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Comparing Factors Associated with Maternal and Adolescent Reports of Adolescent Traumatic Event Exposure

Sharon D. Johnson [Associate Professor]

School of Social Work, University of Missouri-St. Louis, 121 Bellerive Hall, One University Drive, St. Louis, Missouri 63121, 314-516-6817, 314-516-6416 (fax)

Sharon D. Johnson: johnsonsha@umsl.edu

Abstract

Existing research indicates that there is very little agreement between youth and their parents on youth trauma exposure and subsequent treatment. Few studies however have attempted to examine factors that may contribute to this lack of agreement. This study addressed this gap by examining youth and maternal-reported youth traumatic event exposure using a sample of 100 urban, African American adolescent-maternal dyads. Cumulative report of youth potentially traumatic event exposure (57%) was higher than youth (41%) and maternal (27%) reports. Findings indicate that there was agreement for sexual assault, being shot or stabbed, and auto accidents. Maternal depression was the only factor that was associated with both youth and maternal report of youth qualifying event. Other factors that distinguished youth reports included maternal event exposure, substance use disorder, antisocial personality behaviors, and youth reports of arguments with the mother and running away from home. Implications for reconciling reports of trauma exposure among youth and their mothers are discussed.

Exposure to violence and potentially traumatic events is highly prevalent among children residing in the United States. National prevalence estimates reveal that over 60% of youth are exposed to violence in a given year with almost half of these youth directly experiencing these events (Finkelhor, Turner, Ormrod, Hamby, & Kracke, 2009). Factors that have shown to increase the likelihood of traumatic event exposure include homelessness, engaging in deviant behaviors with siblings, parental separation, parental psychopathology (National Child Traumatic Stress Network, 2008), youth anxiety disorders, externalizing behaviors, and cognitive abilities (Breslau, Lucia, & Alvarado, 2006; Storr, Ialongo, Anthony, & Breslau, 2007). Though exposure to potentially traumatic events is common, children are often resilient to lifetime first traumatic exposures (Copeland, Keeler, Angold, & Costello, 2007). However, there is indication that as many as 66% of youth have experienced more than one form of exposure (Turner, Finkelhor, & Ormrod, 2010). This is particularly the case for urban-dwelling youth whose exposure rate can be complicated by multiple occurrences of events such as community violence (Gorman-Smith, Henry, & Tolan, 2004) and particularly for urban-dwelling adolescent males who are exposed to violence at a higher rate than are urban-dwelling adolescent females (Zona & Milan, 2011).

Youth who are exposed to traumatic events have an increased likelihood of negative mental health outcomes such as depression, anxiety, post-traumatic stress, and aggression (McDonald & Richmond, 2008). The nature of the trauma and the responses of significant

others are also critical factors influencing outcomes in youth. Youth who experience an event are likely to not exhibit consequent symptoms unless the event is violent, sexual, is a subsequent event, or the youth has a history of anxiety (Copeland et al., 2007). And, parental response to the youth's event can influence the youth's own event response (Nugent, Ostrowski, Christopher, & Delahanty, 2007). This latter factor may also be important in determining whether youth receive needed treatment following a traumatic event. How parents respond to an event is directly related to their knowledge of an event.

Ceballo, Dahl, Aretakis, and Ramirez (2001) found that mothers, who are often the primary care providers in urban environments, have limited knowledge of youth's exposure to events like community violence and this is particularly the case for male youth. This finding is similar for direct exposure as it was found that youth reported twice the amount of direct exposure as mothers reported for the youth (Aisenberg, Trickett, Mennen, Saltzman, & Zayas, 2007). One study found poor to moderate agreement between youth and their overwhelmingly female caregivers on event exposure with male and female youth having varying degrees of agreement based on event type (Stover, Hahn, Im, & Berkowitz, 2010).

Even when knowledge of an event is present, there is indication that parents are not the most reliable reporters of symptoms associated with trauma exposure. Studies find that parents under-report youth symptoms and number of past traumas (Schreier, Ladakakos, Morabito, Chapman, & Knudson, 2005; Thomson, Roberts, Curran, Ryan, & Wright, 2002; Meiser-Stedman, Smith, Glucksman, Yule, & Dalgleish, 2007). However, there is also evidence that factors such as caregiver's own event history, trauma symptoms, and psychopathology including PTSD and depression can influence their perceptions of youth events and symptoms (Kassam-Adams, Garcia-Espana, Miller, & Winston, 2006). For instance, one study found caregiver's current trauma symptoms in response to the child's event was associated with increased reports of child symptomatology (Valentino, Berkowitz, & Stover, 2010) and another study found that parent's trauma symptoms were positively correlated with the parent's report of child symptoms regardless of if their trauma resulted from the child's event or some other event (Shemesh et al., 2005;). Similarly, Ghesquiere et al. (2008) found that PTSD symptomatic parents reported higher levels of youth symptoms than youth themselves reported. Other research has found that mothers who are depressed may have a reporting bias that leads them to be more likely to report their child's exposure and report higher levels of the child's related distress (Suglia, Ryan, Bellinger, Enlow, & Wright, 2011).

The importance of maternal event exposure and response and other psychopathology cannot be overstated. It is known that maternal trauma exposure can influence parenting behaviors and youth outcomes (Cohen, Hien & Batchelder, 2008), as well as the overall psychophysiological responses of youth (Jovanovic et al., 2011). In addition, one study found that mothers' mental health intensified the risk for poor psychological outcomes in community violence exposed youth (Self-Brown et al., 2006). Also, research has found that parental perception of their own well-being or distress is important to their ability to be responsive to their children following an event (Alisic, Boeijs, Jongmans, & Kleber, 2012).

The existing research has not consistently examined other potentially important factors that may predict vulnerability to and awareness of youth traumatic event exposure and related distress between mothers and their adolescents. There is a particular concern with the influence of maternal substance use on the occurrence and their awareness of youth trauma given the co-morbid rates of substance use and trauma exposure among women (Cottler, Nishith, & Compton, 2001; El-Bassel, Gilbert, Wu, Go, & Hill, 2005; Breslau, Davis, & Schultz, 2003). The present effort addresses this gap utilizing a sample of youth whose risk for trauma exposure is enhanced due to their urban residence and for some, the added influence of the substance use patterns of their mothers. It is expected that the prevalence of youth traumatic events will be higher based on youth self-report when compared to maternal report of youth exposure. In addition, factors such as maternal substance use, event exposure and subsequent post-traumatic stress disorder (PTSD) will distinguish youth and maternal report of youth event exposure.

Method

Data for these analyses were collected during a research study examining developmental psychopathology and maternal substance use among African American mothers and their adolescent offspring. The research sought to determine the feasibility of recruiting adolescent-maternal dyads among substance using women and demographically matched comparisons to examine the nature, extent, and onset of maternal substance use on adolescent development. Standardized assessments were administered to both members of the dyad during this cross-sectional effort after approval was obtained from the University of Missouri-St. Louis Institutional Review Board.

Dyads were recruited through fliers at local social service agencies, schools, and through street outreach efforts. During recruitment, contact information was obtained from those interested in the study. Depending on whether the youth or the mother received the recruitment information, the appropriate screening mechanism was implemented when contact was made with the project office. Assent and informed consent were obtained for participation in the research. Trained graduate research assistants conducted assessments in a private office on the university's campus or a location within the home or in a private room at a public library for subject convenience. Interviewers read all assessment items and recorded all participant responses for each of the administered structured assessments. Mothers completed assessment instruments pertaining to their youth prior to completing diagnostic instruments for themselves. The session lasted approximately two hours and incentives were provided to all participants.

Sample

Basic criteria for eligibility for the research project included being an urban dwelling, African American woman with an adolescent child between the ages of 14 and 17 (youth could be 18 if they were still enrolled in high school). In addition, the study targeted mothers who actively used or had a history of substance abuse or dependence. Initial contact was made with 190 potential dyads and 83% (n=158) were subsequently screened for eligibility. The remaining dyads were not contacted due to invalid contact information. Of the dyads

screened, 92% ($n=146$) were eligible. Of those eligible, 103 completed interviews in which both the mother and an adolescent offspring participated. In some instances, women completed a second interview that was specific to a second child within the family. Only one dyad per family was included in the current analyses and selection of which dyad was determined by the child initially recruited to participate in the research. Three dyads were subsequently excluded from analyses due to missing data on trauma-related variables. The excluded dyads did not differ significantly from dyads included in the present analyses ($n=100$).

The youth ranged in age from 14 to 18 with a mean of 15.62($SD=1.14$) years. The youth were equally distributed by gender being 51% male and 49% female. Youth reported being in grades 7 through 12 with the majority of the youth (92%) being in high school. A majority of the youth (84%) reported living in the same residence as their biological mother at the time of the interview.

The mothers within the dyads ranged in age from 28–53 years with a mean age of 39.55 ($SD=5.49$). Only 20% of the mothers were currently married and a majority (56%) had never married. The mothers reported having 1 to 13 children ($M=3.98$; $SD=1.99$). A majority (69%) of the mothers had at least a high school diploma, GED or higher education. While 25% of the mothers reported that they worked full-time for all of the past 12 months, 41% had not worked full-time for any portion of the past 12 months.

Measures

The adolescent and parent versions of Missouri Assessment of Genetics Interview for Children (*MAGIC*; Todd, Joyner, Heath, Neuman, & Reich, 2003) assessed youth and maternal reports of youth demographics, behavioral factors, and traumatic events and related symptomatology. The present analyses use youth responses to single dichotomous items as follows: gender (male=1; female=0); have you ever run away from home (yes=1; no=0); relationship of the person with whom you reside-coded for responses that indicated their mother (yes=1 and no=0); and have family members had problems with the police (yes=1; no=0). Youth were also asked if they “often get into arguments with your parents, teachers, or other adults”. Those who indicated a positive response were asked to endorse if they do/did argue with their mother (yes=1; no=0).

For traumatic events, youth were asked “Have you ever had something really frightening happen to you? For example, were you ever nearly killed or badly hurt?” Youth who reported yes, were asked to specify the event. Responses were coded into the following categories: sexual assault, shot or stabbed, mugged or robbed, auto accident, witnessed an event or community violence, physical injury, natural disaster, unexpected loss of a loved one. Those youth who reported an event were then asked if the event caused them to feel 1) absolutely terrified, 2) absolutely horrified, or 3) completely helpless. If any of these feelings were elicited, the youth was asked about Diagnostic Statistical Manual-Version IV (*DSM-IV*) PTSD-related symptoms, duration and functioning. PTSD-related symptoms included meeting Criterion B of at least symptom of persistently re-experiencing the event; Criterion C of at least 3 symptoms of persistent avoidance of stimuli; and Criterion D of at

least 2 symptoms of increased arousal. Mothers were asked to report this same information for their youth.

The Computerized Diagnostic Interview Schedule Version IV (*C-DIS-IV*; Robins, Cottler, Bucholz, & Compton, 1996) assessed maternal demographic variables and psychopathology including depression, substance use, antisocial personality behaviors and PTSD. Normative data for the C-DIS IV diagnostic features were obtained in a study of substance abusers revealing fair to excellent reliability for substance abuse and dependence disorders, depressive disorder, and potentially traumatic events (Dascalu, Compton, Horton, & Cottler, 2001;). Maternal substance use (DSM-IV substance abuse and dependence) included alcohol, cocaine, marijuana, opiates, PCP, and sedatives.

The presence of maternal traumatic event exposure and subsequent PTSD was determined by asking the respondents about terrible, frightening, or horrible experiences they may have had at any time in their life. The events included being: shot or stabbed, mugged, raped, held captive, diagnosed with a life threatening illness, exposed to a disaster or radiation, experiencing the untimely death of a close friend or relative, or serious accident, witnessing a serious injury or killing, discovering a dead body, and military combat related events. Those who answered yes to a qualifying traumatic event were then asked questions which assessed DSM-IV PTSD criteria for each event.

Results

Maternal and youth cumulative report of youth event exposure was high. When considering either maternal or youth report, the event prevalence was 57% ($n=57$) with 86% ($n=49$) of the reported events qualifying as traumatic. However, less than half of the youth (41%; $n=41$) reported experiencing at least one potentially traumatic event with almost all of these events (93%; $n=38$) qualifying as traumatic based on youth self-report of a feeling of terror, horror, or helplessness following the event. The most prevalent youth self-reported event was being involved in an auto accident ($n=14$) and witnessing violence ($n=10$).

Mothers' reports of youth traumatic event exposure were less frequent than youth's self-reports. Mothers reported that 27% ($n=27$) of the youth experienced a potentially traumatic event and 81% ($n=22$) of these events met qualifying criterion as traumatic based on the mothers' reports of youth's feelings of terror, horror, or helplessness following the event. The most prevalent maternal-reported youth trauma was involvement in an auto accident (7%) and being shot or stabbed (4%).

As indicated in Table 1, youth and maternal agreement on report of any event exposure ($k=.01$) and qualifying event exposure ($k=.12$) were not significant. However, there was some agreement on specific event exposure. Youth and mothers were in agreement on events such as youth experiencing a sexual assault ($k=.48$; $p=.00$) and youth being shot or stabbed ($k=.48$; $p=.00$). There was slight agreement on youth involvement in an auto accident ($k=.21$; $p=.02$).

Two factors influenced agreement between youth and maternal reports of youth's qualifying trauma. Female youth were more likely to agree with their mothers in the reporting of a

youth qualifying traumatic event ($k=.27$; $p=.04$) than were male youth ($k=.13$; $p=.74$) and youth who report that someone in their family had trouble with the police ($k=.28$; $p=.01$) were more likely to agree with their mothers on traumatic events than youth who did not report family trouble with the police ($k=-.01$; $p=.92$). Residing in the home with the mother did not influence agreement of event exposure.

Because youth and mothers were potentially reporting on the presence of different events, we did not examine agreement on symptomatology and reports of treatment receipt following a qualifying trauma. Table 2 however provides frequencies of youth and maternal reports of these factors. A PTSD prevalence rate of 5% was indicated by both youth ($n=2$) and their mothers ($n=1$). Reports of re-experiencing, avoidance of stimuli, increased arousal, and functioning were also similar across the two reports. Eleven percent ($n=4$) of youth reported treatment receipt while 27% ($n=6$) of mothers reported that their youth received treatment for their qualifying trauma.

Almost all of the mothers (90%; $n=90$) had experienced at least one potentially traumatic event in their lifetime with 67% ($n=60$) of these events meeting criteria as traumatic. The mothers reported experiencing an average of 4.48 events ($SD=2.95$). Thirty percent of the mothers with a qualifying event had diagnosable PTSD. Forty-two percent of the mothers had alcohol, cocaine or some other drug abuse or dependence. A third of the mothers (35%) had diagnosable depression disorder and 62% exhibited antisocial personality behaviors.

Table 3 provides the results of the examination of factors associated with youth and maternal report of youth qualifying trauma exposure. Youth who self-reported a qualifying event were three times ($OR=3.02$; $p=.02$) more likely to have a mother who also had a qualifying traumatic event; five times ($OR=5.09$; $p=.000$) more likely to have a mother who had substance abuse or dependence; two times ($OR=2.38$; $p=.04$) more likely to have a mother with depression disorder; and almost three times ($OR=2.83$; $p=.02$) more likely to have a mother with antisocial personality behaviors than youth who did not report a qualifying event. Youth with qualifying traumas were also four times ($OR=4.01$; $p=.003$) more likely to report that they argue with their mothers and 3 times ($OR=3.48$; $p=.04$) more likely to report having run away from home than youth who did not self-report qualifying traumas.

Only maternal depression was associated with maternal reports of a youth's qualifying trauma. Mothers who reported that their youth had a qualifying trauma were almost three times ($OR=2.87$; $p=.03$) more likely to have diagnosable depression disorder than were mothers who did not report that their youth had a qualifying trauma.

Discussion

The current effort compares youth and maternal reports of youth trauma exposure and examines factors that may influence such reports among an African American, urban sample of adolescents. Because this was a community sample of youth who were not selected based on a pre-determined traumatic event, it was expected that there would be limited agreement between the two reports of youth exposures. Similar to previous research, youth and their

mothers did not agree in their reports of youth experiencing any event, a qualifying event, nor on many of the specific events assessed. There was agreement on youth exposure to sexual assault, being shot or stabbed and involvement in an auto accident. It is likely that events such as assault, shootings, stabbings, and auto accidents necessitated medical treatment and police involvement and consequently mothers' knowledge of these events increased for those reasons.

Events such as community violence are generally under-reported by youth's parents (Ceballos et al., 2001). This could be due to the parent's limited knowledge of the event's occurrence or the parent's lack of insight into how potentially traumatizing community events can be for their youth. Additionally, youth may be hesitant to report community level violence to their parents for fear of parental restrictions that may be placed on where they can go or with whom they can spend time.

Factors influencing maternal and youth agreement on youth event exposure included female gender and youth report of family involvement with the police. Previous research supports the finding that mothers have higher rates of agreement with the events that are experienced by their female offspring (Stover et al., 2010). This is likely a reflection of the higher rates of community-based violence that male youth are exposed to compared to female youth. The agreement between youth and their mothers based on involvement of someone in the family with the police may reflect police becoming aware of the event itself. In other words, police involvement may be associated with certain types of events experienced such as assaults and auto accidents and may not reflect any other police involvement by family members. We did not assess agreement on PTSD related-symptoms due to the fact that symptoms were not specific to an agreed upon event. We do however note similarities in the reports of re-experiencing, avoidance of stimuli and arousal symptoms following events. This is particularly salient as maternal report of treatment receipt was higher than youth report of treatment receipt. Youth may under-report treatment receipt due to issues of stigma and mothers may over-report treatment receipt so that they will not be judged for not seeking help when their child is in need. Unfortunately, it is not possible to discern the nature of this discrepancy with this current research effort.

It was expected that maternal factors such as substance use disorder and other psychopathology would distinguish between youth and maternal reports. While previous research indicates that factors such as mother's own event history, PTSD, and psychopathology predicted maternal reports of youth events, the present findings had some interesting similarities and differences. Maternal event exposure was related to youth self-report of a qualifying traumatic event but not to maternal report of a youth qualifying event. Maternal PTSD was approaching significance but did not predict either maternal or youth self-report of a youth event. Maternal depression predicted both maternal and youth reports. In fact, maternal depression was the only factor that predicted maternal report of their youth's qualifying event exposure which is similar to what Suglia et al. (2011) found in their study. While it is possible that maternal depression could heighten risk for youth trauma exposure, it is also likely that depression heightens the mother's sensitivity to events and youth subsequent symptoms. In the presence of depression, mothers may be less likely to minimize youth events. Maternal substance use disorder and maternal antisocial personality

behaviors were associated with youth report of a youth qualifying event. Both disorders involve high risk maternal behaviors. Such behaviors may increase risk of youth event exposure by influencing parenting practices such as supervision that mothers provide for their youth's activities and peer associations. Knowledge of this related maternal psychopathology is an important finding and can be targeted in identifying youth who may be at increased risk for exposure to potentially traumatic events.

Youth factors that were associated with reports of trauma exposure included arguments with their mothers and running away from home. Youth who self-report that they argue with their mothers and that they have run away from home in the past were more likely to report a qualifying traumatic event. It is not known whether the sequencing of these related factors preceded or followed event exposure but there are important implications for either scenario. Both arguments and running away from home may reflect a strenuous home environment that leads youth to seek out other environments where the potential for exposure to traumatic events is heightened. The home environment may be a consequence of the youth's own behaviors or it is also possible that youth may be exhibiting verbal and non-verbal responses to the traumatic event. Longitudinal efforts could address the sequencing of events such as youth arguments with their mothers and their behaviors such as running away from home to determine if these factors precede or are consequent to event exposure.

The current effort adds to the existing body of literature regarding youth traumatic event exposure but there are several limitations that should be considered. The sample was a relatively small community sample that was targeted primarily based on the substance use patterns of the mothers. This significantly limits the generalizability of the results. This was a cross-sectional effort that did not target youth based on their known event exposure and therefore it was not feasible to compare youth and maternal report on subsequent symptoms and treatment. The data did not allow for direct comparison of multiple events for the youth. Because youth and their mothers were asked to specify a youth event in their own words, it is possible that youth and their mothers reported different awful events rather than the same awful event. When asked about their personal experiences, mothers were able to report the occurrence of specific events. Thus the cumulative occurrence of events could be determined for mothers but not for youth.

Notwithstanding the limitations, the current research provides a model of dyadic research that involves a community sample of youth and their maternal caregivers that is not limited to a specific event. The research sheds light on a broader range of factors that are important to explore in future research with such a population of youth. Additional research is warranted that could help researchers examine dyadic reports of trauma by utilizing instrumentation that allows youth and their caregivers to endorse specified events and consequent symptomatology and treatment history. Also, the use of community rather than clinical samples of research populations would increase the likelihood that more than one event is examined and compared across youth and their caregiver. Mixed method research designs would give researchers the opportunity to explore with youth and their caregiver their perceptions of the importance of particular types of events even if the events do not directly involve youth's personal victimization, does not require police involvement or required medical treatment. Longitudinal efforts would help explain the associations

between predictors of both caregiver and youth reports of event exposure and symptomatology. The current findings are consistent with previous research on the general lack of agreement between youth and their parents regarding traumatic event exposure. There is a need to better understand and alleviate the discrepancies in the trauma reports of youth and their mothers or other caregivers as it relates to youth exposure to potentially traumatic events. Knowing what factors contribute to the occurrence of and the reporting of events can strengthen efforts to get youth the help they need when exposed to potentially traumatic events. It is also important to determine whether caregiver report of youth event exposure is based on lack of awareness of events or their perceptions about the importance of witnessing or experiencing violence on youth's mental health.

Youth should be encouraged to report events to their mothers or any caregiver who is responsible for seeking treatment on their behalf. This research emphasizes the importance of seeking dyadic reports of trauma prior to engaging in treatment with youth. Knowing the factors that contribute to discrepant reporting patterns may assist clinicians in their approach to assessing event exposure and subsequent symptomatology. Because mothers may under-report exposure and symptoms and youth may under-report past treatment efforts, the triangulation of reports is necessary in order to fully comprehend the treatment needs of the trauma exposed youth.

Clinicians can become better prepared to explore the possibility of trauma exposure with both youth and their mothers based on the psychopathology of their mothers. Clinicians who work with mothers who have diagnosed psychopathology could alert these mothers to the increased possibility that their youth may be exposed to traumatic events. Clinicians could also provide skills training to help mothers notice signs of such events and seek out needed treatment on behalf of their youth. In addition, clinicians should be alert to possible treatment needs of mothers or other caregivers who report exposure and symptoms among their youth. When joint treatment needs are present, it may be difficult for mothers or other caregivers to communicate to clinicians in a way Ungar, Liebenberg, Landry and Ikeda (2012) refer to as being family empowerment. The presence of disorder may limit the caregiver's ability to directly help or demand help on behalf of the youth. Clinicians have to recognize when such a dynamic exists and develop mechanisms that facilitate positive transactions between the caregiver, the youth and the clinician to ensure that the youth receives needed services.

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Table 1

Kappas for Mother and Youth Agreement on Youth Event-Specific Exposure (n=100)

Event	Youth Report (%)	Maternal Report (%)	Kappa
Any Event	41	27	.003
Qualifying Event	38	22	.12
Sexual Assault	5	3	.48**
Shot/Stabbed	4	4	.48**
Mugged/robbed	3	2	-.03
Auto accident	14	7	.21*
Witness/Community violence	10	1	-.02
Injury	1	3	-.02
Natural Disaster	3	0	--
Unexpected loss of Loved One	0	1	--

*
p<.05**
p<.0001

Table 2

Youth and Maternal Report of Youth PTSD and Related Symptomatology and Treatment

	Youth Self-Report	Maternal Report
Qualifying Event	N=38	N=22
Criterion B met (re-experiencing)	74%	73%
Criterion C met (avoidance)	47%	36%
Criterion D met (increased arousal)	34%	36%
Duration at least 1 month	39%	32%
Impaired Functioning	11%	9%
PTSD Criterion met	5%	5%
Related Treatment	11%	27%

Table 3
Bivariate Logistic Regression Results of Factors Associated with Youth and Maternal Reports of Youth Qualifying Traumas

<i>Maternal Factors</i>	Youth Trauma-Self-Report			Youth Trauma-Maternal Report		
	Yes N=38	No N=62	Odds Ratio (95% C. I.)	Yes N=22	No N=78	Odds Ratio (95% C. I.)
Qualifying event	76%	52%	3.02 (1.23–7.42)*	68%	59%	1.49 (.55–4.07)
PTSD	32%	54%	2.52 (.98–6.47)	40%	21%	2.50 (.87–7.15)
Substance Use	24%	60%	5.09 (2.13–12.18)**	41%	42%	.94 (.36–2.47)
Depression	31%	51%	2.38 (1.02–5.56)*	55%	30%	2.87 (1.09–7.57)*
ASPD	24%	47%	2.83 (1.15–6.96)*	77%	58%	2.49 (.84–7.44)
<i>Youth Factors</i>						
Male Gender	57%	42%	.56 (.25–1.27)	50%	51%	.95 (.37–2.45)
Police involvement	58%	39%	2.18 (.96–4.95)	36%	49%	.60 (.23–1.60)
Argues with mother	47%	18%	4.01 (1.61–9.99)*	33%	29%	1.25 (.45–3.51)
Run away from home	24%	8%	3.48 (1.07–11.33)*	14%	14%	.95 (.24–3.75)
Resides with mother	76%	90%	.35 (.11–1.09)	86%	84%	1.17 (.30–4.58)

* p<.05

** p<.0001