

TSS GROUP NEWS



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July News Highlights

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

I was fortunate to have the opportunity to travel far and wide this spring. I presented data from the Triage Study on intimate partner abuse at the Northern Ireland Branch of the British Psychology Society (NI-BPS) Annual Meeting as well as at the University College of London's Trauma Centre. In June, I presented preliminary research at the National Institute of Justice Conference. At each step, the uniqueness of Denver's victim service community was clear.

The NI-BPS meeting offered invaluable opportunities to talk about similarities and differences between our study of intimate partner abuse in Denver and our colleagues' research and clinical work with those affected by the "Troubles". The Troubles is the term generally used to refer to the violent community-level conflict that spanned at least three decades in Northern Ireland before a peace process was initiated in the late 1990s. Of particular note were parallels in the importance of alienation following abuse and violence. Alienation refers to a sense of disconnection from self and others. As you may recall from a previous newsletter, our research found that feelings of alienation predicted multiple forms of posttraumatic distress (dissociation, depression, posttraumatic stress disorder symptoms) following intimate abuse. Colleagues in Northern Ireland described the role that alienation plays in their clinical experiences working with clients exposed to Troubles-related trauma. Similarly, we found connections between the role that community can play in facilitating and/or inhibition healing following abuse and violence.

The Trauma Centre in London offered a chance to see (again) how unique and powerful the victim service community is in Denver. From the perspective of another larger urban center, colleagues in London were

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struck by the high level of coordination and collaboration reflected in Denver's Triage community-coordinated response (CCR). We shared concerns over how women marginalized by factors such as immigration, economics, and so forth can access needed services following abuse.

I look forward to opportunities to follow up with colleagues in Northern Ireland and London to continue conversations (and hopefully research) about the connections and differences in our communities, using that information to inform our understanding of key factors post-violence that can help us improve services.

In June, I attended the National Institute of Justice Annual Conference in Arlington, Virginia. The opening plenary focused on building researcher-practitioner partnerships. Speakers highlighted the challenges and strengths inherent in building such partnerships. The plenary made plain how fortunate my students and I are in Denver to have rich, long-standing, reciprocal partnerships with so many of you. You have taken many leaps of faith with us to let research into your practice and policy worlds - we know our research is all the better for those leaps.

I finish these travels profoundly grateful for work that lets us engage with *you* - as well as optimistic about how the work we do in Denver matters nationally and internationally. Thank you for these opportunities.

Anne P. DePrince, Ph.D.
Director, TSS Group
Associate Professor, University of Denver



Angels in the Nursery: Positive Attachment

Ann Chu, Ph.D.

Nurturing provided within the context of positive attachments helps to facilitate a sense of security and worth in children. Lieberman and colleagues (2005) propose that as individuals transition into the parental role, they remember the messages of intrinsic goodness and unconditional love *they* received from their caregivers. In this way, the messages of feeling safe, understood, and accepted are passed down through the generations by the “angels in the nursery” – or memories of the benevolent caregiver.

Angels in the nursery came out of the original *ghost in the nursery* metaphor. The ghost represents the repetition of painful memories or experiences from the past into the present (Fraiberg et al., 1975). Parents who remember and/or are unable to process early experiences of helplessness and fear born out of violence re-enact their past with their own infants by acquiring punitive or neglectful parenting practices.

Lieberman and colleagues (2005) argue that angels and ghosts square off in the nursery to partially determine the course of development. For example, despite the ghosts of violence, angels may facilitate trauma recovery. Moments of connectedness to another may help youth to incorporate an understanding of interpersonal intimacy into self-identity, in ways that promote growth and a sense of well-being and decrease TDV risk.

Positive Attachment

In the teen dating violence (TDV) literature, researchers have been paying increasing attention to identifying risk factors in an effort to design prevention and intervention programs for adolescents. All too often, however, studies that examine TDV (and violence in general) view protective factors as simply the flip side of vulnerability. That is, if younger age represents a risk factor, then being older is protective. Therefore, we know little about protective factors independent of risk. Some researchers are starting to call for identifying specific protective factors and enhancing resilience as a way to reduce TDV (e.g., Wolfe et al., 2009). One such potential protective factor might be positive attachment figures.

Findings from the mentoring literature lend support for the importance of positive attachment figures. Teens who report having support from a caring non-caregiver such as teachers, neighbors, or formally-assigned mentors report lower levels of depressive symptoms, anxiety, problem behaviors, drug use, and aggressive behaviors (Rhodes et al., 1994; Greenberger et al., 1998; Zimmerman et al., 2002; Grossman & Tierney, 1998).

How is our Healthy Adolescent Relationship Project (HARP) looking at this?

A handful of researchers have examined links between maladaptive attachment styles (one’s thoughts about oneself, the other, and the relationship; e.g., Furman & Wehner 1994) and interpersonal violence victimization. Victims of interpersonal violence appear to hold more insecure views of attachment (e.g., Flanagan & Furman, 2000; Stovall-McClough & Cloitre, 2006), which may in turn increase TDV revictimization risk (Kuijpers et al., 2012; Young & Furman, 2008). However, violence researchers have yet to focus on the potential buffering effect of positive attachment figures.

In the Healthy Adolescent Relationships Project (HARP), we wanted to examine potential protective influences of positive attachment figures with the female teens who enrolled in our study. At the 6 month follow-up after completing a 12-week program that focuses on revictimization risk, teens talked to us about a time early in their childhood when they “felt especially loved, understood, or safe.” Many shared with us memories about a caregiver or family member who provided this positive support for them. We are currently looking at all of the teens’ narratives to see if we can identify any specific characteristics of these positive attachments as a resilience or protective factor toward TDV. Stay tuned for updates on any significant new findings!

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TSS Group Achievements

Courtney Welton–Mitchell successfully defended her dissertation, “Responses to domestic violence public service ads”. Stay tuned for details on her study findings!

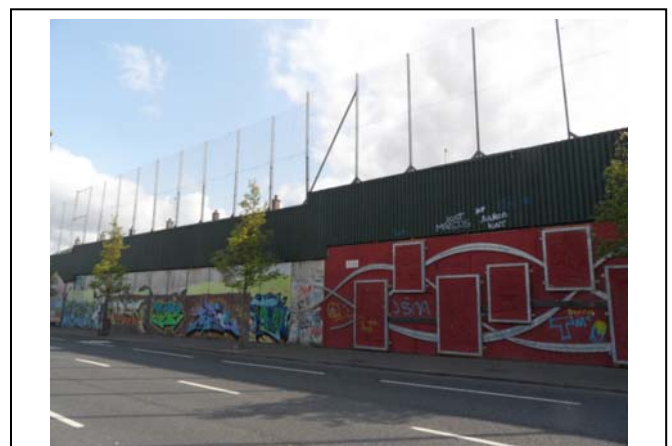
Undergraduate Research Assistant **Amber Morse** received a grant from the University of Denver to conduct research with the TSS Group this summer. Amber is investigating links between childhood trauma exposure and adolescents’ aggressive behaviors in dating relationships.

We are pleased to announce several new publications in the pipeline.

- Gover, A.R., Welton–Mitchell, C., Belknap, J., DePrince, A.P. (in press). When abuse happens again: Women’s reasons for *not* reporting new incidents of intimate partner abuse to law enforcement. *Women & Criminal Justice*.
- Belknap, J., Chu, A.T., & DePrince, A.P. (in press). The roles of phones and computers in threatening and abusing women victims of male intimate partner abuse. *Duke Journal of Gender Law & Policy*.
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Postcard from Belfast:
A “Peace Wall” constructed during the Troubles still stands,
separating nationalist and unionist neighbors.



Preliminary Findings from HARP

Anne P. DePrince, Ph.D.

The National Institute of Justice (NIJ) has traditionally held an annual conference to facilitate conversations between researchers, practitioners, and policy makers about NIJ-funded research projects. We were honored to be asked to present at this year's conference on preliminary findings from the Healthy Adolescent Relationship Project (HARP), which involved a sample of adolescent females who had come to the attention of the child welfare system.

HARP is concerned with the serious public health and criminal justice problems of teen dating violence, which represents a revictimization for the high-risk youth in HARP. For the NIJ presentation, we analyzed data from participants' first interviews with us (before they participated in any prevention programming). We asked questions in a way that would allow us to test models of revictimization risk.

The first model draws on Feminist and Social Learning theory to suggest that messages about gender roles, sexism, and acceptability of violence support aggression in relationships; these messages are learned through family, culture, and media. Further, children exposed to violence may learn that violent tactics are acceptable (and even effective) for resolving conflict, relative to non-aggressive communication and interpersonal strategies. This approach implies key risk factors for revictimization, including gender stereotypes, sexism, dating violence norms, relationships expectancies, interpersonal skills, and communication skills.

The second model draws on research into risk detection and attention processes to suggest that impaired ability to detect and respond to threat in intimate relationships may increase RV risk. Our research group has argued that risk detection requires that the person attend and respond to both *external* (e.g., a dating partner's threatening behaviors) and *internal* (e.g., one's own feelings of fear or discomfort) cues. Therefore, factors such as alcohol use, attention problems, and posttraumatic symptoms may inhibit ability to detect and respond effectively when faced with danger.

We measured the variables implied by each of these models. We were then able to take the data from the first

interview with participants to ask: *which factors mattered from each model to predict revictimization risk?* From the Feminist and Social Learning model, we found that greater benevolent sexism (this includes things such as beliefs that women should be protected by men), lower positive communication, and greater negative communication were all linked with teens' reports of experiencing aggression in their relationships. From the risk detection and attention model, we found that difficulties reasoning about safety, low emotional awareness, greater PTSD symptom severity, and alcohol use in dating situations were all linked with teens' reports of greater aggression in their dating relationships.

We then took the factors from both models and combined them together to see which factors mattered to predict revictimization risk. When we did that, the overall amount of dating aggression experienced by participants that we could "explain" increased over either of the separate models. Further, the patterns that we saw when we tested separate models remained. This suggests that the models are not "competing" with each other - both have important perspectives to offer in understanding young women's experiences of dating aggression.

The prevention curricula that we tested in HARP were derived from these two models. We are in the midst of collecting follow-up data from young women to examine the impact of each prevention approach over time. We will finish data collection by December of this year - stay tuned for preliminary prevention outcomes after the new year!



Postcard from Northern Ireland:
Quintessential Irish coast...and rain!



THANK YOU FROM HARP!

It takes a village! To do research, that is.

Thank you to the many people and agencies who helped us enroll 180 teens as part of the Healthy Adolescent Relationship Project (HARP), including (but not limited to):

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Edie Winters	Jerry Yager		



Social Support and PTSD in Women Exposed to Intimate Partner Abuse

Claire Hebenstreit, 5th year graduate student

Note: This article describes research presented in a poster at the International Society for Traumatic Stress Studies Annual Meeting with co-authors Ariel Kay, Sarah Carter, Anne DePrince, and Joanne Belknap.

The positive impact of social support following trauma has been well documented. For example, post-deployment social support has been shown to impact symptoms of posttraumatic stress and depression in combat veterans, even when controlling for combat exposure and resilience (Pietrzak et al., 2009). In adolescents who have been exposed to trauma, perceived availability of social support is directly related to decreases in trauma-related symptoms. Links between social support and distress also appears to be strong in non-sexual abuse, and strengthened in the presence of familial support (Bal et al., 2003). While *overall* social support can be a beneficial resource, *specific aspects* of social support may offer unique benefits to trauma survivors. For example, prior research suggests that perceptions of social support that encompass self-esteem and individual appraisals have a stronger association with symptoms than tangible support (Hyman et al., 2003).

We wanted to know more about specific aspects of social support in women exposed to intimate partner abuse (IPA) who were part of the Triage Project. Soon after an incident of police-reported IPA, we asked women about PTSD symptoms as well as perceptions of social support. We used data from this diverse sample of women to examine links between different aspects of social support and PTSD symptoms. Based on prior research, we predicted that higher levels of overall social support would be linked with lower PTSD symptom severity. Looking at specific aspects of social support, though, we predicted that accessibility and reliability of social support would be more strongly linked with posttraumatic symptoms than tangible support.

Using the Interpersonal Support Evaluation List (ISEL), we looked at four different aspects of social support: Appraisal (addresses the availability of someone to talk to, such as “When I need suggestions for how to deal with a

personal problem, I know someone I can turn to”); Belonging (measures the availability of people to do things with, such as “I regularly meet or talk with members of my family or friends”); Tangible Support (encompasses the availability of material aid, such as “If I had to go out of town for a few weeks, someone I know would look after my house”); and Self-Esteem (a positive comparison of self in reference to others, such as “Most of my friends are more interesting than I am”).

As predicted, we found that higher overall levels of social support were linked with lower PTSD symptom severity. Next, we took a more detailed look at links between the different aspects of social support measured by the ISEL and PTSD symptom severity. When we entered all 4 types of social support together, we found that greater Self-esteem and Belonging were linked with lower PTSD symptom severity; however, Tangible and Appraisal scores were unrelated to PTSD symptom severity.

These findings raise the possibility that some aspects of social support may be more beneficial than others in mitigating or lessening PTSD symptom severity. In particular, social support that conveys self-esteem and belonging are uniquely linked with lower PTSD symptom severity. Alternatively, women with lower PTSD symptom severity may be better able to take advantage of social support offered to them. We hope to learn more about women’s levels of social support over time, as well as the relationship between social support and other types of symptoms, such as substance abuse and depression.

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