

TSS GROUP NEWS



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Fall News Highlights

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

With the fall quarter, we welcome students back to campus, hit the books for classes, and keep our research moving along. In terms of keeping that research moving, we are pleased to share new findings with you in this issue. In these pages, you'll also read about research that we have underway and meet our newest graduate student team member. Before you get to all that, though, I'd like to update you on a few important items here:

Getting the Word Out: Women's Health Project. We are working hard to get the word out about 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. Please let us know if we can drop flyers off to you for display at your agency.

Check Our New Web Look! We are feeling pretty excited about our new website, which you can check out at www.du.edu/tssgroup. The new and improved site will help you quickly connect with publications, newsletters, and information about ongoing studies.

Partnering to Access Legal Services (PALS). As part of the Denver Legal Wrap Around Project, we are continuing our work with **Rocky Mountain Victim Law Center (RMVlc)**, **VSN**, and many of your agencies to assess the strengths and gaps in legal services in Denver for crime victims. Over the summer, we started holding focus groups to hear from crime victims/survivors, volunteers working with crime victims/survivors, and loved ones. Thank you to agencies such as **Denver CASA, Street's Hope, Safehouse Denver, Elderwatch, Servicios de La Raza** – to name just a few! – who have helped us make the focus groups happen!

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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A New Study will Examine Links between Maternal Dissociation, Emotional Understanding, and Child Outcomes

Kerry Gagnon, 2nd year graduate student

Trauma can have a psychological impact on the person directly affected as well as close others, including children. For example, research suggests that mothers exposed to violence and abuse in their own childhoods are at heightened risk for developing Posttraumatic Stress Disorder (PTSD) and dissociation symptoms. In turn, maternal symptoms have been linked to their children's psychological development and symptoms (Bosquet Enlow et al., 2011; Chu & DePrince, 2006; Hulette et al., 2011; Marysko et al., 2010). Unfortunately, to date, only limited research has examined the specific links between mother's traumatic experiences, mother's own symptoms, and children's symptoms. We are left speculating about the processes that may be associated with the transmission of symptoms between parent and child. With better understanding of such processes, we might be able to augment interventions to support mothers and children.

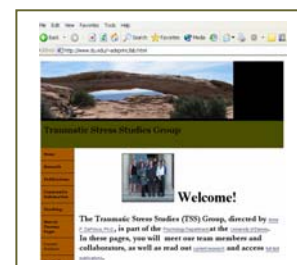
A substantial amount of research has shown that the development of emotional skills, such as naming and talking about emotions, is central to children's psychological development. Attachment theorists emphasize that the mother-child relationship is important for development of emotional skills (Bowlby, 1969; Hulette, 2011). Interactions between mothers and their children offer children important opportunities to acquire emotion skills; however, mothers' own trauma histories and/or symptoms may disrupt these interactions. Dissociation, in particular, has been associated with poor emotional understanding (Hulette, 2011; Spiegel et al., 1997; Berenbaum & James, 1994; Grabe et al., 2000). Mothers' experiences with emotion, ability (or inability) to regulate emotion, and communication of emotion (or lack thereof) contribute to how emotion is socialized in children (Denham et al., 1997). Therefore, emotional understanding (and in particular, poor maternal and child emotional understanding) may play a critical role in the relationship between maternal dissociation and child psychological outcomes.

In the Traumatic Studies Group, we are examining data from the Development of Dissociation Study with mothers and their children to explore the relationship between maternal dissociation, emotional language and emotional understanding of both mother and child, and child psychological outcomes. Women from diverse ethnic backgrounds and their children were recruited through flyers posted at local Denver community agencies and community centers. Participants completed a range of measures to assess psychological symptoms and level of functioning. Mothers and children also participated in a behavioral facial affect perception task, where they were asked to identify the emotional expression of infants to assess emotional language and emotional understanding.

Exploring the relationship between maternal dissociation, emotional language and emotional understanding, and child psychological outcomes has the potential to make important contributions to the literature on the transmission of symptoms between parent and child. Findings would aid in the understanding of how a mother's exposure to trauma impacts her child's psychological development and overall functioning. Furthermore, greater understanding of what processes specifically contribute (e.g. emotional understanding and language) to the relationship between maternal dissociation and child psychological outcomes would be beneficial clinically in regard to the understanding and psychological treatment of children with caregivers who have themselves been exposed to abuse. Stay tuned as this study progresses and we get to share findings with you!

Maternal Dissociation, continued on page 3

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TSS Group Accomplishments

Claire Hebenstreit successfully defended her dissertation, “PTSD, Depression, and Substance Abuse in Women Exposed to Intimate Partner Abuse.” Stay tuned for a summary of the study findings in a forthcoming newsletter issue!

We were sad to say goodbye to **Ann Chu**, who many of you knew through her leadership on the Healthy Adolescent Relationship Project (HARP), though we are happy to report that she is now the new Associate Program Director at A Better Way in San Francisco, CA.

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

Matlow, R.B. & DePrince, A.P. (2013). The influence of victimization history on PTSD symptom expression in women exposed to intimate partner violence. *Psychological Trauma: Theory, Research, Practice, and Policy*, 5, 241–250. doi: 10.1037/a0027655. <http://www.du.edu/tssgroup/media/documents/MatlowDP2013.pdf>



A TSS Group tradition, Claire (left) leaves her mark after defending her dissertation.

Rheena and Ryan officially become doctors (right).





Attention and Intimate Partner Violence

Ryan Matlow, Ph.D., TSS Group Emeritus

Intimate partner violence (IPV) against women is a serious and widespread problem. Previous research suggests that at least one out of every four women in the United States reports experiencing IPV in their lifetime (Coker et al., 2002). In addition to the direct injuries and physical consequences that result from incidents of violence and assault, women exposed to IPV are at risk for developing a range of severe and chronic physical and mental health consequences (Bonomi, Anderson, Rivara, & Thompson, 2007; Campbell, 2002; Stover, 2005). In particular, IPV exposure is associated with elevated trauma-related distress (such as depression and posttraumatic stress disorder (PTSD)) and increased risk for future victimization. Important efforts are being taken to develop and implement interventions aimed at reducing levels of trauma-related distress and preventing incidents of future victimization in women that have been exposed to IPV. However, in order to maximize intervention efforts, we must first improve our understanding of the psychological processes that link IPV exposure with related negative outcomes, such as increased distress and increased risk for victimization.

One important avenue of study focuses on the role of attention. Particular patterns of attention in response to emotional information have been shown to be related to the presence of psychological disorders (such as depression and anxiety), as well as symptom severity (for review, see Yiend, 2010). For example, individuals who spend more time looking at (i.e., attending to) negative emotional information (such as images showing sadness) are more likely to endorse symptoms of depression or be clinically depressed. Similarly, the amount of time it takes an individual to attend to a cue that indicates risk or danger in a relationship or dating situation has been hypothesized to be related to risk for victimization (Marx, Heidt, & Gold, 2005; Messman-Moore & Brown, 2006). In current research at the Traumatic Stress Studies Group, we aim to improve understanding of the links between patterns of attention to IPV-related information and the negative outcomes that are associated with the experience of IPV.

We asked women exposed to IPV (who had previously participated in the Denver Triage Project) to view and respond to sets of images depicting a range of interactions in relationships, including negative (i.e., conflictual, threatening), positive (i.e., affectionate, caring), and neutral interactions between male and female characters. While women in this study were looking at the images presented to them, their eye movements were being measured using a non-invasive eye-tracking system, which allowed us to measure patterns of attention to the sets of relationship images. This was the first study to our knowledge that has used eye-tracking technology to understand attentional processing in a sample of women exposed to IPV. We found that with higher levels of depression, women exposed to IPV spent more time looking at the negative relationship images relative to the positive and neutral images; this finding therefore extended previous research on attention in depression to the population of women exposed to IPV. However, we found that general distress levels (not just depression) explained a pattern of attention in which women held their gaze longer on negative images relative to other images. That is, when women with IPV histories looked at negative relationship images, those women who reported higher levels of distress were more likely to look longer at such images. This finding is consistent with theories that hypothesize that depression and anxiety are related to a lower likelihood of moving attention away from negative emotional information (e.g., because of rumination and/or difficulty in 'disengaging' attention). New interventions targeting such processes aim to reduce depression and anxiety by attempting to 'retrain' attention through repeated practice of attention shifting (or 'disengagement'; see Hallion & Ruscio, 2011; Wells & Beevers, 2010). The current results provide preliminary evidence that such interventions should be evaluated for reducing distress in women exposed to IPV.

In this study, we also examined relationships between victimization experiences and patterns of attention. While our results did not indicate that the likelihood or the amount of time it takes to look at negative information (i.e., to detect

Attention, continued from page 4

risk) was related to revictimization, we did find that victimization experiences were related to patterns of attention, even when we controlled for distress levels. In particular, women who experienced additional victimization by new perpetrators following referral to the Denver Triage Project were more likely to look longer and look more thoroughly at negative images relative to other image types. That is, revictimization by new perpetrators was related to a tendency to scan various aspects of the negative images where danger or risk was present, which may indicate a form of risk detection or danger cue search that is associated with exposure to multiple incidents of victimization by different perpetrators. Our findings suggest an important relationship between victimization experiences and patterns of attention, and they indicate that victimization prevention and intervention efforts should consider targeting attentional processing as a means of reducing risk for negative outcomes following IPV.

Interestingly, we found that victimization experiences not only play a role in attentional processing, but are also associated with explicit recognition of danger cues. In our study, women were asked to identify the aspects of the relationship scenes that indicated potential danger; we found that identification (or perception) of danger cues was related to revictimization experiences such that exposure to revictimization by the same and by new partners corresponded with identification of more danger cues. Therefore, these findings suggest that victimization history (including the presence of revictimization) is associated with patterns of attention to relationship information (as indicated by eye movements) and with interpretations of relationship information (as indicated by identification of danger cues). This investigation into attention processing in women exposed to IPV has therefore helped to extend previous research on anxiety and depression to the study of trauma and IPV, and has also highlighted the unique relationships between victimization history and patterns of attention.

We are incredibly grateful to the women who participated in this study and to our community partners from the Denver Triage Project.

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Meet our Newest TSS Group Member

*Please join us in welcoming **Michelle Lee** to the TSS Group. Michelle, a first year graduate student in the Child Clinical Psychology program, joined us this summer and officially began graduate school in September. We asked her a few questions to help you get to know her.*

Q: Tell us about yourself, please!

Michelle: Hello everyone! I am coming to Denver from Austin, Texas, and enjoying the change in weather! Before Austin I lived in New York where I attended NYU. I grew up partially in Dallas, Texas and partially in Seoul, South Korea. In my free time, I enjoy spending time with my goofy dog, running, and roller blading.

Q: What are your current research interests?

Michelle: I became interested in the intersection of the effects of interpersonal violence and social justice by working in a domestic violence shelter in Austin. I was particularly affected by the children in shelter – how their early life experiences placed them at a disadvantage in many areas of development and functioning compared to other children. It became clear to me how readily cycles of violence, poverty, and low education may be transmitted across generations.

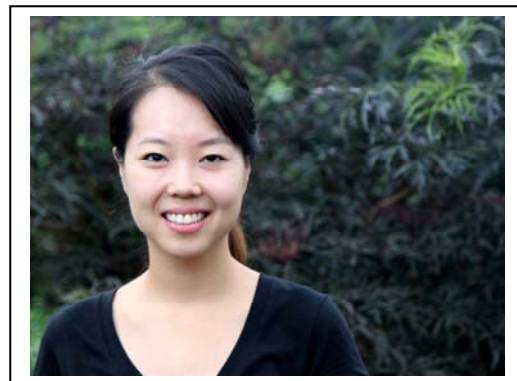
In my academic life, I was involved in research in social and cognitive psychology at NYU and the University of Texas that helped frame my research interests. Taken together, I am interested in the cognitive and developmental effects of exposure to violence in early life and how they affect mental health and functioning later in life. I am also interested in how the effects of violence may be similar or different depending on different factors of violence exposure, such as type of violence, relationship to perpetrator, and age and chronicity.

Q: What drew you to the TSS group?

Michelle: The TSS Group is for me the perfect storm of research that aligns with my interests and is deeply involved with and informed by the needs of the community. I knew I did not want to be part of a research group that was detached from the people that would (hopefully) be most affected by the research. Even in the two months I have been here, driving all over town with members of the group, I have not been disappointed!

Q: What do you hope to accomplish in the TSS group?

Michelle: I hope to contribute to knowledge of how exposure to violence affects how individuals think, make judgments, and perceive the world around them. I hope better understanding the effects of violence contributes to effective interventions toward mental health issues and ending intergenerational cycles of violence. I am excited to be part of a group that does such amazing community-based work and hope to contribute to this group and the community for years to come!



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.