



## Posters

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### In the caring presence: How should we respond to children and young people in the hours following a sexual assault?

Caroline Whitehouse<sup>1,2</sup>

<sup>1</sup>Royal Children's Hospital, Melbourne, Australia; <sup>2</sup>LaTrobe University, Melbourne, Australia

**Track:** Child & Adolescent Trauma

**Background:** After a decade of supporting children, young people and their families in the hours following a sexual assault, and not being able to locate a model for best practise, I decided to ask children about their experience, and understand, from them, how forensic, medical and psychosocial services might best meet their needs.

**Objective:** Every child and young person has the right to express their views, be heard and have their views taken seriously by healthcare providers. Participants in this study gave feedback on their experience, had it recorded and used to directly improve services for children and young people.

**Method:** This study employs embedded ethnographic methodologies that incorporate interviews and focus groups in the approach and collection of data, and then Constructivist Grounded Theory methods in the analysis of that data.

**Results & Conclusions:** Whilst data collection is on-going, preliminary results suggest that a developmentally appropriate assessment; the inclusion of parents/carers in providing and teaching regulation strategies along with a trauma-informed service system and space, can help mitigate distress, help parents/carers to know how to support their children as well as gather quality information that can assist in the forensic, medical, psychological and social process going forward.

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### A micro-longitudinal study on PTSD symptoms and positive memories among women reporting intimate partner violence and substance use

Ateka Contractor, Prathiba Natesan Batley, Sidonia Compton and Nicole Weiss

University of North Texas, Denton, USA

**Track:** Assessment & Diagnosis

**Background:** PTSD symptoms relate to positive memory processes and characteristics.

**Objective:** Using a micro-longitudinal design, we examined the trajectory of PTSD symptom count; and if vividness/accessibility of positive memories predicted the trajectory of PTSD symptom count across 30 days.

**Method:** Sample included 74 women who reported physical/sexual victimization in the past 30 days and reported using alcohol and/or drugs during that time (M<sub>age</sub>=39.68 years; 37.80% with diagnostic PTSD). Participants completed thrice daily measures of PTSD and positive memory characteristics across 30 days. We conducted random effects longitudinal multilevel models.

**Results:** On average, relations of PTSD symptom count with positive memory vividness (0.19, 95% CI: 0.2, 0.35) and accessibility (0.31, 95% CI: 0.15, 0.47) were positive and significant. Unaveraged results suggested that relations between PTSD symptom count and positive memory vividness/accessibility were positive or negative across participants.

**Conclusions:** Relations between PTSD and positive memory vividness/accessibility may vary across trauma-exposed individuals; 2 PTSD may be characterized by an inability to retrieve positive memories easily and vividly; and PTSD interventions may benefit from targeting positive memories.

**Objective:** We will test the hypothesis that brain structure (ROIs: HC, AMY, rDLPFC) mediates the association between ACE and mental health ([subclinical] depression and anxiety) in middle- to old-age.

**Method:** The cross-sectional study is conducted in the context of the Hamburg City Health Study. Adults between 45–74 years ( $n = 2,000$ ) have been randomly sampled from a residents' register stratified by age and gender and completed standardized questionnaires to assess anxiety (GAD-7), depression (PHQ-9), and ACE (ACE-questionnaire). T1 weighted structural MRI images have been acquired and grey matter volumetric (GMV) data have been extracted using FreeSurfer7. Socioeconomic status, gender, age, and total intracranial volume serve as control variables.

**Results:** We will run regression models with predefined ROIs: HC, AMY, rDLPFC. The mediation hypothesis will be tested with childhood adversity (X), ROI-GMV (M), and mental health (Y) in a structural equation model using R.

**Conclusions:** The results will contribute to understanding the long-term psychiatric risk of ACE on a neural as well as symptom level.

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## Links between complex posttraumatic stress and other mental health indicators in a sample of adults with childhood traumatic experiences

Agniete Kairyte, Evaldas Kazlauskas, Monika Kvedaraite, Paulina Zelviene and Odeta Gelezelyte

Vilnius University, Faculty of Philosophy, Institute of Psychology, Center for Psychotraumatology, Vilnius, Lithuania

**Track:** Assessment & Diagnosis

**Background:** Previous research has shown that posttraumatic stress disorder (PTSD) is associated with an increased risk of depression, anxiety, and suicide. However, not many studies examine the associations between complex PTSD (CPTSD) and these difficulties, or the results of existing studies are mixed.

**Objective:** The present study aimed to examine the associations between CPTSD, depression, anxiety, and suicidality in a sample of adults with experiences of childhood traumatic events.

**Method:** The study sample comprised 61 adults from the general population (88.5% females;  $M(\text{age})=31.85$  ( $SD=8.75$ ) years). We used the novel clinician-administered International Trauma Interview (Roberts et al., 2019; Gelezelyte et al., 2022) to assess CPTSD. The self-report measures were used to evaluate depression, anxiety, and suicide risk. Chi-square tests were used to compare the prevalence of various mental health difficulties between PTSD, CPTSD, and no PTSD/CPTSD groups. Moderation analysis was conducted to examine depression as a moderator for the relationship between CPTSD and suicidality.

**Results:** CPTSD was found in 26.2% of individuals. Participants who experienced symptoms of CPTSD were more likely to be at risk for depression, anxiety, and suicidality in comparison to those with no PTSD/CPTSD. Also, individuals with CPTSD were more likely to be at risk for suicide compared with PTSD subsample. Experiencing depressive symptoms did not emerge as a moderating factor in the association between CPTSD and suicidality.

**Conclusions:** These results suggest high comorbidity of CPTSD and other mental health problems among adults with childhood traumatic experiences. However, further studies in larger samples, and different populations are needed.

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## Post-traumatic stress symptoms moderate cognitive restructuring effects on emotion regulation to reduce men's drinking and aggression likelihood

Kelly Davis, Weiqi Chen and Julia Hammett

Arizona State University, Phoenix, USA

**Track:** Intervention Research & Clinical Studies

**Background/Objective:** Post-traumatic stress symptom (PTSS) severity predicts alcohol problems and aggression in men (Taft et al., 2007). Improved emotion regulation (ER) may mitigate these effects. We examine the efficacy of a brief, online cognitive restructuring (CR) intervention to reduce drinking and aggression likelihood via improvements in ER and explore whether PTSS severity moderates these improvements.