



Trauma Exposure, PTSD and Violence 4 Written Video Transcript

Questions that you may have had as we hurriedly ran through this material? I know it's a lot to put into a little bit of time, but ... yes? And let's get the boom to you. The young lady in the pink blouse here.

I did some research [00:00.20.00] in this area a few weeks ago and the question that came up for me was given what we know at what level or how then would you intervene in terms of treatment at the community level, the individual level? I'm just curious what your thoughts were on that?

Yes, to all of those. Community level, individual level, [00:00.40.00] and perhaps most importantly at the level of the family, early on. And we'll be talking—we'll have time to talk more about the implications at the end of part four. But it's good to be thinking about where this could be going in terms of intervention.

[0:59] [00:01.00.00] (Did) you look at spirituality at all as a unique protective factor at the family level?

In the most extensive study we did ask about religious participation, religious practices, both in the family of origin and at the time that they were incarcerated. And we did find that there was some interesting differences [00:01.20.00] there. A lot of the adolescents who got involved in violent activities had been raised in religious—they'd gone to church and been part of religious training but they ditched that when they entered adolescence. And didn't—there was not consistency between how they were [00:01.40.00] raised in the church early on and then what they did when they had a choice. It's not been a consistent variable across all six of the studies that I've talked about but in the most expensive one we did have the time to ask about that and did. So, thanks. [00:02.00.00]

I have a question and maybe I missed it, but about the cultural makeup or the racial makeup of the population =

Yes.

= especially in terms of—because I began to think about some sociological issues around criminality and what does that mean?

Yes. We have very good representation [00:02.20.00] from three ethnic groups: African American, Hispanic and white. We don't have—we have a few subjects from Asian American and Native American but not enough to say that's it's representative. So, in



the studies that I'll be talking about the findings from know [00:02.40.00] that these do apply to those three ethnic groups. Okay? (I) see =

Why, why did [2:52] =

He'll come around. [00:03.00.00]

Why was it that you decided to create an alternative model, the eco-pathological model? What do you see as the reason for doing that and do you think it has implications on how we respond to these problems?

We did that because we felt the other models were [00:03.20.00] too much invested in psychopathology and ran the risk of blaming individuals for their own victimization and then failing to account for variance in outcomes of mental health outcomes or violent outcomes that could be attributable to risk environments or [00:03.40.00] abuse that had been perpetrated by others on them that were not psychological or individual variables. We were critical of other models that placed too much emphasis on individual factors and too little emphasis on environmental factors or [00:04.00.00] interactions between them. So, what we did, we wanted a model that could handle both kinds of variables. And this wasn't original, that's actually what we did in the early combat studies as well. We were interested in combat exposure and better measures of the actual experiences [00:04.20.00] that people had in combat and how that related to what they—the mental health outcomes as well as other outcomes earlier on in combat vets. So, this was a bias, if you will, that I brought to the work with at-risk adolescents that I think I'll keep. Okay. (Yes.) [00:04.40.00]

I had a question about another environmental variable that is kind of listed here but I wondered where you put it. And that is parental mental health problems and parental substance abuse.

Yeah.

'Cause it sort of feeds into family conflict, criminality, [00:05.00.00] trauma exposure, disruption. But so I wondered how you place that?

In our studies we have—we use (Rutter's) classic six risk factors. And maternal mental illness is one of those factors that maps on—it's the gender equivalent maybe to father anti-social [00:05.20.00] or criminal activity. So, that's how in fact, with the more expensive studies anyway, we've included it.

And substance abuse?

Yes. That's there as a history for siblings as well as both parents and grandparents.

And so it kind of contributes to a bunch of these risk factors? [00:05.40.00]



Yeah. It's related with antecedent generations as well as increased risk along with the trauma exposure factors in the current generation. Yes, since, since you're right there.

Well, I wondered if you'd done any studies [00:06.00.00] as to the degree or the depth of trauma exposure and the extent of violence, either the seriousness of the violence or frequency of incidence?

I'm happy to say that's coming up in the next segment. Yes, we have. Okay. (Robin.) [00:06.20.00]

Did you also look at single-parent homes? Because I saw the association with the criminality in the fathers, but usually single-parent homes have mothers in them. And I'm wondering what the association might be there?

We would have liked to have done that in the delinquency studies. [00:06.40.00] The problem we had was a disproportionate distribution. There were many more of those children who came from single-parent homes than from two parent homes. So, we had so few representative of two parent homes that we really didn't have the power in [00:07.00.00] our distribution to make direct comparisons.

Did you look at single-parent homes then?

That's predominantly where these children have come from.

Oh okay. Okay.

Yeah. Unfortunately, we couldn't compare them just on that dimension. Okay? Are we ready for [00:07.20.00] part three? Okay. So, what we're going to do here is we're going to take a look at some of the findings from this set of six studies first. And then we're going to pull in the very recent published studies on PTSD vets. Okay? So, in particular, [00:07.40.00] we're going to be looking at comparisons of severity of violence exposure across the populations represented. Remember we've got the at-risk high schoolers. We have those that are incarcerated in probation camps [00:08.00.00] and then we have the psychiatric offenders in the probation camps. So, we've got several different levels of violence exposure separated by population definition. And let's see if they're different in terms of their comparisons on substance abuse and PTSD [00:08.20.00] and look at some of the extreme violent activities that these children have been exposed to and some of the attitudes that are related to those exposures. Okay? First of all, is there a difference [00:08.40.00] in terms of the gross community violence severity between incarcerated adolescents and at-risk but not incarcerated high schoolers? Anyway you look at it, you can look at mean scores on the community violence [00:09.00.00] exposure scale, you can look at severe incidence and the proportion of children who are endorsing those things. In the male juvenile offenders that's almost 90% that have been shot or shot at. About two-thirds of them have survived a gunshot



[00:09.20.00] wound. The rate isn't as high for the females but it's pretty high isn't it? Witnessing a homicide. Now, we did not ask them whether they were a observer or a perpetrator or what their role was but this was exposure to seeing somebody else killed. [00:09.40.00] Look at the number of those kids that have had that experience by the time—the average age here is 15 years. Stabbed, 40% of the males, 25% of the females who are incarcerated have been exposed to a vicious knife attack. [00:10.00.00] Far lower rates here among the at-risk high schoolers who live in violent inner city neighborhoods but who don't have, at least at the level of the extreme items here, nearly the exposure that the incarcerated kids do. [00:10.20.00] Well, let's look within the incarcerated group at the males and females. And we did ask them—this is when we had money and we could do interviews not just paper and pencil things. We asked them what their most upsetting trauma was. And for most of them, most of the males [00:10.40.00] and the females, it was seeing somebody killed. Next for the males was hearing about a friend who was killed and then thirdly being shot at for the males. Not true for the females, where being raped or sexually molested [00:11.00.00] was reported by quite a number of the females as their most upsetting experience. These are severe life-threatening experiences and most of these children—and I can call them that, they're under 20. My kids are under 30 and I'm hoping [00:11.20.00] that they're going to get out of adolescence eventually. [laughter] Look at this though. Remember what I said about other traumas in the family? Look how many of these children who are incarcerated come from families where there's been [00:11.40.00] a homicide in that family. And usually it's not just one generation. It's where severe violence has become a way of solving, supposedly, family problems. So, a lot of that both for the males and the females. [00:12.00.00] But look at this. Over 70% of both the males and the females who have had friends killed and a lot of them it's not just one. Some of them it's as many as five or ten. [00:12.20.00] Sexual violence severity, we already looked at the gross rates. But look at how many of the females [00:12.40.00] who were incarcerated who had actually been raped and some of them had been raped more than once. We asked about this two ways. "Did it happen to you before age 14? Has it happened to you since age 14?" And for many of them it had happened to them in both timeframes. And for those that hadn't [00:13.00.00] had it happen to them many of them had seen it happen to their friends. Far less true over here with the at-risk inner city high schoolers. Let's look at how that might affect a child cognitively. [00:13.20.00] How might a child think about aggression, the use of aggression? Well, a lot of the males and females believe that it's okay if somebody hits you first, perfectly fine to hit them back. Better defend yourself. [00:13.40.00] Maybe that's not so bad but look at some of these others. What does that say? Insulted, is that what that says? Somebody insults you it's okay to hit them. [00:14.00.00] Here's a particularly disturbing one here. The victim deserves it. Now, how is that? Characterologically they're different and they deserve it. A high percentage of both the males and females endorsed that belief. You know I can wax a little psychodynamic [00:14.20.00] and think that maybe that that violence that has been perpetrated on them gets projected outward so that other people who also are exposed to violent behavior somehow deserved it. "I must have deserved the treatment that I got. I'm not really sure how that happened, but it happened to me. And so it must be that other [00:14.40.00] people that it happens to also deserved it." That may be one way of



getting to a place where you can endorse something like that. And then for the guys, a lot of them, the macho thing. People will respect you. It'll enhance the esteem with which you're held. [00:15.00.00] This is one of Bob (Pinoose's) favorite areas. How does it affect the child's expectations for the future? How does being victimized affect your future orientation? Worried that bad things are going to happen to people that I care [00:15.20.00] about. It makes sense doesn't it? If it happened to me and if it happened to others that I cared about it can happen again. So, there's a lot of that, both males and females. Here's the survival mentality. "I don't think about my future. I just try to get by from day to day. I'm going to do what I have to do to survive [00:15.40.00] today." Lots of that going on, huh? And then, "What about my chances of living a normal life? Lots of my friends and some of my family members have died way premature. It probably, certainly could, happen to me." [00:16.00.00] Wide endorsement of all three of those very dire future expectations. Okay, so this slide addresses the question of whether there are differences in PTSD rates or severity of exposure [00:16.20.00] across the high school, the incarcerated normals, so-called normals, and then the incarcerated psychiatric sample. And you see a nice stepladder there, not much difference here in the so-called normal samples. It's all high by the way. [00:16.40.00] That would put about a third of these children in the PTSD positive range if you used a 25, a score of 25 as a threshold. With the high school sample it's down around 15% to 20% with the difference that shows more females than males. And in every [00:17.00.00] sample that's the case except for the psychiatric sample where the rates are essentially even. Well, so that addresses the issue of the PTSD being more severe in the violent offenders. Okay? This addresses the issue about—how about substance abuse severity? [00:17.20.00] Is there a difference between the incarcerated kids and the at-risk high schoolers in terms of the endorsement on the LASC on the alcohol or drug problem items? And here you see very high rates of the incarcerated kids. They've discovered very early on [00:17.40.00] self-medication, the use of drugs to dampen unpleasant experiences and emotions and to make it through day by day whereas in the high school sample far less of that. Taking a look at the actual patterns of drug use amongst the incarcerated adolescents, I hope you can read that on your handout. I'd have to put my glasses on and walk several feet closer to read that but I think what that says is, marijuana. And then this is [00:18.20.00] alcohol. So, those are the two biggies at least in the LA area for at-risk adolescents and incarcerated kids. And usually there's a third with the incarcerated kids the poly-drug abusers, it's alcohol and marijuana and then cocaine and probably [00:18.40.00] now methamphetamine or perhaps PCP. Well, let's get to the third element in our three Gs, the guns, gangs and gin. This is the gun involvement. Seventy percent of the incarcerated males [00:19.00.00] and 30% of the females carried a gun prior to the time that they were incarcerated. Lots of that going on in their families of origin, some modeled behavior that way. Why did they do it? When we interviewed them the number one reason was [00:19.20.00] —it wasn't to get somebody it was to protect themselves. We asked them about their behavioral intentions when they were released from probation camp. This is a two by two, your current status. Status coming in, did you carry a gun or not? Your future intention [00:19.40.00] when you're released, do you intend to carry a gun? Forty-four percent, that is most—at least half of those or so who carried before said that they were going to continue to carry. That's disturbing. What's going on in incarceration if it isn't changing



attitudes [00:20.00.00] about that being the way to get your needs met? Not a good thing. You know, it makes me a little bit concerned to be on the freeway and I certainly never make eye contact with carloads of adolescent kids if I happen to have a—anyway. This is not good information, folks. And if you're in the LA area [00:20.20.00] anyway remember this.

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