

## Posttraumatic Stress among Young Urban Children Exposed to Family Violence and Other Potentially Traumatic Events

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## Study Purpose

- Explore exposure to family violence and other potentially traumatic events among children ages two years through six years who were seeking mental health and/or developmental services to:
  - assess levels of posttraumatic distress in children and parenting stress in their caregivers
  - clarify relationships between type and number of different types of traumatic events, parenting stress, and children's trauma-related symptoms

## Background and Significance

Why study family violence and other trauma experiences?

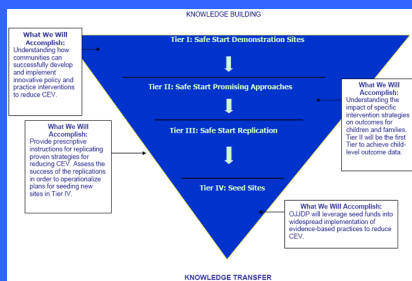
- Prevalence
  - Within the previous year more than 60% of children in the US were exposed to a violent event (either indirect or direct) and 39% of children were exposed to more than one type of violent event (Finkelhor et al., 2009)
  - About 15.5 million American children from ages birth to the age of 17 years old live in dual-parent households in which intimate partner violence has occurred during the past year (McDonald et al., 2006)
  - In a study of parent and partner violence in families with young children, Smith Slep and O'Leary (2005) found that in 90% of the 453 families studied, some type of physical aggression (adult-to-adult and/or parent-to-child) occurred in the past year
  - Trauma is pervasive among children, youth, and families in the US, particularly for children and youth involved in public systems (National Center for Children in Poverty, 2007)
  - Based on data from child protective services (CPS) agency investigations and assessments, approximately 900,000 children were victims of child abuse and neglect in 2003 (U.S. DHHS, 2005)

## Background and Significance

- Co-occurrence
  - Children who live in violent families are likely to experience other potentially traumatic events and victimizations (Edleson, 1999; Turner et al., 2007)
  - Between 50% and 81% of maltreated children in clinical samples have experienced multiple types of abuse (Walrath, Ybarra, Sheehan, Holden, & Burns, 2006)
- Impact of Exposure
  - Although young children are particularly susceptible to the effects of IPV, knowledge on the impacts of IPV exposure on young children lags behind what is known for the middle childhood and adolescent populations (Ybarra, Wilkens, & Lieberman, 2007)
  - The knowledge base is even less for infants
  - There is variability in how children respond to IPV, and not all will manifest negative outcomes (Grych, Jouriles, Swank, McDonald, & Norwood, 2000; Kitzmann, Gaylord, Holt, & Kenny, 2003; Wolfe, 2006)

## Safe Start Initiative National Framework

To Promote Community Investment in Evidence-Based Strategies for Reducing Children's Exposure to Violence



## Safe Start Demonstration Project

- Safe Start Vision: To create a comprehensive service delivery system that improves the access to, delivery of and quality of services for young children at high risk of exposure to violence or who have already been exposed to violence
- Created as a "holistic" approach to prevent and reduce the harmful effects of exposure to violence on young children
- Emphasized service delivery and systems change activities, and inclusion and collaboration of community stakeholders
- Designed to improve access to, delivery of, and quality of services to children and their families at any point of entry

## Bridgeport Safe Start Initiative (BSSI)

- One of 11 sites funded by Office of Juvenile Justice and Delinquency Prevention (OJJDP)
- 5 ½ years of funding
- Reduce the impact of exposure to violence in the home among Bridgeport children ages birth to 6 years
- Reduce the rate of exposure to violence in the home among Bridgeport children ages birth to 6 years to national levels

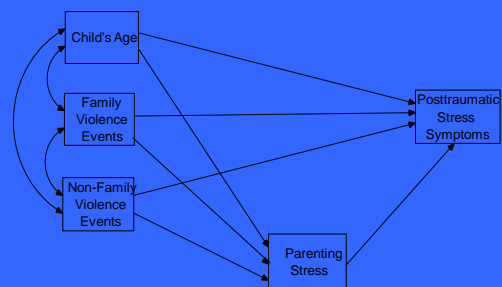
## Definition of Exposure to Violence

- Being a victim of abuse, neglect, or maltreatment or a witness to domestic violence, or other violent crime
- Bridgeport focused on violence within the home; other sites included community violence as well

## Hypotheses

- Children exposed to violence in their families are likely to experience multiple types of potentially traumatic family violence and nonfamily violence events
- There will be a positive relationship between the number of potentially traumatic events and the severity of posttraumatic stress symptoms in young children
- Caregiver stress in their parenting role will mediate the relationship between family violence exposure and posttraumatic stress in young children

## Hypotheses 2 and 3



## Measures

- Traumatic Events Screening Inventory-Parent Report Revised (TESI-PRR; Goshlppen, 2002)
- Parenting Stress Index/Short Form (PSI/SF; Abidin, 1995)
- Trauma Symptom Checklist for Young Children (TSCYC; Briere, 2001)

## Traumatic Events Screening Inventory (TESI-PRR)

- Assesses history of exposure to different types of trauma events
  - modified version of Ford's original measure
  - modified by SAMHSA workgroup for children birth to 6 years
  - children aged birth to six years
  - 24 items
  - accidents, natural disasters, death of someone close to the child, assault, attacks by animals, domestic violence, war, community violence, incarceration, sexual abuse
  - response categories: "yes", "no", or "unsure"

## Parenting Stress Index/Short Form (PSI/SF)

- Assesses stress in the parent-child relationship; stress in the parenting role
  - children aged birth to 10 years
  - 5-point Likert-scale: "strongly disagree" to "strongly agree"
  - 3 subscales and Total Stress scale
    - Parental Distress
    - Parent-Child Dysfunctional Interaction
    - Difficult Child
  - Total Stress Scale inter-item reliability for this sample = .89

## Trauma Symptom Checklist for Young Children (TSCYC)

- Assesses trauma- and abuse-related symptomatology
  - children aged 3 to 12 years
  - 90 items
  - caretakers rate frequency that the child demonstrates behaviors and psychological symptoms in the last month
  - 4-point Likert scale: "not at all" to "very often"
  - 2 validity, 8 clinical scales, including 1 summary PTSD scale
  - only PTSD-specific measure for young children that has undergone normative sampling and standardization
  - inter item consistency for this sample = .71-.96

## Participants

- 166 children and their families [\(Table 1\)](#)
  - families seeking general mental health, developmental screening and assessment, and/or intervention services for their children
  - referrals: 14.3% developmental concerns, 42% behavioral/emotional concerns, 43.7% missing
  - children not necessarily referred to services for family violence exposure
  - mostly male (57%)
  - predominately of racial/ethnic minority status
  - mean age of 4.3 years (SD = 0.9)
  - mothers (N = 136) ranged in age from 19 to 48 years (mean = 30.2; SD = 7.1)
  - fathers (N = 93) ranged in age from 20 to 65 years (mean = 33; SD = 9)
  - Medicaid eligible (n = 136, 82%)

## Procedure

- Families seeking general mental health, developmental screening and assessment, and/or intervention services for their children
- Clinicians from four mental health/child development programs collected data upon family's entry
- Clinicians screened all referrals for family violence and other trauma events exposure upon entry into services
- Clinicians collected all data in either English or Spanish
- Data collected within the first three meetings between the family and the provider
- Measures read aloud to respondent to address any literacy difficulties

## Results

Hypothesis 1: Children exposed to violence in their families are likely to experience multiple types of potentially traumatic family violence and nonfamily violence events

- Children were exposed to an average of 4.80 different types of potentially traumatic events (SD = 2.9; range = 0-13)
  - no differences by the children's sex ( $t(164) = 0.70; P = .48$ ) or race/ethnicity ( $F(3,141) = 1.66; P = .18$ )
  - significant positive correlation between age and number of traumatic events ( $r = .19; P = .02$ )
  - children experienced a mean of 2.7 (SD = 1.8) different types of family violence events
  - children experienced a mean of 2.1 (SD = 1.7) different types of nonfamily violence events [\(Table 2\)](#)

## Results (cont.)

Hypothesis 2: There will be a positive relationship between the number of different types of potentially traumatic events and the severity of posttraumatic stress symptoms in young children

- Over 20% of the children were in the clinically significant range for the majority of TSCYC subscales, which varied from a low of 9.0% for dissociation to a high of 28.5% for anger/aggression [\(Table 3\)](#)
- 23.2% of children had scores indicating clinically significant PTSD, and another 18.5% of children had scores falling in the subclinical but problematic range
  - PTS scores did not differ by sex ( $t(160) = 0.18; P = .86$ ) or race/ethnicity ( $F(3,137) = 0.52; P = .67$ )
  - Probability of experiencing clinically significant posttraumatic stress symptoms increased by 34% for every potentially traumatic event experienced by a child

## Results (cont.)

Hypothesis 3- Caregiver stress in their parenting role will mediate the relationship between family violence exposure and posttraumatic stress in young children

- 51% of caregivers fell in the clinically significant range on the Total Stress scale and nearly 20% reached the 99th percentile
  - Over 40% of the parents scored in the clinically significant distress in their parenting role
  - Over 40% of parents indicated clinically significant difficulty in the parent-child relationship and bond
  - 55% of parents indicated clinically significant difficulties in their child's regulatory processes or difficult behaviors

Hypotheses 2 and 3 tested with a path analysis

## Path Analysis Results (cont.)

Direct paths to Posttraumatic Stress Symptoms:

- Child's Age: 0.08 (SE =0.01), *ns*
- Family violence events: 0.19 (SE =0.01), *p* < .05
- Nonfamily violence events: 0.18 (SE = 0.01), *p* < .05
- Parenting Stress: 0.34 (SE = 0.07), *p* < .001

Direct paths to Parenting Stress:

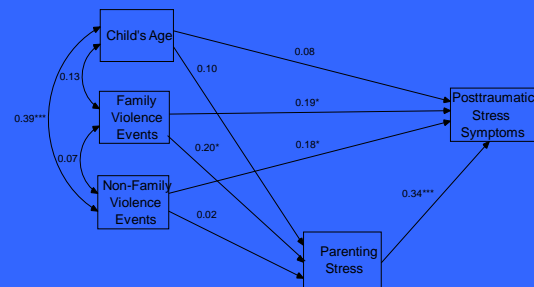
- Child's Age : 0.10, SE = 0.01, *ns*
- Family violence events: 0.20, SE = 0.01, *p* < .05
- Nonfamily violence events: 0.02, SE = 0.01, *ns*

## Path Analysis Results (cont.)

Testing the Mediation Effect (Hypothesis 3)

- The Sobel test used to ascertain whether parenting stress mediates the effect of family violence on trauma symptoms was statistically significant ( $z = 2.51$ ; S.E. = .00;  $p < .05$ )
  - Findings support the view that the effect of family violence on trauma symptoms is transmitted, at least partially, by way of parenting stress

## Path Analysis Results (cont.)



## Discussion

- For a clinical sample of young children living in poverty and their families, we found:
  - young children are experiencing multiple types of family violence and non-family violence events
  - children's probability of experiencing clinically significant posttraumatic stress symptoms increases 34% for every event experienced
  - family violence and non-family violence events directly impact children's posttraumatic stress symptoms
  - family violence also impacts stress parents experience in their parenting role
  - children's reactions to family violence are shaped by the level of caregiver/parenting stress

## Implications and Future Directions

- The findings support:
  - American Academy of Pediatrics' recommendation that health care professionals conduct family violence screenings for young children seen in pediatric settings to identify and meet the needs of these children (Holtrop et al., 2004; Siegel, Hill, Henderson, Ernst, & Boat, 1999)
  - need for "programs designed to identify young children exposed to violence early on and that provide the necessary supports and interventions in children's natural environments and with their primary caregivers" (Shonkoff, 2003, p. 72)
  - NASMHPD Position Statement on Services and Supports to Trauma Survivors (1999, 2005)
  - Strengthening Policies to Support Children, Youth, and Families Who Experience Trauma Experience Trauma (National Center for Children in Poverty, 2007)

## Implications and Future Directions

- Given the high rates of multiple victimizations, studies of one form of violence should assess for the range of potentially traumatic events and new and recurring victimizations that children have experienced
- Need to study the frequency and the contextual factors that surround trauma events
- Need to study mental health and developmental trajectories for young children exposed to trauma events, particularly those participating in systems of care
  - Early Childhood Systems of Care

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Thank You