

day. **Results:** At T1, the victims had smaller hippocampal volumes, lower intrinsic connectivity (IC) in the posterior cingulate cortex (PCC) and higher IC in the right occipital pole (rOP), but no difference in cortisol, compared to controls. At T2, neither hippocampal volume, functional connectivity nor cortisol levels significantly differed between the PTSD, TEC and control groups. However, the PTSD group had significantly smaller hippocampal volumes and higher IC in the rOP at T1 compared to the control group (but not TEC), and the TEC group had increased IC in the PCC at T1 compared to the control (but not PTSD) group. **Conclusions:** Our results indicate that smaller hippocampal volume and increased IC in the occipital pole may be relevant neurobiological markers of the later development of PTSD following exposure to sexual assault, and may be considered as potential targets for early interventions.

### **Predicting PTSD Risk versus Resilience in Recently Traumatized Civilians**

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**Background:** Exposure to traumatic events results in posttraumatic stress disorder in 10–20% of individuals. Early predictors of risk are needed to identify the most vulnerable individuals for early interventions. **Objective:** Study potential biological predictors for PTSD risk versus resilience in recent trauma survivors. **Method:** Skin conductance response (SCR) was measured during trauma recollection in the Emergency Department (ED) within hours after experiencing a criterion A trauma ( $N = 95$ ). Two months later an MRI scan was collected during a fear conditioning paradigm ( $N = 28$ ). PTSD symptoms were assessed six months after trauma with the PTSD symptom scale. **Results:** SCR significantly correlated with PTSD symptom severity ( $r = 0.41$ ,  $p < .0001$ ), and was also the most significant predictor among demographic and clinical predictors for PTSD diagnosis at six months. The AUC for the ROC curve analysis for SCR on PTSD diagnosis was 0.81 ( $p < .0001$ ). Second, more hippocampal activation correlated positively with trait resilience at time of scan ( $r = .48$ ,  $p = .01$ ), and was observed in individuals who did not meet DSM-IV criteria for PTSD six months post-trauma ( $t(21) = 2.16$ ,  $p = .04$ ). **Conclusions:** This prospective study points to an easily obtained biomarker in the immediate aftermath of trauma that can be disseminated to predict risk for PTSD. The

more mechanistic MRI approach shows the importance of the hippocampus in promoting resilience in the aftermath of trauma, which is supported by our prior studies in both chronically and recently traumatized civilians. Larger studies are needed to integrate the different biomarkers.

## **S7.3**

### **Unaccompanied Refugee Minors in Europe: Fostering Resilience**

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Track: Child Trauma

In recent years, a growing number of unaccompanied refugee minors reach Western European countries in search of safety and well-being. Many of them are from Eritrea, Syria and Afghanistan, and have been confronted with war, violence and hardships in their home countries and during the journey. These minors face psychosocial challenges and drastic changes within their social-ecological environment upon arrival in Europe. Although they are strong, the prospect of an uncertain future without the support of family members may undermine their resilience. Are effective clinical interventions available? The current symposium offers three international presentations of studies conducted in different populations of URM's in Europe: Belgium, Norway and Germany. Together, presenters bridge the gap between the needs of URM's and appropriateness of mental health interventions, throughout Europe. Marieke Sleijpen will introduce the symposium by providing an overview of the literature on resilience in URM's.

### **Evidence-Based Psychotherapy for Unaccompanied Refugee Minors with PTSD: Findings from a Pilot Study**

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**Background:** Unaccompanied refugee minors (URMs) resettled in Europe suffer from high rates of posttraumatic stress symptoms (PTSS). There is a lack of research regarding studies on treatment and long-term follow-ups for this group of patients. Trauma-focused cognitive behavioural therapy (TF-CBT) is recommended as first line treatment for children