

205. Strangulation during Sexual Assault Predicts Increased PTSD Symptoms Six Weeks after Assault

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Background: Sexual assault (SA) is common, but to date no large multisite prospective studies of SA survivors have been performed, and little data exists regarding the relationship between assault characteristics and outcomes.

Methods: Women SA survivors ≥ 18 years of age who presented within 72 hours of assault to one of the 12 US sites in the Better Tomorrow Network were enrolled. Participants completed a short survey at time of the initial SANE exam and follow-up surveys at 1 week, 6 weeks, 6 months and 1 year. Assault-related characteristics were obtained from the medical record. Outcome assessments included PTSD symptom assessment (DSM-IV PCL) at six weeks.

Results: To date in this ongoing study, 299 and 189 SA survivors have completed initial and full study enrollment, 96 SA survivors had medical record data extracted and entered, and 85/96 (89%) have reached/completed six-week follow-up (mean (SD) age = 28 (9.6)). In general, among SA survivors there was little association between PTSD symptom severity at six weeks and the presence or absence of specific assault-related characteristics [drug-facilitated sexual assault (31/85, 37%), known assailant (49/85, 58%), assailant possession of weapon (9/85, 11%)], with point estimate differences in PTSD severity with or without particular assault-related characteristics being much smaller than the 10 point threshold for a clinically significant change in the PCL. Strangulation during assault (16/85, 19%) was associated with significantly higher PTSD symptoms at six weeks [57.8 (17.4) vs. 47.6 (16.8), $p < 0.05$].

Conclusions: Strangulation-associated SA, but not other SA-related characteristics, predict increased PTSD symptoms six weeks after assault.

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Keywords: PTSD, Sexual Assault, Strangulation

206. Post Traumatic Stress Disorder Outcomes at Six Months in African Americans Vs. European Americans Experiencing Motor Vehicle Collision

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Background: Motor vehicle collision (MVC) is one of the most common life-threatening events experienced by US civilians. To our knowledge, no prospective studies have compared PTSD outcomes in African Americans (AAs) vs. European Americans (EAs) experiencing MVC.

Methods: Two sister studies enrolled AAs and EAs presenting to one of 16 emergency departments (EDs) in 9 states within 24 hours of MVC who did not require hospital admission; study protocols of the two studies were nearly identical. ED evaluation included the assessment of sociodemographic characteristics; 6-month follow-up assessment included an evaluation of PTSD symptoms (IES-R; score ≥ 33 defined clinically significant PTSD symptoms). Binomial logistic regression analysis was used to evaluate potential ethnic differences in clinically significant PTSD symptoms, adjusting for individual sociodemographic factors.

Results: A total of 1855 participants were enrolled (907 (49%) AA, 948 (51%) EA). Six-month follow-up was completed on 786/907 (87%) AA and 834/948 (88%) EA. Six months after the MVC, clinically significant MVC-related PTSD symptoms were much more common in AAs than EAs [295/786 (38%) AA vs. 122/834 (15%) EA]. After adjustment for individual sociodemographic differences (age, sex, education, income, and employment), ethnicity remained a strong predictor of increased PTSD risk (RR = 2.074, 95% CI 1.66 to 2.59).

Conclusions: These findings suggest that African Americans are at an increased risk of developing clinically significant PTSD symptoms after MVC, even after adjusting for a range of sociodemographic characteristics. Further studies are needed to better understand reasons for ethnic differences in PTSD outcomes after MVC.

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207. Problematic Internet Use (PIU) and Its Relationship with Suicidality in Adolescents

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Background: PIU has been associated with depression in adolescents. Suicidality is a serious, potentially life-threatening