

WAR VIOLENCE AND CHILDREN PSYCHOPATHOLOGY: PTSD IN CHILDREN EXPOSED TO WAR VIOLENCE AND THE CUMULATIVE GENETIC RISK

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Statement of problem: Research indicates risk for posttraumatic stress disorder (PTSD) shaped by interaction between genetic vulnerability and early caregiving experiences. A prospective longitudinal design with real-time observations of early care giving combined with assessment of genetic liability along the axis of vasopressin–oxytocin gene stated that exposure to trauma contributes to development of PTSD in some individuals but not in others and identifying those with greater resilience is a central goal of research. Exposure to traumatic events early in life, when brain structures are maturing, carries greater risk for psychopathology. Research demonstrated genetic involvement in PTSD suggesting that similar to most behavioural disorders, risk for PTSD is determined by interaction of genetic dispositions and early care giving experiences.

Research methodology: A prospective longitudinal design with real-time observation.

Procedure: Mother-child free play, DNA collection genotyping, DNA of parents and children, behaviour coding, maternal support during trauma evocation, dyadic reciprocity during free play and statistical analysis.

Conclusion: 41% of children diagnosed with PTSD retained their diagnosis 2–3 years later highlighting genetic contributions to PTSD chronicity. Children with chronic PTSD had higher genetic risk, also observed for their parents also; these children received care giving characterized by minimal maternal support during moments of stress. It is thus possible that children showing chronic PTSD were growing up in what we suggest is a 'dysfunctional OT environment', evidenced by the high genetic risk in parents and child.

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