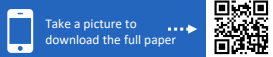


# Profiles of Posttraumatic Stress Symptoms Related to Home Violence: Distinguishing Between Adversity and Trauma Using Latent Class Analysis

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## Method

- 988 participants
- Median age = 19 years
- 74.1% female
- 43.7% Latinx, 19.8% Black, 16.4% White

## Measures:

- **Screen for Adolescent Violence Exposure (SAVE)**
- Collapsed 13-item self report of lifetime home violence exposure

## Measures (continued):

- **UCLA PTSD-Index for DSM-IV**
  - Collapsed 15 self-report items corresponding to DSM-IV PTSD symptoms

## Data analyses:

- Latent class analysis (LCA) in Mplus 8.3
- **Step 1:** LCA of home violence experiences
- **Step 2:** LCA of reported PTSS
- **Step 3:** Predict classifications of PTSS from classifications of home violence experiences

## HIGHLIGHTS

- Multiple types and experiences of **home violence** can have **traumatic effects**
- **Victimization** was associated with clinically elevated PTSS, particularly of **dysphoric arousal**
- **Many (High) exposures** were associated with increased PTSS severity and **anxious arousal**
- **Vicarious exposures** alone (i.e., without victimization or witnessing) were **not associated** with elevated PTSS

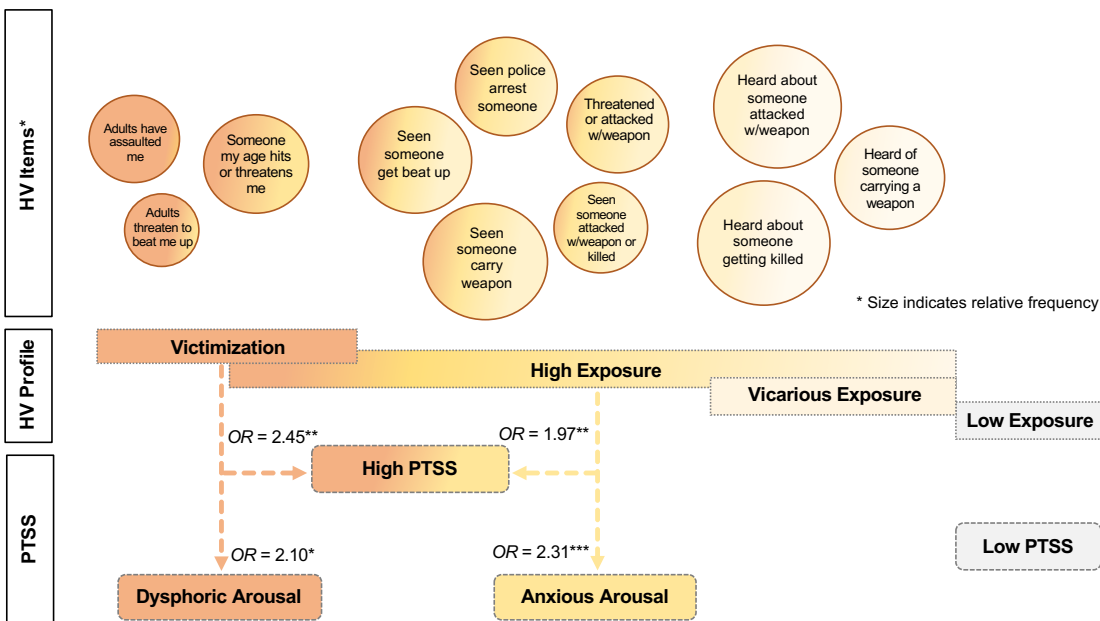


Figure 1. Home violence (HV) items and latent classifications predicting profiles of posttraumatic stress symptoms (PTSS)

## Issue:

The DSM-5 definition of trauma does not account for multiple **non-Criterion A events** that may have traumatic effects.

## Results

- Each participant reported experiencing nearly **eight types of HV**
- When considering **only Criterion A events**, most participants reported **fewer than 1 event**
- Black participants were more likely to report experiencing high HV (37.1%) with fewer experiencing low HV (28.4%), vicarious exposure (21.6%), and victimization (12.9%)

Table 1. Comparisons of Home Violence Classifications

	Total	Low	Vicarious	Victimized	High	$F\chi^2$
No. HV Events	$M = 7.96$ $SD = 6.25$	$M = 2.01$ $SD = 1.64$	$M = 7.62$ $SD = 2.64$	$M = 9.34$ $SD = 2.96$	$M = 16.53$ $SD = 3.98$	$F = 1317.43^{***}$
No. Criterion A Events	$M = 0.61$ $SD = 1.49$	$M = 0.01$ $SD = 0.09$	$M = 0.25$ $SD = 0.68$	$M = 0.25$ $SD = 0.73$	$M = 2.09$ $SD = 2.31$	$F = 157.20^{***}$
PTSD Score Sum	$M = 17.22$ $SD = 13.17$	$M = 15.86$ $SD = 14.15$	$M = 18.92$ $SD = 11.27$	$M = 26.64$ $SD = 14.64$	$M = 27.26$ $SD = 12.10$	$F = 30.80^{***}$
PTSD Diagnosis	82 (8.8%)	18 (5.3%)	17 (6.6%)	15 (14.3%)	32 (14.0%)	$\chi^2 = 18.33^{***}$

### 4 HV Classes

Low ( $n = 360, 36.4\%$ )  
Vicarious ( $n = 276, 27.9\%$ )  
Victimized ( $n = 110, 11.1\%$ )  
High ( $n = 242, 24.5\%$ )

### 4 PTSS Classes

Low ( $n = 398, 40.4\%$ )  
Anxious Arousal ( $n = 210, 21.3\%$ )  
Dysphoric Arousal ( $n = 171, 17.4\%$ )  
High ( $n = 206, 20.9\%$ )

Table 2. Binomial logistic regression predicting the likelihood of a probable PTSD diagnosis<sup>a</sup>

Outcome	Variable	B	OR	p
PTSD	HV Class			
	Low	-	-	-
	Vicarious	0.227	1.26	.516
	Victimized	1.023	2.78	.006
	High	1.071	2.92	.001

<sup>a</sup> Adjusted for race/ethnicity

Victimization and High exposures similarly predict a diagnosis of PTSD

## Conclusions

High exposures predicted increased PTSS severity and Anxious Arousal (i.e., hypervigilance, psychological reactivity)

Victimization predicted increased PTSS severity and Dysphoric Arousal (e.g., avoidance, emotional numbing, hypervigilance)

Vicarious exposures alone did not significantly predict PTSS outcomes

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