Trauma Exposure, PTSD and Violence 3
Written Video Transcript

Alright, so we've finished the first section. What I'd like to do now is to talk about the methods—before we get into the findings from the studies—the methods that we used in actually developing a line of research to study adolescent violence [00:00.20.00] and its relationships to the various types of trauma exposure that we need to be concerned with. So, what I want to do is first talk about the methods and then go over the six studies that I'd like us to attend to. Those are the studies. The [00:00.40.00] first one was done in 1989, finally published in 1994. That's the way research is, you know. This was one of my dissertation students at Fuller Seminary when I was teaching there full time. And he came to me one day and said, [00:01.00.00] "I need a dissertation topic. You know I moonlight on the weekends at Camp (Holton). It's a probation camp for juvenile offending males not far from school." This guy was a linebacker—played college football and so he was well-suited for this job. And he said, "You know, I know you're interested [00:01.20.00] in combat-related PTSD." And that was true because at that point in time I hadn't done any research in other areas. He said, "But you know, I'm interested because these kids tell me war stories that sound for all the world like your combat stories, only they never leave the combat zone. So, why can't we do a study looking at some of the relationships [00:01.40.00] that you've looked at with combat vets, why can't we do that with these community violence exposed—" That wasn't the term we used then, we learned to use the term community violence a little later. "Why don't we do that with these adolescents and see if there is an exposure to stress relationship? That is, [00:02.00.00] if those who are exposed to higher levels of violence among our juvenile offenders aren't more violent and aren't more susceptible to developing PTSD." That was the first study. And I didn't think of it, sad to say. I'm proud to say though I listened to that dissertation student. I've learned a lot by listening [00:02.20.00] to students over the years. And some people don't believe I listen to them, but I do. So, that was the first one. And as you'll see, I'll talk more about what these measures are. One of the things that I'm accused of is being hardheaded about using the same thing over and over and over again. [00:02.40.00] But let me tell you folks, there's some advantages to doing that because then over a series of studies you have equivalent measures. You don't have to be concerned with the criticism that well, you can't compare studies—findings from study one to study three because you used different measures, so. This is hardheadedness at its [00:03.00.00] best or worst, I guess. We've used the same symptom measure across all these studies. This one in 1989, this one in 1991. That's short for continuation school sample. These weren't children who were incarcerated but they were kids who were in between. [00:03.20.00] They were kids that were in trouble but not in bad enough trouble to be incarcerated but too much trouble to be in regular school. So, our second study was looking at the same relationships that we were looking at with the juvenile offenders within that continuation school study. This high school survey, we did that with inner [00:03.40.00] city high schools in a school

district I can't still, to this day, tell you where it is. But you can probably guess. Then we began to look again at the incarcerated offenders. This was the most elegant study because we had more money. We had a hundred males and a hundred females all incarcerated in the [00:04.00.00] probation camps around Los Angeles and that's the incarceration study. Then we've done two more, one with psychiatric offenders, probation camp offenders—that's the (Kirby) Study—and then one with the California Youth Authority sample. So, when we're talking about findings with at-risk adolescents it'll be findings from this set of [00:04.20.00] studies that I'll be talking about. What about the instruments? Well, the LASC, we had so much trauma in Los Angeles in the period of the nineties that we felt that we deserved our own trauma symptom checklist, [00:04.40.00] right? So, we named it the Los Angeles Symptom Checklist. And one of the things we wanted to do with that fairly early on was to have equivalent forms for latency age adolescents and adults. So, one of the advantages of the instrument is that it allows you to look at similar scores [00:05.00.00] from similar items across the developmental spectrum like that. So, that's why we use it. We learned fairly early on that the juvenile offenders anyway, particularly the females, had high rates of sexual abuse and we needed a way of operationally defining that and measuring it. [00:05.20.00] That's the (SAEQ). We also needed a similar measure of community violence. And we searched for this one and found it at the National Institute of Mental Health. John (Rictors) and Bill (Saltzman) had developed this on inner city kids in southeast Washington. [00:05.40.00] And we've used this one ever since. It's quite good at doing what it does. We had to develop our own gang affiliation index because most of the studies that attempted to include gang involvement only did it as a dichotomous, you're either involved or you're not. For the kinds of statistics we wanted to do that wasn't good enough. [00:06.00.00] So, we needed an index. And there's a dissertation that was done by Jason (Dana) that produced this psychometrically useful instrument, the gang affiliation index. So, that's our basic set of measures. And along the way we were starting to think about the variable domains that we wanted to measure [00:06.20.00] in the studies, in the series. And this is the model as best I'm able to articulate it. You can think of it as a multivariate model. It's primarily an ecopathologic model, that is we're very concerned about what happens traumatically in the family of origin. [00:06.40.00] We're very interested in the various forms of violence exposure that happens in latency and adolescence. And we're also interested in these three primary risk activities, guns, gangs and gin and then various mental health outcomes, [00:07.00.00] psychological distress, PTSD, depression, traumatic grief, attitudes toward aggression, and facilitative attitudes toward violence. That's the model that we've used. [00:07.20.00] What are some of the family protective and risk factors on the left-hand column here? These are the risk factors, in part informed by the classic studies, the longitudinal studies that we first talked about. Family conflict, parental criminality, abuse, [00:07.40.00] both physical or sexual abuse within the family but also other traumatic exposure and I'll show you in a little bit about what I mean by that. And it's not nearly just abuse that happens in at-risk families. There's some other really bad things that can happen too. Poverty, the common ground, [00:08.00.00] and then family disruption, chronic marital discord and actual divorce. On the positive side some things that families can do to offset some of the risk, positive attachment, a positive sense of support by family and by peers, good

[00:08.20.00] communication patterns within the family, that's where these three come from. Parents that care enough to monitor what's going on with their kids, who they're with and where they're going, what they're doing, whether they come home on time. Discipline, we're interested of course in severe discipline but also whether there's discipline [00:08.40.00] or not. And then a couple of other communication things, expressiveness and warmth. Just a note about the gang affiliation index, we boiled it down to 13 items. We had some OG's—you know what those are? Old gangsters, people that survived gang involvement [00:09.00.00] both from the Hispanic gangs as well as from the African American gangs that helped us in the wording of these items and the selection of items that went into this index. So, we had some honest to goodness experts along with our armchair types that were in the lab. And it works fairly well. It gives you [00:09.20.00] a zero to 13 index which is much nicer than just yes or no. And a person doesn't actually have to be a gang member in order to make scores on this index. You can pal around with folks without ever having been jumped in and still show some indication of gang involvement. [00:09.40.00] Like I said, the LASC has parallel forms for adolescents and adults and it has a 17 item PTSD subscale that maps on quite well to the DSM-IV three cluster set of criteria. The remaining 26 items are general distress items. [00:10.00.00] And there's some interesting ones there that sometimes are useful. There are interpersonal conflict kinds of things. There's six items that load nicely on depression as well as a suicidality item, some other useful things if you're doing clinical work that you might be interested in besides just the 17 items. [00:10.20.00] We've used this with quite a number of populations. We have good norms on quite a number of clinical populations. The physical punishment scale that we used comes from the Assessing Environment III, the AE-III we call it. [00:10.40.00] And it's a 12-item subscale of this larger instrument that's got 12 or more subscales that has good psychometric properties but it also enables you to operationally define childhood abuse. And the extreme items out of the 12 do meet [00:11.00.00] legal criteria for reporting abuse. So it is possible to use this in such a way that it maps onto legal criteria. I've already talked about the SAEQ. The advantage here is that you're not just asking—you're not [00:11.20.00] asking people to self-identify as having been sexually abused. You're asking them to respond to ten very specific questions about unwanted sexual behavior. That's different than asking somebody if they've been abused because there you're asking for a subjective judgment that requires them to make a value judgment about whether they've ever been abused or not. [00:11.40.00] And you get a lot of false negatives that way. Many people have had unwanted sexual advances who would not readily say, "I have been sexually abused," because they may think abuse only refers to rape or some kind of severe experience or by somebody they don't know. [00:12.00.00] Most sexually abusive experiences don't—are not perpetrated by somebody that you don't know. You probably know it's perpetrated by somebody you shouldn't trust but do, somebody that you know and have a connection with that takes advantage of that [00:12.20.00] position of trust and does things that are unwanted and then leaves the victim feeling as though they did something wrong. So, that's what the SAEQ gives you. I've told you a little bit about the SCECV is what it's acronym is, Survey of Children's Exposure to Community Violence. It can be used with adults [00:12.40.00] just as well.

It's the same kinds of activities that homeless veterans, for example, run into in the at-risk places that they go. That's the end of part two. Time for our Q and A. [00:13.00.00]

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