



Emotional Wellness and Exposure to Violence

Data from New Orleans Youth Age 11-15

IWES’s Emotional Wellness Screener data shows that New Orleans youth have rates of current and lifetime PTSD over three times higher than national averages. While the impact of Hurricane Katrina likely played a substantial role in this disparity, research also revealed over 37% of youth have witnessed domestic violence and 54% have experienced the murder of someone close to them.

Introduction

Youth in New Orleans inhabit a complex and quickly evolving environment. New Orleans is experiencing what some refer to as an economic renaissance, but many of the city’s long-time residents are left out. As of 2013, **39% of the city’s approximately 78,000 children live in poverty** (Mack, 2015). Though New Orleans has experienced a significant demographic shift since Hurricane Katrina, including a drop in the population of children (particularly children of color), this child poverty rate is equivalent to pre-Katrina conditions. Challenges include a lack of living wage jobs¹ and access to the transportation that ensures stable employment; in addition, affordable housing has all but disappeared from New Orleans’ rental-based market as gentrification of the city pushes people to more remote areas that are even less accessible to employment and transportation (GNOFHAC, 2014).

Though the murder rate dropped in 2014, every other violent crime rate rose from the previous year, including a **27.5% increase in assault** and a **38.6% increase in rape** (NOPD, 2015).

Lack of social and economic resources, exposure to violence, poverty, and living in unstable neighborhoods can cause anxiety and toxic stress for any population, but the brunt of negative effects is borne by children. **Chronic stress associated with poverty can alter the brain during critical developmental phases and ultimately cause deficits in learning and behavioral problems, as well as lead to an array of negative health outcomes, both mental and physical** (NCCP, 2014). For young people who experienced Hurricane Katrina, this stress may be compounded by untreated trauma associated with the disaster. A recent study found that among African American female adolescents, higher interpersonal stress was associated with increased sexual risk behaviors placing young people at risk for STIs and pregnancy (Hulland, 2014).

In response to these and other salient issues, the **Institute of Women and Ethnic Studies (IWES)** was founded in 1993 in order to address health disparities experienced by communities of color. Over the last twenty years, IWES has developed culturally responsive holistic health programs, activities, and research models for women, their families, and youth of color. By honoring the lived experiences of the people with whom IWES engages, evidence-based health interventions are adapted to address the needs of the community in which IWES is embedded.

IWES’ Believe in Youth! NOLA! program, a teen pregnancy prevention program that uses a trauma-informed approach to engage youth based on the belief that emotional wellbeing and stress are contributing factors in sexual decision-making.

¹ A living wage can be defined as, “the wage a full-time worker would need to earn to support a family above federal poverty line, ranging from 100% to 130% of the poverty measurement,” and varies among localities (Economic Policy Institute, 2002). The current federal poverty line for a family of 4 is \$24,250 (DHHS, 2015).

Approach

IWES began implementing the Believe in Youth! NOLA! program in schools, community-based organizations, and faith-based organizations in 2010. Throughout the course of delivering teen pregnancy prevention information, it became increasingly clear that many program participants were experiencing distress in other areas of their lives not directly connected to sexual health. In order to effectively support the young people in the Believe in Youth! NOLA! program, in 2012 IWES designed and began implementing an emotional wellness component as well as an emotional wellness survey with program participants. **The survey was designed to assess symptoms of poor mental health including, depression, PTSD, and suicidality as well as exposure to violence and access to basic**

Though data collection is ongoing, the sample discussed within this report was collected between 2012 and 2015 (**n=1221**). Participants were between the ages of 10-16, **mean age=12.89** years (SD;1.16), 41% male, 58.1% female, and **87.3% of the sample identified as African American.**²

needs. The results are reviewed by an IWES social worker and psychiatrist, who conduct crisis assessments with those students who meet criteria for further intervention and provide referrals to the school social worker or outside resources as necessary. In addition, at the end of each cycle of implementation, IWES staff shares the de-identified results of the emotional wellness survey with school leadership in order to document the needs of their student population and to develop strategies to address those needs.

National vs. Local Mental Health Outcomes

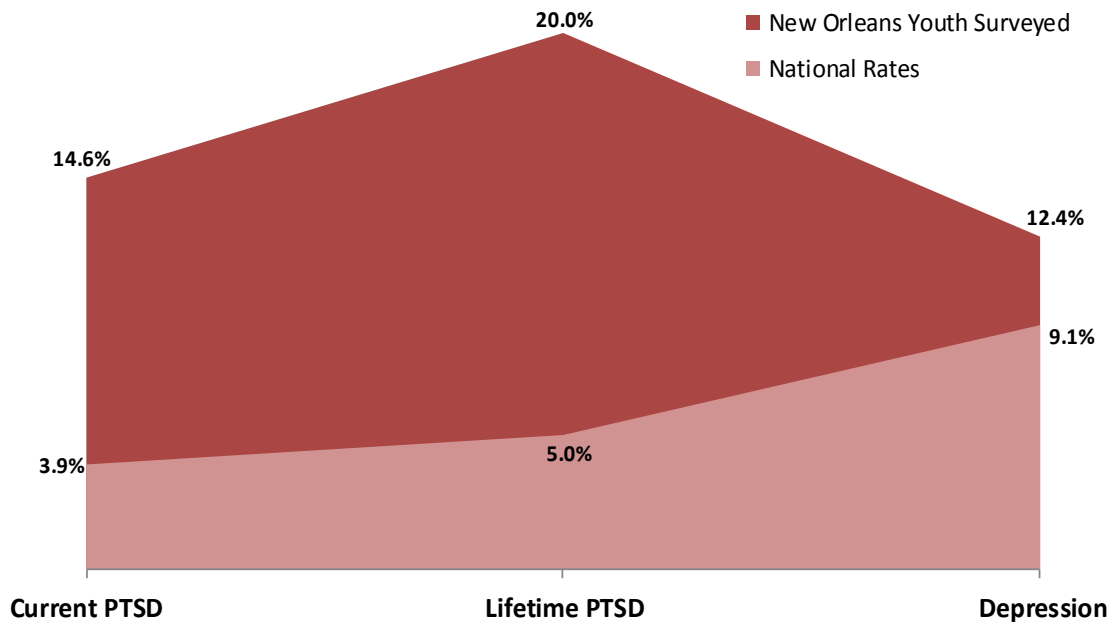


Figure 1: Rates of mental health outcomes among New Orleans youth surveyed compared to national rates (Merikang, 2010 and SAMHSA, 2013).

Findings

Key findings from the survey include high levels of reported mental health symptoms and exposures to violence among youth in the sample. Results of the survey show that the prevalence of mental health disorders among youth in New Orleans is extremely high, particularly when compared with the national average.

² Data was analyzed in SPSS to assess overall prevalence of mental health outcomes and frequency of exposure to violence, and the sample was stratified by gender (compared using Pearson's χ^2) in order to gauge potential variations. Logistic regressions were conducted to test the strength of key associations between various exposures and health outcomes.

Exposure to violence among youth surveyed:

- 37.9% of respondents witnessed domestic violence
- 39.8% witnessed a shooting, stabbing, or beating
- 17.9% witnessed a murder
- 54% experienced the murder of someone close to them

Youth who participated in the program also reported high levels of anxiety related to safety and stability.

- 14% of respondents reported feeling suicidal
- 52.2% worry about violence in their neighborhood
- 16.4% worry about having enough food to eat or a place to live
- 29.5% worry about not being loved

As shown below in Figure 2, there are stark gender disparities represented in this data. Girls are significantly more likely to meet criteria for symptoms of current PTSD, depression, and suicidality. They are also much more likely than boys to report that they are worried about not being loved.

Gender Disparities

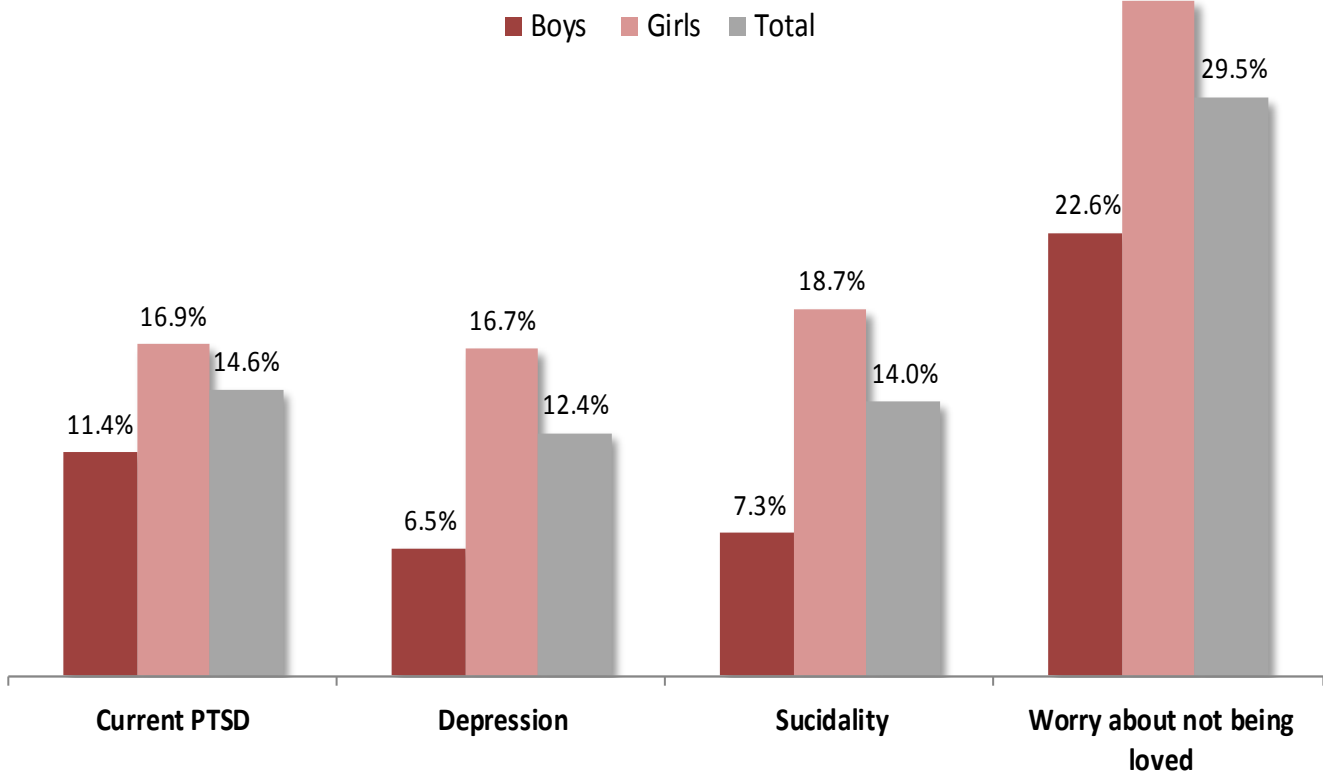
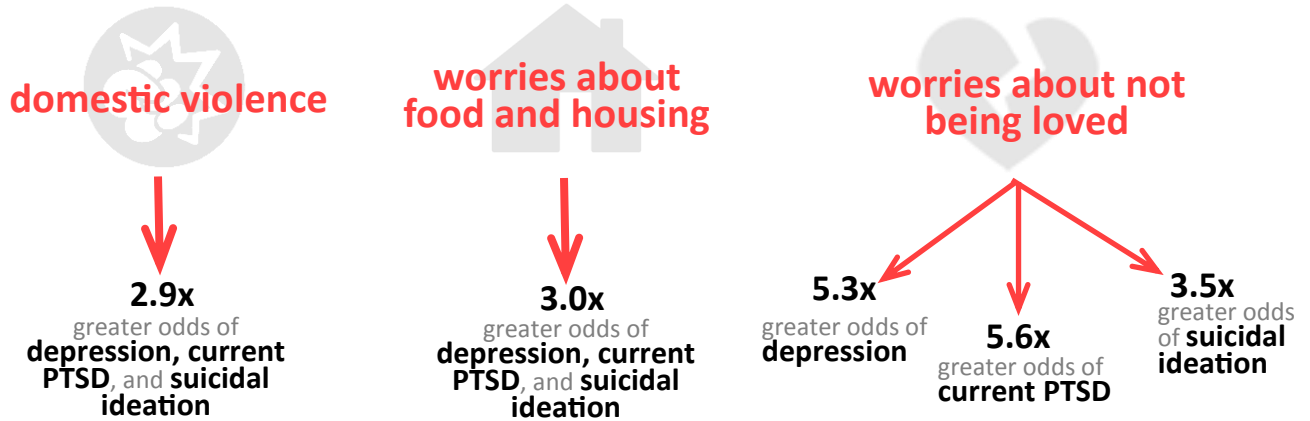


Figure 2: Gender disparities among New Orleans youth surveyed as related to mental health and worry.

Findings also indicate that exposures to violence and security-related worries are associated with the mental health outcomes of survey participants. Witnessing violence, worrying about violence, and being forced to commit sexual acts were also strongly associated with negative mental health outcomes.

Youth who reported:



Meeting the Needs of Youth in New Orleans

These data show that exposure to traumatic experiences is pervasive among young New Orleanians. Though New Orleans residents are likely aware of the high levels of violence in the community as well as persistent resource instability and poverty, previously it was difficult to estimate the associations of these conditions with the health of the city's youngest residents due to a lack of available data. Data collected from this survey demonstrates the impact these issues have on adolescents, and it is clear that their mental health is suffering.

The lack of available, accessible, and affordable mental health resources for the youth in question is troubling and should be a point of advocacy for those interested in the wellbeing of youth in the city.

Additionally, the data suggests that there is a disproportionate impact of mental health problems on girls. As funding and advocacy continues to grow in support of initiatives focused on young men of color, representation of the issues faced by young women of color is also paramount.

Another compelling outcome of this data is the strength of association between exposure to domestic violence and material/emotional instability with negative mental health outcomes. **Though experiencing community violence was also associated with symptoms of mental health problems, the exposures and anxieties most directly experienced in the home appear to have the greatest impact on youth mental health.** These findings are in line with the body of research which shows the protective power of perceived social support from parents and adult caregivers on youth mental health and coping skills (Jain, 2013).

Finally, the origin of this data collection as a component of a teen pregnancy prevention program is particularly relevant when the established links between stress, trauma, and sexual risk-taking behaviors are considered. If the high rates of HIV, STIs, and unanticipated pregnancies in New Orleans are to be lowered, sexual health education should include trauma-informed content that addresses the lived experiences and stressors experienced by youth. In order to address the interlocking factors that contribute to negative health outcomes for youth and their families, IWES continues to use the Social Ecological Model (SEM) as a framework for program design (depicted in Figure 4). This approach recognizes that an individual's behavior both shapes and is shaped by multiple levels of influence including the individual, interpersonal, community and societal contexts. In order to enact sustainable city-wide change, interventions should seek to address issues at multiple levels of the SEM.

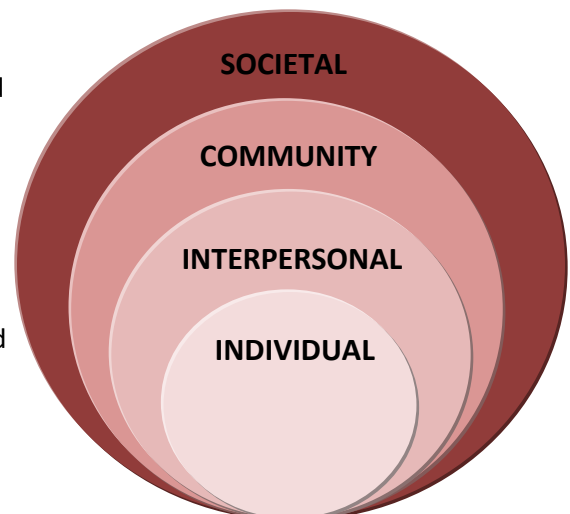


Figure 4: The Social Ecological Model.

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