**Abstract Submission –1 hour oral session**

**Title** Recovery from Childhood Trauma - What can GPs do?

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**Background**

1 in 4 girls and 1 in 6 boys will be sexually abused before the age of 18 years. Victims of sexual assault are 3 times more likely to suffer from depression, 26 times more likely to abuse drugs and 4 times more likely to contemplate suicide.

These patients present in general practice with complex problems, not just isolated physical and mental health needs. GPs can find these patients overwhelming and can struggle to access appropriate care for their complex needs. Recovery is possible and many people find the long term respectful relationship with their GPs central to this.

**Aims**

At the end of this session GPs will be able to:

* identify the complexity of symptomatology and aetiology of childhood trauma and its sequelae
* understand practical strategies for targeted interventions
* better understand issues of trust and boundary setting in the therapeutic relationship
* identify better avenues of support in managing these complex patients

**Method**

In this presentation, we will discuss a model of recovery for victims of childhood trauma which incorporates elements of:

* Neurobiology and the role of medication
* Family systems theory and the role of intergenerational trauma
* Attachment and the role of the therapeutic relationship
* Learned behaviours and the role of DBT

**Results**

There is evidence that a number of treatment strategies can facilitate the recovery of people experiencing childhood trauma. However, best outcomes are achieved from a person-centered approach.

**Conclusion**

GPs have a pivotal role in helping people recover from childhood trauma. However, this can be challenging clinical, organisationally and emotionally. We seek to better equip those attending to better assist people suffering from the devastating effects of childhood trauma.

**References** (If applicable)