HC, the ERN was significantly increased in cases with generalized anxiety disorder (GAD) ($p = .008$, Cohen’s $d = .60$) and cases with AD other than GAD ($p = .02$, Cohen’s $d = .32$). Compared to HC, the ERN was significantly increased in cases with a DD ($p = .02$, Cohen’s $d = .63$) and cases without a DD ($p = .01$, Cohen’s $d = .31$).

**Conclusions:** The results provide further evidence of increased error-related brain activity in youth with AD, including those with AD other than GAD and those with a comorbid DD. An enlarged ERN may represent a trans-diagnostic liability index for GAD and other AD in late childhood and adolescence.

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**Keywords:** Event-Related Potentials, Anxiety Disorders, Children, Biomarkers, Adolescents

F22. Regulation of Fear Expression by Activity-Dependent BDNF in Direct Hippocampal-To-Prefrontal Projections

To see this abstract, please see Oral Abstract #04.

F23. Sexual Assault Characteristics Predict Peritraumatic Pain and Posttraumatic Stress Responses

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**Background:** The association between sexual assault (SA) characteristics on acute pain and psychological responses following SA is unknown.

**Methods:** Women SA survivors $\geq$18 years of age who presented for emergency care within 72 hours of SA are enrolled into a large ongoing multisite study. Acute pain (0-10 scale) is assessed at the time of presentation for emergency care, postraumatic stress (PTS) symptoms (DSM-IV PCL) and pain outcomes are assessed at one week. Characteristics significantly associated with pain at presentation(*) and pain(y) and PTS(#) at one week were assessed.

**Results:** Among women SA survivors enrolled to date (n=656), SA characteristics associated with acute pain and PTS outcomes included explicit life threat(Y), use of a weapon(Y), >1 assailant(Y), unknown assailant(Y), strangulation during assault(Y), absence of drugs or alcohol(Y), and multiple forms of assault. Many of these associations persisted after adjustment for age, income, and education (e.g., association between explicit life threat and initial pain b = 1.23, p = 0.0053; association between strangulation during assault and pain severity at one week b = 1.16, p = 0.0003; association between absence of drugs or alcohol and PTS severity at one week b = -2.17, p = 0.0145). Complete and updated bivariate and multivariate associations will be presented at the conference.

**Conclusions:** SA characteristics influence acute pain and PTS severity after SA. Better understanding of these predictive relationships may help provide pathogenic insights and identify individuals for early intervention.

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**Keywords:** Sexual Assault, Pain, Posttraumatic Stress Disorder

F24. Is Tic-Related OCD a Familial Subtype of the Disorder? A Swedish Population Cohort Study

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**Background:** DSM-5 introduced a new tic-related subtype specifier to obsessive-compulsive disorder (OCD). This subtype is thought to constitute a particularly familiar variant of the disorder, but data are limited. We investigated whether the familial aggregation of OCD differs based on the presence of a lifetime history of tics (T+OCD) at the population level.

**Methods:** Among all Swedish-born individuals (1973-2007; n=4,092,078), we identified all OCD cases (n=22,232), along with their monozygotic/dizygotic twin, other full siblings, maternal/paternal half siblings, and cousins. Hazard Ratios (HR) were used to estimate the risk of OCD in all biological relatives of individuals with T+OCD versus OCD only.

**Results:** Relatives of individuals with T+OCD had a higher risk of OCD, with HRs decreasing by degree of relatedness: 35.47 (95% CI 4.24-296.73) in monozygotic twins, 10.63 (95% CI 1.17-213) in cousins. The corresponding HR in relatives of OCD-only individuals were: 21.54 (95% CI 8.79-52.79), 4.52 (95% CI 1.31-14.27) in full siblings, 3.72 (95% CI 1.92-7.20) and 0.30 (95% CI 0.04-2.12) in maternal and paternal half siblings, respectively, and 1.58 (95% CI 1.17-2.13) in cousins. The corresponding HR in relatives of OCD-only individuals were: 21.54 (95% CI 8.79-52.79), 4.52 (95% CI 1.31-7.20), and 1.43 (95% CI 1.29-1.59). The results were largely unchanged when taking age at first OCD diagnosis into account.

**Conclusions:** T+OCD is a strongly familial subtype of OCD. Identification of more homogeneous subgroups of OCD patients may inform future gene-searching efforts.

**Keywords:** Obsessive-Compulsive Disorder, Family Study, Tourette’s Syndrome, Prospective Cohort