

TSS GROUP NEWS

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Fall News Highlights

Anne P. DePrince, Ph.D.
TSS Group Director

The fall brings a great deal of buzz on the university campus. In the midst of that buzz, we are continuing with several projects about which you've been reading for many months now.

We have made excellent progress in enrolling teen girls in the Healthy Adolescent Relationship Project (HARP), thanks to many of you! Approximately 140 teens have completed the first interview. We are working now to enroll 40 additional teens before the close of the recruitment period.

As you may recall from previous newsletters, HARP is designed for teen girls and young women (ages 12–19) who have had contact with the child welfare system. The project tests two empowerment-oriented approaches to prevention with teens who are at high risk of revictimization because of previous exposure to violence/abuse in childhood. We anticipate that this study will provide critically important information about effective ways to work with young women around revictimization risk. To learn more about HARP (and find materials to refer clients to HARP), please visit <http://mysite.du.edu/~adeprinc/harp.html>.

Thank you for helping us get the word out about HARP to teens who might be interested! A copy of a teen-friendly flyer (and link to a full-page pdf version) appears on page 5!

In collaboration with Dr. Stephen Shirk and Aurora Mental Health Center, we have finished enrolling teens into a randomized control study testing the effectiveness of a modified therapy for teens who report depression and previous violence exposure. As teens finish up the intervention and follow-up

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assessments, we look forward to sharing findings with you.

In addition to progress on various research projects, we are delighted to welcome Tejas Srinivas to our group as first-year graduate student. You'll get the chance to "meet" Tejas in an upcoming newsletter. In addition, we welcome a fantastic team of undergraduate research assistants – see <http://mysite.du.edu/~adeprinc/lab.html>.

As always, we also look forward to finding ways to work with you. Thank you for the work you do on behalf of victims and survivors.

Anne P. DePrince, Ph.D.
Director, TSS Group
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PTSD, Depression, and Substance Abuse in Women Exposed to Intimate Partner Abuse

Claire Hebenstreit, M. A., 5th Year Graduate Student

In our research with women exposed to intimate partner abuse (IPA), we have been able to address important research questions, such as: Why is trauma exposure associated with depressive symptoms as well as substance abuse? More specifically, why is it that increased frequency and severity of traumatic events, as well as trauma involving interpersonal violence, are associated with more severe depressive symptoms and increased substance use?

Women exposed to IPA are at increased risk for different forms of psychological distress, including PTSD, depression, and substance abuse (e.g., Larson et al., 2005). In fact, IPA exposure is a serious risk factor for the development of PTSD; among exposed women, rates of PTSD in clinical and nonclinical samples have been estimated to range between 22 and 64% (Golding, 1999; Stein & Kennedy, 2001; Nixon, Resick, & Nishith, 2004; O'Campo et al., 2006). An expanding body of epidemiological and clinical research has also established that individuals exposed to potentially traumatic events have substantially higher lifetime rates of depression than individuals who have not been exposed (Blanchard, Buckley, Hickling, & Taylor, 1998; Kaplow & Widom, 2007; Harper & Arias, 2004). In clinical settings, the prevalence of PTSD among depressed patients varies from 17 to 64% (Golding, 1999; Campbell, 2002; DeRubeis et al., 2005; O'Campo, 2006).

Trauma exposure (including but not limited to IPA) and substance used disorders (SUD) are also highly related. Studies estimate that 20 to 60% of women in inpatient treatment for SUD may also meet criteria for PTSD (Kessler, 2000; Tiffleman, Marmar, Delucci, & Ronfeld, 1995), and that women exposed to IPA are 70% more likely to drink heavily than women who have not been exposed to IPA.

As you may remember, the Triage Project involved women who had an incidence of IPA reported to the police, which we referred to as the target incident. We interviewed women soon after the target incident, and

then again 6 months and 1 year after the first visit. At the first visit, we asked women about their typical alcohol consumption as well as depression and PTSD symptoms.

Our initial results showed that higher depression symptoms were related to higher PTSD symptoms. We also found that greater depression and greater PTSD symptoms were both associated with unhealthy alcohol use. Finally, we found that greater target incident severity was related to unhealthy alcohol use. These results are consistent with the large body of prior research that suggests complex relationships among correlates of IPA.

We are now taking steps to learn more about the relationships among IPA, depression, PTSD, and SUD over time for women in the Triage Project. While much of the available research on IPA has used traditional statistical analyses that explore linear relationships between variables, we will use person-oriented methods, which examine groupings within a larger sample. These methods are focused on patterns of characteristics that distinguish groups of individuals from one another, and have become increasingly common in recent years. We predict that these analyses will determine that there are a number of different subgroups of women within our sample, and that these subgroups may show distinct patterns of PTSD, depression, and SUD symptoms. If there is a distinction between two or more subgroups of women, future studies can examine potential differences between subgroups in the course of these symptoms over time. We look forward to conducting additional analyses that will allow us to better understand the experiences of women exposed to IPA.



Announcement: Special Issue!

Anne DePrince and Elana Newman co-edited a special issue on trauma-focused training and education for the American Psychological Association journal, *Psychological Trauma*. To learn more, visit: <http://www.apa.org/pubs/journals/special/5880303.aspx>



Teen Dating Violence

Ann Chu, Ph.D.

Note: The following article summarizes key points from a manuscript under review on teen dating violence (Chu, Sundermann & DePrince, under review).

Teen dating violence (TDV) is a serious public health problem. First, such violence is all-too-common, affecting a significant number of youth. In grades 9–12, approximately 10% of male and female students report being physically hurt by a dating partner in the past 12 months (Center for Disease Control and Prevention, 2007). Rates of exposure are even higher among certain populations: for example, an estimated 25–50% of adolescent females in foster care report violence in dating relationships (Jonson-Reid & Bivens, 1999). Second, TDV is linked to serious negative health consequences, particularly maladaptive mental health outcomes (e.g., Teten, Ball, Valle, Noonan, & Rosenbluth, 2009).

Compared to male victims of TDV, some of these adverse health outcomes are uniquely elevated for female victims (versus non-victims; Silverman, Raj, Mucci, & Hathaway, 2001). Serious physical injury is also more likely to occur for female (versus male) victims (Coker et al., 2000). This disparity in consequences may be due to the fact that males engage in violence that is more severe and more often involves lethal weapons compared to females who engage in lower level violence such as kicking, slapping, or shoving (Schwartz, Magee, Griffin, & Dupuis, 2004). Adolescent females appear to use physical violence as a means of self-defense or due to other situational factors whereas male teens use physical violence as a means to control their partners (Foshee, Bauman, Linder, Rice, & Wilcher, 2007). Researchers have also documented that males are more likely to perpetrate sexual violence than females (Basile, Chen, Lynberg, & Saltzman, 2007; US Department of Justice, 2008, National Crime Victimization Survey).

Who might be at risk for teen dating violence?

The existing body of research on TDV clearly illustrates that TDV cannot be reduced to a single-risk model.

Instead, risk factors need to be viewed through an ecological model at the individual, relationship, and societal levels; factors across and within levels influence each other in additive and interactive ways to increase or ameliorate risk for TDV. At the individual level, researchers have identified both internalizing (e.g., depression) and externalizing (e.g., substance abuse, risky/disruptive behaviors) problems as risk factors for TDV. Though positive peer norms may provide a buffer against many negative experiences, negative peer influences may represent a risk factor. One well-established finding is that violent behavior appears in part to be learned through associations with peer reference groups (see Elliot & Menard, 1996). Indeed, Arriaga and Foshee (2004) found that having friends who experienced violence in their romantic relationships predicted teen girls' victimization 6 months later. Findings also consistently show that childhood abuse and witnessing violence in the home increases risk for being a victim of TDV (see Vézina & Hébert, 2007), along with teens who live in single-parent households and/or who have inadequate parental supervision. In studying interpersonal violence, it is difficult to measure environmental factors separate from the individual. The environmental context may increase risk for or protect youth from TDV. For example, beliefs that violence is acceptable are linked to increases in TDV risk (Vézina & Hébert, 2007) while cultural affiliation appears to buffer against TDV risk (see Smokowski et al., 2009). Importantly, even while we continue to gain a better understanding of risk factors, many of the mechanisms that underlie these associations remain poorly understood.

What can help with TDV?

With the exceptions of two school-based prevention programs (Safe Dates and the Youth Relationships Project), most prevention programs of TDV have not yet demonstrated sufficient effect on decreasing TDV. As risk factors for TDV become more well-known, programs should specifically target teens with those specific risk factors. Such targeted interventions could provide more specific information on early risk factors like maltreatment and highlight the nuanced "active ingredients" of prevention programs. Programs should also continue to explore ways to enhance cultural-sensitivity to targeted

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populations of adolescents and to recruit adolescents from more diverse settings beyond schools. Though program recruitment through school–settings is an efficient way to reach large numbers of adolescents, adolescents who are at the highest risk for TDV may be the adolescents who are truant or simply not very engaged in school–related activities. Thus, the combination of a school– and community–based approach appears critical for reaching both large numbers of teens as well as high–risk teens.

With the important advances in research design and statistical tools, we need to continue asking more nuanced research questions. A better understanding of gender and racial/ethnic differences along with identifying subgroups of adolescents who may be particularly vulnerable to TDV will help to address some of the unanswered questions. In turn, researchers, clinicians, and policy makers must work together to provide comprehensive and collaborative services in both the prevention and treatment of TDV.

What is the TSS Group doing about TDV?

We are currently testing two curricula designed to address TDV among girls and young women who have come to the attention of the child welfare system through HARP – the Healthy Adolescent Relationship Project. Please visit <http://mysite.du.edu/~adeprinc/harp.html> to learn more!



Information on the Healthy Adolescent Relationships Project (HARP)

We are pleased to invite teen girls (ages 12–19) who have come to the attention of the child welfare system to participate in the HARP study.

What are the potential benefits for teens who participate in this study?

- Teens participate in a prevention group at no cost.
- Food will be provided during group meetings.

Are teens compensated for their time?

- Teens receive \$40/research evaluation for up to 4 research evaluations (up to \$160 total).

What about transportation?

- Study activities take place at DU. DU is accessible by light rail and multiple bus routes (e.g., 21,24).
- Teens receive \$10/appointment to offset transportation costs.

For more information:

- Call 303.871.4103 or email harp@du.edu.
- To download study flyers, please visit: <http://mysite.du.edu/~adeprinc/study.html>

TSS Group Achievements

Ryan Matlow received a dissertation fellowship from the University of Denver to support his research on how people process information (such as in public service announcements) about violence.

Claire Hebenstreit was named Intern of the Year by the Board of Directors at the Aurora Mental Health Center.

Courtney Mitchell was appointed Assistant Professor in the Graduate School of Professional Psychology at the University of Denver. We are delighted that this appointment means Courtney will stay with us in the

DU community. We look forward to exciting collaborations with Courtney as she settles into her new role!

Anne DePrince was named the 2011 Livingston Lecturer in the Division of Arts Humanities and Social Sciences at the University of Denver. She gave a lecture, entitled “From Hysteria to Justice: Changing Perspectives on Violence against Women and Children”, to DU faculty, staff, students, and alumni in May. Anne also gave an All–Campus Lecture in September to incoming freshman on “Violence, Social Justice, and Community Engagement”.



New TSS Group Publications Available

Anne P. DePrince, PhD

Three new publications from the TSS Group are available at <http://mysite.du.edu/~adeprinc/pub.html>. Below are take-home points from two of these articles.

Alienation and Violence

DePrince, A. P., Chu, A. T., & Pineda, A. S. (2011, May 2). Links Between Specific Posttrauma Appraisals and Three Forms of Trauma-Related Distress. *Psychological Trauma: Theory, Research, Practice, and Policy*. <http://mysite.du.edu/~adeprinc/DPCP2011.pdf>.

What did we do? In this paper, we drew on data from three samples: 1.) a college sample; 2.) a sample of women exposed to violence recruited in collaboration with the DPD Victim Assistance Unit; and 3.) a sample of women with police-reported intimate partner abuse recruited in collaboration with Denver's interdisciplinary Triage Review Team. Importantly, this article marks an important milestone—the **first published study involving data collected as part of the Triage Study**.

Among many other things, we asked participants to answer questions about what they thought, felt, and did following trauma. These questions were used to measure post-trauma appraisals about the trauma event, including fear, shame, self-blame, anger, betrayal, and alienation. We also asked participant to report on three kinds of distress: PTSD, depression, and dissociation symptoms.

What did we find? Survivors' appraisals predicted the severity of their PTSD, depression, and dissociation symptoms. We found some unique links:

- **Self-blame** was linked to depression symptoms.
- **Shame** was linked to PTSD symptoms.
- **Betrayal** was linked to dissociation symptoms. Betrayal-dissociation links have important implications for betrayal trauma theory (see <http://dynamic.uoregon.edu>).
- Importantly, **alienation** was related to all three distress types. Alienation – in this case, a disconnection from the self and others – is common across different forms of trauma-related distress.

What does this mean for your victim service practice?

- The results point to the importance of understanding specific appraisals (fear, shame, self-blame) in relation to different forms of trauma-related

distress. For example, resolving shame may be particularly important to addressing depression.

- Alienation underlies several forms of distress, including PTSD, depression, and dissociation symptoms. Victim advocacy and other efforts to decrease the marginalization and isolation experienced by violence survivors may be particularly important to decreasing post-trauma distress.

Teaching Students about Violence: You Matter!

DePrince, A.P., Priebe, S., Newton, A.T. (2011). Community-engaged research as a vehicle for undergraduate education about violence against women: A comparison of two research methods classes. *Psychological Trauma: Theory, Research, Practice, and Policy*, 3(3), 215–222. <http://mysite.du.edu/~adeprinc/DPPN2011.pdf>.

What did we do? As you may know from previous newsletters, several of you have been generous in partnering with my undergraduate classes to provide students with a community-engaged learning experience.

During the Winter 2010 quarter, my Research Methods class partnered with **Ginger Sherlock** (City Attorney's Office) and **Brooke Ely Milen** (Colorado Human Services). We hoped this partnership would allow students to learn about research methods and violence, as they addressed research questions posed by Ginger and Brooke. To test this learning strategy, we compared what students knew about research methods and violence against women at the start and end of the course...and then compared those gains with student learning in a traditional Research Methods class.

What did we find? Students in the community-engaged class (with Brooke and Ginger) showed significant gains in their knowledge of research methods AND violence against women. These students also showed significant gains in their beliefs that they could apply what they were learning in the classroom to important community problems.

By partnering with you, we can increase students' understanding of violence in our community and their stake in the issue...while hopefully helping you out with research goals at the same time! A win-win, I'd say!



Study Flyer: The Healthy Adolescent Relationships Project (HARP)

Helping Teen Girls Learn about Healthy Relationships

Project Director: Anne P. DePrince, Ph.D.

Funded by the National Institute of Justice and DU, HARP tests two programs designed to help **teen girls (ages 12-19) who have come to the attention of the child welfare system** learn about healthy relationships. Program 1 teaches teen girls about: power in relationship violence; skills to build healthy relationships; and social influences on violence (e.g., media messages). Program 2 teaches teen girls about: safety in relationships, including how to recognize and respond to internal (e.g., her own emotions) and external (e.g., emotions, behaviors in others) signals about safety. Both programs are delivered in small groups and led by two graduate-level facilitators.

What is participating in the study like for teens?


- Teens receive 12 sessions of a prevention group at no cost.
- Teens receive \$40/research evaluation for up to 4 research evaluations (**up to \$160 total**).
- Food will be provided during group meetings.

What about transportation? Teens receive **\$10/appointment** to offset transportation costs (**up to \$190 total**).

The following teen-friendly flyer is available at:

<http://mysite.du.edu/~adeprinc/Teenflyer.pdf>

Sure, we know lots of **facts and figures** about violence against girls and women, like...



Fact: Women ages 16-24 are more likely to experience violence from a dating partner than women at any other age.
Fact: Violence against girls and women is never deserved.

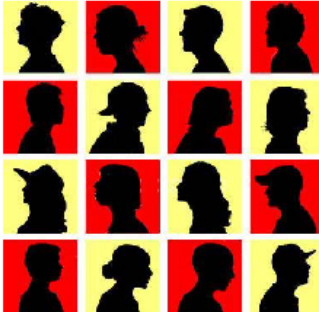
But, what can you and other teens do with all those facts and figures?

We want to bring teen girls and women together to figure out stuff about **healthy dating relationships, like...**

... what you want & don't want
... what's safe & what's not
... what to do when things aren't going right

The Healthy Adolescent Relationship Project

HARP



HARP is for teen girls and women, ages 12-19.

We're LISTENING.

FILL US IN! What's it like to deal with relationships? What things would help teens build healthy relationships? What advice would you give to other teens?

In HARP, we'll ask you to tell us what works and what doesn't work when talking to teens about relationships...that way, you can **MAKE A DIFFERENCE** down the road.

HARP is paid for by grants from the National Institute of Justice and DU. The research was approved by the University of Denver Institutional Review Board.

What's it like to be part of HARP?

What does the project involve?
First, we check to make sure the project is a good fit. We'll ask you to come to an interview to learn more about you. If HARP is a good fit, teens will participate in a group with 6-7 other teens. Groups will meet once a week for 12 weeks. Everyone will be invited to do 3 more interviews later on.


What's in it for me?
Teens receive **cash** for participation

- Teens receive \$40 for completing research interviews (up to \$160 total for 4 interviews).
- Teens receive \$10 per visit for up to 12 group meetings and 4 interviews (up to \$160 total) for transportation.

We hope you'll learn some new things about relationships – and new skills! And we hope we'll learn lots from you about what to do about those **facts and figures.**

Interested?
Talk to your caseworker!

** Being in HARP is completely voluntary and does not affect any services at Human Services.*



Questions? Contact the study director, Dr. Anne DePrince, at 303.871.4103 or harp@du.edu

Study Flyer: CU Brain Study

Interested in participating in a study about the brain,
attention, and memory?

All Participants will be compensated!!



We are conducting a brain imaging study (called
fMRI) to see how stressful events affect attention
and memory.

**Contact Kristen Mackiewicz via e-mail @
cubrainstudy@gmail.com or phone (303) 735-5421**

Female participants aged 22-30 wanted for a study examining brain activity while you pay attention to pictures and words. We are looking for female participants who either have or have not experienced very stressful events in childhood, such as child abuse. The study will take place on the Fitzsimmons campus of the University of Colorado Health Sciences Center in Aurora. The study involves up to 2 sessions (2.5 hours each). Individuals will be paid for their participation. Principal Investigator: Marie Banich, Ph.D., Protocol No. 04-0809

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See <http://mysite.du.edu/~adeprinc/cubrainstudy.pdf> for a copy of this flyer