Trauma Exposure, PTSD and Violence 6
Written Video Transcript

Many of these we've already talked about but just to hit the highlights here. Standardized assessment, entering the juvenile justice system. And I guess you know by now my bias would be for asking about those ecopathology issues not just the standard psychopathology [00:00.20.00] things. Asking about community violence exposure, sexual assault, sexual abuse, severe physical discipline, what's going on in current dating relationship as well as assessing for mental health difficulties, PTSD, depression and [00:00.40.00] let's not forget grief. Because of the number of deaths that many of these kids have been exposed to there's a lot of grief, unresolved grief, grief that has never been mourned. Developing specific services on the basis of what [00:01.00.00] the actual needs are that flow from the assessment. Obviously I can't expect to have flowery programs that supplant the education and physical activity agenda that's there now but it certainly could be [00:01.20.00] extended. We could do more. Involvement of families, the ones that have families or surrogate families if they don't have intact families. Certainly identifying alcohol and marijuana use as a critical area for [00:01.40.00] needed intervention. Working on motivation around continued involvement in the three Gs, guns, gangs and gin and taking people as they are. Not trying to convert them necessarily but using a motivational approach to [00:02.00.00] examine the pluses and minuses of continuing to be involved in those activities, the benefits of discontinuing involvement and referral to places or programs that are specifically aimed at empowering people to recover from those kinds of activities. [00:02.20.00] This might be pretty important. Remember the cycle of violence data? These are people that have been severely beaten, sexually abused and exposed to community violence early in their lives. What kind of parents are they likely to be? I'm sad to say [00:02.40.00] that many of the female incarcerated adolescents by the time they're 15 have already become parents. Many of the males have several children. So, this is one we can't really afford to wait on. These are children having children, many of them [00:03.00.00] very unprepared to perform parenting tasks. Carry that over into veterans who still have children at home and you find that among PTSD vets the proportion who endorse pro-violent beliefs, who believe that coercive activities are necessary in order [00:03.20.00] to discipline their children and to interact—to maintain control with their spouse and who occasionally engage in actual physical altercations with their spouse is elevated amongst those who have PTSD. They're at risk by virtue of their background in combat exposure [00:03.40.00] and the risk is increased if they're diagnosed with PTSD. So, this is not just an issue for our incarcerated adolescents. This is an issue where those veterans who have children who are still at home also may need additional help. [00:04.00.00] A couple of things I wanted to say but this isn't it. I wanted to get to the Internet resources here. You can read the bibliography yourselves and decide whether you might be interested [00:04.20.00] in the primary sources. There's six that I listed there. But I did want to talk about the Internet resources that are available. If you want to get online and learn a

whole lot more about the studies on the epidemiology of youth violence, the risk factors, the successful versus unsuccessful programs for [00:04.40.00] primary or secondary or tertiary intervention for youth violence. This is a very new report this year, report of the Surgeon General and many of the best scientists, social scientists on the issue of youth violence contributed to this (tome) [00:05.00.00] that you don't even have to copy. You just go to the Internet website and the whole report section by section is there on youth violence. So, if you're interested in more information on that or specific resources around the issue of youth violence I recommend the Surgeon General's report to you. [00:05.20.00] Our tax dollars paid for it. It's our resource to use and the Web makes it immediately accessible. The same kind of information is available from the Center for Disease Control and Prevention. For our veterans in particular, [00:05.40.00] I want to hold out two National Center for PTSD websites, one that's listed here which is the Dartmouth National Center website and one I just learned about yesterday which is the local (Myrick) website—and the webmaster is sitting right here—[00:06.00.00] that has some very impressive PTSD trauma, PTSD aggression, other kinds of PTSD resources, lots of information on the (Myrick's) website here. And if you're interested in the Web address for that then there's several here who could [00:06.20.00] actually give you (that). So, time for our second Q and A. In the back. Yes?

Actually, I have several questions, but I wanted to go back to the slide that you had on key implications for juvenile offender [00:06.40.00] rehabilitation.

Yeah.

And the first thing is in there you talk about the kids that have already entered the system. That says to me that's already late in the evaluation process. Is anything being done prior to aggressive bully [00:07.00.00] types of kids being—having mental health assessments prior to becoming the criminal element?

Yes, there are in Los Angeles county both and LAUSD as well as the San Gabriele Valley. There are anti-bullying [00:07.20.00] programs in a number of the middle schools and high school. There are—in Los Angeles USD there are a couple of high schools that actually have a mental health clinic sponsored by the MacArthur Foundation, where specific services for recently traumatized children [00:07.40.00] are made available, to name just a few. The school systems are very concerned about bullying in particular because it seems to be linked to some of the school—the media advertised school violent incidences that earlier on [00:08.00.00] the perpetrators had been bullied and just were fed up with it and so on. So, there's a lot of attention being paid to sub-traumatic level of physical aggressiveness and coercive behavior on schools as well as increasing attention to providing treatment needs for those [00:08.20.00] that have been identified as being recently traumatized. That's the good news.

And also the only other thought that I had is in section three you showed the slide incarcerated males versus the females. The number one concern that was very, very high as far as females were concerned is that their number one worry [00:08.40.00] is that bad

things would happen to those whom they love. I find that to be a very disturbing statistic because that says to me that women who are incarcerated do not have the support systems out in the community that the men have even if it is [00:09.00.00] a gang. There is no one there that is going to look after the females' loved ones. and that says to me that something must be done to set up some sort of a safety net for the female who is incarcerated so that she can concentrate on rehabilitation with the knowledge [00:09.20.00] or the security that her family members are going to be taken care of by the appropriate system and not the street system.

I think that's a good point. What I didn't talk about was the difference in perceived family support versus peer support [00:09.40.00] on the part of the male versus female incarcerated offenders. Not much perception of family support on either part but more investment in peer support. And so what it suggests is that the pro-social peers are in—are promoting involvement [00:10.00.00] with pro-social peer groups not the gang bangers that they've been associating with who are going to continue to put them at risk, who may offer the notion of protection but in fact are doing the opposite. But some alternative peer groups where they can feel a member of a group as well as support from [00:10.20.00] an extended social network of people who have pro-social attitudes. I think that's very important for both the males and the females. Yes?

I just wondered when you were measuring the risks on incarcerated [00:10.40.00] juveniles if you looked at pre- and post or during incarceration because a lot of those violent types of activities actually happen to people in prison. So, I was just wondering if there was some differentiation made in your study.

We did not ask specifically where the location of the violence exposure was. [00:11.00.00] The assumption was that they were reporting historically about things that have happened to them prior to arriving at camp but of the 200 that we did extended interviews with I would guess that maybe 5% told us about incidents, threatening incidents or actually violent incidents that had happened to them while they were incarcerated. [00:11.20.00] So, that's not just an adult problem. It's also a problem with the adolescents. Yes.

[11:32] about the VA in Little Rock.

Yes.

You compare the patients who had PTSD, the veterans who had PTSD to another [00:11.40.00] population. What was the other population?

I believe it was homeless vets.

Okay. (Alright) thank you.

Okay.

I wonder if you could comment on whether you think it will be a hard sell [00:12.00.00] to persuade both youths and veterans that they'll be safer without guns, that they'll be safer if they don't drink and in particular if they don't join gangs. And also, is it worthwhile conducting new research or perhaps it's already being done with the gang populations that empirically shows that [00:12.20.00] their risks of harm will be greater if they're actually carrying guns or not, with, you know with suitable controls from the same kind of demographics and all that.

The question about whether it's worthwhile to do interventions with the adolescents who are carrying guns and [00:12.40.00] gang involved, yes I think it is. I think it's—one of the ways that we've done this in some of the actual intervention projects that my colleagues have been involved in is with the use of OGs as mentors. Individuals who, who've lived the gang life and who somehow survived it, who are [00:13.00.00] now living a straight life and have made that conversion and see the benefits of it and can actually act as a mentor to youngsters who are embarking on that journey who've expressed an interest in wanting to leave that life behind. So that's one of the more promising ways [00:13.20.00] of doing intervention is providing a buddy or a long-term mentor who's going to be there for the duration if the individual wants that and will be a support and a guide for them through that process. What was the second question? [00:13.40.00]

Has research been done or should it be done to quite carefully establish that risk factors for being injured or being a victim of violence are greater if you're carrying a gun versus not carrying a gun, if you are a member of a gang versus not a gang but with controlling for other factors. [00:14.00.00] Because you might say that a kid who's a member of a gang, yeah they have higher rates of injury but you need to have the same neighborhood, the same kind of family disruption, and so on.

Yeah. I think that it's certainly possible to do that kind of research. We have not done it. [00:14.20.00] I know that similar research has been done with adults. You know I was generally alluding to that that it's much more you're much more in danger for being victimized with a gun if you're carrying a gun than you are if you're not. Whether we have similar research with adolescents I don't know. But the Surgeon Gen—if it's been done the Surgeon General's [00:14.40.00] report would identify the studies that had it. Okay. That's our last question online. If you have a question offline I'll be happy to take it. And I thank you for your attention. [applause] [00:15.00.00]

Thank you Dr. Foy. And on behalf of the National Center for PTSD and the Employee Education System, I'd like to thank all of you for being here today. Please attend to the announcements for upcoming presentations. And again, thank you Dr. Foy for your interesting and challenging presentation to us. Good day. [00:15.20.00]

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