

A quarterly newsletter for our community partners

# Research Notes



Traumatic Stress Studies (TSS) Group



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## Spring News

Anne P. DePrince, Director, TSS Group

As recent spring snows give way to rainy May days, we continue to chip away at ongoing projects as well writing up findings to share with you and the larger research community. I am happy to draw your attention to several new articles that are now available:

- [Testing two approaches to revictimization prevention among adolescent girls in the child welfare system](#) (DePrince, Chu, Labus, Shirk, & Potter (2015). *Journal of Adolescent Health, 56*, S33-S39). This article describes data from the HARP (Healthy Adolescent Relationship Project). Adolescent girls from the child welfare system were randomized to one of two interventions while another group of girls did not attend interventions. Both interventions were linked with lower reports of physical and sexual revictimization over a 6-month follow-up period, suggesting practitioners have different viable options for engaging high-risk youth in revictimization prevention programming.
- [Development of the Community Impact Scale measuring community organization perceptions of partnership benefits and costs](#) (Srinivas, Meenan, Drogin, & DePrince (2015). *Michigan Journal of Community Service Learning, Spring*, 5-21). While universities increasingly recognize the importance of collaboration with community agencies for successful research and teaching, few tools have existed to measure the impact of collaboration on community partners. TSS Group member Tejas Srinivas led a team to develop the Community Impact Scale, a measure that will now allow DU and other campuses nationally to measure community partners' perceptions of the costs and benefits of collaboration with higher education partners.
- [Maltreatment Characteristics and Emotion Regulation \(ER\) Difficulties as Predictors of Mental Health Symptoms: Results from a Community-Recruited Sample of Female Adolescents](#) (Sundermann & DePrince (2015). *Journal of Family Violence, 30*, 329-338). Also drawing on data from the HARP project described above, this paper documents links between maltreatment characteristics (e.g., onset, number of perpetrators), difficulties with emotion regulation, and mental health symptoms. The findings point to the importance of considering emotion regulation difficulties when working with maltreated youth.

Please visit our [website](#) to read more. Information is also available on our website for ongoing studies, such as the Women's Health Project (see page 3). Until next quarter's newsletter...thank you for all you do to serve victims and survivors and for your ongoing collaboration with our team.

### In this Issue:

Reflections on Participating in the Colorado Immersion Training in Community Engagement.....	2
TSS Group Accomplishments.....	3
Women's Health Project Information.....	4



## Reflections on Participating in the Colorado Immersion Training in Community Engagement

*Tejas Srinivas, 4<sup>th</sup> year graduate student*

In June of 2014, I had the opportunity to participate in the Colorado Immersion Training in Community Engagement (CIT) program, which aims to expand the pool of researchers and program teams with the knowledge and skills to effectively and respectfully partner with communities for improved translational research. The CIT program is part of the Colorado Clinical and Translational Sciences Institute (CCTSI), which is affiliated with the University of Colorado Anschutz Medical Campus. As a trainee in the CIT program, I participated in the Urban Asian & Refugee Track, which aimed to provide “a flavor of life in the Asian American and Pacific Islander (AAPI) communities in Colorado, and a glimpse of community-based participatory research (CBPR) in motion.”

Here are some brief reflections from CIT—an experience that has given me an even greater appreciation for being a member of the Traumatic Stress Studies (TSS) Group and having the opportunity to work with a range of community partners on community-based issues.

### ***Reflections on CBPR Theory/Literature***

The training began with a month of intensive reading on core theories and literature relating to CBPR. One of our readings was a keynote talk presented by Dr. Leonard Syme, a Professor Emeritus of Epidemiology from the University of California at Berkeley (Syme, 2003). Syme highlights the blindness that university researchers sometimes have in considering the importance of community feedback—in embracing the community as an empowered partner in research. One main suggestion he has for researchers engaging in CBPR is to move beyond a traditional focus on deficits, diseases, and risk factors that contribute to community problems to a broader perspective that also considers social and contextual forces that may be root causes of these problems.

The TSS Group actively strives towards upholding this key guideline for engaging in CBPR. When I first joined the TSS Group, it struck me that, unlike many other trauma-focused research labs within the field of clinical psychology, we did not set participant inclusion within research studies around any disease- or disorder-based diagnostic thresholds, such as meeting the American Psychiatric Association’s *Diagnostic and Statistical Manual* (DSM) criteria for posttraumatic stress disorder (PTSD). Instead, our studies have explicitly sought to include participants based on contextually meaningful categories of traumatic life experiences. Just as a few examples, the Denver Triage Project sought the participation of adult female survivors of intimate partner abuse recruited from publically accessible police reports, the Healthy Adolescent Relationships Project (HARP) sought the participation of adolescent females involved in the foster care system, and the Denver Women’s Health project seeks the participation of adult female survivors of unwanted sexual experiences. All of these studies involved face-to-face interviews that aimed to understand participants’ experiences at multiple ecological levels, from the individual level (e.g., severity of the trauma, financial stress) to the interpersonal/social level (e.g., social support) and the community/societal/institutional level (e.g., experiences with the criminal justice system).

### ***Reflections on Immersion within AAPI Communities***

Following our exposure to core CBPR readings, we participated in a week-long immersion in the AAPI communities of Colorado. We visited and met with program directors at organizations serving AAPI communities, including the Asian Pacific Development Center (APDC), the Colorado Refugee Wellness Center, and the Spring Institute. We visited important AAPI cultural institutions, some of which had previously been hidden to our view, including Laotian and

*CIT, continued on page 3*

*CIT, continued from page 2*

Cambodian Buddhist temples and Sakura Square. And we broke bread with community leaders over Vietnamese catfish and Tibetan momos.

Throughout the week, I was reminded of a reading the group had discussed that quotes the Brazilian philosopher Paulo Friere, who wrote that reality is not an objective truth of facts to be discovered, but “includes the ways in which people involved with facts perceive them...The concrete reality is the connection between subjectivity and objectivity, never objectivity isolated from subjectivity” (quoted in Wallerstein & Duran, 2008, p. 28). Friere seems to be making an epistemological claim about the limits of knowledge and our perceptions of reality, with important ethical implications. Ethically engaging in CBPR would seem to require a genuine attempt to understand others’ “subjective realities.” In the case of CBPR with AAPI communities, this would entail not simply an attempt to interact with individual community members and learn what they perceive to be the main problems facing AAPI communities (as a whole or separately), but also the cultural history, norms, traditions, and institutions that have shaped AAPI communities in Colorado.

Through the selection of cultural experiences CIT offered, I am glad to have a better grasp of the scope and diversity of AAPI communities in the Denver area than when I first arrived here a few years ago. Of course, engaging in CBPR on questions of relevance to AAPI communities will require the development of sustained, committed, and respectful relationships that transcend the university-community divide. I am just at the beginning, but being involved in CIT and the TSS Group have provided me with a great set of training wheels.

## References

- Syme, L. (2003, April). *The community as an empowered partner*. Paper presented at the Communities in Control Conference, Melbourne, Australia.
- Wallerstein, N., & Duran, B. (2008). The theoretical, historical, and practice roots of community based participatory research. In M. Minkler & N. Wallerstein (Eds.), *Community Based Participatory Research for Health* (pp. 25-46). San Francisco, CA: Jossey-Bass.

## TSS Group Accomplishments

Congratulations to TSS Group members for the following recent accomplishments:

- Graduate Students **Kerry Gagnon** and **Michelle Lee** received Graduate Studies Doctoral Fellowships for Inclusive Excellence from the University of Denver. These are competitive awards that recognize graduate students whose research and/or service work contributes to inclusive excellence.
- Graduate Student **Tejas Srinivas** received the Harry Gollob Award from the Department of Psychology, which recognizes the best paper published in the past two years that was first-authored by a graduate student.
- Graduate Student **Rebecca Babcock** will be a pre-doctoral intern next year at the University of California Davis-CAARE Center.
- Research Assistants **McKayla Gorman**, **Stephanie Sessarego**, and **Alex Remy** were admitted to competitive graduate programs across the country. With much gratitude for their contributions, we say goodbye to these talented women and look forward to their accomplishments ahead.

In addition, we are pleased to welcome **Julie Olomi** to our team as a Graduate Student in September 2015!

## Women's Health Project Information

Sure, we know lots of facts and figures about unwanted sexual experiences.



*But, facts and figures don't tell the whole story.*  
**Each woman's story is unique.**

- ✓ Have you had an unwanted sexual experience in the last year?
- ✓ Did you tell someone (such as a counselor, advocate, police officer, health provider) about that experience?
- ✓ Are you 18 years of age or older?
- ✓

Women who answer yes to these questions are invited to participate in the Women's Health Project.

### WHAT DOES THE PROJECT INVOLVE?

- 4 interviews over 9 months with a female interviewer.
- 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.
- We are trying to learn:
  - ... what can people say and do to help after an unwanted sexual experience?
  - ... what is it like to talk to counselors, health providers, 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?
- 

### 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 private.

### 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.

### CONTACTING US

For more information, please contact us:

Private email: [healthstudy@du.edu](mailto:healthstudy@du.edu)

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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.

Agency information for the project is available at <http://www.du.edu/tssgroup/womenshealth/agencyinfo>.