

Dear Div. 56 Members

Thanks to all of you who have actively reached out in support of our Division's newsletter these past several months. Please keep those submissions and interest coming!

I look forward to hearing from you in our collaborative effort to make Division 56's **TRAUMA PSYCHOLOGY NEWSLETTER** a continued valuable and informative publication for us all. Editorial correspondence and responses to articles that have appeared in the **TRAUMA PSYCHOLOGY NEWSLETTER** are also appreciated.

We are still eager to find an *Associate Editor* who will carry forward as Editor in 2008. Please contact me directly if you are interested.

Hope to see you in San Francisco!

Topher Collier, PsyD, ABSNP
Editor, **TRAUMA PSYCHOLOGY NEWSLETTER**
Division 56 of the American Psychological Association

Active Membership Needed— Join a Committee!

Division 56 is looking for all Members interested in becoming more active within the Division.

If you would like to develop a new committee, please contact Dr. Judie Alpert and include a letter of interest as well as a copy of your vita.

For individuals interested in working on a specific committee as a Committee Member please contact the committee chair directly via e-mail by sending a letter of interest and a vita as well.

Primary Prevention of Violence by Adults: Let's Not Overlook the Impacts of Having Been a Victim of Abuse

Cindy Veldhuis, MS, and Jennifer Freyd, PhD

In the aftermath of the Virginia Tech massacre, we are plagued with questions about preventing violence. Speculation has tended to focus on schools, the mental health system, and on guns.

Perhaps tragedy could have been averted had the police responded differently, had the school expelled Seung-Hui Cho after teachers and students expressed their concerns, or had the mental health system correctly evaluated Cho and involuntarily hospitalized him.

Any of these responses may have prevented the campus shootings, but what about the countless other victims of violence? What can we learn from this tragedy to help us prevent future violence?

Most theorizing ignores one of the strongest predictors of violence: having been a victim of violence.

Cho's writings, at the very least, suggest that he resonated deeply with a sense of having been victimized, and might even indicate that his distress was triggered by rage over having been abused. In Cho's two plays, his protagonists seek revenge for having been sexually violated by adult male authority figures: a teacher and a stepfather. Is it possible these reflect Cho's own experiences? Maybe, maybe not.



Cindy Veldhuis, MS

We may never know for certain if the plays that Cho wrote are fact or fiction. However, to simply ignore that he may have been victimized—and that this could have been a potential instigator of his distress and violence—seems almost tragic when one considers the significant risks of having a history of abuse or violence.

Research indicates that a history of abuse poses significant risks for mental and physical health, substance abuse, re-victimization, suicide, and criminal activity. Childhood sexual abuse can have severe and perhaps even lethal long-term effects.

Given that 20% of women and 5% to 10% of men report having been victims of childhood sexual abuse (as reported in the journal *Science* by Freyd and colleagues in 2005) and that approximately 90% of violent incidents go unreported, victimization is a public health issue of great importance.

Those who are violent may have been victimized. In a 2006 study by Regina Johnson of the University of Texas School of Nursing and colleagues, 59% of male inmates in a Texas jail reported childhood sexual abuse. Fortunately, most people who are abused as children do not become violent. What we're focusing on here is this: Most people who do become violent have been abused as children.

Clearly, nothing in Cho's past excuses the violent path he chose to take. Victimization is not an excuse to victimize.



Jennifer Freyd, PhD

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relationship between quantity of trauma and consequent psychopathology is not clear-cut, and points to the plentiful variables that influence whether and to what extent one experiences an event as traumatic.

While it may be difficult to identify trauma, a traumatic stressor or a traumatized person, we do it all the time. One way we do it is by means of the *DSM*. In fact, it is difficult to consider the definition of trauma without considering PTSD.

A traumatic event is necessary for the diagnosis of PTSD. In the *DSM-IV-TR*, a traumatic event is defined as “an event that involves actual or threatened death or serious injury, or other threat to one’s personal integrity” and includes “learning about the unexpected or violent death, serious harm, or threat of death or injury experienced by a family member or other close associate” (APA, 2000, p. 463). Thus, we have a working definition for traumatic events, and we diagnose PTSD if the individual experiences the traumatic stressor and evidences identified symptomatology.

However, the *DSM* changes with each new edition. Our understanding of PTSD (and trauma, trauma producing stressor, and dissociation, etc.) and the criteria for the PTSD diagnosis changes as well. Spiegel (2005) discusses the different editions of the *DSM* and how they were developed. In brief: the *DSM* is developed by a group of experts in the field who, in the end, bargain and negotiate as to which diagnoses are included in the *DSM* and which criteria are included under each diagnosis. Once the writing is done, it is brought to an even larger body (the assembly of the American Psychiatric Association) who then vote on whether to accept the *DSM*. We cannot pretend that this is science. The dictionary of disorders continues to change.

While the effort is to be scientific, the bottom line falls far short of this ideal. At this time, some of the failures of the *DSM-IV-TR* are of focus. They include, for example, an inadequate scientific base, too much diagnostic comorbidity, overlap with normal psychological functioning, and diversity of clinical presentation among those with the same diagnosis.

The definitions keep changing and trauma has been defined differently in different versions of the *DSM*. Not surprisingly, posttraumatic stress disorder is one of the most debatable issues in the traumatic stress studies field (McNally, 2003).

DSM-V is in the works, and PTSD, dissociative disorders and other trauma-related syndromes are about to be redefined once again. There are many research teams and multi-center studies working meticulously in an effort to clarify diagnostic criteria. They have been meeting and gathering relevant data as well as discussing possible criteria, and considering means to get data to support various diagnoses. In this effort, many literatures are being tapped and developed. Existing trauma treatments are also being considered, and information on new interventions is being collected. While all this is ongoing, some (e.g., Widiger & Trull, 2007) note the limitations of the categorical model and raise the question of whether mental disorders are discrete clinical conditions or arbitrary distinctions along underlying dimensions of functioning.

So I raise the question again, what is trauma? What is a traumatic stressor? How do we identify a traumatized person?

We have some ways of defining these terms, and while the effort is to be scientific, the bottom line is less so.

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However, simply labeling Cho as “psychotic,” “paranoid” or even “mentally ill” diminishes our ability to successfully treat others. Such labels increase stigmas against mental illness and dampen people’s willingness to seek treatment.

If our intent is to truly prevent violence, the effects of abuse demand our close attention. Mental health services that fail to assess for potential abuse or violence may miss significant risk factors that can be directly addressed. Neglecting to acknowledge the profound cost of victimization may cause us to misdirect resources that could ultimately prevent victimization.

Silence about this topic only perpetuates the problem. By supporting victims of crime and by working to prevent child abuse in the first place, we can significantly decrease violence.

Prevention and intervention efforts targeting the effects of violence and abuse can prevent future criminal activity, and may interrupt the transmission of violence. By intervening early, untold numbers of potential victims could be spared.

Cindy Veldhuis earned a master's of science in psychology from the University of Oregon in 2003; she is currently an adjunct faculty member in the psychology department at DePaul University in Chicago, Illinois. Jennifer Freyd, Professor of Psychology at the University of Oregon, currently serves as Chair of the Science Committee of Division 56. For more information on related topics visit Freyd's website at <http://dynamic.uoregon.edu>.