INFORMATION TO USERS

This manuscript has been reproduced from the microfilm master. UMI films the text directly from the original or copy submitted. Thus, some thesis and dissertation copies are in typewriter face, while others may be from any type of computer printer.

The quality of this reproduction is dependent upon the quality of the copy submitted. Broken or indistinct print, colored or poor quality illustrations and photographs, print bleedthrough, substandard margins, and improper alignment can adversely affect reproduction.

In the unlikely event that the author did not send UMI a complete manuscript and there are missing pages, these will be noted. Also, if unauthorized copyright material had to be removed, a note will indicate the deletion.

Oversize materials (e.g., maps, drawings, charts) are reproduced by sectioning the original, beginning at the upper left-hand corner and continuing from left to right in equal sections with small overlaps.

Photographs included in the original manuscript have been reproduced xerographically in this copy. Higher quality 6" x 9" black and white photographic prints are available for any photographs or illustrations appearing in this copy for an additional charge. Contact UMI directly to order.

ProQuest Information and Learning
300 North Zeeb Road, Ann Arbor, MI 48106-1346 USA
800-521-0600

The Relationship Between Exposure to Violence and Posttraumatic Stress Disorder Symptoms in Inner-City Youth

by

Veronica P. Christopoulos, M.A, M.S.Ed.

A Doctoral Project Submitted in Partial fulfillment of the requirements for the Degree of Doctor of Psychology in the Department of Psychology at Pace University

New York

2002

UMI Number: 3036910

ProQuest Information and Learning Company
300 North Zeeb Road
P.O. Box 1346
Ann Arbor, MI 48106-1346

PSY.D PROJECT FINAL APPROVAL FORM

NAME: Veronica P. Christopoulos

TITLE OF PROJECT: The Relationship Between Violence Exposure and Posttraumatic Stress Symptoms in Inner City Youths.

DOCTORAL PROJECT COMMITTEE:

PROJECT ADVISOR: Dr. Barbara Mowder
Name

Director, Graduate Psychology Program Pace University
Title Affiliation

PROJECT CONSULTANT: Dr. Florence Denmark
Name

Psychology Program Pace University
Title Affiliation

FINAL APPROVAL OF COMPLETED PROJECT:

I have read the final version of the doctoral project and certify that it meets the relevant requirements for the Psy.D. degree in School-Clinical Child Psychology.

Barbara C. Mowder — 2/25/2002
Project Advisor's Signature — Date

Florence L Denmark — 2/25/2002
Project Consultant's Signature — Date

Acknowledgments

Completing this project is the first step that will enable me to achieve some of my goals in life. This research project is my contribution to the field of psychology and hopefully to help society become a better world, which we can, all live peacefully together. Throughout the years, I have acquired the knowledge to become a psychologist and I am eager to provide guidance and help to those in need. In addition, I will continue searching for new horizons and preparing myself to meet the challenges of the 21st Century.

To my dissertation committee members, my advisor, Dr. Barbara Mowder, and consultant, Dr. Florence Denmark, many thanks for all the support, encouragement, guidance and assistance. To Steve, thank you for the countless hours of assistance and guidance. In addition, I will like to thank Gretta for providing me with your help, expertise and support. To Aqueda and Betsy, thank you very much for all your contribution and the support you gave me during my years at Pace University. I would also like to thank Lincoln Middle School personnel and the students, who have participated in this study because without their help this project could not have been accomplished.

Thanks to my family and close friends who with their support, assistance and encouragement, gave me strength. Thanks and good luck to my classmates. In addition, I would specially like to thank my mother and Julio who have been there for me *ALWAYS* providing me with love, support, assistance, patience, believing in me and lifting me up when I needed it. Lastly, I am eternally grateful to my role models, both of my parents who gave me life, unconditional love, made me who I am today, always felt proud of me and provided me with a wonderful experience in life. To my dad, who unfortunately did not get to see my entire doctoral experience, but has always been there with me in spirit and memory, I dedicate this project. Your love, support encouragement, to always persevere and most important, to never quit is always felt.

Table of Contents

Appendices

List of Tables

Abstract

This study examined the relationship between violence exposure and posttraumatic stress disorder symptoms in inner-city youth. The way in which inner city youth manifest trauma-related symptoms was also explored. Participants were 290 inner city middle school adolescents, predominately from low socioeconomic status. The school consisted of 7th and 8th graders from a New Jersey Latino community. Adolescents completed self-report measures assessing violence exposure and posttraumatic stress disorder symptoms.

Results show that severity of violence is positively related to PTSD diagnosis and symptomatology. Adolescents who are exposed to non-life threatening or life-threatening violent events have a greater likelihood of developing PTSD than adolescents who are not exposed to violent events. As the severity of violence increases, there is a corresponding increase in the number of adolescents meeting PTSD criteria. In addition, adolescents who are exposed to violence have a higher level of trauma-related symptoms than adolescents who are not exposed to violence, and the severity of the symptoms corresponds with the severity of the acts of violence to which adolescents are exposed. Violent acts exposed to via several methods including hearing about, witnessing, or personal experience are each positively related to PTSD symptomatology. Lastly, life-threatening events are related to PTSD symptomatology among adolescents, whether these events occur to friends, family or to the adolescents themselves.

The results of the present study are consistent with prior research and provide further evidence of a relationship between violence exposure and PTSD symptomatology. The understanding that community violence exposure is significantly related to

adolescent trauma may lead to improved identification and intervention efforts. For example, the identification of adolescents who display peer relationship and/or school difficulties as well as PTSD symptomatology may lead to the development of effective strategies and interventions related to these issues. Finally, the results of this study highlight the need for community awareness of violence ramifications among adolescents and the need to develop assessment and intervention programs.

Chapter I

Introduction

Violence and victimization have become an alarming part of adolescents' life in the United States. Exposure to community violence is a national problem with implications for the mental health of children and adolescents. Community violence has been considered chronic in nature (Martinez & Richters, 1993). On a daily basis, adolescents are exposed to a range of violent incidents (Bell & Jenkins, 1993; Shakoor & Chalmers, 1991). The harmful consequences of violence exposure on children are well documented. For example, a single victimization encounter may limit or harm a child's ability to learn in the setting where victimization occurred (Kingery, Pruitt, Heuberger, & Brizzolara, 1995). Kingery et. al., (1995) found that the prevalence of violence exposure is equally damaging in rural and urban areas. Exposure to chronic community violence is a devastating problem faced by many communities, especially inner city neighborhoods (Bell & Jenkins, 1991; Furlong & Morrison, 1994; Gladstein, Slater-Rusonis, & Heald, 1992).

The majority of individuals experiencing or witnessing community violence are those living in inner city neighborhoods. Indeed, race, gender, and socioeconomic status have been reported to have a significant relationship to violence exposure (Garbarino, 1995). Minority adolescents, as witnesses and as victims, tend to be exposed to more violence than majority students. According to Furlong and Morrison (1994), fights occur more often among Latino and African-American students than among Caucasian students. Nevertheless, it is important to note that the literature on rates of exposure and

psychological sequelae of community violence among minority students in general, and Latino students in particular, is quite limited.

In studies that compare adolescents of different ethnicities on the prevalence of witnessing violence, exposure is consistently greater for minorities. For example, several studies (e.g., Fitzpatrick and Boldizar 1993; Gladstein et al., 1992; Selner-O'Hagan, Kindlon, Buka, Raudenbush, & Earls, 1998) have found that African-Americans report high rates of exposure to violence. Singer, Anglin, Song, and Lunghofer (1995) conducted a study including African-American, Latino and Caucasian students, found minority students reported witnessing more violence than Caucasian students. According to Reiss and Roth (1993), African-American and Latino youths experience roughly twice the risk of violent victimization as Caucasian youths.

According to numerous studies, children and adolescents reporting the highest rates of violence exposure live in low-income areas (Fitzpatrick & Boldizar, 1993; Overstreet, Dempsey, Graham, & Moely, 1999; Schubiner, Scott, & Tzelepis, 1993). Schwab-Stone, Ayeres, Kasprow, Voyce, Barone, Shriver, and Weissberg (1995) conducted a study with 2,248 ethnically mixed youths, ages 12-15 years. The authors found that low socioeconomic status youth report greater rates of violence exposure than higher socioeconomic status participants.

Singer and colleagues (1995) also found that students of low socioeconomic status report higher rates of exposure to violence than other socioeconomic statuses. Gladstein et al., (1992) compared upper to middle class and inner city subjects. These researchers found that the majority of inner city youths had been exposed to severe violence. In addition, inner-city youths were more likely to know someone who had been

personally victimized than were middle class subjects. A study that compared preadolescent children living in urban areas to suburban areas of Philadelphia, found that 57% of the suburban participants and 88% of the urban participants reported exposure to violence, including witnessing a robbery, beating, shooting and/or murder (Campbell & Schwarz, 1996). Gladstein et al., (1992) and Campbell and Schwarz (1996) report that high rates of exposure to violence are not limited to low-income neighborhoods, but that the intensity and severity of violent events seems disproportionate in low-income neighborhoods; therefore, low income youths appear to be disproportionately affected.

Additionally, inner cities are typically associated with sub-par medical help, inferior schools, and, overall, a poor quality of living. According to Garbarino (1995), 20% of children and adolescents in the United States live in underprivileged conditions and are exposed to violence in their communities. These factors can affect inner-city youths' development and mental health.

Furthermore, adolescents seem to be somewhat predisposed to anxiety, school problems, behavioral problems, gang involvement, high levels of aggression, truancy, and revenge seeking after exposure to violence (Bell & Jenkis, 1991; Osofsky, Wewers, Hann, & Fick, 1993). Bell and Jenkins (1993) note that fear and helplessness, experienced by young children in response to violence exposure in their community, often transforms into hostility and aggression when the same children become adolescents.

According to the American Psychiatric Association (1994), posttraumatic stress symptomatology has been found to be a significant correlate of covictimization (i.e., observing violence against another person which is itself traumatic). After exposure to a

violent event that might have involved threatened death or serious injury to self or others, symptoms of posttraumatic stress disorder (PTSD) may emerge. In addition, it is also possible that an individual may be traumatized by events, to which they might not have been present. Children and adolescents can develop PTSD through observation, verbal transmission of traumatic information, or direct exposure (Saigh, 1991). A study of 84 high schools in Miami demonstrated that 35% of students who experienced covictimization met the full criteria for PTSD, 49% did not met the full criteria but displayed symptoms of PTSD and 16% were asymptomatic (Berman, Kurtinez, Silverman, & Serafini, 1996).

While there are numerous studies in the literature regarding exposure to community violence, the trauma-related symptoms of PTSD among the inner city adolescent population is just beginning to capture the focus of research. In addition the vast majority of previous studies have focused on African-American inner-city youth, with very few studies involving high numbers of Latino students. The main goal of this study is to examine the relationship between violence exposure and PTSD symptoms in adolescents living in an urban, mainly Latino community.

Purpose of the study

Previous research suggests that violence exposure is positively correlated to PTSD symptoms (Fitzpatrick & Boldizar, 1993) and overall distress symptoms (Martinez & Richters, 1993); yet the relationship between violence exposure and PTSD symptoms in inner city young adolescents has been unfolding slowly. Violence exposure is a serious concern affecting many inner city neighborhoods (Bell and Jenkins, 1991), and research in this area continues to demonstrate that violence exposure takes a

psychological toll. The main goal of this study is to explore the relationship between violence exposure, specifically in the community, and PTSD symptoms in inner city youth. Findings may help in the development of appropriate strategies and intervention programs, which may be implemented in a New Jersey inner city middle school. In addition, the results may be helpful in the development of culturally appropriate clinical interventions.

Researchers (Osofsky et al., 1993; Pynoos, Frederick, Nader, Arroyo, Steinberg, Eth, Nunez, & Fairbanks 1987; Richters & Martinez, 1993) have demonstrated that certain mental health problems such as depression, suicidal ideation and PTSD are associated with exposure to violence. Trauma is considered to be the precipitating event leading to PTSD. Trauma is described as a behavioral state or disordered psyche resulting from a physical injury, an emotional or mental stress (Garbarino & Kostelny, 1992). This study gives specific attention to PTSD.

Community violence and exposure to violence have been major concerns for parents, students, school personnel and the general population as a whole. The term "exposure to violence" commonly refers to different types of violence such as media or television, and domestic or community violence (Ritchers & Martinez, 1993a, 1993b). This study focuses specifically on violence occurring in the community and excludes media, television, and domestic violence. The main research question is whether adolescents who have been exposed to violence, in their community, experience a greater number of PTSD symptoms than adolescents who have not been exposed to violence?

For the purpose of this project, the definition of community violence encompasses a culture of aggressive actions including threatening an individual, using physical force,

having the intention of intimidating a person or causing physical injury. This definition is consistent with the National Research Council's (1993) definition of violent behaviors as "those that intentionally threaten, attempt, or inflict physical harm on others" (p. 2). Forms of interpersonal violence identified by Elliot, Hamburg, and Williams (1998), such as homicide, aggravated assault, armed robbery, shoving, punching, hitting and throwing objects with the intent to harm or intimidate another human being, are encompassed by this definition.

However, this study involves an effort to enhance the specificity of constructs typically enveloped under the term "severity" of exposure to violence in the literature. Previous investigations have focused almost exclusively on the frequency of exposure to violent events (e.g., a higher frequency equals greater severity) (Fitzpatrick & Boldizar, 1993; Martinez & Richters, 1993). This study involves a more precise examination of various aspects of community violence exposure that may influence adolescent adaptation. This study involves an examination of the nature of the violence (life threatening versus non-life threatening), the method of exposure (hearing about, witnessing or personal victimization) and the impact of life-threatening events that occur to either the adolescent, friends or family members. For example, exposure to life threatening events is likely to have a greater impact than exposure to non-life threatening events. A high frequency of hearing about violent acts may or may not be related to symptomatic distress, but in comparison, a high frequency personal victimization is likely to be related to high levels of symptomatology.

Research questions/hypotheses

I. Is there a relationship between the severity of violence adolescents are exposed to and PTSD symptomatology?

Hypothesis: The level of severity of violence to which adolescents are exposed will be positively related to PTSD diagnosis and PTSD-related symptomatology. For example, adolescents who report exposure to some violence will be more likely to meet diagnostic criteria for PTSD than those who report no exposure to violence. In addition, adolescents who report exposure to life-threatening violent acts will be more likely to meet diagnostic criteria for PTSD than adolescents who report exposure to less severe acts of violence (e.g., non life-threatening acts). Similarly, adolescents who report some exposure to violence will report higher levels of symptomatology (e.g., depression, anxiety, and PTSD symptoms) than those who report no exposure to violence. Adolescents who report exposure to life threatening violence will report higher levels of symptomatology (e.g., depression, anxiety and PTSD symptoms), than those who report exposure only to less severe forms of violence.

II. Are each of three potential methods of exposure to violence (hearing about, witnessing and personally experiencing) associated with PTSD symptomatology?

Hypothesis: Exposure to violence will be associated with PTSD symptoms whether the exposure occurs via hearing about, witnessing or personal victimization. Adolescents who report having heard about a greater number of events will report higher levels of PTSD symptomatology. Similarly, adolescents who report witnessing a greater number of violent events will report higher levels

of PTSD symptomatology. Finally, adolescents who report having personally experienced a higher number of violent events will report higher levels of PTSD symptomatology.

III. Are life threatening events (e.g., being shot or hurt physically) that occur to oneself personally, one's friends, or one's family members each associated with PTSD symptomatology?

Hypothesis: Life-threatening violence experienced by oneself personally will be associated with high levels of PTSD symptomatology. Similarly, life threatening events occurring to family members will be associated with high levels of PTSD symptomatology. Finally, life threatening events experienced by friends will be related to PTSD symptomatology.

Chapter II

Literature Review

This chapter reviews the recent research literature investigating exposure to community violence and associated mental health issues. More specifically, the literature focus is on violence and PTSD symptoms in adolescents. In addition, this review considers risk factors embedded in the family, school, neighborhood, and society. Risk factors from each of these domains have been associated with long-term negative adolescent outcomes, such as school failure and dropout, delinquency, drug and alcohol use, gang membership, violent acts, adult criminality, dependency on the welfare system and higher death rates.

This review begins with a discussion of PTSD, including history, diagnostic information and related research. The second portion of this review addresses exposure to violence in communities and the relationship of community violence to PTSD. The conclusion provides a brief summary integrating the two bodies of literature.

Research on PTSD symptomatology

PTSD research has a rather long history, dating back to the 1800s (Drell, Siegel, & Gaensbauer, 1993). However, early research failed to examine the impact of traumatic events on children and focused solely on adults' responses to traumatic events because it was a widely held belief that if caretakers remained calm and unaffected by events, children too would be unaffected by the trauma (e.g., Drell et al., 1993; Frederick, 1985, 1986; Martini, Ryan, Nakayama, & Rameofsky, 1990; McNally, 1991; Pynoos et al., 1987). This belief persisted until the 1970s when interest began to develop in studying how children themselves responded to traumatic events.

PTSD made its first appearance as a specific diagnostic classification in the DSM-III (American Psychiatric Association (APA), 1980). Since then attention has been given to developing interview protocols that can make precise diagnostic assessments of PTSD in children and adults using the DSM-III criteria (APA, 1980). In clinical studies (Pynoos et al., 1987; Saigh, 1989), DSM-III criteria have been adequate for diagnosing children with PTSD; nevertheless, these criteria received much criticism for lack of detail about how children respond to traumatic events, as well for being too general overall (Schwarz & Kowalski, 1991a).

The DSM-III-R (APA, 1987) provides clinical descriptions of symptoms that children with PTSD may exhibit. Some of the symptoms consist of the following: re-experiencing the traumatic event through repetitive play representing the theme of the trauma, losing interest in activities, loss of recently learned developmental skills, displaying psychological and physical symptoms such as separation anxiety and stomachaches (APA, 1987). The DSM-IV diagnostic criteria for PTSD have relatively few significant changes from the DSM-III-R. One of the more significant changes was revising the definition of the stressor to include how one may respond with intense fear, helplessness, or horror. Instead of helplessness, the DSM-IV finds that children may display disorganized or agitated behavior related to stress (American Psychiatric Association, 1994).

Diagnostic and Statistical Manual of Mental Disorders-IV PTSD Criteria

According to the DSM-IV (APA, 1994), PTSD is a stress reaction characterized by a combination of symptoms of including reexperiencing the trauma, avoidance and emotional numbing, and hyperarousal. Traumatic stressors are events in which "the

person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to physical integrity of others" and "the person's response involved intense fear, helplessness or horror" (p. 428). Events meeting the aforementioned criteria but not causing fear, helplessness or horror, are thought of as potentially traumatic events. The person must have experienced a traumatic stressor, had at least one re-experiencing symptom, experienced avoiding or numbing symptoms and displayed symptoms of increased arousal in order to meet the criteria for PTSD disorder. PTSD symptoms must cause clinically significant distress or impairment in social, occupational or other areas of functioning to meet DSM-IV diagnostic criteria. In addition, the duration of the disturbance must be experienced for more than one month (See Appendix A for a complete description of PTSD criteria).

Trauma

Trauma is considered to be the precipitating event leading to PTSD. The likelihood for children to develop symptoms is greater if the traumatic event includes witnessing the injury, or death, or experiencing physical harm (Lipovsky, 1991) as compared to simply hearing about events or watching them on TV. Maranas and Cohen (1993) find that the interaction of several factors determines trauma. These include the developmental stage of the child, characteristics of the violence, the familial and community context of the violence, as well as long-term responses and recognition of the potential effects of child's exposure to violence by family, school and other settings. The research on PTSD symptoms can be divided into symptoms associated with those chronic types of violence and those related to acute traumatic events.