formalized support should be differentiated in order to improve preventive intervention efforts after disasters. The reporting of dissatisfaction with support merits special attention, since it may indicate increased risk for psychological symptoms, and provide feedback for improving the quality of intervention.

Weissflog Gregor; Klinitzke, Grit, University of Leipzig

Transgenerational Transmission of Trauma after Political Imprisonment in East Germany between 1945 and 1989-The Situation of the Children

Parental trauma can affect the offspring in different ways. In a pilot study, the transgenerational transmission of political traumatization in East Germany (Soviet Occupation Zone: 1945–1949, and GDR: 1949–1989) was investigated for the first time. Indicators for the transmission of the traumatization were psychopathology and family and resource-related variables (such as attachment). A specially designed questionnaire included the German versions of standardized screening instruments (e.g. AAS, PHQ-15 and PHQ-9, GAD-7, IES-R) and biographical items. A total of $n = 42$ children, of whom at least one parent was imprisoned for political reasons, were surveyed with that self-rating instrument. The results were compared with an age- and sex-matched representative sample. The 42 participants (27 female, mean age = 51 years) reported significantly increased values for depression ($d = .74$) and somatization ($d = .73$) and higher anxiety ($d = .45$). 7% of respondents have a PTSD. There are also higher values for dysfunctional attachment characteristics like distance behavior ($d = .34$). These findings suggest an increased vulnerability of affective impairment in the children of political detainees. In the future, the results must be evaluated by using larger sample sizes and a greater emphasis should be given to mediating mechanisms of the transgenerational transmission of the traumatization.

Wittmann Lutz; Schnyder, Ulrich, University Hospital Zurich; Buechi, Stefan, Clinic Hohenegg

PRISM (Pictorial Representation of Illness and Self Measure): A New Visual Method for the Assessment of Suffering Following Trauma

Objectives: Available instruments assessing adverse consequences of traumatic events focus on frequency and intensity of specific PTSD symptoms. From a clinical and scientific point of view, the subjective experience of suffering under a traumatic event and its multifaceted sequelae is an important extension of such measures. A new, one item visual method for the assessment of suffering following trauma is suggested. **Methods:** The Pictorial Representation of Illness and Self Measure (PRISM) was administered five times during a PTSD treatment outcome study ($n = 29$). Its convergent validity, diagnostic reliability, construct validity, and sensitivity to change were assessed by comparing PRISM scores to results from measures of PTSD, anxiety, depression, posttraumatic growth, and psychopathological symptom load. **Results:** PRISM showed strong correlations with different PTSD measures. Correlations of PRISM with anxiety, depression, posttraumatic growth, and psychopathological symptom severity resembled correlations of the Clinician Administered PTSD Scale with the same variables. Longitudinal trajectories of PRISM scores almost paralleled those of PDS scores. **Conclusions:** PRISM could prove itself a valuable tool for clinical practise as well as an important expansion of multi-method approaches in trauma research.

Zadecki Jerzy, Edward Jr. Hines VA Hospital

Diagnosis of PTSD after Three Decades from Combat-Related Trauma

Authors present this segment as a part of a large empirical study “Chronic PTSD and Outcome Measures” three decades after combat-trauma (Vietnam War). The number of veterans registered for PTSD evaluation was quite large (1,600). The diagnostic evaluations were performed in a context of an “explosion” of service connected claims, and a prevailing culture of victimization in the USA.

42.8% of veterans who completed the evaluation were not diagnosed with Post Traumatic Stress Disorder. The other 57% were diagnosed with PTSD. We analyzed the diagnostic process in detail.

Controversies around the definition of ‘trauma’, reliability of veterans’ narratives, and global assessment of functioning were documented. The kappa statistic for chance-corrected agreement between two raters was applied. We were trying to avoid false negatives as much as possible. Distinct categories of diagnostic certainty, “high” and “low”, were documented. The benefit of the doubt was implemented, but the distinction between unquestionable and questionable PTSD diagnosis was maintained for research purposes. A racial disparity between those who were diagnosed and who were not diagnosed with PTSD was discovered (in a favor of whites) and has been analyzed in depth.

Zeilinger Elisabeth; Glück, Tobias; Lueger-Schuster, Brigitte, University of Vienna

Posttraumatic Stress Disorder and Mental Health in Survivors of World War II in Austria

Aim: Currently no studies have been carried out for Austria investigating PTSD in a population of World War II survivors. The present study aimed at portraying the kind of trauma, which happened in the post-war period, differentiating between the zones of occupation, and examining relations to the present state of mental health, including the presence of a PTSD. **Method:** Trained interviewers visited 316 persons, born before 1945, in all provinces of Austria. A structured interview was administered, including a historical part, a symptom checklist (BSI), a screening for PTSD (PCL-C), a measure of resilience (CD-RISC) and an assessment of trauma exposure after the post-war period (TLEQ). **Results:** In preliminary analysis, we found a vast difference in trauma exposure, and triggered fear versus perceived protection by the occupying powers in post-war period. The relations of trauma-exposure to a current PTSD and the state of mental health will be depicted in the presentation, taking into consideration a possible re-traumatisation in later life as well as the concept of resilience. **Discussion:** The intensive exposure to trauma in war and post-war periods, leads to an extensive need for psychological treatment, which was not available after WW II. The results of the present study will be discussed and compared in relation to findings from other studies on WWII and post-war trauma.

Zepinic Vito, PsychClinic Ltd.

Human Rights Violations and Chronic Symptoms of PTSD

In this paper, it is presented how the experience of human rights violations during war in the Balkans is associated with a prevalence of chronic PTSD. The study was conducted with 54 patients who survived the war and were referred for a treatment due to suffering of PTSD. The sample includes the patients who reported trauma syndrome at least five years since they escaped from the war-torn areas. Participants had experienced at least one war-related violation of human rights and had no previous history of mental disorders, brain injury or any organic impairment. Approximately half of the participants included were females (31 or 57.4%). The mean age among participants was 43.2 (SD = 10.7) and they reported experiencing of medium 4.3 (SD = 2.9) types of human rights violation during war. The frequency for the remaining items ranged from 14.3% (sexual assault by known person) to 89.4% (shelling/bombardment). Each experience of the human rights violation was significantly associated with high levels of each symptom cluster of intrusion, avoidance/numbing, but also personality changes, tormented self and its disrupted cohesion and continuity.

Zepinic Vito, PsychClinic Ltd.

Persistence of Trauma Survival Skills as a Risk for Suicide

Prisoners of war are particularly exposed to threatening experiences with high incidence of developing a chronic PTSD. The captivity is characterised by loss of personal freedom and control over one’s life, loss of identity, a sense of failure, and shame. The trauma survivors are overwhelmed by distressing dreams of the event, including images, thoughts, and perception that are still associated to the time of imprisonment and survival skills with no existing ‘here-and-now’ state. This paper is about survivors imprisoned during the war in the Balkans who had been exposed to severe torture and trauma. They reported exposure to 18 different forms of torture during imprisonment ranging from 8% (twisting testicles) to 100% (verbal abuse). They stated persistence of five different survival skills that significantly disrupt their functioning. They reported ‘self-at-worst’ state compromised with no safety, trust, or an access to emotional resources.

Zigrovic Lucija, University of Vienna

Representation of Trauma in Contemporary Culture and Rights of Victims-Modes of Empowerment or Uneasy Allies?

In the last decades, the role of cultural products such as books, films and photographs has been widely recognised as a way of raising awareness and mobilising resources to help victims of human rights abuses. However, throughout newer history, there have been many cases in which such projects initiated controversy and encountered harsh critique from various victim organisations. The recent controversy following Angelina Jolie's plans to make her directorial debut filming in Bosnia sparked much debate in the region and brought up the question of whether organisations of victims should have a right to censor artistic projects believed by them to be detrimental to their public perception and individual mental health, as well as pointed to a complex relationship between contemporary cultural production and the social reality of victims. Are ways of portraying trauma in our culture precoded to fit the expectations of its consumers and what does this mean for the victims claiming right to publicly address their trauma?

The role of this presentation is to present and discuss the issues of popular representations of traumatic experiences and the limitations their aesthetics may or may not present for access to public speech for victims of human rights abuses, as well as address the influence of such representations on the social environment in which the victims seek rehabilitation.

4.2. SPECIFIC TOPICS (German track)

Ulrich Frommberger, Klinik für Psychiatrie, Psychotherapie und Psychosomatik Offenburg

Psychopharmakotherapie von Posttraumatischer Belastungsstörung (PTBS) und anderen Traumafolgestörungen (State-of-the-Art Vortrag)

Eine traumaadaptierte Form von Psychotherapie (KVT, EMDR) gilt als das Mittel der Wahl bei der Behandlung von PTBS und anderen Traumafolgestörungen. Jedoch haben Psychopharmaka eine wichtige Funktion in der Unterstützung von Psychotherapie wie auch als eigenständige Therapieform zur Reduktion von Symptomatik auf neurobiologischer Grundlage.

In der Frühintervention nach einem Trauma sind verschiedene Medikamente untersucht worden, bislang kann jedoch kein Medikament für die Frühintervention sicher empfohlen werden. Bei chronischer PTSD sind SSRI (Paroxetin, Sertralin) zugelassen. Auch andere SSRI (Fluoxetin) oder SNRI (Venlafaxin) sowie NaSSA (Mirtazapin) haben in kontrollierten Studien PTBS-Symptomatik deutlich reduzieren können. Zumeist additiv zu SSRI zeigten sich in kontrollierten Studien neuere Antipsychotika (Risperidon, Olanzapin, Quetiapin) als hilfreich. Positive Einzelfallberichte liegen vor für Aripiprazol und Ziprasidon. Stimmungsstabilisierende Substanzen konnten bisher in ihrer Wirksamkeit nicht überzeugen. Benzodiazepine verändern zentrale Symptome der PTSD nicht. Einzelne Studien haben sich der differentiellen Wirksamkeit von Psychotherapie vs. Psychopharmakotherapie wie auch der Kombination gewidmet. In der Erprobung befinden sich einige Substanzen auf deren Wirksamkeitsnachweis man gespannt sein kann. Neben vielen hilfreichen pharmakologischen Möglichkeiten fehlen befriedigende Daten zu Frühintervention, Behandlung von Komorbidität und Therapieresistenz. In dem Vortrag werden die publizierten Daten in einem Überblick vorgestellt, klinische Erfahrungen eingebracht und ein Ausblick über mögliche künftige Entwicklungen gegeben.

Hans-Peter Kapfhammer, LKH-Univ. Klinikum Graz; **Michael Bach**, LKH Steyr; **Marius Nickel**, Universität Graz

Pharmakotherapie Akuter Posttraumatischer Belastungsstörung

Nach einer traumatischen Erfahrung ist die Entwicklung einer ernststen posttraumatischen Belastung weder linear noch zwingend. Sowohl die akute Belastungsreaktion (ABR), als auch die posttraumatische Belastungsstörung (PTBS) sind atypische posttraumatische Reaktionen, bei denen der natürliche Verlauf einer spontanen Erholung versagt, welcher beim Großteil traumatisierter Personen beobachtbar ist. Die Behandlung von ABR und PTBS basiert auf verschiedenen psychotherapeutischen und pharmakologischen Ansätzen. Die Theorie jeder Pharma-

kogetherapie beruht sowohl auf den mannigfaltigen neurobiologischen Veränderungen, die inzwischen für ABR und PTBS gefunden wurden, als auch auf dem hohen Risiko von Komorbiditäten, wie sie bei jedem chronischen Krankheitsverlauf bekannt sind. Aus einer pragmatischen Behandlungssicht kann die pharmakologische Intervention in drei Phasen unterteilt werden: frühe posttraumatische Krise, Übergangsphase mit quälenden anhaltenden posttraumatischen Symptomen, z.B. bei ABR, und schließlich eine diagnostisch bestehende PTBS.