

TSS GROUP NEWS



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Summer News Highlights

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

Summer brings heat as well as a quieter time on campus. We have managed to fill that quiet time with lots of research activity. Our offices are bustling, thanks to our graduate student team (including new first year student, **Michelle Lee**, who joined us in July) as well as two talented and dedicated undergraduate students (**Becky Suzuki** and **Etasha Srinivas**). The bustling in our offices has resulted in some important updates that we'd like to pass along to you (below) as well as some new findings (pages 2 and 4):

Getting the Word Out: Women's Health Project. We are happy to announce that we have begun inviting women into the Women's Health Project, a collaborative study with the Sexual Assault Interagency Council (SAIC) to examine how the sorts of social reactions women receive from others following sexual assault relate to their later well-being and engagement with the criminal justice system. See the flyer at the end of this newsletter (or at <http://mysite.du.edu/~adeprince/womenshealth.pdf>) for more information.

Recruitment Finished for Study of Older Adult Resources and Stress (SOARS). We asked you for your help – and you answered! Thanks to all who helped us get the word out about SOARS, a collaboration with Dr. Leslie Hasche (Graduate School of Social Work, DU) and Denver's innovative Justice Program for Older Adults. We have met our goals in terms of the number of interviews we have finished/scheduled. We hope to share findings soon!

Partnering to Access Legal Services (PALS). In collaboration with Rocky Mountain Victim Law Center (RMVlc), VSN, and many of your agencies, we are working to assess the strengths and gaps in legal services in Denver for crime victims as part of the Denver Legal Wrap Around project. In June, we wrapped up the first phase of this project, which involved interviewing 25 victim service providers and allied professionals. We are now ready to begin focus groups with crime victims to listen to their experiences of seeking legal services. Please stay tuned for information about the focus groups to help us get the word out!

As always, thank you for all you do to make this research possible...and for all that you do on behalf of victims and survivors.



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Latina Mothers: IPA and Awareness of Child Mental Health Symptoms

Rheena Pineda, Advanced Graduate Student

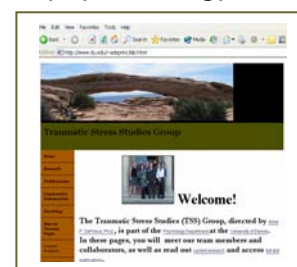
Although Latinos represent the largest racial/ethnic minority in the U.S. (16%; U.S. Census Bureau, 2011), they are often underrepresented in the mental health care system. For example, less than 1 in 11 Latinos with a mental health disorder contacts a mental health specialist (Surgeon General Report, 2001). This problem extends to Latino children, who are particularly at increased risk for chronic and severe mental health symptoms and developmental difficulties relative to other groups of minority youth of similar socioeconomic status (CDC, 1999; Flores et al., 2002). The increased risk has been linked to lack of health insurance, language barriers, acculturative stress, an unrecognized need for services, and a number of parental factors (e.g., limited maternal education, low socioeconomic status, parental mental illness, parental relationship instability, parental preferences and help-seeking patterns; Abraído-Lanza, Armbrister, Florez, & Aguirre, 2006; Cicchetti & Toth, 1998; Luthar, 1999; McLoyd, 1998b; Flores & Vega, 1998; Organista, 2000). These findings suggest that parental factors that aid or impede the recognition of and response to child mental health symptoms need to be examined to better understand critical disparities in mental health service use and outcomes among Latino youth.

Beginning to address this problem, the TSS Group with help from community agency partners explored links between acculturation and domestic violence-related symptomatology and Latina mothers' ability to recognize and respond to psychiatric disorders in their school-aged children. Latina mothers from Denver, Colorado (n = 36) and Modesto, California (n = 44) with at least one child between the ages of 8–12 years participated in the Family Health Study. Acculturation was estimated by language preference, generational status, and cultural orientation measured by the Acculturation Rating Scale for Mexican Americans II (ARMSA II; Cuéllar et al., 1995). The ARMSA II contains separate items that measure the processes of acculturation (adherence to the dominant culture) and enculturation (maintenance of the culture of origin; Gonzales Knight, Morgan-Lopez, Saenz, & Sirolli, 2002). Interpersonal trauma history and level of related symptoms were considered as potential moderators. Mothers were presented vignettes depicting children with possible symptoms related to depression, anxiety, posttraumatic stress disorder (PTSD) after a car accident, PTSD after witnessing interpersonal trauma, attention deficit hyperactive disorder, oppositional defiant disorder, and conduct disorder as well as three neutral stories. Mothers were asked to label any disorders they saw and report recognized symptoms. Mothers were also interviewed about their help-seeking plans.

Our results showed, controlling for socioeconomic factors, that less acculturated mothers recognized greater number of child psychiatric symptoms and more acculturated mothers reported greater intended use of formal sources of care (e.g., social worker, counselor, pediatrician, or psychologist). Mothers reported a preference for talking to a therapist, relative to other sources of care, as their first response to the vignette depicting a child witnessing interpersonal trauma. In comparison, mothers reported a preference for speaking with or increasing attention to their children as their first source of care in the remainder of the vignettes depicting possible problems. Moreover, women reported a high prevalence of interpersonal violence in the last year; which was associated with greater maternal PTSD symptoms. However, maternal PTSD symptoms did not moderate the acculturation and mental health literacy relationship.

This study contributes to our understanding of links between maternal acculturation, IPV-related symptomatology, and *Latina Mothers*, continued on page 3

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/PUB.HTML](http://mysite.du.edu/~adeprinc/PUB.HTML)



Latina Mothers, continued from page 2

mental health literacy for child psychiatric symptoms. First, the level of Latina mothers' acculturation may be an important factor to consider in understanding critical disparities in mental health care use among Latino youth. Although less acculturated mothers may perceive a greater need for mental health care for their children, more acculturated Latina mothers may have increased access to formal sources of care (e.g., social worker or therapist). Second, interpersonal violence may uniquely affect the process of seeking care for children's mental health symptoms. Caregivers may find it difficult to speak directly with their children about domestic violence and may benefit from appropriate intervention (e.g., Trauma-Focused Cognitive Behavior Therapy) that encourages them to engage their family in the treatment of and talk directly with their child about interpersonal violence related distress.



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TSS Group Accomplishments

Rheena Pineda successfully defended her dissertation, "Mental health literacy of Latina women in the United States for their school-aged children"

Ryan Matlow successfully defended his dissertation, "Attentional processes associated with victimization history and posttraumatic symptomatology in women exposed to intimate partner violence"

Courtney Welton-Mitchell received national recognition for her work with the Award for Outstanding Dissertation in the Field of Trauma Psychology from the Division 56 (Trauma Psychology) of the American Psychological Association.

Check out a new TSS group paper from the Denver Triage Project:

Babcock, R.L. & DePrince, A.P. (2013). Factors contributing to ongoing intimate partner abuse: Childhood betrayal trauma and dependence on one's perpetrator. *Journal of Interpersonal Violence, 28*, 1385-1402. doi:10.1177/0886260512468248. Visit: <http://mysite.du.edu/~adeprinc/BabcockDP2013.pdf>



A TSS Group tradition,
Rheena and Ryan leave
their mark after
defending their
dissertations.





The Relationship of Police Response to Psychological Outcomes Following IPA

Tejas Srinivas, 3rd Year Graduate Student

Approximately 5.3 million incidents of intimate partner abuse (IPA) are perpetrated against adult women annually (National Center for Injury Prevention and Control, 2003). Ecological theories of IPA point to the importance of examining contextual and systemic factors that may contribute to survivors' physical and emotional well-being and ways of interacting with the world following IPA (e.g., Carlson, 1984). A fairly substantial body of research documents the impact of IPA survivors' personal resources (e.g., income, education, occupation) and social support (e.g., friendship, emotional support, reinforcement of positive self-conceptions, tangible aid) on their psychological outcomes, particularly trauma-related distress (e.g., posttraumatic stress disorder [PTSD]; Brewin, Andrews, & Valentine, 2000). However, virtually no research considers the psychological impact of institutional support (e.g., criminal justice system support, mental health system support) for survivors of IPA. The police response is a key component of institutional support.

Data from the Denver Triage study are beginning to help us understand the relationship between police response and IPA survivors' psychological outcomes—specifically, PTSD symptom severity. We interviewed 236 female survivors of IPA. Interviews included questions on personal resources, social support, and PTSD symptom severity, as well as on experiences interacting with the police following IPA. For those women with police-reported IPA, interactions with the police typically constitute their first encounter with institutional systems in general, and with the criminal justice system in particular (Buzawa & Buzawa, 2003). Consequently, the police response is often part of the immediate aftermath of the trauma and may contribute to survivors' initial processing of the event and development of PTSD symptoms. Additionally, the unique role of police as institutional representatives specifically entrusted to protect vulnerable or victimized individuals may contribute to the importance of the police response in the aftermath of IPA.

Using data from the interviews, we tested whether the police response was related to PTSD symptom severity. We found that women's unmet expectations (i.e., actions or behaviors the police did not do that the participant wished the police had done) significantly predicted PTSD symptom severity, even after controlling for other factors, such as personal resources and social support. Among the 49% of women who reported at least one unmet expectation, 4 general themes characterized those unmet expectations: the police 1) not arresting the offender when she wanted arrest, 2) arresting the offender when she did not want arrest, 3) not performing some service she desired (e.g., ride to the hospital, information about shelters), and 4) behaving in a way she thought inappropriate (e.g., yelling, being rude, blaming).

In terms of policy implications, unmet expectations captured in our interviews with women may, at least partly, reflect women's confusion over police obligations as well as police omissions in carrying out helpful or appropriate actions. For example, women may not be aware of probable cause statutes in Colorado that dictate when police must make arrests and they also may not know of the different responsibilities of other institutional representatives (e.g., victims advocates, medical personnel) following an IPA incident. To help ground women's expectations, police departments may consider creating pamphlets that explain relevant criminal statutes and the role of different institutional representatives. Perhaps more importantly, given the unique and complex nature of different IPA incidents, police departments may consider creating checklists of potentially helpful actions for law enforcement, adherence to which could prevent human (but avoidable) failures or omissions (see Gawande, 2009). We hope this study will encourage researchers to evaluate the psychological impact of various components of institutional support, with the ultimate aim of making institutional responses more adaptive to IPA survivors' psychological well-being.



References

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Please help us get the word out!

To download the flyer for the Women's Health Project, please visit:

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

To request copies of the flyer to distribute,

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

Fact: Sexual assault is defined as any sexual activity involving a person who does not consent; or cannot consent due to alcohol, drugs, or some sort of incapacitation.

Fact: Sexual assault affects 1 in 4 women.

Fact: Violence is *never* deserved.



But, facts and figures don't tell the whole story.

Each woman's story is unique.

We would like to learn from you.

... what can people say and do to help after an assault?

...what is it like to talk to counselors, advocates, lawyers, or the police?

...what makes it easier or harder to cope?

...what is it like to try to find services that can help?

The DENVER WOMEN'S HEALTH PROJECT

Invites women (including trans women) who:

- Are 18 or older;
- Experienced any type of sexual assault in the last year;
- And told someone (such as a counselor, police officer, advocate, health provider) about the assault for the first time in the last 4 months.



We're LISTENING.

We'll ask you to tell us what helps and doesn't help after a sexual assault. The things we learn will be used to try to improve services for women coping with sexual assault... your story can **MAKE A DIFFERENCE** down the road.

INTERESTED?

Call or email us for more information:

303.871.4103
healthstudy@du.edu

What does the project involve?

- ❖ First, we try to check that the project is a good fit for you during a phone call. If so, we will ask you to take part in 4 interviews over 9 months at a time that is convenient for you.
- ❖ The first interview takes 3 hours; the others each take 2 hours.
- ❖ Everything in the interview is **voluntary**. You do not have to answer any questions you do not want to answer.

Will my counselor or the police know that I am in the study?

- ❖ No. We will not tell anyone you are in the study. We keep everything you tell us about your experiences confidential.

Will I be paid for my time?

- ❖ Yes! To thank you for your time, you can receive up to **\$230 total**, as follows: **\$50** for the first interview, **\$55** for the second interview, **\$60** for the third interview, **\$65** for the fourth interview

What about getting to the interview?

- ❖ We can help with cab fare, bus tokens, or \$10 cash for transportation costs. You tell us which you prefer.

The Denver Women's Project is paid for by a grant from the National Institute of Justice. The research was approved by the University of Denver Institutional Review Board.
Project Director: Anne P. DePrince, Ph.D.