

TSS GROUP NEWS

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October News Highlights

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

The 2008–2009 is in full swing! We are delighted to welcome a new graduate student, **Ryan Matlow** (see “A New Team Member” to get to know Ryan!). In addition, we welcome back returning and new **undergraduate research assistants**. Our energetic and committed undergraduate team contributes in invaluable ways to our ongoing work.

We are pleased to report that we have enrolled 236 women in a collaborative study on the impact of domestic violence, funding by the National Institute of Justice. We are now inviting women back for a second interview, 6 months after their

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first interview. We are eager to sharing findings with you as the study progresses.

We look forward to finding new ways to work with you. As always, thank you for all of the work you do on behalf of victims and survivors.

Anne P. DePrince, Ph.D.

Director, TSS Group
Associate Professor, University of Denver



Electronic Resources

By Anne P. DePrince, Ph.D.

In each newsletter, we try to offer you links to electronic, trauma-related research resources.

For example, the **Centers for Disease Control and Prevention (CDC)** have released a new report, “Child Maltreatment Surveillance: Uniform Definitions for Public Health and Recommended Data Elements”. According to the CDC, “The purpose of the child maltreatment uniform definitions and recommended data elements is to present a definition of child maltreatment, its associated terms, and recommended data elements for voluntary use by individuals and organizations in the public health community.” The report is

available at <http://www.cdc.gov/ncipc/dvp/CMP/CMP-Surveillance.htm>.

A new full-text article describing research by Carrell and Hoekstra (2008) is available at <http://www.econ.ucdavis.edu/faculty/scarrell/domesticviolence.pdf> describes research on the impact of domestic violence in the classroom. The researchers identified children whose parents reported domestic violence to the police. They then examined the impact of witnessing domestic violence on the larger classroom in which children were situated.

For full text articles from the TSS Group, visit <http://mysite.du.edu/~adeprinc/pub.html>.





A New TSS Group Team Member

*By Rheena Pineda, M.A.
Graduate student*

*Rheena Pineda helps us get to know one of our new TSS Group members, **Ryan Matlow**.*

Q: Tell us about yourself.

A: I grew up on the beautiful California Coast. While I will always be drawn to the ocean, I am thrilled to be living at the foothills of the Rocky Mountains, where I can hike, snowboard, enjoy the sun and the snow, and take in everything that Colorado has to offer. Before moving to Denver, I lived in San Francisco, CA where I recently obtained my Master's degree in Psychological Research from San Francisco State University. While in San Francisco, I gained experience conducting research in a variety of clinical settings, including the Langley Porter Psychiatric Institute at the University of California, San Francisco and the Child Trauma Research Project and Psychosocial Medicine Clinic at San Francisco General Hospital. In addition, I have also worked as a counselor in a youth crisis shelter and a residential academy for foster care youth. Through these experiences, I have developed a passion and dedication for working with underserved groups from diverse backgrounds, especially at-risk youth. I am very

excited to continue to build on these experiences as a member of the TSS lab and the Denver community.

Q: What are your current research interests?

A: I am interested in studying people's responses to the experience of trauma. Specifically, I am interested in the role of cognitive processes in determining how an individual reacts to traumatic experiences. What are



*Welcome to
Ryan Matlow!*

the cognitive risk factors and protective factors that predict how an individual will respond to a traumatic life event? Additionally, I am interested in utilizing measures of psychophysiology and eye movement in research on cognitive processing in trauma. My research interests are driven by a desire to inform efforts to prevent and minimize the development of negative outcomes following the experience of a traumatic life event.

Q: What drew you to the TSS group?

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TSS Group Achievements

Melody Combs will join the faculty at the University of Colorado, Health Sciences (UCHS) as a Research Coordinator/Program Manager with the Kempe Center for Prevention of Child Abuse.

In September, **Ann Chu** defended her dissertation. See "New Findings: Revictimization in Women" for more on this study (page 3).

At the 48th Annual Meeting of the Society for

Psychophysiological Research, **Ryan Matlow** presented new data on "Difficulty disengaging from affective stimuli in anxiety: Converging evidence of reaction time and eye movement".

At DU's Fall Public Good Conference, **Anne DePrince** gave an invited presentation on the TSS Group's community-based research. To learn more about public good at DU, visit

<http://www.du.edu/engage/index.htm>. 



New Findings: Revictimization in Women

By Anne Chu, M.A.

Graduate Student

Fifty-nine percent of women with victimization histories report assaults in both childhood and adulthood, a phenomenon that has been referred to as revictimization (Cloitre, 1998). Women with a history of childhood sexual abuse are 2.5 to 5 times more likely than women without such history to be victims of assault (Rich, Combs-Lane, Resnick, & Kilpatrick, 2004). Revictimization is, in turn, associated with more severe physical, psychological, and social problems than single victimization (Marx et al., 2005).

In spite of the public health implications of revictimization, researchers know little about why women exposed to violence in childhood are at risk of later exposure. Some researchers have proposed that deficits in risk detection (that is, the ability to detect cues that may indicate danger in

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various situations) put women at risk for repeated exposure to violence. For example, college women reporting exposure to multiple sexual victimizations took longer to detect risk in a potentially dangerous dating situation than their college peers (who reported one or no sexual victimizations; see Marx et al., 2001). We recently extended this research to community women.

We also examined emotional reactivity in our sample of community women. We reasoned that emotional reactivity might have an influence on risk detection. For example, both physiological hyper-

reactivity (e.g., posttraumatic stress disorder arousal symptoms, hypervigilance) and hypo-reactivity (e.g., dissociation, avoidant coping) are common post-trauma responses. Though neither hypo- nor hyper-reactivity appears to contribute directly to risk detection deficits, we predicted that women who show a *disconnect* between their physiological reactivity (as measured by sensors) and their subjective experience (as measured by self-report) may be worse at detecting risky situations than women who show a match between their physiological and self-reported reactivity. For example, if women's bodies react, but women don't recognize those signals (or vice versa: women perceive a threat, but their bodies don't react), they may be less able to detect and respond to threats.

To test whether a mismatch between physiological and self-reported emotional reactivity contributed to risk detection, we asked 94 women (ages 18–40) from the Denver metro area to complete the following tasks in our offices at DU:

- Answer questions about trauma exposure and related distress.
- Listen to 3 audiotapes of dialogues between a man and a woman. One dialogue depicted a man and a woman in a potentially dangerous sexual encounter; the other dialogues depicted neutral and positive interactions.
- Press a button when they thought the man had “gone too far” in any of the dialogues. Women's reaction time to press the button in the potentially dangerous sexual encounter was used as a measure of risk detection ability.
- Use a rating dial to self-report on how much they were feeling at each moment during the audiotapes.
- Be connected to sensors that collected


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A: The TSS group provides a wonderful opportunity for me to work with a diverse set of individuals in the Denver community. I share a common goal with the TSS group and community partners: to further our understanding of the effects of traumatic life events to improve the level of care available to those who are recovering from traumatic experiences. I love that the TSS group is full of positive, motivated individuals who are inspired to make an impact on the community and on the field of psychology through innovative

research, practice, and community partnership.

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

A: As a member of the TSS group, I hope to conduct research that contributes to our knowledge of cognitive processing and post-trauma functioning. I also look forward to working with clients and practitioners in Denver. Through this work, I hope to build my skills as a researcher and as a clinician. I am continuing to learn that, with all its talented and supportive members, the TSS group is wonderful place to pursue these goals and I am excited for what the future holds! 

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physiological reactivity data (e.g., heart rate).


We found the following:

– Unlike previous research, community women who reported multiple sexual victimizations did not show risk detection deficits relative to women who reported single- or no-victimizations. Community women in our study may have differed from college women in ways that are important to risk detection. For example, community women were more diverse in terms of age, minority status, and socio-economic status than women tested in previous college samples. Also, community women were exposed to either more severe forms of and/or more frequent violence than college samples.

– Women with less self-reported reactivity (that is, women who indicated less of a response to the audiotapes with the dial) detected risk faster than women with more self-reported reactivity. Women who detected risk faster may be using their self-awareness more effectively to detect danger cues than their peers. Women who waited longer to press the button may take longer to trust and respond to their internal emotion cues; thus, they may take longer to detect and respond to danger.

– Women who detected risk faster showed a mismatch between certain measures of physiological (e.g., heart rate) and self-reported

reactivity. A mismatch between physiological and self-reported reactivity may prompt women to be more aware of when a man has pushed her comfort zone too far with his sexual advances.

This study contributes to the growing literature on revictimization and risk detection. Although perpetrators are always responsible for sexually aggressive acts toward victims, we hope that by better understanding risk detection and other information processing in women, we can empower women with defensive strategies. 

Acknowledgments

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