TREATING PSYCHOLOGICAL CONSEQUENCES OF CRIME INDUCED COMMUNITY WIDE TRAUMA IN LOW SES AREAS OF CHICAGO

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Outline of Topics to Address

- Relationship between inner city living and mental health
- Statistics of recent increases in violent crimes in areas of Chicago within the past year.
- Psychological consequences that trauma related to violence has on individuals and communities as a whole.
- Current and new interventions for treating PTSD and similar symptoms in high crime, high poverty areas.
Community violence has been defined as the exposure to violence and violence-related events occurring in or around the home, school, or neighborhood, and may involve physical as well as threatened harm by persons outside the immediate family.

Community violence can be experienced in multiple ways:
- Direct exposure/victimization
- Bystander witness
Inner City Living and Mental Health

- Socioeconomic Disparities
- Poverty
- Residentially Unstable Populations
- Dense and Diverse Populations
- High Crime Rates
- Social Disorganization

Stress
Between January 1st, 2016 to December 31st, 2016, Chicago experienced 4,368 shootings, which is greater than the total number of shootings (2,988) in all of 2015.

As of March 8th, 2017, there have been 110 homicides in Chicago, which is approaching the number of homicides (135) around this time last year (March 30th, 2016).

Last year’s homicide totals (786) were the highest they have been since 1999.
CONSEQUENCES
Mental Health and Poverty in the Inner City (2013)

Cyclic Nature of Poverty and Mental Health

Concentrated Urban Poverty → Cultivation → Mental Illness → Reinforcement

(Anakwenze & Zuberi, 2013)
Distress, Violence, and PTSD in Low-Income Urban Settings

Repeated Exposure To Violence

Withdrawal

Depression

Social Disengagement

PTSD

Distress

Violence

Trauma

(Anakwenze & Zuberi, 2013)
Exposure to Violence

Violence & Neighborhood Disorder → Increased Perceptions of Powerlessness → Diminished Self-Efficacy → PTSD → DEPRESSION

(Anakwenze & Zuberi, 2013)
African-American youth exposed to community violence

- $N = 320$ African-American 6th graders in Chicago, IL
- Schools selected based on high crime statistics of neighborhood (CPD)
- <90% African American students in six public schools
- Low Income Neighborhoods (Median income $10,000 to $20,000)
- 48% from single parent household
- 31% of parents unemployed
- Followed for 2 years

(Kohl, Gross, Harrison, & Richards, 2015)
PTSD Symptoms of numbing and hyperarousal are robust mediators
Evidence Based Treatments for PTSD

- Cognitive Behavioral Therapy
  - Thought Reframing/Restructuring
  - Increased awareness of faulty thinking
  - Understanding event-thought-action cycle

- Cognitive Processing Therapy

- Prolonged Exposure
  - Expose to stressor
  - Use built up coping skills to alleviate anxiety/fear responses

- Narrative Therapy
  - Write down traumatic experience
  - Read it out loud
  - Rewrite specific parts
  - Trauma becomes more manageable

(Iverson et al. (2011); PTSD: National PTSD Center (2017))
New Treatments for PTSD

- Virtual Reality Therapy (another form of PE)
- Yoga for Trauma
  - 60-90 min sessions
- Eye Movement Desensitization Reprocessing (EMDR)
  - 8 sessions
- Exposure, Relaxation, Rescription Therapy (ERRT)
  - Used for nightmares
  - 4-5 sessions
  - 60-120 min
- Imagery Rehearsal Therapy
  - Used for nightmares
  - 4 sessions

(Rauch, S., Foa, E., Furr, J., & Filip, J. (2004); Emerson et al. (2015); EMDR.org)
Barriers to Treatment

- Lack of local resources
- Inappropriate funding for feasible resources
- Disbelief in therapy
- Feel alone, others may not understand
- Lack of transportation to get to treatment providers
- Lack of time to devote to treatment
- Neighborhood is retraumatizing
- May have “more important” issues to deal with
References